

Summary of responses to Home Truths recommendations

Collated by COPNI - December 2019

Theme 1: Safeguarding & Human Rights

		Accepted	Not accepted	Reference to IRT	Ministerial Decision Required
R1.	An Adult Safeguarding Bill for Northern Ireland should be introduced without delay. Older People in Northern Ireland must enjoy the same rights and protections as their counterparts in other parts of the United Kingdom.	SHSCT BHSCT		DoH	DoH
R2.	The Safeguarding Bill should clearly define the duties and powers on all statutory, community, voluntary and independent sector representatives working with older people. In addition under the proposed Adult Safeguarding Bill there should be a clear duty to report to the HSC Trust when there is reasonable cause to suspect that there is an adult in need of protection. The HSC Trust should then have a statutory duty to make enquiries.	BHSCT			DoH
R3.	All staff in care settings, commissioners of care, social care workers, and regulators must receive training on the implications of human rights for their work.	DoH SEHSCT SHSCT NHSCT BHSCT RQIA Runwood		SEHSCT	
R4.	Practitioners must be trained to report concerns about care and treatment in a human rights context.	DoH SEHSCT SHSCT NHSCT BHSCT Runwood		SEHSCT NHSCT SHSCT	
R5.	Policies and procedures relating to the care of older people should identify how they meet the duty to be compatible with the European Convention on Human Rights.	DoH SEHSCT SHSCT NHSCT BHSCT Runwood			

R6.	The registration and inspection process must ensure that care providers comply with the legal obligations imposed on them in terms of human rights.	DoH BHSCT RQIA			
R7.	The Department or RQIA should produce comprehensive guidance on the potential use of covert and overt CCTV in care homes compliant with human rights and data protection law.	BHSCT Runwood			DoH

Theme 2: Care & Treatment

		Accepted	Not accepted	Reference to IRT	Ministerial Decision Required
R8.	HSC Trust Directors of Nursing, as commissioners of care in the independent sector, should assure themselves that care being commissioned for their population is safe and effective and that there are systems to monitor this through the agreed contract between both parties.	DoH SEHSCT SHSCT NHSCT BHSCT		DoH SEHSCT NHSCT SHSCT	
R9.	There should be meaningful family involvement in care and treatment plans and decision making at all key milestones. Electronic or written care plans should be available to families on request, including nutritional information.	DoH BHSCT SEHSCT NHSCT SHSCT Runwood			
R10.	The Commissioner reiterates Recommendation 4 of the Inquiry into Hyponatraemia-related Deaths that, "Trusts should ensure that all healthcare professionals understand what is required and expected of them in relation to reporting of Serious Adverse Incidents (SAIs).	BHSCT SEHSCT NHSCT SHSCT			
R11.	The Commissioner reiterates Recommendation 32 from the Inquiry into Hyponatraemia-related Deaths that Failure to report an SAI should be a disciplinary offence.	Runwood SEHSCT NHSCT Partially accepted by BHSCT and SHSCT			

R12.	Failure to have an initial 6 week care review meeting should trigger a report in line with SAI procedures	Partially accepted by DoH	SEHSCT NHSCT SHSCT		
R13.	The RQIA should pro-actively seek the involvement of relatives and family members as well as explore other routes to getting meaningful information, data and feedback on the lived experience in a care setting.	DoH SHSCT RQIA			
R14.	The movement of residents by relatives to other care homes should be viewed as a red flag and feedback should be obtained by the commissioning HSC Trust and the RQIA on the reasons for such moves.	DoH BHSCT SHSCT			
R15.	There should be adequate support and information provided to older people and their families when facing a decision to place a loved one in a care home. Each Trust should allocate a senior health professional to oversee these placements and good practice. This would be greatly helped by the introduction of a Ratings System for care settings.	Partially accepted by DoH Partially accepted by SHSCT BHSCT			Ministerial Decision required for part (B) of Dept. response

Theme 3: Medicines Management

		Accepted	Not accepted	Reference to IRT	Ministerial Decision Required
R16.	Dunmurry Manor should consistently use a Monitored Dosage System for medicines administration which would prevent many of the errors identified in this investigation for the administration of regular medications.	Runwood			
R17.	Care must be taken by staff to ensure any medicines changes, when being admitted/discharged from hospital, are communicated to the medical prescriber in order to institute a proper system to identify and amend any errors.	DoH BHSCT SEHSCT NHSCT SHSCT			

R18.	Families of residents must have involvement in changes in medication prescribing. Explanation should be provided so that resident and family members understand the reasoning for any change.	DoH BHSCT Partially accepted by SHSCT			
R19.	Staff should ensure it is clearly documented on each occasion why a resident might not be administered a medication.	DoH BHSCT SEHSCT NHSCT SHSCT		DoH	
R20.	A medications audit must be carried out monthly or upon delivery of a bulk order of medication. This must be arranged with a pharmacist. To assist with more effective medicines management, providers of care homes should consider contracting with their community based pharmacist (for a number of hours each week) to ensure that medicines management is safe and effective. The pharmacist could assist in staff training, identify where there are competency issues in the administration of medications and improve medicines governance within the home.	DoH BHSCT			
R21.	The RQIA Pharmacist Inspectors need to review all medication errors reported since the previous inspection and review the Reg 29 reports in the home to ensure steps have been taken to improve practice.	DoH BHSCT			

Theme 4: Environment and Environmental Cleanliness

		Accepted	Not accepted	Reference to IRT	Ministerial Decision Required
R22.	It must be a pre-registration requirement for RQIA and a pre-contract requirement for HSC Trusts that all new Care Homes specialising in dementia care comply with Dementia Friendly building standards [and that buildings already in place are subject to	BHSCT			DoH

	retrospective “reasonable adjustment” standards]. ⁴⁰ This must form part of periodic inspections to ensure suitability is maintained.				
R23.	Premises must be one of the areas that RQIA Inspectors routinely inspect as an integral part of an integrated inspection with a focus on the condition of residents’ rooms.	DoH BHSCT RQIA			
R24.	Runwood must devolve goods and services budgets to a local level for staff to manage.	Runwood			
R25.	The RQIA must review how effective inspections are for periodically covering all of the Regional Healthcare Hygiene and Cleanliness Standards and exposing gaps that a home may have in relation to these.	BHSCT			DoH
R26.	Consideration should also be given to expanding these Standards in line with the NHS ‘National Specifications for Cleanliness’, which emphasise additional issues like the Cleaning Plan of the Home and a specified standard of cleanliness for different parts of the home/different types of equipment.	BHSCT			DoH
R27.	The programme of unannounced ‘Dignity and Respect Spot Checks’ should also include assessment of the suitability and state of the environment. In Dunmurry Manor the breaches of key environmental indicators raise the question of whether residents were being treated with appropriate dignity and respect and whether this should have triggered warning signs about Dunmurry Manor at an earlier stage.				DoH

Theme 5: Regulation and Inspection

		Accepted	Not accepted	Reference to IRT	Ministerial Decision Required
R28.	Integrated inspections which cover all of the lived experience of residents should be introduced by the RQIA as soon as possible.	DoH BHSCT RQIA			
R29.	A protocol for collaborative partnership working in improving care in a failing care home should be developed and implemented as a matter of urgency by the RQIA and the HSC Trusts. The protocol should address the handling of complaints and the use of intelligence deriving from these to better inform all those with responsibility for the care of older people placed in homes.	DoH BHSCT SEHSCT NHSCT SHSCT		SEHSCT NHSCT SHSCT	
R30.	RQIA need to review their inspection methodology in order to access reliable and relevant information from residents and their families.	DoH BHSCT RQIA			
R31.	RQIA inspectors must engage effectively with staff, especially permanent staff, in order to glean a more comprehensive view of the home being inspected.	DoH BHSCT RQIA			
R32.	The use of lay assessors/inspectors in the inspection of care settings for older people should be introduced.	DoH BHSCT RQIA			
R33.	There should be a strict limit to the length of time a home is given to make improvements to bring its service back into full compliance.	Partially accepted by DoH BHSCT SHSCT SEHSCT accepted in principle Partially accepted by NHSCT			

R34.	The RQIA should implement an inspection regime which includes weekend and night-time inspections for all homes on a more regular basis (and at least once per year), especially where there are indications of problems within a home. This offers an opportunity to reflect on the management of night time and weekend needs when fewer staff may be present and residents may present with more challenging behaviours.	DoH BHSCT RQIA			
R35.	The DoH / RQIA should introduce a performance rating system / a grading system, as is the practice in other jurisdictions of the United Kingdom as soon as possible.	BHSCT			DoH
R36.	The system of Financial Penalties should be strengthened and applied rigorously to care settings which exhibit persistent or serious breaches of regulations.				DoH
R37.	The RQIA should have a statutory role in ensuring that complaints are actioned by care providers to the satisfaction of complainants.	BHSCT			DoH

Theme 6: Staff Skills, Competence, Training and Development

		Accepted	Not accepted	Reference to IRT	Ministerial Decision Required
R38.	The Department / Chief Nursing Officer as the commissioners of preregistration nurse education should ensure workforce plans are developed that take cognisance of nurse staffing requirements for the independent sector.	DoH BHSCT			
R39.	The Chief Nursing Officer (CNO) as a matter of priority should undertake a workforce review and commission work to design tools to measure nurse manpower levels required in the independent sector in Northern	DoH BHSCT			

	Ireland i.e. normative staffing level guidelines and the minimum standard staffing guidance revised accordingly.				
R40.	The RQIA should collaborate with the CNO in this work and revise the minimum nurse staffing standard No 41 to give more clarity to the independent sector on levels of nurse staffing which are required to deliver safe, effective and compassionate care.	DoH BHSCT		DoH	
R41.	A high level of staff turnover and use of agency should be considered a “red flag” issue for commissioners of care and the RQIA. Such findings should trigger further investigation. The Nursing Home Minimum Standards on staffing should reflect concerns where there is a high staff turnover and state that exit interviews are required in the event of any staff terminating their contract with a provider.	DoH BHSCT SEHSCT NHSCT SHSCT RQIA			
R42.	Trust Executive Directors of Nursing should ensure as commissioners of care in the independent sector that there are sufficient numbers of nursing staff to deliver safe, effective and compassionate care in the sector and assure themselves through the contract agreements with providers.	DoH	SHSCT		
R43.	The RQIA inspection process must review levels of permanent staff attrition as well as the balance of agency / permanent staffing levels across all shifts in place in a home and should review exit interviews.	DoH BHSCT RQIA			
R44.	Runwood Homes must carry out an urgent staffing review to address weaknesses in induction, to investigate the high levels of attrition of nursing staff and managers in Dunmurry Manor and to make improvements to workforce management to encourage retention of permanent nursing staff and managers.	Runwood			

Theme 7: Management and Leadership

		Accepted	Not accepted	Reference to IRT	Ministerial Decision Required
R45.	The RQIA should require managers leaving employment with a home to provide them with an exit statement, within a defined timeframe, to enable them to identify patterns or issues which should trigger an inspection. Exit statements would be treated in confidence (and not available to the employer).	BHSCT			
R46.	Any reports of inappropriate behaviour by senior managers in the sector should be investigated in full by the HSC Trust (at a contract level) and by the RQIA (in terms of the registered individual status). The outcome of these investigations should be a material consideration for the RQIA in terms of the "Fit and Proper Person" test.	SEHSCT NHSCT SHSCT BHSCT			DoH
R47.	An independent body should be established to encourage and support whistleblowers throughout the process and whistleblowers need to be protected by the law to make genuine disclosures.	BHSCT			DoH
R48.	Relatives / residents who raise concerns which are not resolved locally should have their complaints handled by the commissioning HSC Trust or the RQIA (See Section 8 on Complaints and Communication).	DoH response separated into two parts: part (a) Accepted BHSCT SEHSCT SHSCT			DoH part (b)

Theme 8: Complaints and Communication

		Accepted	Not accepted	Reference to IRT	Ministerial Decision Required
R49.	Dunmurry Manor/Runwood must introduce an open and transparent complaints management system and welcome the early involvement of	Runwood			

	families and relatives in complaints resolution. Families should be well informed at all times of the next steps in the complaints process.				
R50.	There must be improved communication between all bodies receiving complaints. Central collation would enable complaints to act as a better 'Early Warning System' about a failing home. A requirement for annual reporting of numbers and types of complaints, how they were dealt with and outcomes, would be a first step towards more open and transparent communication about complaints.	DoH BHSC SEHSCT NHSCT SHSCT Runwood		DoH SEHSCT NHSCT SHSCT	
R51.	Given the poor information sharing over the issues in Dunmurry Manor, there should be a central point of access where the RQIA can access all complaints made to the home, not just to it. They must then use this access to track patterns, and look at the detail of complaints that are indicative of serious concerns.	DoH BHSC		DoH SEHSCT NHSCT SHSCT	
R52.	Complaints statistics relating care homes should be published annually and be made publicly available, subject to adherence to appropriate data protection protocols.	DoH BHSC SEHSCT NHSCT SHSCT		SEHSCT NHSCT SHSCT	
R53.	A Duty of Candour (see Section 9) must be introduced to provide a transparent and meaningful learning process from complaints.	BHSC SEHSCT NHSCT SHSCT			
R54.	In the event of a complex and serious complaint not being resolved locally, an independent complaints process should be engaged that allows access to alternative dispute resolution, providing appropriate support for whistleblowers and families.	BHSC			

Theme 9: Accountability & Governance

		Accepted	Not accepted	Reference to IRT	Ministerial Decision Required
R55.	The sharing and analysis of communication regarding concerns about low standards of care must be improved within and between the HSC Trusts, the RQIA , including its Board and the Department of Health to enable a more efficient and effective information flow, action and follow-up in all matters pertaining to failures of care.	DoH BHSCT SEHSCT NHSCT SHSCT RQIA		DoH SEHSCT NHSCT SHSCT	
R56.	Those who commission care should assure themselves that they contract with organisations which have strong governance and accountability frameworks in place. Record keeping should be subject to rigorous and regular audit.	DoH BHSCT NHSCT SHSCT Partially accepted by SEHSCT			
R57.	An individual Duty of Candour should be introduced in Northern Ireland for all personnel and organisations working across and in the system which governs and delivers care to older people to encourage openness and transparency.	SHSCT			
R58.	The Regional Contract should be reviewed and training provided in relation to its content and the effective use of its terms. The Department of Health to conduct a review of why/whether this contract is adequate in terms of being able to enforce the performance obligations contained therein	DoH BHSCT		DoH	
R59.	All Relevant Authorities should develop and implement Escalation Policies that ensure senior officials are sighted in operational matters that are serious, protracted or otherwise significant in their business area.	DoH BHSCT NHSCT SHSCT RQIA Runwood		DoH NHSCT SHSCT	