

ANNEX C – Comments from RQIA to DOH on COPNI Recommendations

Safeguarding and Human Rights

No	COPNI Recommendation	Response to Recommendation	Comment
R1	<p>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. It remains arguable that a policy based approach may not be Human Rights compatible as it does not guarantee an appropriate level of protection. This was the point made by the reports on the statutory guidance in England and in Wales prior to new legislation coming into force.</p>		
R2	<p>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</p>		

	should then have a statutory duty to make enquiries.		
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. Such training must be specific rather than disconnected from more general training. The level of training should vary depending upon the nature of the duties undertaken and refresher courses should be undertaken regularly. Human rights should be an essential component of practitioner dialogue.	Accepted	RQIA agrees with this recommendation. Generic human rights training has been provided to staff in the past but we will deliver a bespoke package to our staff in 2018/19 and refreshed on a regular basis. This training will focus specifically on RQIA's responsibilities. We will input to Trust training programmes as necessary. The training programme has already commenced for inspection staff and will be complete by the end of the year. This training will now be mandatory for all RQIA staff.

R4	Practitioners must be trained to report concerns about care and treatment in a human rights context.		RQIA staff already report concerns in a human rights context. This is evidenced through our enforcement procedures and in the reporting of safeguarding issues to Trusts and through the requirements placed on staff via their professional regulators.
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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.		
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R6	The registration and inspection process must ensure that care providers comply with the legal obligations imposed on them in terms of human rights. An important component of the registration and inspection procedures, is to ensure that the human rights of people in care settings are protected and promoted. The Commissioner commends the approach of Care Inspectorate Wales (formerly the Care and Social Services Inspectorate Wales) in mapping individual rights to inspection themes and potential lines of enquiry. (CSSIW, Human Rights, 2017, a copy of which can be found at Appendix 3 of COPNI Report.)	Accepted	The Care Standards for Nursing Homes are already prepared on the basis of endorsing, maintaining and facilitating the Human Rights of residents. RQIA aims to adopt this approach in all that we do. In order to ensure that registration and inspection processes maintain the appropriate focus on human rights we will undertake a review of our processes and a mapping exercise as described by December 2018.
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.		RQIA published guidance on the use of overt CCTV in May 2016. The use of covert CCTV is a policy matter for DoH to resolve - although RQIA would have concerns about its use whilst maintaining the human rights of residents.

Care and Treatment

No	COPNI Recommendation	Response to Recommendation	Comment
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.		
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.		Standard Four of the Care Standards for Nursing Homes already includes requirements for families to be involved in care plans. This standard also requires the home to ensure that the plan is shared in an accessible format with residents and their families if appropriate. RQIA routinely check compliance with this standard. It must be noted that residents do not always consent to their relatives' involvement in or knowledge of their care and treatment plans and this must be respected in line with their right to a private or family life.
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)."		

R11	The Commissioner reiterates Recommendation 32 from the Inquiry into Hyponatraemia-related Deaths that Failure to report an SAI should be a disciplinary offence.		
R12	Failure to have an initial six week care review meeting should trigger a report in line with SAI procedures.		
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.	Accepted	RQIA accepts this recommendation and following receipt of the draft findings in February 2018 we have undertaken measures to improve our performance in this area. We had engaged Age NI to undertake a pilot programme of visits to care homes to evaluate the lived experience of residents. However, the care group who had agreed to undertake the pilot has now disengaged due to the publicity surrounding DMCH. RQIA has been unable so far to find a replacement group to undertake the pilot. On 6 June 2018 RQIA launched its membership scheme to encourage members of the public using or with a relative using HSC services to work with us to improve how we involve them in our work. We aim to have our first event in the autumn. RQIA is also reviewing each of its MOUs with other stakeholders to ensure that there is a protocol for information sharing in place.
R14	The movement of residents by relatives to other 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.		This is not currently an event which is notifiable to RQIA and there are many reasons as to why a resident may move homes.

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 HSC 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		Overall ratings for regulated services is a policy matter for DoH. RQIA commissioned QUB to undertake research on the issue and no evidence was found to support the theory that ratings improved the quality of care. The issue of ratings is a matter for the Department and requires policy direction and/or legislative change
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Medicines Management

No	COPNI Recommendation	Response to Recommendation	Comment
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.		RQIA notes that NICE published a comparison of the advantages and disadvantages of MDS and use of original medication packs and did not find any evidence to suggest MDS is safer. (https:// www.nice.org.uk/guidance/sc1/evidence/full-ouideline- pdf-2301173677)
R17	Care must be taken by staff to ensure any medicine 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.		We would note that this is already covered in best practice for medicines management. For that reason we would suggest that all homes are included rather than Runwood/DMCH alone.
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.		We suggest that it is a wider issue than for just Runwood Homes.

R19	Staff should ensure it is clearly documented on each occasion why a resident might not be administered a medication.		Care standards already require these events to be documented. We suggest that this is a wider issue than just for Runwood Homes
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.		
R21	The RQIA Pharmacist inspectors need to review all medication errors reported since the previous inspection and review the Regulation 29 reports in the home to ensure steps have been taken to improve practice.		Inspectors already review all notifiable medicines incidents as they are reported. This is not deferred until inspection planning. Monthly quality monitoring reports (referred to here as regulation 29 reports) are reviewed during inspections. Not all medication errors are notifiable to RQIA. If there is a requirement to increase the range of notifiable incidents, this can only be done with the policy direction of DoH.

Environment and Environmental Cleanliness

No	COPNI Recommendation	Response to Recommendation	Comment
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 retrospective “reasonable adjustment” standards). ² This must form part of periodic inspections to ensure suitability is maintained.		The pre-registration requirements for homes are set out in legislation and standards.
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.		Premises are already a routine component of RQIA inspections. Care inspectors undertake an inspection of a sample of residents' rooms as well as communal areas.
R24	Runwood must devolve goods and services budgets to a local level for staff to manage.		

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.		The regional healthcare, hygiene and cleanliness standards were designed for hospitals. A nursing home is not a hospital environment and policy direction is therefore required if it is to be treated as such. Infection prevention and control is already a substantive part of care inspections and is covered in the care standards.
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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.		
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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.		
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Regulation and Inspection

No	COPNI Recommendation	Response to Recommendation	Comment
R28	Integrated inspections which cover all of the lived experience of residents should be introduced by the RQIA as soon as possible.	Accepted	See Recommendation 23.
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.		The definition of a "failing care home" must be set and agreed centrally before a protocol could be developed. RQIA already informs Trusts when we are taking enforcement action.
R30	RQIA need to review their inspection methodology in order to access reliable and relevant information from residents and their families.	Accepted	RQIA acknowledges that one of the unforeseen consequences of moving to unannounced inspections is the lack of opportunity for families and carers to plan to speak to inspectors. We have taken steps to improve our visibility including the "Have We Missed You" initiative and will work with the volunteers for our new membership scheme to ensure people know how to contact us. RQIA is also undertaking a review of all aspects of its inspection processes with support from Care Inspectorate Scotland.

R31	RQIA inspectors must engage effectively with staff, especially permanent staff, in order to glean a more comprehensive view of the home being inspected.	Accepted	RQIA inspectors speak to a range of staff on all inspection visits and actively seek out agency staff who have a particularly useful perspective. We are exploring the introduction of a mechanism whereby staff can provide intelligence to RQIA on care issues through their trade union representative and hope to have an agreement in place shortly with UNISON to pilot this initiative.
R32	The use of lay assessors/ inspectors in the inspection of care settings for older people should be introduced.	Accepted	RQIA agrees with this recommendation and is working to introduce lay inspectors in residential and nursing home inspections in 2018-19.
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.		
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.	Accepted	This will be covered in the review of inspection processes. Where we have urgent concerns we will inspect at night and weekends.

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.		
R36	The system of financial penalties should be strengthened and applied rigorously to providers of independent care homes which exhibit persistent or serious breaches of regulations.		
R37	The RQIA should have a statutory role in ensuring that complaints are actioned by care providers to the satisfaction of complainants.		

Staff Skills, Competence, Training and Development

No	COPNI Recommendation	Response to Recommendation	Comment
R38	The Department / Chief Nursing Officer (CNO) as the commissioners of pre-registration nurse education should ensure workforce plans are developed that take full account of nurse staffing requirements for the independent sector.		
R39	The Chief Nursing Officer as a matter of priority should undertake a workforce review and commission work to design tools to measure nurse workforce levels required in the independent sector in Northern 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.		

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. Staff turnover should be monitored and findings of high levels of staff attrition 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.	Accepted	<p>RQIA routinely considers staff turnover as part of inspections. DoH is responsible for changes to care standards.</p> <p>RQIA is working in partnership with Ulster University to implement a mathematical model to analyse risk in respect of care home and inspection planning. Staff levels are included as a risk factor.</p>
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R42	Trust Executive Directors of Nursing, as commissioners of care in the independent sector should ensure that there are sufficient numbers of nursing staff with specialist knowledge to deliver safe, effective and compassionate care in the independent sector and assure themselves through the contract agreements with providers.		
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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 review exit interviews.	Accepted	RQIA routinely reviews staff rotas including use of agency staff as part of inspection. Exit interviews are not currently required by standards but inspectors do ask about reasons for leaving the service. Policy direction and/or legislation would be required to require exit interviews to be shared with RQIA. We further suggest that Trusts use this measure as part of their assessments in the quality monitoring process.
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.		RQIA suggest that this is a wider issue than for just Runwood Homes.

Management and Leadership

No	COPNI Recommendation	Response to Recommendation	Comment
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).		Providers are required to report any absence of the Registered Manager to RQIA. Current legislation and standards does not allow for RQIA to request an exit statement when they are no longer a Registered Manager. Standards and/or regulations would require amendment in order to implement recommendation.
R46	Any reports of inappropriate behaviour by senior managers in the independent 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".		The fit and proper person test is a pre-registration requirement of the responsible individual. Not all senior managers are required to be registered individually by RQIA. Inappropriate behaviour is covered by employment legislation and policy. Standards and/or regulations would require amendment in order to implement this recommendation as written.

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.		
R48	Relatives / residents who raise concerns which are not resolved locally should have their complaints handled by the commissioning Trust or the RQIA (see Section 8 on Complaints and Communication of COPNI Report).		

Complaints and Communication

No	COPNI Recommendation	Accept Recommendation	Response
R49	Dunmurry Manor / Runwood must introduce an open and transparent complaints management system and welcome the early involvement of families and relatives in complaints resolution. Families should be well informed at all times of the next steps in the complaints process. Families should be given meeting dates well in advance rather than requesting a meeting themselves. If a meeting has to be cancelled due to unforeseen circumstances this should be communicated to the families promptly.		
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		RQIA has no role in the handling of complaints.

	communication about complaints.		
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 a home. They must then use this access to track patterns and look at the detail of complaints that are indicative of serious concerns.		
R52	Complaints statistics relating to care homes should be published annually and be made publicly available, subject to adherence to appropriate data protection protocols.		
R53	A duty of Candour (see Section 9) must be introduced to provide a transparent and meaningful learning process from complaints.		

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.		
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Accountability and Governance

No	COPNI Recommendation	Response to Recommendation	Comment
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.	Accepted	<p>RQIA already has in place mechanisms for the communication of issues about the quality of care to its board and DoH. A bi-monthly meeting is held with DoH and papers shared with the Department's Top Management Group for information. RQIA also participates in the Early Alerts process whereby immediate concerns are flagged to the DoH for information.</p> <p>RQIA is not a provider or commissioner of care and therefore the quality of care in individual homes is a matter for the quality monitoring and risk committees of Trust commissioners. RQIA has begun to explore better collaborative working with Trust through our programme of "Building Sustainable Partnerships".</p>
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.		

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.		
R58	The Regional Contract should be reviewed and training provided in relation to its content and effective use of its terms. The Department of Health should conduct a review of whether this contract is adequate in terms of being able to enforce the performance obligations contained therein.		
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.	Accepted	This is already in place in RQIA. RQIA's Serious Concerns and Complaints Group is the mechanism to ensure directors and Chief Executive are sighted on significant issues. RQIA's corporate and directorate risk registers are discussed quarterly at Executive Management Team meetings which include Chief Executive, Directors and Assistant Directors. The Chief Executive's brief to the RQIA board is published on the RQIA website and includes an overview of regulatory activity. The bi-monthly reports to DoH are also shared with Board members. RQIA also utilises the Early Alert process where necessary to ensure the Department is sighted on potential issues at the earliest stage.