

**RQIA Investigation into Commissioning
Arrangements for Residential Learning
Disability Services in the South Eastern HSC
Trust and the Belfast HSC Trust**

May 2025

The report of this Investigation was submitted to the Department of Health (DoH), and to the South Eastern HSC Trust and the Belfast HSC Trust, between March and April 2025. Following submission, RQIA engaged with both HSC Trusts regarding matters of clarification relating to the format of content. These matters of clarification have now been addressed. No changes have been made to the findings or recommendations of the March/April 2025 Report. This is a copy of the amended final report, now submitted to the South Eastern HSC Trust and the Belfast HSC Trust, and to the DoH, March 2026.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for regulating, inspecting and reviewing the quality and availability of Health and Social Care (HSC) services in Northern Ireland.

The 2003 Order (Article 34) places a statutory duty of quality on HSC statutory bodies. Article 35 of the 2003 Order gives RQIA specific duties and powers to assess HSC statutory bodies' performance, in meeting the minimum standards set by the Department of Health in the Quality Standards for Health and Social Care (2006), which are designed to ensure the provision of safe, effective and well led services.

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RQIA is committed to conducting inspections and reviews/investigations, taking into consideration our four key domains:

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well-led?

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Section 1: Introduction

1.1 Background and Context

HSC Trusts commission services from nursing and residential care homes in Northern Ireland, the vast majority of these services are provided by independent sector providers (providers). Based on the current register, 90% of registered care homes are provided by the independent sector (424 out of 470) and 10% are statutory services (46 out of 470).¹

The Health and Personal Social Services, Quality Improvement and Regulation (Northern Ireland) Order (2003)², provides authority for RQIA to register and inspect establishments and agencies that fall within the definition of nursing home, residential care home, or domiciliary care agency. It is important to note that supported living care is registered and inspected by RQIA, under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

These three types of accommodation-based services provide care and support to those living in the community with a learning disability. Compliance with specific regulations and minimum standards associated with these services are assessed by RQIA through inspections; views and comments from service users, families, staff, advocacy and others; receipt of statutory notifications from the provider; complaints, notifications of adverse incidents, Serious Adverse Incident (SAI) reports; and information received and/or attendance at adult safeguarding strategy meetings. This process of regulation focusses on the registered provider, and provides a snap shot of quality of care and support provided against the required standards at points in time. These approaches focus on the provider service, the care home, and do not evaluate the effectiveness and impact of the health and social care (HSC) statutory bodies commissioning and management arrangements for the quality of that provision.

This investigation concerns the Commissioning Arrangements for Residential Learning Disability Services in the South Eastern HSC Trust and the Belfast HSC Trust. The rationale for commencing this investigation was a result of RQIA inspectors highlighting a number of concerns, in particular to one residential care home. Two Health and Social Care Trusts (South Eastern HSC Trust and Belfast HSC Trust) who contract care for residents in that care home, have been involved over protracted periods with significant levels of escalation, improvement plans, and increased monitoring in respect of that particular establishment. To date, the RQIA inspectors have not received adequate assurance about the effectiveness of the wider HSC Trust systems and processes that are required to provide appropriate commissioning, planning and provision for complex cases and ongoing monitoring of safe care delivery.

Therefore, this investigation seeks to explore the role of both HSC Trusts in this regard, and utilises the HSC Quality Standards of 2006³ to assess the effectiveness of the role of both Trusts as commissioner of these services.

Of the 470 residential and nursing care homes registered with RQIA, there are 79 residential care homes registered with RQIA⁴, providing a maximum of 1335 places registered for mixed categories of care / service user groups, including learning disability. At the time of writing this report there were two learning disability residential homes at pre-registration stage with RQIA, which are planning to provide residential care placements for adults with a learning disability. HSC Trusts commission these services to meet the assessed needs of adults with learning disability in their Trust geographical areas.

This is a different role for the HSC Trust from directly delivering care and support services to service users and patients. However, the minimum Quality Standards that HSC Trusts, are required to meet for services that they deliver directly to service users and patients, also apply to services the Trusts commission. The minimum Quality Standards are therefore used by RQIA in its work to assess HSC Trust compliance, and will be used in this investigation into how the South Eastern HSC Trust and the Belfast HSC Trust commission residential care home services for adults with learning disability.

The HSC Trust role as commissioner includes:

1. Assessing needs of adults with learning disability who live in their Trust area and determining service delivery requirements, including residential care.
2. Planning for and sustaining sufficient capacity and service quality to meet the assessed needs of adults with learning disability in their area, assessed as requiring residential care.
3. To have effective oversight arrangements in place to ensure that the HSC Trust as commissioner monitors the safety and quality of care delivered to residents placed there, including patient experience and choice.
4. Ensure effective safeguarding arrangements are in place to protect vulnerable adults.

When undertaking this investigation, the RQIA took account of the current policy direction to support adults with a learning disability to live within their community and as independently as possible⁵. RQIA is also mindful of the ongoing work to resettle individuals who continue to be accommodated within Muckamore Abbey Hospital, to a range of community settings with various levels of specialist support. RQIA is also mindful of the potential that in future, many more vulnerable individuals will require support to live in community settings, and it is important therefore that the commissioning and oversight of these arrangements are effective.

The RQIA has therefore identified the need to explore the effectiveness of the arrangements through which both HSC Trusts ensure that individuals living with a learning disability have access to appropriate, safe and effective care and support in community settings. While in this case, the focus is on residential care home settings, the findings in relation to commissioning and oversight may have value for wider community settings, including supported living.

Through this investigation, the RQIA will use its powers to examine potential challenges and vulnerabilities in the current systems of oversight, for service users with a learning disability who are living in residential care homes. In doing so, the RQIA will identify if any improvements are required to strengthen current oversight systems, to support high quality service provision for those with a learning disability, including those in the process of transitioning from children to adult services, those currently living in community settings, and those in the process of being resettled from hospital.

This investigation into the Commissioning Arrangements for Residential Learning Disability Services in both the South Eastern HSC Trust and the Belfast HSC Trust, aims to provide assurance, identify learning and make recommendations for improvement within the arrangements for commissioning and oversight of residential learning disability services across Northern Ireland.

1.2 Terms of Reference

Article 35 of the Health and Personal Social Services, Quality Improvement and Regulation (Northern Ireland) Order (2003)⁶, defines the role and functions of RQIA. This includes the function of carrying out investigations into, and making reports on, the management, provision or quality of the health and social care for which statutory bodies have responsibility.

The following sets out the Terms of Reference, agreed by the Authority in March 2024, to undertake an investigation into commissioning arrangements including the monitoring of quality, safety and effectiveness of care, within residential learning disability services in the South Eastern HSC Trust and the Belfast HSC Trust.

1. To examine the arrangements in place within the South Eastern and the Belfast HSC Trusts, with a view to assessing:
 - a) The effectiveness of the planning processes for the delivery of services and sustaining capacity within services, to meet the needs of those with learning disability.
 - b) The effectiveness of the systems in place to monitor and improve the safety and quality of care provided to individuals resident in residential learning disability services.

- c) The effectiveness of the current safeguarding systems in place as they relate to these environments.
 - d) To seek views of service users and relatives in relation to planning, quality monitoring and safeguarding processes.
2. Produce a report of the findings of the investigation and where required, make recommendations for improvement.

RQIA recognises that the arrangements that are currently in place, the learning from this investigation and any subsequent recommendations made, may be applicable across wider care setting including nursing, residential care and supported living services.

Scope

This investigation undertaken by RQIA, focusing on the South Eastern and Belfast HSC Trusts as commissioning organisations, sought evidence to enable RQIA to make determinations as to the compliance of both HSC Trusts' with related Quality Standards for Health and Social Care (2006) and associated Departmental Guidance for best practice.

Exclusions

The care and treatment provided to specific individuals is outside the direct scope of this investigation, which is conducted under the 2003 Order. However, engagement with service users, their families and advocates will comprise part of the evidence gathering stage of this investigation.

However, RQIA is mindful of its responsibilities and powers under the Mental Health (Northern Ireland) Order 1986, and may invoke these powers to make inquiries into any deficiencies in individual care and treatment identified at any point, as part of its existing escalation processes.

1.3 Investigation Methodology

RQIA used a PRINCE project management approach to underpin this investigation. The investigation utilised a range of methodologies, agreed by our Expert Team, to obtain the necessary information to inform our assessment:

- We distributed questionnaires and requested supporting information from the HSC Trusts subject to investigation;

- We conducted virtual focus groups with management teams and staff from the HSC Trusts subject to investigation;
- We used a defined selection criteria to select our sample for service user engagement during July and site visits in August 2024;
- We asked HSC Trust affiliates to issue invites to all families of residents in each home for the July 2024 sessions, and similarly asked the care home managers to make all residents and their family members aware that we would be on site in each home on the day specified in August 2024;
- We conducted semi-structured focus groups with families/carers of the service users in the two selected residential care homes, and their advocates where requested;
- We conducted visits to the two selected residential care homes located within the geographical locality, and with shared occupancy of the HSC Trusts subject to investigation, allowing members of the team to meet directly with the care home managers, including senior management, staff and residents. In addition, we had the opportunity to observe practice and engage with service users and families there.

It was considered fundamental to seek the views of the service users and families connected to these two residential care homes. The review sought to understand this group's perspective on the interrelationship between themselves, the commissioning HSC Trust, and the point of care provision; and ascertain their views on where improvements could be made.

A small number of families and their representatives/advocates, across the two residential care homes, accepted the general invitation to meet with members of the Expert Team. Participants engaged in an open and transparent way. They each described their personal experiences, individual situations, relationships with the residential care home, and their experiences of engagement with the respective HSC Trusts, both positive and negative. Where experiences were negative, some also spoke about the impact of this on their health and wellbeing, and that of their relative.

The Expert Team recognise that the families/carers, and advocates, who elected to meet with them, constitute a small proportion within the two residential homes selected, and a much smaller proportion of the overall comparable population across Northern Ireland.



1.4 Assurance Framework

The Assurance Framework for this investigation is an evidence-based tool, developed by RQIA and agreed by the Expert Team. It provides the framework of indicators by which the governance arrangements within learning disability residential care services will be assessed.

Aligned to the agreed Terms of Reference for this investigation are RQIA's four domains of Well-Led, Safe, Effective and Compassionate care. These are modelled on existing governance frameworks, underpinned, by the Quality Standards for Health and Social Care (2006) and associated Departmental Guidance or best practice.

A full list of the standards and guidance used to inform the development of the Assurance Framework are outlined in Appendix A.

Section 2: Learning Disability Residential Care Services

A learning disability affects the way a person understands information and how they communicate⁷. This means they can have problems:

- Understanding new or complex information
- Learning new skills
- Coping independently

Learning disability can be mild, moderate or severe. Some people with mild learning disability can converse easily and look after themselves, but might need a bit longer than usual to learn new skills. Others with a more severe learning disability may not verbally communicate at all and may have other disabilities. This includes individuals who are living with Autism Spectrum Disorder (ASD).

Some adults with a learning disability are able to live independently, while others need help with everyday tasks, such as washing and dressing. According to NHS UK, across the UK there are 1.5 million people living with a learning disability. It is thought that of these, 350,000 people have a severe learning disability and that figure is increasing.⁸

There are 79 residential care homes registered with RQIA⁹, providing a maximum of 1335 places registered for mixed categories of care / service user groups, including learning disability.

Trust Area	Count of Homes	Count of Places
BHSCT	15	226
NHSCT	16	222
SEHSCT	20	386
SHSCT	14	295
WHSCT	14	206
Grand Total	79	1335

Table 1: Residential care homes registered with RQIA / count of places (June 2024)

Provider Type	Count of Homes	Count of Places
Independent	61	1137
Statutory	18	198
Grand Total	79	1335

Table 2: Residential care homes registered with RQIA by provider type (June 2024)

At the time of writing, there were two residential homes at pre-registration stage with RQIA, which can provide accommodation for adults with learning disability.

It is important to note that some of these homes are registered for multiple categories of care, so not all of their registered beds will be assigned to learning disability residents.

Both Trusts subject to this investigation, provided the numbers of service users with a learning disability, who have a permanent placement within a residential care facility or nursing home; they also provided the numbers of people with learning disability living in supported living accommodation.

Number of Service Users (with a Learning Disability)				
HSC Trust	Residential Care Home	Nursing Care Home	Supported Living	TOTAL
Belfast	109	151	191	451
South Eastern	149	97	260	506

Table 3: Number of service users with a learning disability with a permanent placement by accommodation type (July 2024) provided by both HSC Trusts

2.1 Profile of Services (Belfast HSC Trust and South Eastern HSC Trust)

In the Belfast HSC Trust area there are 17 residential accommodation based facilities (i.e. residential care homes, nursing homes and supported living facilities) that are registered to support service users with a learning disability. Eleven facilities are for service users with learning disability only, while the remaining six provide support for service users falling into other categories of care including Mental Health, Older People and Acquired Brain Injury.

Of the 11 facilities supporting only service users with a learning disability: three of these are directly run by the Belfast HSC Trust, five are run by an independent sector providers (one of these is for short breaks/respice only), and three are supported living units run by Belfast HSC Trust, that have a residential registration for respice care.

In the South Eastern HSC Trust area there are 22 residential care homes that are registered to support service users with learning disability: 12 facilities are for service users with learning disability only, while the remaining 10 provide support for service users falling into other categories of care.

Of the 12 residential care home facilities supporting only service users with a learning disability, two of these are managed directly by the South Eastern HSC Trust. One of these residential facilities has registration for respice care only.

Section 3: Planning Processes for the Delivery of Services and Sustaining Capacity within Services, to Meet the Needs of those with a Learning Disability

3.1 Person-Centred Care Planning and Delivery

The Quality Standards for Health and Social Care, require HSC Trusts to have service planning processes which promote an equitable pattern of service provision or commissioning based on assessed need, having regard to the particular needs of different localities and people (6.3.1(a)). Service planning and decision-making processes across all service user groups, must take account of local and / or regional priorities (6.3.1(d)) and the standards for the commissioning of services which are readily understood and are available to the public (6.3.1(e)).

To help us assess compliance with the Quality Standards, the South Eastern and the Belfast HSC Trusts were asked to describe their current processes for planning and commissioning, and to identify arrangements that they had in place to help sustain adult learning disability residential care services.

3.1.1 Needs Assessment and Strategic Planning

The South Eastern and the Belfast HSC Trust were asked to describe the current processes used to provide information in relation to future adult learning disability population needs assessment, planning and development of residential care services. In their responses both HSC Trusts outlined their current arrangements in place for the identification of longer term strategic planning and individual care planning, commenting on both local and regional approaches.

Regional Planning

Both HSC Trusts' responses to the Expert Team identified challenges concerning regional long-term strategic planning, however there was reference to the Learning Disability Service Model being developed under the leadership of the Department of Health (DoH) and the Strategic Planning and Performance Group (SPPG). The Expert Team acknowledge that the Learning Disability Service Model has been in the development stage for a significant period.

The Learning Disability Service Model (currently in draft form) is for all who access, develop and deliver services for people with learning disabilities and their families/carers. It specifically focuses on responsibilities for HSC Trusts, and the voluntary and community sector as well as independent sector providers. The Model also considers key interfaces with other NI executive departments and arm's length bodies. At the time of reporting, the Expert Team were not advised of the anticipated

completion date for the Learning Disability Service Model or any plans for regional adoption.

The Expert Team contacted the DoH for some further information and clarity. The DoH confirmed in response, that they have established a task and finish group to finalise a Learning Disability Service Model as part of a wider exercise to improve outcomes for children and adults. It was reported that, throughout 2023 there has been a significant review of evidence, data, and stakeholder feedback, to develop a revised model of service, and an updated draft of the Learning Disability Service Model was presented to Trust Directors of Mental Health and Learning Disability in March 2024 for their consideration.

It was reported that the current draft model has the support of all HSC Trusts and has received positive feedback from service providers and the families engaged. Work is now underway to produce a costed implementation plan. A draft of this was shared with Trusts and service providers in May 2024, and in parallel, a review of learning disability finances is underway to better understand how the service is funded and identify areas of spend that can be reprioritised to deliver better outcomes. This financial review was due to conclude in May 2025.

In terms of next steps, the Expert Team were advised that the DoH is currently undertaking pre-engagement ahead of a wider consultation on the Learning Disability Service Model and implementation plan. The Expert Team further noted, that while engagement to date has been significant, it is critical to involve those delivering general healthcare and mental health services in addition to residential accommodation based services.

The DoH convened a workshop in August 2024, with a wide range of HSC stakeholders, to finalise the Strategic Delivery Plan for the Learning Disability Service Model, and agree the role of the regional Learning Disability Strategic Group to drive implementation. The Model will be subject to a full public consultation in the coming months, subject to ministerial decision.

Trust Strategic Planning

At a local Trust level, the Expert Team agreed that there are clearly significant challenges in progressing and concluding long term strategic planning. The South Eastern and Belfast HSC Trusts referred to a lack of robust data as a contributory factor, as well as individual needs and complexities often requiring bespoke arrangements. It is acknowledged that an individual's assessed needs should support determination of the most suitable placement.

While both HSC Trusts were confident that there is an understanding of the criteria and working definition for residential care and supported living, they were also mindful of

the reality that there is a lack of distinction between the two. Due to requirement to meet urgent and critical need there can be on occasions, a 'blurring' of both definitions of care needs.

The DoH define a learning disability as "a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money, which affects someone for their whole life"¹⁰. However, whilst the DoH, SPPG and HSC Trusts all have a clear definition and understanding of learning disability, this is not always sufficient to provide clarity in regard to the determination of the most appropriate placement, and whether this should be residential care or supported living.

Increasingly, strategic direction continues to promote the principles as outlined in the Bamford Review's Equal Lives report¹¹, which continues to be a key direction setting report bringing the need for equality for those with learning disability to the fore. The trend has been to enable people to live in their own homes in the community, with appropriate support, and this has contributed to a reduction in the availability of residential care placements with an expansion of growth in supported living services.

In November 2020, the Northern Ireland Housing Executive (NIHE) published the Supporting People Strategic Needs Assessment¹². The report highlights that people who are living with learning disability mostly require accommodation-based support as their disability is lifelong. The report identified that a lack of suitable accommodation for individuals with a learning disability is proving challenging, with reported difficulty in finding suitable community placements for individuals.

The Expert Team noted that the report, based on the analysis of need at the time, suggests that there is an undersupply of 224 accommodation-based supported living units (equivalent to places) for those with learning disabilities. It is apparent from the research presented in the NIHE Report, that demand for learning disability services and in particular autism services, continues to increase. This is considered to be due to improved diagnosis and treatment services, which in turn lead to an increased demand on housing support services. Future projected calculations showed an estimated undersupply of 479 units by 2023.

Figures summarising the number of residential care homes registered for mixed use including learning disability and other other categories of care / service user groups, between June 2014 and June 2024, demonstrate that over this ten year period there has been a 10% decrease in the number of residential homes, with the total dropping from 88 in 2014 to 79 in 2024¹³.

Trust Area	Count of Residential Care Homes 30.06.2014	Count of Residential Care Homes 30.06.2024	Change over 10 years	% Change
BHSCT	14	15	1	7%
NHSCT	17	16	-1	-6%
SEHSCT	25	20	-5	-20%
SHSCT	12	14	2	17%
WHSCT	20	14	-6	-30%
Grand Total	88	79	-9	-10%

Table 4: Number of residential care homes registered with RQIA for mixed use including learning disability and other other categories of care / service user groups (June 2014 and June 2024)

The count of places¹⁴ have remained fairly stable with only a small decrease over the 10 years, although it should be remembered that some of these homes are registered for multiple categories of care, so not all of their places (registered beds) will be aligned to learning disability residents.

Trust Area	Count of Places 30.06.2014	Count of Places 30.06.2024	Change over 10 years	% Change
BHSCT	240	226	-14	-6%
NHSCT	216	222	6	3%
SEHSCT	378	386	8	2%
SHSCT	235	295	60	26%
WHSCT	273	206	-67	-25%
Grand Total	1342	1335	-7	-1%

Table 5: Number of places registered with RQIA for mixed use including learning disability and other other categories of care / service user groups (June 2014 and June 2024)

It is outlined in the research above, and was clearly articulated during engagement with both HSC Trusts, that there is an increased assessed need for residential care and supported living provision for adults with learning disabilities, which is not matched by growth in supply. It was also articulated that the type of residential care now needed, may in a small number of cases differ from that traditionally provided, for example a need for individual homes or single occupancy environments, providing accommodation which is bespoke to the complexity of the individual's needs.

In our engagement with participating families connected to the two homes, they described a lack of suitable placements providing long-term accommodation care and support for adults with a learning disability across the region, in particular for those who also have complex health and care / behavioural support needs. The families' view was that this leads to negating the element of patient choice, especially where HSC Trusts are unable to offer more than one suitable option. The Expert Team recognises the

regional shortfall in suitable placements, and the importance of addressing it to facilitate successful and stable outcomes for residents.

Positive experiences with providers of care were also described, along with the development of valued relationships and cherished rapports. There were however, concerns expressed for placement sustainability and for the availability of similar bespoke placements for other service users who may require these in the future.

Families perceived that there was a preference and drive to support service users with a learning disability to live in the community in supported living environments. Families noted that this type of accommodation is not the most suitable option in all cases, and expressed that a need remains for placements within residential and bespoke type care settings where required. Families asked that when designing future models of care, HSC Trusts proactively, fully and openly engage with family/carer groups to ensure their views are considered and taken on-board for future residents.

All family members we spoke to were keen that when their relative transitioned into a residential placement, it should be regarded as permanent, with support provided to them in their home as their needs changed. The Expert Team recognises complexity in this, as homes are obliged to operate within their categories of care.

It was also noted that there are different funding arrangements for residential care homes and supported living placements, with the service user having to surrender more of their finances for residential care. This impacts negatively on personal finances as residents are often not in a position, to retain much money for activities, hence potentially affecting their quality of life. The Expert Team considered this as a disparity amongst the service user group, and a challenge for them, their families and the HSC Trusts.

In addition, supported living services can often access funding streams to assist with the overarching costs associated with providing activities/services for the service user on an individual basis, which is not accessible to residential care homes.

The Expert Team noted that the issue of finance presented as a recurring theme during their engagement with the participating families. Families described adults living in residential care home placements, as being provided with a small weekly living allowance, with all their additional benefits helping to fund their placement. Families felt that this affected their relative's quality of life, and ability to provide for their own basic needs and activities. In many situations where a carer is supporting an adult with attendance at a paid activity, there will be costs incurred for the carer. Service users of residential placements have less disposable money available to cover these costs. Families also spoke of the direct impact on themselves, often covering these additional costs in order to ensure their family member's participation. The families pointed out the disparity between this and the financing of supported living models, concluding that in this respect their relative was disadvantaged and had less opportunity for community

inclusiveness, when in a residential care placement, compared to alternative living arrangements.

The Expert Team were concerned that sometimes it seemed that both supported living and residential care accommodation options may be considered for the same service user; this appearing to be driven by availability of services and not necessarily by the service user's needs. They emphasised that in such cases transparency is important for service users and families at the point of considering placements, regarding difference in the two services and their associated registration, including financial disparities associated with different placement options. The families who spoke with the Expert Team expressed a desire for clear explanation of these factors at the point of considering the placements.

Recommendation 1

The South Eastern HSC Trust and the Belfast HSC Trust should ensure that they provide information, to service users and families, that clearly outlines the personal financial impact of the difference in placements for supported living and residential care home options. This is particularly the case where both supported living and residential care home options are being considered to meet the needs of the individual service user.

Both the South Eastern and Belfast HSC Trusts welcomed the DoH and SPPG commitment to developing the Learning Disability Service Model; however, they did express concerns about the ongoing delays and challenges of delivery of the model when implemented.

Both HSC Trusts referred to the limitations in planning for future need, in particular operationally, as they appear to be reliant on a planning period of 12 months in advance. Both HSC Trusts clearly recognised the need for more robust planning over a longer period and suggested a five-year plan, which they are aspiring to progress. This is particularly prevalent when working with children and young people in planning their services at post-18 years. This is discussed further at section 3.1.3 below on Transition Planning.

The Belfast HSC Trust community and commissioned services teams maintain databases, which are used to project future need. They reported that, whilst these databases are fluid and can fluctuate, the information provides a working baseline for informing ad-hoc requests. The information includes details of the assessed need of the service user, projected costing and high cost placements; and are completed by care management and shared with planning colleagues upon request only. The Belfast HSC Trust reported that they have proactively engaged with providers to identify the accommodation position, looking to the next 5 years.

The South Eastern HSC Trust described their arrangements for an annual cycle of one year planning, and in-year review. Information from the Community Integration Process assists in projecting needs assessment to inform the planning and development of all placement requirements. The information is used by their finance department to develop a one-year plan, with financial impacts estimated based on costs of care packages for similar needs. This information is shared with the SPPG.

Further information provided by the South Eastern HSC Trust, during the factual accuracy checking stage, indicated that given the complexity of young people transitioning and requiring adult complex and bespoke homes, this process is currently under review, as a one year timescale is no longer adequate to ensure arrangements are in place. The South Eastern HSC Trust are currently looking at a 3-year lead in time for complex transitions.

Both HSC Trusts expressed a desire to be enabled to develop a robust five-year plan, which incorporates associated financing and resourcing. However, they described the challenges with this in the absence of a full picture of need. Currently they are only able to base projected planning on previous patterns of need. The Expert Team agreed that HSC Trusts need to be supported by SPPG to develop systems for longer term planning, to meet need in a timely and appropriate manner commensurate with the service user's individual assessed need.

Representatives of the Expert Team were advised during site visits to independent sector providers (the two residential care homes), that they had not involved in regional service planning.

3.1.2 Needs Assessment and Individual Care Planning

The South Eastern and Belfast HSC Trusts described a process whereby information is gathered from their multidisciplinary teams, and an individualised, person centred, assessment and associated care plan is devised and costed, with the development of a revenue business case. It was stressed, that while cost and budget are central, the process is driven by assessed personalised care needs rather than finance. It was also recognised that the HSC Trusts have a statutory duty to meet an individual's assessment of need and it is therefore imperative to be in a position to do this.

Increasingly adults with a learning disability also have complex health and social care needs, which require individual bespoke solutions. However, it is recognised that there are limited residential placements available that are in a position to meet these assessed needs, which likely involve high levels of trained staffing, tailored environments, and high costs. Whilst it is important to promote choice, it is also necessary that options provide safe environments to live in and appropriate levels of care and support.

The South Eastern and the Belfast HSC Trusts described a process of engagement with service users, and where possible with their families/carers. However, it was noted that family choice may be difficult to accommodate, and this can lead to families opposing proposed placements, and potential litigation. Families can also become frustrated with the time span of the process, especially where the end placement is not ultimately their placement of choice.

Despite being advised of the limited availability of both supported living and residential care home accommodation, compared with expected need, the Expert Team were concerned that there is not a clear commissioning plan in place for future provision, and in particular the transition of service users aged 18+ to adult services, who may require high cost/bespoke placements.

The Expert Team were concerned that operational planning does not currently expand beyond one year. While the South Eastern HSC Trust and the Belfast HSC Trust recognise that there is a need for extended planning over a five-year period, the Expert Team thought that this should be considered and completed regionally for the next decade and beyond, given the time span for planned buildings-based development to come to fruition.

The Expert Team considered that there is proactive development needed of a commissioning plan for residential learning disability services, which includes commissioning principles agreed with stakeholders, and is based on sound data. Co-design of the commissioning plan should include service user/family/advocate representation, promoting partnership in future planning including independent sector representation, and adopting the principle of choice and provision of placement options.

Recommendation 2

The DoH should ensure that the HSC system works together with other strategic partners as appropriate (such as the NIHE and independent sector providers) to develop a commissioning plan for accommodation based services for young people and adults with a learning disability, including supported living, bespoke independent living arrangements, and residential care.

The commissioning plan should be based on clear definitions of categories of care, including supported living and bespoke arrangements, appropriate data sourced for the purpose, and participation of service users/ families/ advocates to develop agreed commissioning principles.

During site visits to the two residential care homes selected for this investigation, representatives of the Expert Team were advised that they have a relatively low turnover of residents. When a new resident is assessed for admission, there is a

reported pre-assessment process undertaken by the commissioning Trusts and the providers. In Belfast HSC Trust, providers are asked to complete a Provider Feedback Form outlining the assessment outcome. The residential care homes reported that they are also included in the selection process, and as part of the process will often meet with the new resident and their family/carers as appropriate.

While individual care plans for new residents are shared in advance with the residential care home, providers informed RQIA that the care plans can be generic in detail, and it was reported that there are sometimes gaps in the information provided by both HSC Trusts. This can introduce unassessed risk for the person being placed within the care setting, and for other residents and staff. In these cases, remedial assessment between providers and the relevant Trust was required to address this. Additionally this can result in a requirement for enhanced care and support arrangements being identified as a need after the placement of the resident, and these enhancements are not always appropriate within the residential care home environment. This can lead to unsustainable placements in the longer term.

Both residential care homes confirmed that there is an annual process for individualised care planning, between the relevant HSC Trust and the service user, which reviews the objectives from the previous year, any actions outstanding and new actions for consideration. One residential care home however noted that actions derived from the meeting can be ad-hoc and in response to complaints. The other reported that actions in the main are for the care home to implement.

Providers advised the Expert Team that all service users placed in the care home have a care manager, and individual care reviews are organised in advance. The provider will compile a comprehensive report in advance, which outlines any new needs identified and associated issues such as funding requirements. Providers advised that this process includes families/carers and the service user as appropriate, and that the annual care plan is then updated and agreed.

Some families who met with the Expert Team reported positive relationships with the care manager and key workers, and acknowledged the role they undertake in the care review process. However, there were also reports of continuous challenges in securing support for their relative's care needs.

Families described their experiences of the annual care review process, led by HSC Trusts, in accordance with care management procedures. Some reported a lack of consistency in who undertakes these reviews, with experiences of staff having minimal knowledge of the service user or their individual and unique needs. It was also reported, that when an additional need is identified via the care review, the agreed actions are not always implemented unless the family pursue these. Family experiences suggested that the documentation following a care review is often not available to them without specifically seeking this from the relevant Trust.

There was a clear desire expressed by families, for the care review process to be more person/family-centred, with an agenda more inclusive of the concerns that they considered to be pressing for their relative, and action-planning that more fully considers family views. They said that they would like this consideration for their role to extend to practical arrangements, such as timing and notice for the meetings.

Outside of the care review process, some families reported difficulties in navigating the care management system to acquire support as and when needs arose. Families highlighted that this often coincided with times of crises, and that they would prefer to experience the care management relationship as proactively planning holistic care, rather than reactively managing problems.

There was discussion about poor communication channels between families and both HSC Trusts, when trying to secure additional services/therapies for to meet changing needs. Whilst each service user had a key worker and/or an identified care management team, it was felt that this did not provide sufficient support to coordinate, source and secure additional care and support. The Expert Team were informed that whilst there are multidisciplinary care teams that include a range of professionals, including nursing, social work, care management and key worker, there appears to be a lack of a joint approach when the need for additional support is identified, with families feeling confused and frustrated when seeking this. The Expert Team considered that in these cases, there was evidence from the families of a disconnect with the responsible Trust.

It is a notably common fear for people who rely on care services, that if they challenge care authorities, this may negatively affect care provision. There is no suggestion here that this fear is founded, but the Expert Team feel that it is a significant perspective and barrier to be aware of, when building and sustaining relationships with service users and their families.

When an individual's needs change there is no right to an automatic increase in funding and/or staffing. This can result in a gap between meeting the individual care requirements, and the associated increased funding and staffing requirements for the provider. This is a mutually recognised issue, which is subject to regular discussion between both HSC Trusts and the providers. However, providers stated that they feel particularly vulnerable with this approach due to its possible impact on the sustainability of placements. HSC Trusts should consider how best to keep the assessed needs of service users under review, including any additional requirements that may arise, and associated funding.

Activity Needs and Care Planning

Providers noted that there are sometimes challenges around the provision of individualised activities for service users, which can be time consuming and complex to address. However, on provision of sufficient supporting evidence, the experience

was that both HSC Trusts are usually understanding of the request, and will try to accommodate it. It was noted that there can be delays in securing funding for these requests. The provision of additional activities was reported as not always equitable, with some residents receiving more activities due to the complexity of needs and family requests; this can be challenging to manage for providers and HSC Trusts, and there may be a role for professional advocacy in levelling up.

During site visits to the two residential care homes, the Expert Team had the opportunity to engage directly with service users residing in each home, and additionally some of their family members. During this valuable engagement, some service users were able to share day-to-day lived experience of their daily routine, their care and the activities in which they participated. Each of these service users described a positive experience of care provided and expressed that they were happy and content in their home. A service user who had recently transferred to the facility, praised the staff for their support with getting to know the other residents, taking time to explain things, and the meals provided. Another service user who had been resident in the facility for many years said the staff were always happy to help and play games. Not all service users could verbally communicate their views, but the Expert Team noted that all service users appeared to be relaxed and comfortable in their environments. The Expert Team observed service users engaging in both routine and structured activity, and noted non-verbal cues that indicated contentment, such as smiling, positive non-verbal communication with staff, and confident body language.

A family member advocating for their relative, told the Expert Team that they are happy knowing their relative will be cared for, taken on holidays, have access to activities and live as normal a life as possible. They discussed their view of measured risk-taking as an inherent part of life, and felt that sometimes opportunities are missed because the provider or HSC Trust can err towards avoiding risk. However, they expressed gratitude for the work of both, acknowledging the complexity of the issues presenting.

Other families who spoke to the Expert Team described some examples of challenges in securing activities/outings for their relative, with the provider not able to accommodate or maintain the plan of daily activity. There was discussion about the importance of these social opportunities for the individual's development as an adult, for structure and independence outside of the residential care home environment, and the impact on general happiness, confidence and self-esteem. In these examples, families felt that a lack of individual activities equated to a lack of choice; and that HSC Trusts have a responsibility to consider this issues and challenge it more strongly with providers, or else provide additional resources where there are gaps in holistic care needs. Families felt that this was not always the case.

The Expert Team recognised that there is a limited resource available for individual daytime activities for those in residential care. However, there were examples of

individuals securing additional funding from both HSC Trusts for particular activities or events.

3.1.3 Transition Planning

The NIHE Strategic Needs Assessment report states that young people transitioning to adult services are showing an increased complexity of need. This has caused challenges and impacted services available, where services are at or close to capacity.

Local transitional planning

Both the South Eastern and the Belfast HSC Trusts appeared to have good localised planning processes in place, albeit within a short timeframe. They described processes involving early engagement between children's and adult services to plan for transition, including transition workers and conversations with front-facing staff.

However, it is clear that the process is challenging, especially for the young person and their family who are making the move from a known and settled placement, to somewhere new, potentially with a different provider, location and/or staff team.

Some families who engaged with the Expert Team described challenges they experienced in respect of planning and assessment, the availability of appropriate options, and communication and support around the transition process. Some families outlined that when their relatives were under the care of children's services in HSC Trusts, they were provided with a more receptive and resourced multi-disciplinary service in comparison with adult services, despite no change in the level and complexity of the individual's needs, and they believed this to be due to a disparity in funding between the services. Belfast HSC Trust expressed a view that funding levels for adult learning disability services is also a concern for all who work in the sector, and stressed the importance of the Learning Disability Framework's completion and launch, in addressing the level of complexity of those adults requiring care and support.

The transition process can also be difficult for staff, as they seek to meet the complex needs of the young person, find a placement they and their family feel is acceptable and that will meet their individual assessed needs; and then go through the procurement process for financing. The potential for this to fail at the end, with very little scope for alternatives, adds to the challenge.

Regional transitional planning

A Regional Transition Protocol for Children and Young People with a Learning Disability, including Children and Young People with a Learning Disability and Co-occurring Autism, is currently in development, to facilitate integrated service delivery and organisation across health, social care and education; the May 2024 draft was shared with the Expert Team.

The South Eastern and the Belfast HSC Trusts both confirmed that they have been involved in the process, and agreed that this is a good piece of work and is in the right direction of travel. The Expert Team noted that both HSC Trusts reported currently having their own interim transitional pathways in place and working collaboratively to achieve regional consistency.

It was reported that, as part of a good practice model, both the South Eastern and the Belfast HSC Trusts have in place an Advanced Nurse Practitioner. In the South Eastern HSC Trust, this role currently sits within the adult service, while in the Belfast HSC Trust this role works with the 14-25 year-old age group.

The draft Regional Transition Protocol for Children and Young People with a Learning Disability, including Children and Young People with a Learning Disability and Co-occurring Autism, usefully sets out transition flowcharts from age 14-18 which could be built upon to ensure that HSC Trusts are transparent about limited choice and communicate this openly and early. There is recognition that the journey for young people living with learning disability may not include a static transition point at 18 years old, and that there must be a process/flexibility to meet this variation, which should extend to transition between children's and adult residential care.

The Expert Team were concerned that the regional approach referred to may not come to fruition within a reasonable period of time.

Recommendation 3

The DoH should take forward at pace, the development of the draft Regional Transition Protocol for Children and Young People with a Learning Disability, including Children and Young People with Co-occurring Autism; to ensure a clear pathway and implementation of regional agreement and consistency in respect of specific responsibilities for supporting transition.

The South Eastern HSC Trust raised a concern about the age of transition in Northern Ireland, currently to complete by age 18, citing international research and developments in other countries. These developments suggest that the age of transition should be later, or with a phased approach between the ages of 18-25 years, given that this period can be very traumatic and challenging for individuals with learning disability. While there has been discussion regionally about raising the age of transition, it is acknowledged that legislative consideration would be required. However, it was noted that there is a willingness to look at this perspective, and the Expert Team agree that more innovative ways of working and communicating in the best interest of service users should be considered.

3.1.4 Engagement with Independent Sector Providers

The South Eastern HSC Trust and the Belfast HSC Trust reported on local processes for engaging with service providers, both at a strategic level and in respect of identifying placements for individuals with bespoke needs. In discussion with both HSC Trusts a number of issues and concerns were raised in respect of the planning processes.

It is recognised that the number of adults living with learning disability is generally increasing. The universal consensus is that longevity is increasing along with that of the general population, and that this is projected to continue. The DoH (2001) within the UK stated that life expectancy for people with intellectual disabilities is predicted to increase by 11% between 2001 and 2021¹⁵, with more people living longer and transitioning from children's to adult services; and at the other end of the scale more adults living longer into older age. Initial results from the 2021 Population Census have provided information on numbers of people with a learning disability, showing a total of 16,923 people, which equates to 0.89% of the population. Of these numbers,

- 29% are aged 0-14 years,
- 37% are aged 15-39 years,
- 25% are aged 40-64 years, and
- 9% are aged 65+ years.

If numbers of people with a learning disability grow in line with the projected general population increase of 1.6%, this could equate to approximately 17,200 people with a learning disability by 2032¹⁶. It is anticipated that a section of these citizens will require a residential care/supported living care package.

As the population of people with learning disability is growing, so too is the complexity of need, including in some cases, life limiting conditions. This in turn has resulted in an increased need for bespoke arrangements, and indeed on occasions much higher levels of staff support, care and supervision.

The level of a service user's individual need including the level of staff support required, is determined by an assessment that is completed by the multidisciplinary team, and which needs to be clearly documented and shared with providers.

The South Eastern and the Belfast HSC Trusts indicated that there are a limited number of independent sector providers and therefore limited placement options within Northern Ireland. This results in a 'sellers' market', making it more difficult for these Trusts to identify, procure and negotiate suitable options, with consequent limited choice for service users and their families. It was also noted however that the small number of providers can make it easier to establish good communication networks and collaborative relationships.

Given the limited number of providers and the pressure to find placements for service users, the South Eastern HSC Trust and the Belfast HSC Trust are often in the position of trying to commission with the same providers for the same placements. This position creates a competitive field, and appears compounded by a limited consistency between the two HSC Trusts in the design, planning and commissioning of services.

In addition to this, the South Eastern and the Belfast HSC Trusts referenced the Muckamore Abbey Hospital resettlement program. It was their understanding that the DoH had agreed an extension to June 2024¹⁷ as the planned closure date. This date was dependent on all remaining patients having been appropriately assessed and resettled into appropriate care and accommodation settings in the community. It was recognised that this remains an overriding priority and the DoH is working with all HSC Trusts to develop safe discharge arrangements.

At the time of writing, it is noted that in a statement published in June 2024¹⁸, the Health Minister announced a further extension to the closure date for Muckamore Abbey Hospital. The statement outlines that planning continues at pace in relation to establishing resettlement timelines for the remaining patients, and work to close the hospital continues to be progressed by the Belfast HSC Trust.

In addition to the issues detailed above, there are financial pressures with constraints on budgets across the HSC system, concurring with increasing costs of placements to meet complex needs. The lack of resources and the delay in providing confirmation of resources, also impacts on the overall service planning and management of learning disability services within both HSC Trusts, for example in the areas of planning, quality monitoring and governance arrangements. Further challenges are the lack of suitable specialist placements for people with high levels of need, limited supported housing options as reported by NIHE and delays in the implementation of the Learning Disability Framework

The Expert Team noted the determination to provide a high quality service for service users with a learning disability and their families/carers. However, it was also clear that learning disability services are trying to manage immediate and often competing pressures; described as firefighting and being in crisis mode. Despite these challenges, the Expert Team were pleased to reference the high percentage of resettlement success from Muckamore Abbey Hospital (without readmission), and learn of the many opportunities which the South Eastern and the Belfast HSC Trust have devised, to help them explore and provide more creative solutions for service users with a learning disability.

The South Eastern HSC Trust cited proposed developments such the development of a learning disability and mental health inpatient unit, a community assessment and treatment unit and provision of a step up/step down bed model. They noted however that while business cases have been developed, progress is delayed due to capital

constraints and waiting for DoH approval. They also spoke about extending an existing South Eastern HSC Trust facility, exploring partnership working with an existing charitable facility, capital development in relation to property purchase for resettlement and the utilisation of additional short break provision within the community sector.

At the time of factual accuracy checking the Belfast HSC Trust advised that they have also developed new models of learning disability care, and that they are currently awaiting funding for this.

While this is encouraging, the Expert Team heard that these developments are set against the frustrations of the delays in business case approvals, as well as financial constraints and the capital regime requirements.

3.2 Sustaining the Capacity and Capability of Services

The underpinning HSC Minimum Quality Standard for this section relates to the requirement for HSC Trusts to have a workforce strategy in place, ensuring workforce development to meet current and future service needs (4.3(n)).

The South Eastern and the Belfast HSC Trusts were asked about measures taken to sustain the capacity and capability of services, including contingency plans to provide a complex placement when it cannot be met within current service provision.

Both these HSC Trusts referenced concerns over the sustainability of independent sector services including the provision of residential care services. There were several issues cited in relation to the recruitment and retention of staff, and the constraints of remuneration, with concerns raised as to whether the rates of pay are commensurate with the level of skill, expertise and work required.

Furthermore, the increasingly high-intensity nature of the work itself was acknowledged, and support for staff in the form of training and upskilling was identified as a need. This, combined with managing sickness absences, and difficulties recruiting and retaining staff, was described as a cycle resulting in increased reliance on agency staff.

Challenges associated with workforce capacity and capability in residential care were identified during this investigation. Regionally the Social Care Collaborative Forum (SCCF) has a focus on workforce planning with a view to addressing the ongoing challenges in workforce planning and development of accredited training for social care staff. Given that the independent, community and voluntary sector providers play a key role in workforce planning and sustainability it is good to note their involvement in the SCCF.

The Director of Adult Services in the South Eastern HSC Trust, who holds responsibility for learning disability services, has an ongoing arrangement whereby they meet with the chief executives of the larger service providers. The South Eastern HSC Trust also advised the Expert Team that at an operational level there are monthly links meetings with residential care homes, where issues such as additional support to manage individual service user needs, can be discussed and addressed.

3.2.1 Contingency Arrangements

The Expert Team explored the contingency arrangements in place within the South Eastern and the Belfast HSC Trust, regarding circumstances where a complex placement for a service user is required but cannot be met within current service provision, and therefore requires a bespoke arrangement. Both the South Eastern and Belfast HSC Trusts appear to be working reactively, responding to and trying to manage challenges and emergencies on a case-by-case basis.

At the time of meeting with the Expert Team, The South Eastern HSC Trust spoke of being in a crisis and contingency mode, noting this as a risk they are carrying. They further advised that their concerns have been communicated to the DoH and the SPPG. It was reported to the Expert Team by both HSC Trusts that they were unaware of any immediate steps being taken at a regional level to appropriately address these issues.

The Expert Team considered that the South Eastern and the Belfast HSC Trust are relying on the developing Learning Disability Service Model to include strategies to resolve these issues. However, they also recognised that in the absence of having a model, both HSC Trusts have put in place operational protocols and procedures to assist staff to assess, review and care plan for the provision of services.

One of the main pressures appears to be emergencies arising due to the breakdown of placements in residential care homes, or within family homes. The South Eastern HSC Trust and the Belfast HSC Trust advised that they often need to step in to risk assess the situation, work with providers to try and arrange additional support to help stabilise the placement until an alternative placement can be found; this is always considered to be a contingency arrangement. However, they noted that maintaining a service user with complex needs in a residential care home, may be outside the residential care home's registered purpose, and it may result in an Early Alert¹⁹ notification to the DoH, and risk RQIA enforcement action.

The South Eastern and the Belfast HSC Trust reported that in some cases, as they have been unable to identify alternative placements, they have had to use their 'short break' facility as an emergency stopgap for accommodation. This has resulted in less short break provision for other service users residing in the community, who often have limited support services in place, which can lead to additional pressure on community

services. The Belfast HSC Trust also described how placement breakdown and high intensity crisis work is now absorbed by community services, and how this coupled with the overall lack of placement options, impacts hugely on the resiliency, morale, and recruitment/retention of community staff teams.

Families who met with the Expert Team shared experiences where lack of provision becomes a significant problem at the time of transition, or when a placement breaks down and the provider is no longer in a position to provide the placement or the appropriate level of care within their designated registration limitations. One view was expressed that the temporary arrangements put in place had been unsuitable in meeting the individual's needs, and this was experienced as a disorganised and unnecessary layer of upheaval for the individual and the family.

There was also discussion about perceived imbalance, with assessment, decision-making processes and communication felt to be less open than it could be, and the power of decision-making weighted towards HSC Trusts rather than families.

As discussed above, there are limited options for alternative placements, both internally within an individual HSC Trust, or within alternative HSC Trust areas.

The timescales set out in the Regional Residential and Nursing Provider Specification and Contract, for the provider to serve notice (standard 3 months, but 48 hours in extreme situations) was reported as adding to the pressure. This is discussed further in section 4.1.

3.2.2 Provider support

The South Eastern HSC Trust and the Belfast HSC Trust described several mechanisms whereby they support independent sector providers to sustain services. However, as above, in the majority of instances this is reactive in response to individual pressures and placement breakdown. Measures included:

- Enhanced quality monitoring visits;
- Increased multidisciplinary team meetings to help stabilise placements;
- Reaching out to other HSC Trust services for support or advice;
- Provision of training to providers by HSC Trusts. This seemed to be associated with specific service user needs rather than anything wider, nor training offered across other residential care homes; e.g. epilepsy training in a specific residential care home relating to the needs of a specific resident. While provision of training was mentioned, an overarching belief was expressed by the South Eastern HSC Trust and the Belfast HSC Trust, that it is the provider's responsibility to secure the necessary training for their staff, because this is incorporated within the services commissioned, which sometimes incur additional costs where needs are specialist;
- The South Eastern HSC Trust referred to the 'wraparound' support that they provide. They use the monthly links meetings to help identify any additional

needs/assistance and support that may be required from their multidisciplinary team, such as support from allied health professionals.

While the Expert Team welcomed the provision of additional training where identified as a specific issue, they considered that the South Eastern HSC and the Belfast HSC Trust should agree with the provider how this requirement for training and skills development will be met within commissioned residential care homes services, and agree how this is expected to be funded. This should include the arrangements to ensure sustainability of the skills within the residential care home after initial training is completed.

Recommendation 4

When a requirement for specialist staff training is identified, to accommodate the needs of an individual service user within residential care accommodation, the South Eastern HSC Trust and the Belfast HSC Trust should agree with the provider how this requirement will be met and funded, including the arrangements to ensure sustainability of the training requirement once initial skills training is complete.

3.2.3 HSC Trust Collaboration and Interagency Working

The South Eastern HSC Trust and the Belfast HSC Trust evidenced some collaboration and interagency working across the planning and sustaining of services. However, in some cases these HSC Trusts seem to be competing, as they work independently to secure services to meet the needs of the service user residing in their geographic HSC Trust area. This competition is in the absence of a regional framework, and with challenges in NIHE supported housing provision, and funding constraints.

While there are ad-hoc arrangements whereby placements are commissioned across HSC Trusts (especially referenced by the South Eastern HSC Trust), this does not appear to be formalised and may be more dependent on individual relationships between staff within the two HSC Trusts involved, on goodwill and on a case-by-case basis.

The South Eastern and the Belfast HSC Trusts referred to the difficulties of placing their service users in a residential care home in another HSC Trust area. A particular difficulty is that responsibility for the care of the service user remains with their 'home' HSC Trust, and there is a recognition that service users are often unable to access additional support within the 'host' HSC Trust. In addition, providers also expressed challenges with working across the process variations associated with differing HSC Trusts, and being subject to separate quality monitoring visits in respect of more than one HSC Trust.

Through engagement with service users and families connected to the two residential care homes participating in the review, it was reported that there can be communication difficulties when an individual service user is provided with a placement in a residential care home which is commissioned by more than one HSC Trust. This can result in service users and their families navigating between different HSC Trusts in relation to different aspects of service provision; this is particularly challenging at times of changing need for the service user.

Mention was made of a 'mutual aid' arrangement, and the SPPG's appetite to formalise partnership working, this is particularly important when a service user is provided with a placement outside their HSC Trust of origin. However, while there is a willingness to support this across the region, there has been no facilitated formal discussion or agreement at this stage.

Recommendation 5

Regionally, HSC Trusts in collaboration with the DoH, should formalise the role of the 'host' HSC Trust in respect to the provision of health and social care services. When an individual service user is provided with a placement in a residential care home that is commissioned by more than one HSC Trust, the service user and family should be advised which HSC Trust they are to liaise with, in all aspects of the service user placement, with effective communication between HSC Trusts as required.

Section 4: Systems in Place to Monitor and Improve the Safety and Quality of Care Provided to Individuals Resident in Residential Learning Disability Services

4.1 Contractual Arrangements

The Regional Residential and Nursing Provider Specification and Contract (the Contract), is the legal agreement used by HSC Trusts to commission services from a range of independent sector providers across Northern Ireland. It was clear from the evidence provided by the South Eastern HSC Trust and the Belfast HSC Trust, that the Contract requires updating, particularly as it is generic and high level, leaving it open to interpretation. The version of the Contract shared with the Expert Team is dated 2015, and it does not appear to include specific references to residential care homes or learning disability services.

At the time of writing, it was understood by the Expert Team that the Contract is under review by the DoH. While it was advised that there is HSC Trust involvement in this review, none of the representatives of the South Eastern HSC Trust and the Belfast HSC Trust, who were interviewed by the Expert Team, were aware of the timescale for the conclusion of the work, and development of the new Contract documentation.

A number of specific issues in relation to the current Regional Contract were expressed by the Trust representatives:

Given its high level and generic nature, the Contract does not take sufficient account of complexity of need and associated requirement for bespoke arrangements. In particular, it does not address the use of 'one to one' or 'two to one' levels of care (this is where a service user requires the support of a care worker on a one to one basis, or in some cases, where two care workers or more are assigned to one service user. It was reported that there is no clear definition of these types of care, resulting in the South Eastern HSC Trust and the Belfast HSC Trust, along with providers, often having different interpretations of what is meant.

This may be exacerbated by a lack of clarity in the baseline costs, and how they are built up and shown. Representatives of the South Eastern HSC Trust and the Belfast HSC Trust were of the general view that the regional rate does not cover the complexity of cases presenting. Providers tend to view 'one to one' care as being additional and incurring further costs, which again are not standardised, but can vary across providers and across HSC Trust areas.

The South Eastern HSC Trust and the Belfast HSC Trust referred to the importance of monitoring and managing the use of 'one to one' / bespoke enhanced staffing. The South Eastern HSC Trust advised that their contracts department keep a central

register, linking with finance and operational staff who monitor this. Belfast HSC Trust advised that care management hold a database of this information, which their staff monitor.

The Regional Contract allows HSC Trusts to use sanctions, or to terminate the Contract, where necessary. The potential sanctions include issuing a performance notice, suspending new admissions to the residential care home, or withholding 20% funding. The use of sanctions appears to be rare, as the South Eastern and the Belfast HSC Trust work closely with providers to support them to make necessary improvements.

There is also provision for the provider to give notice to end the placement. This appears to be used most frequently in respect of individual service users with complex needs that have escalated. Representatives of the South Eastern and the Belfast HSC Trust indicated that the generic nature of the Contract does not offer the individual enough protections in these circumstances. The Contract normally requires 3 months' notice of termination, allowing some time for HSC Trusts and providers to work together to address issues, or for the HSC Trust to source alternative care provision. However, in exceptional circumstances a minimum notice of 48 hours may be issued, resulting in a crisis.

The Expert Team welcome the ongoing review of the Regional Contract with HSC Trusts' involvement. The Expert Team's view is that the development process should consider bespoke care needs for adults with learning disability, including complexity of needs and use of enhanced support, providing clear definitions, whilst allowing necessary flexibility to tailor care to the bespoke needs of individual service users. Furthermore, the Expert Team would expect a clearly defined schedule of costs, to include agreed regional rates for bespoke enhanced support/care, and complex placements.

4.2 Quality Monitoring Systems and Arrangements

The Quality Standards for Health and Social Care require HSC Trusts to incorporate the rights, views and choice of individual service users into the assessment, planning, delivery and review of their treatment and care. It recognises the service user's right to take risks, balancing this with steps to assist them to identify and manage potential risks to themselves and to others (6.3.2 (d)).

Representatives of the South Eastern HSC Trust and the Belfast HSC Trust were asked to describe their current processes for monitoring and improving the quality of care for individuals provided with a placement in learning disability residential care homes.

Both the HSC Trusts described a monitoring system incorporating a range of front-line monitoring visits to the residential care homes, and internal governance meetings. These internal meetings consider information received through care management and monitoring visits, adult safeguarding referrals, incidents and SAIs, and complaints.

4.2.1 Monitoring Visits

An initial care management review takes place 6-8 weeks after a placement commences within the South Eastern HSC Trust and the Belfast HSC Trust. If all is satisfactory, the care management review usually takes place annually thereafter. The Belfast HSC Trust advised that where service users have enhanced staffing, the care management review takes place every 6 months, and where the placement is in residential care home outside of the original Trust area, the care manager visits the service user every 6 months.

The South Eastern HSC Trust advised that they also have monthly link meetings with providers. Staff visit the residential care homes on an ongoing basis, and there is an opportunity to raise issues by exception, and if necessary organise an additional review meeting for a service user.

The Belfast HSC Trust has a rolling programme of quality monitoring, undertaking two visits each week, spread between homes where they commission services. The visiting schedule is determined weekly, taking account of issues raised at the weekly governance meeting. The Belfast HSC Trust aims to visit as many providers as possible, annually.

During quality monitoring visits, three service user records are randomly selected and reviewed. The South Eastern HSC Trust and the Belfast HSC Trust both use a standard template, which records any issues identified and new actions required. In the sample quality monitoring reports submitted by both of the HSC Trusts, most actions identified had an associated timescale for completion.

The quality monitoring reports are shared, at the weekly care management meeting, with the relevant care manager to follow-up any issues regarding a service user's care and treatment, with the service user and provider. There may also be meetings with the provider in between visits to discuss issues further. The level of follow-up will depend on the nature and seriousness of the issue. Reports are shared with the RQIA only where it is appropriate to do so. The South Eastern and the Belfast HSC Trust also have annual contract monitoring meetings with the provider.

Providers confirmed that quality monitoring meetings take place, giving opportunity for the provider and the respective HSC Trust to review incidents/accidents and to discuss any necessary variations in care plans. Providers viewed this as a reflective and supportive process that promotes learning. It was noted however, that copies of the

subsequent report are often delayed and are only forwarded to providers when they make enquiries.

In relation to enhanced monitoring, one provider advised the Expert Team that they are currently receiving more frequent quality monitoring meetings, and have been subject to escalation arrangements. They described that under such conditions, communication and collaboration with the respective HSC Trust can be challenging in relation to transparency and determination of actions required, this can result in a breakdown in relationships and a differing opinion on care management.

One provider also indicated that families are only included in this process when problematic issues are identified, whereas they are not routinely advised when good practice is identified.

4.2.2 Trust Governance Meetings (Quality Monitoring)

The South Eastern HSC Trust and the Belfast HSC Trust both have systems of internal governance meetings, as follows.

In the Belfast HSC Trust:

- There is a weekly care management meeting, led by the governance lead for commissioned services. The meeting considers all incidents, adult safeguarding referrals, and complaints, and agrees quality monitoring visits and actions.
- A monthly divisional governance meeting, chaired by the Chair of Division on behalf of the Learning Disability Division, reviews all incidents, adult safeguarding issues, complaints and SAIs in both commissioned and Trust-led facilities.
- The Belfast HSC Trust have recently introduced a monthly escalation and assurance meeting with the co-director. This meeting is chaired by the co-director or divisional social worker, and provides an overview of residential care homes under escalation arrangements within commissioned services, and agrees actions and escalates emerging issues.

The South Eastern HSC Trust described their separate, but parallel, processes in respect of the internal governance of statutory services and independent sector provider services.

- A monthly learning disability governance meeting, examines all complaints, SAIs, investigations and escalation issues, and considers trends, within services provided by both statutory and independent sector providers. The scope of this meeting is currently being reviewed and may change as a result.

- A monthly Independent Sector Forum, where the learning disability governance lead joins with the governance leads from other programmes of care, looks at themes and trends across all providers and all programmes of care. As part of the South Eastern HSC Trust's Integrated Governance and Assurance Framework, the Independent Sector Forum reports to the Corporate Governance Committee. The Forum oversees all escalation activity across independent sector provider services, to provide appropriate assurance that all commissioned services are not only delivered in line with contracts, but are safe, effective and underpinned with the values of accountability, probity and openness. A quarterly meeting with assistant directors also takes place.

Both HSC Trusts described the systems as continually evolving, and that there is a focus on sharing learning.

4.3 Assurance, Escalation and Enhanced Monitoring

The South Eastern HSC Trust operates a 'Three Lines of Assurance Model' in order to highlight good practice and areas for improvement, as follows:

- **First line assurance:** front line operational staff complete monitoring visits and formal annual reviews to ensure performance is monitored, risks are identified and addressed, and objectives for individual service users are being achieved.
- **Second line assurance:** associated with management oversight activities as a result of issues being identified via first line assurance processes; separated from those responsible for the direct delivery of care, but not independent of the management structure. This could include compliance assessments and action planning with the involvement of the South Eastern HSC Trust contracts department.
- **Third line assurance:** includes external audit and independent inspections, for example, by RQIA.

Similarly, the Belfast HSC Trust explained that they are working to a governance and assurance framework, originating in the older people's programme of care, and now used by the mental health and learning disability programmes. This framework includes criteria for escalation. There is a weekly meeting attended by learning disability, mental health and older peoples' services, to ensure that the process is applied consistently across all three programmes of care. There is also a shared review of action plans.

Representatives of the Belfast HSC Trust expressed the view that while the framework is very useful, learning disability does not have the resources to implement it in its entirety. They are therefore exploring a model that may be better suited to the resources available. While there is no firm timescale for the completion of this work,

they are aiming for October 2024. At the time of factual accuracy checking the Belfast HSC Trust advised, that governance within learning disability commissioned services, which was overseen by older people’s services at the time of the investigation, has since moved to the learning disability services.

The South Eastern HSC Trust and the Belfast HSC Trust both use a similar three-level model of escalation. The thresholds for enhanced monitoring can be summarised as follows:

- **Level 1:** early indicators of unsatisfactory performance
- **Level 2:** significant areas of concern / continued pattern of non-compliant care
- **Level 3:** home/provider is failing to perform to the required standard

The actions triggered by the three levels of escalation outlined above will include:

	Belfast HSC Trust	South Eastern HSC Trust
Level 1	Targeted quality/monitoring assurance visits by lead of programme of care.	Monitoring of themes and trends in data and update reports, discussed at weekly meeting, and any further agreed action with operational leads in line with contracts procedures.
Level 2	Collate quality report, arrange quality review meeting with provider and regulator to determine next steps.	Issue correspondence to the provider and collate information, coordinate external meeting and consider performance notice or further contract actions.
Level 3	Provider meeting contract actions / increasing assurance / reducing risk	Contract termination.

The South Eastern HSC Trust Independent Sector Contracts Escalation Guidance is explicit in Level 3 with regard to contract termination. There are three criteria, which can individually lead to termination of the contract with the provider. These are, three performance notices issued within one year; an immediate serious breach of contract/failure to address previously escalated performance issues and serious loss of confidence in the ability to deliver safe and effective care; or fraud related issues.

The South Eastern and the Belfast HSC Trust confirmed that action plans are agreed and discussed with the individual residential care home / Provider to ensure that the actions identified are worked through and addressed. There was, however, little

evidence provided as to how these actions are actively monitored, or of a robust system in place for sign off when actions are assessed as being implemented satisfactorily.

4.3.1 Enhanced Monitoring and Support

The South Eastern HSC Trust and the Belfast HSC Trust said that they had arrangements to sustain quality of care for service users and mechanisms to support providers. In both HSC Trusts, this includes an enhanced presence, with more frequent visits to the residential care home and meetings with the provider.

They both also described the provision of wraparound support, involving the wider multidisciplinary team, drawing on assistance from, for example, HSC Trust allied health professionals. The South Eastern HSC Trust added that they supplement this with additional contract meetings, where wider issues may be discussed.

The proportion of services under enhanced monitoring by the South Eastern HSC Trust and the Belfast HSC Trust, at any one time is small. Usually, and as is appropriate, providers require minimal HSC Trust involvement in the day-to-day running of their facilities. The Expert Team considered that where this support was required for Providers, it was generally quite reactive and short-term. Following HSC Trust interventions, improvements can drift, leading to a cyclical situation of escalation and de-escalation. There is also the potential for different HSC Trusts to use different escalation criteria, concurrently within the same home.

Whilst the HSC Trust commission a placement, and fund and monitor it for quality, it is recognised that it is the responsibility of the provider to deliver a safe and sustainable placement. Where there are concerns, the HSC Trust needs to seek assurance that the residential care home is able to maintain and sustain change and improvement. Where this does not happen, the HSC Trust and RQIA should work with the provider to support them in their responsibility to deliver sustained improvement.

4.4 Ensuring Safe and Effective Care

The Expert Team asked the South Eastern HSC Trust and the Belfast HSC Trust about how they ensured safe and effective care across the system. This is a requirement underpinned by Quality Standards for Effective Communication and Information and Systems in Place for the Prevention, Detection, Communication and Learning from Adverse Incidents and Near Misses.

The Quality Standards require HSC Trusts to have systems and processes in place to prevent, identify, assess and manage and review adverse incidents and near misses across the spectrum of care and support provided (5.3.2(a) and to promote an open and fair culture, rather than one of blame and shame, to encourage the timely reporting and learning from adverse incidents and near misses (5.3.2(b)).

4.4.1 Adverse Incidents

All providers are required under the Regional Contract, to maintain a system of reporting and recording using a standardised incident form to be returned to the relevant HSC Trust. The South Eastern and the Belfast HSC Trusts described their systems for receiving and responding to reported adverse incidents. It was noted that while adverse incident procedures and documentation may be discussed at contract meetings, no checks are carried out to ensure that these are adequate and operational. The Expert Team sensed that a lack of involvement and oversight of such incidents could result in the opportunity for wider shared learning across the system being missed.

The South Eastern and the Belfast HSC Trusts both use DATIX: web-based incident reporting and risk management software, to record incident reports received from a provider; however, they have different procedures.

Belfast HSC Trust asks providers to use the standard incident form included in the contract documentation, but it was noted that some providers use their own form. The form is submitted to the Belfast HSC Trust, and uploaded to DATIX. The Belfast HSC Trust advised that there is variation in the quality and accuracy of the forms received. Belfast HSC Trust representatives are currently working with a couple of providers to try to improve the quality of form completion; this is a resource intensive exercise for Belfast HSC Trust staff.

The South Eastern HSC Trust has recently introduced a new system, whereby the provider submits their adverse incident report and South Eastern HSC Trust staff input this to the DATIX web portal. The South Eastern HSC Trust staff interviewed are hopeful that this system will ensure better tracking, communication with the right people, escalation where necessary, reporting and analysis. The Expert Team welcomed the move to the South Eastern HSC Trust directly reporting to the DATIX system and considered this a positive step towards ensuring standardised reporting.

The South Eastern and the Belfast HSC Trusts explained that they have processes in place to determine risk rating and investigation, involving the care manager, community social worker, key worker and governance manager. However, the Expert Team considered that these processes were not sufficiently clear.

The Belfast HSC Trust representatives spoke of the process involving protracted communications and/or meetings between themselves and the provider. The impression the Expert Team gained, was of a high level of input from both HSC Trusts, with additional pressure placed on their front-line staff. It was also not clear to the Expert Team whether reports are followed up and closed on DATIX.

The Belfast HSC Trust staff advised that they use Level 1 of the Serious Adverse Incident (SAI) Procedure: Significant Event Audit (SEA) methodology, when looking at general concerns. However, the Expert Team noted that the incidents reviewed using this methodology may not be determined by the Belfast HSC Trust to meet the criteria of a SAI. The Expert Team considered that the use of SEA methodology and terminology outside the SAI regional process is potentially confusing and misleading. Using this terminology for incidents that are not SAIs may be a matter for the Belfast HSC Trust to reconsider.

The South Eastern HSC Trust and the Belfast HSC Trusts advised that reporting of incidents is one of the mechanisms that they use to monitor the quality of care in residential care homes, with information shared at the various governance meetings already noted. There are processes in place to allow HSC Trusts to share information with other HSC Trusts in relation to quality issues/concerns, to include incident reports/trends. This may not be specific to learning disability only but includes all care home categories.

Providers confirmed these processes during site visits by the Expert Team. Providers were aware that reports would be shared with the relevant care manager and that the South Eastern and the Belfast HSC Trusts will usually seek assurance on plans for follow up action identified, although this may only be in the case of concerns regarding the identified action.

Providers indicated that if an incident has identified the need for additional staff training, for example a significant medication incident, that the South Eastern and the Belfast HSC Trusts will support the provider to take the necessary action. However, where incidents are of a more general nature, the providers do not receive routine feedback and do not know when the incident is considered closed. At times, this may lead providers to a perception that incident investigations are not open and transparent, in particular if escalated to an SAI. In such cases, providers expressed the view that these are not conducted in an effective and timely manner.

During engagement with the Expert Review Team, the families discussed experiences of particular incidents having occurred that involved their relative. They reported that the issues were managed and addressed by the provider, and that they had not been advised of the respective HSC Trust's adverse incident or complaints procedures, that may have been applicable in these cases. They were uncertain whether the events had triggered any onward involvement from the HSC Trust regarding the management of the incident. Families reflected on their view that thresholds for SAI review were not well understood in general, and that there was limited engagement or discussion with them around decision-making.

4.4.2 Serious Adverse Incidents

Serious Adverse Incidents (SAIs) are managed in line with the regional Procedure for the Reporting and Follow up of SAIs (2016)²⁰. SAIs occurring in residential care homes must be reported to the relevant HSC Trust, which then assumes responsibility for the completion of the SAI review and also leads and coordinates the process in line with the regional procedure.

While the HSC Trust's submissions and the fieldwork sessions did not go into detail about how this is taken forward, both the South Eastern HSC Trust and the Belfast HSC Trust spoke of the role of frontline staff and their governance departments. The South Eastern HSC Trust also referred to working with the provider, and added that their corporate risk department monitors action plans to ensure that actions are identified, reviewed, completed and closed as appropriate.

During the fieldwork sessions, both HSC Trusts identified and raised a number of issues.

Both HSC Trusts said that appointing an independent panel, and particularly an independent chair, could be challenging and time consuming. This can lead to delays affecting the ability to meet the set timescales for completing investigations.

It was also noted that there can be further delays when the SAI involves more than one HSC Trust, with issues around ownership, leadership and effective engagement throughout the investigation process. Gathering information can also be a challenge for the above reasons.

The SAI process is currently under review, and the South Eastern and Belfast HSC Trusts are involved in this review. Staff from the Belfast HSC Trust said that they had provided feedback on the inflexibility of the SAI criteria in reflecting the nuances of service users with a learning disability, and that incident reporting design should consider the concept of inadvertent labelling/stigma for individuals with learning disability.

During this investigation, the Expert Team found evidence of non-adherence to the current regional procedure for SAIs. While the Expert Team recognised the challenges of the existing process and the ongoing review, they agreed that as it is the extant procedure, it must be adhered to. They suggested that HSC Trusts continue to engage in the ongoing review to ensure their views are considered. This includes the identified challenges in relation to the criteria for reporting vis-a-vis learning disability services, and clarification of roles and responsibilities when more than one HSC Trust is involved in a SAI review.

The South Eastern and the Belfast HSC Trusts confirmed that they engage with families and seek to ensure their involvement from the start of the SAI process, and highlighted challenges. Both HSC Trusts said that in some cases a family may not be ready to engage with the process, which can again impact on the timescales for taking forward the investigation. There is no recommended or defined period for this, and the HSC Trust may have to decide on whether to proceed or wait.

The South Eastern and the Belfast HSC Trusts were not aware of any cases where families had objected to the determination of a SAI having taken place. However, there have been some instances of families being unaware of an incident until contacted by the relevant HSC Trust governance team. It was also noted that there can be challenges in closing the SAI, if a family disagrees with the outcome and recommendations of the SAI investigation.

A key factor in this seems to be a misunderstanding of the SAI follow-up process. While the South Eastern HSC Trust and the Belfast HSC Trust undertake the process from the perspective of a learning exercise, families often have a different expectation, seeking an outcome that identifies individual accountability and an onward consequence. It was suggested to the Expert Team that the regional documentation is not helpful in explaining this. It therefore falls to the frontline staff to try to explain this to families.

In terms of family involvement, the Expert Team would expect that the new SAI process will clearly explain the purpose of SAI investigations, to ensure that families understand the learning purpose. It should also provide guidance on the timescale provision for family involvement, and emphasise the importance of maintaining good relationships between HSC Trusts, service user, families and/or carers, and other providers where applicable.

The South Eastern and the Belfast HSC Trusts were asked how they support independent sector providers. Both referred to partnership working and provision of mentoring and training. The Expert Team however gained the impression from both HSC Trusts, that they felt it was the responsibility of the provider to be self-sufficient and to support their own staff.

Specifically, the South Eastern HSC Trust spoke of the difficult balance between working in partnership and supporting the independent sector providers, at the same time as holding the commissioning role.

4.4.3 Complaints

The Quality Standards require HSC Trusts to have active participation of service users and carers and the wider public (8.3 (a) including feedback mechanisms are in place and are they appropriate to the needs of individual service users and the public (8.3

(a). Furthermore Trusts must ensure their communication principles for staff and service users are clear (8.3 (e)).

The Quality Standards require HSC Trusts to have systems in place that promote ongoing communication with service users and carers when treatment or care go wrong, and puts in place an individual care plan to minimise injury or harm (5.3.2(d)).

In addition, the Regional Contract stipulates that all providers must have a policy and procedures for the receipt of and response to complaints. In line with the HSC Complaints Procedure, complaints should where possible, be dealt with at a local level in the first instance. Providers are required to make a report on complaints to the commissioning HSC Trust.

The South Eastern HSC Trust and the Belfast HSC Trust confirmed that while they receive reports on complaints from independent sector providers, they do not believe that they are notified in every case. It is not clear if this is a timing issue, or general under-reporting. Both HSC Trusts agreed that it is the responsibility of the provider to investigate and respond to any complaint that they have received, in the first instance.

Complaints can also be made directly to the commissioning HSC Trust through the HSC Trust Complaints Procedure. This may be a dual process, where the complainant makes their complaint to both the provider and to the relevant HSC Trust; or where the complaint is made directly to the HSC Trust only. The Belfast HSC Trust said that when they receive a complaint about the residential care home or provider organisation, they send it to the provider for local resolution and response. The South Eastern HSC Trust indicated that they would be more actively involved in the investigation.

However, both the South Eastern HSC Trust and the Belfast HSC Trust were of the view that where the provider has lead responsibility for dealing with the complaint, the outcome therefore, is not always shared with the HSC Trust.

The South Eastern and Belfast HSC Trusts referred to the role for care managers and key workers, where a complaint relates to a service user's care or care plan. The Belfast HSC Trust suggested that the care manager can meet with the family to ascertain if they feel assured by the provider's response. Likewise, the South Eastern HSC Trust said that the key worker would review the response from the provider, and if they are not satisfied, they will highlight concerns back to the provider.

The Expert Team considered that while there appears to be a role for the South Eastern or the Belfast HSC Trust to take over an investigation if they are not satisfied with how a provider is responding to it, there are no formal thresholds set out for this. The Expert Team formed the view that while the South Eastern and the Belfast HSC Trusts may comment on a provider's response, there is a reluctance to assume responsibility for the investigation, taking over the provider's role in investigating and responding to

complaints, feeling that the onus should be on the provider to investigate, learn and improve. While both HSC Trusts would prefer local resolution of concerns and complaints, it was acknowledged that on occasions there may be a breakdown in relationships between the provider and the service user's family. This results in an expectation that the relevant HSC Trust will assume responsibility and manage the investigation and resolution of the complaint.

Ultimately, if a family is not satisfied with the provider's response, they can approach the relevant HSC Trust directly. They may also make a complaint directly to the HSC Trust if the complaint focuses on the oversight responsibility in respect of independent sector providers; and the HSC Trust will investigate all such complaints. The service user can also raise a complaint with the Northern Ireland Public Services Ombudsman (NIPSO).

During engagement with the group of families, some said that they would be unsure of how to go about making a formal complaint to a HSC Trust, and of the supports available. Others advised of complaints they had made, and of their view that clarity on progress and/or outcomes had not been satisfactory to them. Some expressed the belief that responses did not comply with the regional HSC complaints procedure; and uncertainty as to whether other procedures were appropriately applied to their complaint, such as incident investigation. In some cases, families described a breakdown of confidence in the respective HSC Trust, with recourse made to independent bodies to progress and address their concerns.

The Public Services Ombudsman Act (Northern Ireland) 2016 sets out NIPSO's responsibility to consult on and create complaints handling standards for the public sector in Northern Ireland.

In June 2021, NIPSO launched a consultation on their proposals and in January 2022, the Northern Ireland Assembly approved their complaints handling Statement of Principles, giving NIPSO go-ahead to design a new model for complaints handling. The Expert Team welcome this approach and the development of the new model.

Representatives from the Belfast HSC Trust advised the Expert Team that NIPSO have undertaken a review of the public services complaints process and that this is being progressed across public services on a phased basis. The Belfast HSC Trust shared the view that the current complaints process is not the best procedure for longer-term care home residents, where relationships can fluctuate over a number of years, and that this had been recognised by NIPSO.

The Expert Team noted the work being taken forward by NIPSO, leading the development of a new Model for Complaints Handling Procedure.

The HSC Minimum Quality Standards require HSC Trusts to ensure that its complaints and representation procedure and feedback arrangements, is effectively used to inform and improve care, treatment and service delivery (8.3 (k)).

The South Eastern and the Belfast HSC Trusts explained that review of complaints forms part of their quality monitoring processes, although neither HSC Trust has processes in place to monitor or evaluate individual providers' complaints processes and procedures. Consequently, there was a perception that there is variation in how effectively different providers respond to complaints.

However, the South Eastern HSC Trust said that they include a high-level review of complaints at the annual contract meeting. They also query situations if there have not been any complaints reported by a provider and will raise this at the contract meeting.

Generally, representatives from both HSC Trusts commented on the growing pressure on their staff, who are increasingly involved in investigation of complaints and incidents, on top of their core day-to-day work. They spoke of the need to have regional consistency and modernise working practices, and suggested that an ability to pick up issues at an earlier stage would help prevent problems arising and escalating.

Providers advised that they maintain a complaints log and that a review of complaints forms part of the relevant HSC Trusts' quality monitoring processes.

Providers reported instances where a complaint has been made directly to the commissioning HSC Trust, without the provider being made aware. The circumstances may be complex, and if the HSC Trust(s) have not referred the complainant back to the provider in the first instance, this can be frustrating in the sense that it then becomes difficult to establish the details at the source of the complaint, in a joint investigation.

During site visits to the two residential care homes by representatives of the Expert Team, staff advised that they work closely with all parties including the service user, their family/carers and the relevant HSC Trusts. Staff described being invested emotionally in their work, and their desire to provide the service user with safe and effective care. Staff described many positive aspects of their relationships with families. Where there was disagreement or challenges within relationships, staff felt that they continued to put the needs of the resident to the fore.

4.5 Learning and Improvement

The Quality Standards require HSC Trusts to have reporting systems in place to collate, analyse and learn from all adverse incidents and near misses, share knowledge and prevent reoccurrence of adverse incident or near miss (5.3.2(c)).

The South Eastern HSC Trust and the Belfast HSC Trust outlined how emerging issues and trends would be identified through their governance meetings, where quality-monitoring reports, incidents and SAIs, safeguarding issues and complaints are discussed. This appeared to be on a case-by-case basis and related to individual residential care homes, and there was little evidence of wider issues across the system being picked up routinely.

The South Eastern HSC Trust did indicate that looking at trends helps to identify any need for increased wraparound support and training. Belfast HSC Trust also referred to training, but with the focus on individual residential care homes, rather than something that is rolled-out/offered across all relevant residential care homes.

Focusing on wider systems in place to drive improvement, the South Eastern HSC Trust representatives spoke of the difficulty in measuring improvements and advised that they are currently doing a piece of work looking at outcomes and outcome measurements.

The Belfast HSC Trust said that while they would share learning and good practice on a case-by-case basis, currently there are no formal processes for sharing this across the system. The South Eastern HSC Trust explained that they have a regular Trust / Independent Sector Provider Forum, where feedback, learning and good practice is shared. One of the recent topics was the new Encompass system²¹.

While the Expert Team were told of the various processes in place to identify issues and trends emerging from incidents and SAIs, safeguarding and complaints, they sensed that a lack of oversight of such incidents could result in the opportunity for wider shared learning across the system being missed.

Recommendation 6

There is a need for the South Eastern HSC Trust and the Belfast HSC Trust to strengthen the management, oversight, trend analysis and feedback on adverse incident reporting and investigation to ensure that learning from such processes is applied consistently and sustainably; this includes where the adverse incident may meet the criteria for a SAI.

4.6 Collaboration and Interagency Working

The South Eastern HSC Trust and the Belfast HSC Trust described ad-hoc working with other HSC Trusts, and referenced information that would be escalated and shared with the SPPG, RQIA and the DoH. However, the Expert Team felt there was very little evidence of collaboration and interagency working.

The South Eastern HSC Trust representatives said that they would meet with the Belfast HSC Trust, or other HSC Trusts in instances where they had residents in the same residential care home. They also said that there was a regional contracts manager meeting and regional finance meetings, where contract and finance related issues would be discussed.

It was noted that where the South Eastern or the Belfast HSC Trusts provide a service user with a residential care home placement in a different HSC Trust area to their own, there can often be difficulties operationally, with challenges described in navigating who is responsible for what. While there may be sharing of information, there does not appear to be any joined-up process, especially when issues arise. Both HSC Trusts explained that it is possible to have a provider/residential care home under escalation action at the same time, with similar but different processes. One HSC Trust may end an escalation, while another HSC Trust may be beginning the escalation process.

This lack of a streamlined or joined up process is problematic and difficult to navigate for all parties, including the provider.

Families engaging with the Expert Team, said that where families are dissatisfied with HSC Trust adherence to procedures arising from their raising a concern, then RQIA should increase their public profile to explain their role and powers to service users and their families, and to provide information on any additional element of support they can offer.

During their engagement with families the Expert Team noted the appetite from families to contribute to and support RQIA inspections by providing lived experience/feedback. While some families have contributed through various means in the past, they would welcome more direct feedback from RQIA or involvement at the time of the inspection. In view of this the Expert Team considered that RQIA should modernise their existing engagement processes, adopting the principles of co-production and include service user and family participation in any new processes.

Recommendation 7

RQIA should modernise the ways in which service user and families can contribute to providing lived experience/feedback in RQIA inspections relating to residential care based accommodation and services. Planned work to modernise should adopt the principles of co-production and include service users and family/carers active participation.

Section 5: The Effectiveness of the Current Safeguarding Systems in Place as They Relate to Residential Learning Disability Environments

The underpinning HSC Minimum Quality Standards for this section focus on the second theme of Safe and Effective Care: Ensuring Safe Practice and the Appropriate Management of Risk.

This requires organisation to have effective person centred assessment care planning and review systems in place 5.3.1 (a) with policies and procedures to identify and protect vulnerable adults from harm and promotes and safeguards their rights in general (5.3.1 (c)).

5.1 Management of Safeguarding Incidents

Adult safeguarding is both complex and challenging. The focus of any intervention must be made with respect for the adult's choices and preferred outcome for their own life circumstances.

Adult safeguarding is based on an individual's fundamental human rights and on respecting the rights of adults, treating all adults with dignity and respecting their right to choose. It involves empowering and enabling all adults, including those at risk of harm, to manage their own health and well-being and to keep themselves safe. It extends to intervening to protect where harm has occurred or is likely to occur and promoting access to justice.

All adults at risk should be central to any actions and decisions affecting their lives and all decisions taken should promote a proportionate, measured approach to balancing the risk of harm.

The Expert Team would reinforce that human rights considerations in adult safeguarding should be paramount. All HSC Trusts must consider and act in cases where service user's rights have not been upheld or prioritised.

It is clear from the information provided and the meetings held with the South Eastern HSC Trust and the Belfast HSC Trust, that they remain fully committed to delivering on adult safeguarding. Additionally, they confirmed that they adhere to the Regional Adult Safeguarding Policy: Prevention and Protection in Partnership (July 2015)²² and Regional Adult Safeguarding Operational Procedures (2016) in relation to safeguarding processes and investigations²³.

The South Eastern and the Belfast HSC Trusts are involved in a number of key work streams which are being led by SPPG and DoH, and which will help shape the future of safeguarding and ultimately support and help HSC Trusts to prepare for adult protection legislation. This will provide a clear and robust legislative framework for the application of adult protection. However, it was recognised that the emphasis remains the same: safeguarding is everyone's business, and everyone has a responsibility to strive to prevent harm to adults from abuse, exploitation or neglect.

It was unclear as to how the information provided in the work stream is shared with staff and this appears to be a challenge for both of the HSC Trusts. At the time of factual accuracy checking, the Belfast HSC Trust advised that their Learning Disability Service Manager for Safeguarding sits on the regional work streams. Information is cascaded through the Belfast HSC Trust's Adult Safeguarding Committee, Adult Safeguarding Senior Leadership Group, and the IO/DAPO (Investigating Officer/ Designated Adult Protection Officer) and link staff forums. The Expert Team welcome this approach, and in light of the challenges highlighted, they felt that it is imperative that all staff are involved in training in preparation for the changes. Depending on their role, they should have awareness and knowledge of the developments and timeframes around the preparation for and implementation of the new legislation.

The South Eastern and the Belfast HSC Trusts provided an outline of the processes that they apply when notified of a potential adult safeguarding incident.

The Belfast HSC Trust reported that, from 1st January 2023, they had implemented a centralised point for safeguarding referrals. Within this team there are two Adult Safeguarding Leads who maintain oversight of the referrals/screening process and provide consultations and advice to community DAPOs. They also assume responsibility for audit of the adult safeguarding process across the learning disability service, from the initial point of referral, screening, allocation, investigation, and through to closure.

The Belfast HSC Trust also shared information on a 'buddy system' that they have put in place to help support staff to familiarise themselves with the adult safeguarding processes in a safe and supportive way. They advised that their Trust recognised the importance of providing support to staff in the application of adult safeguarding and reported that they believe this arrangement has been successful and well received by staff who are directly involved. The Expert Team welcomed the 'buddy system' as a best practice initiative.

The South Eastern and the Belfast HSC Trusts advised of a specific area of concern. When referrals are screened out and assessed as requiring alternative care plans, the

current informatics systems do not capture these referrals, and therefore they are not quantified, made available or reviewed.

There did not appear to be a formal system in place to maintain oversight of the alternative safeguarding responses. It was reported that line managers in both care management and the community teams follow up the alternative care plans locally. It was evident that this lack of formal oversight is a potential weakness in the current system for both the South Eastern HSC Trust and the Belfast HSC Trust, as they remain reliant on individual staff making appropriate and safe decisions when a safeguarding referral is screened out. Similarly, there did not appear to be a formal system in place for maintaining oversight of adult protection investigation cases that had been transferred back to community teams, oversight is maintained locally by team leaders and management. However, the Belfast HSC Trust advised that they are currently piloting a scheme that will allow service areas to maintain greater oversight of processes.

The South Eastern HSC Trust reported that they have implemented a Trust-wide 'hybrid approach' to ensure effective adult safeguarding responses and management of adult safeguarding processes. They also outlined how this approach works in practice and advised that this change appears to provide them with a higher level of assurance in the management of adult safeguarding referrals. The assessment is in consideration of the least intrusive and most effective response to each individual situation considering each individual's circumstances and using professional judgement. On completion of the screening assessment an adult protection response will be progressed by a DAPO, who may be based within the Adult Protection Gateway Team or within core service teams, and is dependent on the nature of the referral and subsequent screening assessment outcome. The Expert Team noted that it is unclear if staff/DAPOs are completing the regional documentation to the required standard.

Both the South Eastern and the Belfast HSC Trusts reported a further challenge in the lack of clarity about who assumes responsibility for the completion of adult safeguarding referrals in residential care home across HSC Trusts. This appears to be an area negotiated on an individual basis, which can lead to inconsistencies in practise for the service user, families and the HSC Trust staff.

Some of the families who spoke to the Expert Team, expressed their concern about the training of HSC Trust staff in this area, and about how closely the procedures and their stages were understood and followed by staff. These concerns spanned the process, from initial reporting of a concern, screening for referrals, knowledge of the individual concerns raised, and levels of family engagement, and there was discussion about the impact of this on the process's fitness for purpose.

The Expert Team recognise that all staff who undertake the IO role and DAPO role are trained to the regional standards and are supported through IO and DAPO forums. However, it is evident that the work undertaken with regard to adult safeguarding remains complex and challenging for both HSC Trusts, and there continues to be concerns in relation to the application and determination of the thresholds and indeed throughout the application of each stage. The Belfast HSC Trust noted that the adult safeguarding process does not always follow a linear sequence of stages, and is coupled with professional judgement. Both HSC Trusts reported that they remain committed to trying to streamline this area of work to ensure that the protection of individuals remains paramount, and that investigations are completed in a robust and timely manner.

Whilst new adult protection legislation remains outstanding, the South Eastern HSC Trust and the Belfast HSC Trust have demonstrated innovative ways to manage adult safeguarding in the interim, with an objective to provide clarity in relation to the number of referrals received and the process that is followed at each stage of the investigation. They acknowledge that this is work in progress and that it is challenged by the significant pressures across the learning disability system.

The South Eastern HSC Trust expressed the view, that both HSC Trusts face problems, which are symptomatic of policy challenges and the absence of regional thresholding frameworks. The South Eastern Trust noted that the effectiveness of the current regional policy has ongoing implications for staff implementing it. It was clear from the engagement with both HSC Trusts that the legislation will help shape the future of safeguarding and both welcomed this.

The South Eastern HSC Trust and the Belfast HSC Trust reported that they have one identified member of management staff from the learning disability service, alongside staff from the Adult Protection Gateway Team, to attend the work streams to plan for the implementation of new legislation. This is alongside work streams attended by assistant directors and the executive director of social work.

The application of adult safeguarding procedures is also challenged by the heightened concerns of some family members and a reported loss of confidence and trust. This is considered to be a direct outcome of the circumstances investigated at the Muckamore Abbey Hospital Public Inquiry²⁴, and the findings of recent reviews undertaken across a number of residential care homes, for example 'Home Truths: A Report on the Commissioner's Investigation into Dunmurry Manor Care Home' (June 2018)²⁵.

There appears to be ambiguity for staff in relation to the application of thresholds for consideration of safeguarding; this may present a potential risk to consistent application. The South Eastern and the Belfast HSC Trusts continue to report a

general sense of vulnerability in this area of work, and stated that the system is under significant pressure. There was evidence of some inconsistencies in relation to practice of adult safeguarding, and both HSC Trusts reported that this area of specialist work is significantly under resourced, with social workers in this area overburdened with bureaucracy and significant increasing demand not met by increasing resource. Staff have also been directly impacted by the recent inquiries and investigations, which may lead to over-reporting in adult safeguarding referrals. The South Eastern and the Belfast HSC Trusts reported that the area of decision-making has become diluted and that staff across residential care homes are “referring everything”, which has potentially contributed to a significant increase in referrals. Staff reported instances where families and advocates who have made a referral, challenge the professional judgement and disagree with a decision made to screen out a referral. Staff report concerns that that they often feel pressured to progress with a referral.

The Expert Team acknowledge that a regional review of adult safeguarding policy and procedure is ongoing. However, both the South Eastern HSC Trust and the Belfast HSC Trust should provide assurances with regard to type of referrals made, the decisions made at point of screening, determination of thresholds, consistency in the collation of information and use of regional documentation, decision-making, record keeping, responses and reporting. This should contribute to the ongoing regional work in this area, while helping to provide a stronger and more reliable assurance framework for both HSC Trusts, staff, and indeed the service users and their families.

Recommendation 8

The South Eastern HSC Trust and the Belfast HSC Trust should evaluate/audit their adult safeguarding processes to provide assurance that the Regional Adult Safeguarding Operational Procedures (2016) are correctly adhered to, including the involvement of service users and their families in the process.

The Expert Team also noted that where possible, opportunities to explore the promotion of best practice and shared learning, regionally and across independent, private and voluntary sectors involved in adult safeguarding, should be considered.

The South Eastern and the Belfast HSC Trusts also advised of the concerns associated with providers carrying out their own investigations. Again, this is a potential area for conflict of interest, where there may be a perceived inability to independently review their own service. However, it is recognised that providers in line with policy, have appointed their own adult safeguarding champions, who assume responsibility for all adult safeguarding referrals including the decision of when to refer to HSC Trusts. Essentially, this means that a number of referrals are screened out and are therefore not reported to the relevant HSC Trust. In line with adult safeguarding

operational procedures, adult safeguarding champions are required to compile an annual position report, which details the referrals made to HSC Trusts, and those adult safeguarding discussions where the decision was taken was not to refer. While this information is available, neither the South Eastern HSC Trust nor the Belfast HSC Trust appear to have oversight, which is a potential area of concern to be factored when considering the future application of adult safeguarding in a safe, open and transparent manner. Additionally, due to anxieties within the system, as mentioned above, the adult safeguarding champions may be over-reporting.

The South Eastern HSC Trust and the Belfast HSC Trust spoke about audits that had been undertaken. The Expert Team had some concerns about this area as there did not appear to be clarity as to the frequency of audits, the outcomes, any learning identified or where these are reported to. There was also a lack of information regarding when the last audit was conducted within both of the HSC Trusts. This area if completed in a robust manner would help provide assurances and identify any weaknesses at an early stage.

However, both of the HSC Trusts identified internal processes, which help to keep adult safeguarding to the fore of discussions, including daily huddles, monthly governance, and divisional meetings. Senior managers in the respective HSC Trusts attend some of these meetings and an overview of adult safeguarding is provided and reviewed. Additionally, the data collected for SPPG is becoming more reliable and work continues to develop a consistent application of the procedures across all HSC Trusts.

The South Eastern and the Belfast HSC Trusts provided examples of practise, which are also used to help inform training and learning for staff across all levels.

Both HSC Trusts reported that service users and families/carers are involved in adult safeguarding processes as appropriate. This seemed to differ slightly in both understanding and practise across both HSC Trusts. This is an area that will need to be explored in more detail, and plans put in place to ensure involvement is sought at each stage of intervention. It is also important to reflect on and review the recommendations made following the work completed via the 10,000 Voices health service improvement programme²⁶.

Some families who spoke with the Expert Team, felt that they and the providers were not kept well informed of the progression of ongoing adult safeguarding investigations relating to their relative.

They also said that they do not routinely receive a copy of resulting protection plans, and have sometimes utilised Freedom of Information processes. The Belfast HSC Trust

highlighted that protection plans may also contain information pertaining to other individuals, but held the view that where information can be shared with families, it should be. It is recognised that in some cases, consent, confidentiality, and information governance may be further considerations for HSC Trusts in the sharing of personal information.

Families discussed their expectation that HSC Trusts have both the authority and responsibility to ensure that providers adhere to any protection plan arising from a safeguarding referral. Some families felt that this did not always happen, resulting in continued risk for their relative. Some families reported recent improvements in this area, due to raising of the issue.

5.2 Support for Staff

The South Eastern HSC Trust and the Belfast HSC Trust provided examples of the various forums that are in place including the South Eastern HSC Trust appointment of three senior practitioners. One of the functions of these roles will be to assist in the application and delivery of adult safeguarding within the community learning disability teams. They will also provide support and advice to other staff within the teams in relation to adult safeguarding.

DAPO and IO forums also are in place for both of the HSC Trusts, which are described as supportive in nature. These meetings provide a safe place for staff to discuss live cases and to get support and advice from their peers.

This also provides staff with the opportunity to hear about new processes and learning and to identify training needs that are required to assist with application of adult safeguarding referrals and investigations.

Staff reported that they continue to need clear direction with adult safeguarding processes, and need clarity in relation to the timeliness of the investigations, and assistance on the completion of regional documentation and paperwork.

Adult safeguarding is discussed within individual staff supervisions, highlighting when a member of staff requires additional support, and giving opportunities to discuss the detail of the case and identify further action.

As discussed previously, Belfast HSC Trust has introduced a 'buddy system' in 2023 to help provide support from experienced staff. Newly qualified social workers, in their assessed year in employment (AYE), who will be completing the training, will have the opportunity to 'buddy up' on a live adult safeguarding case to help promote learning and provide an avenue for observation.

The South Eastern HSC Trust has provided refresher training for both IO and DAPO staff. This was not mandatory, however it was identified as required and as best practise. The South Eastern HSC Trust reported they received positive feedback following a pilot. This training was described as a workshop approach, which will be rolled out further and will be included in the mandatory training in the future.

The South Eastern and the Belfast HSC Trusts reported that they felt they provided support to staff who are involved in adult safeguarding however, they also recognised the challenges and concerns associated with working in learning disability services and adult safeguarding. In particular, with decision-making, timeliness of investigations, number of referrals, sharing of information and ongoing communication with all relevant stakeholders. Some families have also indicated that their preference is for the IO role to be an independent person and not their key worker. It was clear that both HSC Trusts are concerned about the health and wellbeing of staff who work within adult safeguarding and have developed forums to support them and give opportunities for debriefing. Despite this, both HSC Trusts stated that they continue to have high levels of sickness absence and vacancies throughout the area of adult safeguarding. The main challenge to staff is increased demand and complexity, which both HSC Trusts report has not been reflected in any growth monies from SPPG.

5.3 Learning and Improvement

The South Eastern HSC Trust and the Belfast HSC Trust gave an overview of the various training platforms available to staff and documentation which provided an outline of what is available. It is evident that this is an area they are keen to continue to deliver on, due to the volume of concerns reported in relation to adult safeguarding.

Both HSC Trusts recognise the challenges for staff and feel that they require sufficient resourcing and training to provide assurances that adult safeguarding is practised to a consistent and safe standard. Both HSC Trusts have separate meetings with providers and annual contract meetings whereby adult safeguarding is considered. Some providers have reported concerns about the length of time that an investigation will take and the number of investigations that may be ongoing. This is an area that both of the HSC Trusts indicated they are trying to address.

Adult safeguarding is included in the corporate induction programme for both HSC Trusts, with clear signposting for staff to the levels required for the application of each stage of adult safeguarding.

From the providers' perspective, they clearly understood the requirements of the adult safeguarding processes, and described being fully invested in the need to protect the

service user from harm. This was recognised as vital to help residents who were placed in the residential care home to achieve their objectives in life and to protect and preserve their dignity.

In cases where there are a significant number of adult safeguarding referrals in respect to one or two individual residents, provider staff reported that they have raised their view directly with the South Eastern HSC Trust and the Belfast HSC Trust, that not all referrals meet the threshold for adult safeguarding. The Expert Team recognise that adult safeguarding is an intervention by staff who are trained in the policy and professionally qualified to understand abuse and its complexities. There is an expectation that they are professionally curious and therefore a DAPO may reasonably make a threshold decision that considers more than the matter before them in isolation. It is essential in the circumstance where families/providers do not understand why a decision is made, that the DAPO provides an explanation and the rationale for the decision.

Providers reported deficiencies in the investigation procedures and a lack of communication around the ongoing processes and outcomes. They further expressed that a disproportionate amount of time is required to dedicate to the investigation process, which may often include multiple referrals for one resident.

Furthermore whilst some staff noted cases where improvements to care had been instigated as a result of safeguarding investigation, providers were concerned about some of the responses and outcomes of the investigations; and there appeared to be a loss of confidence in the management of this by both HSC Trusts. Providers described the impact that these referrals have on families, and on their perception of the quality of care being provided to their loved one.

Providers also described the difficulties in keeping staff morale high when they have been involved in complex adult safeguarding with continuing referrals. They advised of the detrimental effect on staff turnover, which has a direct impact on the service users who they care for. These concerns were reflected by staff interviewed, some of whom had been employed for many years within the residential care home. Staff interviewed in both residential care homes were complimentary about the support they received internally from their senior management however, they appeared unaware and disconnected from any HSC Trust involvement. The Belfast HSC Trust acknowledged the welfare impacts on any staff team/facility involved in safeguarding investigations, and the need for investigations to be fair and just for all involved, however they described their focus as fundamentally on the protection of service users.

Section 6: Communication and Relationships between Stakeholders

All contributors to the review consistently voiced the importance of the principles of engagement, open communication, trust, and collaborative relationships. It is clear that the success and stability of placements link with the application of these principles to key processes such as needs assessment, transitions, care review, complaints, adverse incidents, and safeguarding.

Disagreement may naturally arise between families, provider organisations, and HSC Trusts throughout the course of these processes, requiring work to identify common ground and reach resolution. However, the Expert Team were concerned about some of the communication difficulties reported amongst contributors, whereby issues appear to have become stuck.

Families that spoke with the Expert Team expressed the opinion that quality of communication was a significant factor in how they evaluated their experiences, and that improvements with communication would have eased some of their difficulties.

The perception of ongoing scrutiny or challenge to professionalism, was reported as detrimental to staff morale and confidence. The sense of vulnerability reported by staff may also decrease the trust that they place in their support systems, in investigatory processes, and in external agencies such as RQIA. At an intense level, consequences such as staff retention issues were also reported, and in the independent sector the potential for provider withdrawal.

The Expert Team is of the opinion that much work is required to restore and protect these crucial inter-relationships between stakeholders.

The Expert Team recommend, that in the small number of instances where cases appear to have become intractable, and where there are particularly complex issues and boundaries to negotiate; the South Eastern HSC Trust and the Belfast HSC Trust should consider identifying a dedicated family liaison officer. The family liaison officer will be kept informed by the other lead individuals and facilitate coordination as a link person. This may serve as a potential improvement opportunity.

Recommendation 9

Where there are complex issues and organisational boundaries to negotiate, the South Eastern HSC Trust and the Belfast HSC Trust should consider identifying a dedicated family liaison officer, to ensure a central point of regular contact is made known to assist families in navigating multiple and parallel processes. This can be a particular issue during transitional arrangements, investigation of SAIs and adult safeguarding.

The family liaison officer role will provide an informed link between all stakeholders involved and ensure regular joined up communication with the family to ensure they are sighted on progress, have an opportunity to express their views and address concerns or challenges.

Section 7: Conclusion and Collated Recommendations

This investigation focused specifically on the South Eastern HSC Trust and the Belfast HSC Trust, and investigated possible vulnerabilities in the current systems of oversight for service users with a learning disability who are living in residential care homes. This was with the aim to provide assurance, identify learning and make recommendations for improvement, within the arrangements for commissioning and oversight of residential learning disability services across Northern Ireland.

The 2003 Order (Article 34) places a statutory duty of quality on HSC statutory bodies. Article 35 of the 2003 Order gives RQIA specific duties and powers to assess HSC statutory bodies performance, in meeting the minimum standards set by the Department of Health in the Quality Standards for Health and Social Care (2006), which are designed to ensure the provision of safe, effective and well led services.

7.1 Planning and Commissioning Services

To help assess compliance with these Quality Standards, the South Eastern HSC Trust's and the Belfast HSC Trust's planning processes were explored for the delivery of services, including person-centred care planning and sustaining the capacity and capability of services.

The report documents important findings in relation to needs assessment, transitional arrangements, and the proposed Learning Disability Service Model (currently in draft form), which is for all who access, develop and deliver services for people with learning disabilities and their families/carers.

The Expert Team were told of challenges with regards to regional long term strategic planning, and agreed that at local HSC Trust level, without DoH defined policy and SPPG funding, there are clearly significant challenges in progressing and concluding long term strategic planning. Both the South Eastern HSC Trust and the Belfast HSC Trust referred to a lack of robust data as a contributory factor, as well as individual need and complexity often requiring bespoke arrangements.

In view of this, the Expert Team were concerned that there is not a clear commissioning plan in place and that planning generally does not currently expand beyond one year. While both the HSC Trusts recognise that there is a need for extended planning over a five year period, the Expert Team thought that planning should cover the next decade and beyond.

The Expert Team recommended that SPPG, needs to be proactive with HSC Trusts in the development of a commissioning plan for accommodation based facilities that includes commissioning principles, using sound data. The commissioning plan should

be co-designed to include family representation, promoting partnership in future planning and it should adopt the principle of choice and provision of placement options.

7.2 Planning for Transition from Children to Adult Services

When discussing transitional planning, the Expert Team concluded that the South Eastern HSC Trust and the Belfast HSC Trust appeared to have good localised planning processes in place. Despite this, the Expert Team considered the process to be challenging with difficulties in the ability to meet complex needs and to find appropriate placements that are acceptable to service users and their families. Factors driving this lack of availability include learning disability population changes, increasing complexity of needs, funding and financial considerations, appropriate housing options, and social care workforce issues. All these factors place increasing demand on community services. The lack of availability allows little scope for alternatives and adds to the overall challenge.

The Expert Team noted the challenges and the frustration this can cause; they considered that some of the subsequent difficulties arising here could be addressed by better communication between service users, families and Trusts during the transition process.

A new Regional Transition Framework is currently being developed to improve needs assessment and commissioning of services. The South Eastern HSC Trust and the Belfast HSC Trust confirmed that they have been involved in the process and agreed that this is a good piece of work and is the right direction of travel. However, the Expert Team were concerned that this may not come to fruition within a reasonable time period.

7.3 Sustaining Capacity and Capability of Services

The South Eastern HSC Trust and the Belfast HSC Trust were asked about measures they take to sustain the capacity and capability of services, including contingency plans to provide a complex placement when it cannot be met within current service provision.

Both HSC Trusts again referenced their concerns over the sustainability of Independent Sector services including residential care homes. Both HSC Trusts cited the increasingly high-intensity nature of the work, and highlighted problems in relation to the availability, and recruitment and retention, of a stable, upskilled, well-supported workforce to meet these shifting demands. Difficulties in recruiting and retaining staff, combined with sickness absences, results in an increased reliance on agency staff.

Challenges were identified during this investigation, associated with workforce capacity and capability in the residential care sector. Regionally, the Social Care Collaborative Forum (with representation from DoH, SPPG, RQIA, Trusts, independent and community and voluntary sector) has a focus on these challenges.

The South Eastern HSC Trust and the Belfast HSC Trust referred the difficulties of placing their service users in a residential care home in another HSC Trust area. In particular, that responsibility for the care for a service user with a learning disability remains with their 'home/placing' Trust and they are often unable to access additional support within the 'host' Trust.

Through engagement with service users and families, it was reported that there can be communication difficulties when a service user is provided with a placement in a residential care home that is commissioned by more than one HSC Trust. This can result in the service user and their families needing to navigate between the different HSC Trusts in relation to different aspects of service provision; this is particularly challenging at times of escalation of matters in relation to the service user.

During discussions, the South Eastern HSC Trust and the Belfast HSC Trust referenced the new Learning Disability Service Model being developed under the leadership of the DoH and the SPPG. The Expert Team considered that both the HSC Trusts are relying on the new model to include strategies to resolve these issues. However, the Expert Team also recognised the operational protocols and procedures put in place to manage in the interim, such as additional support to help providers to sustain services.

7.4 Ensuring and Improving Safety and Quality of Care

The Expert Team also reviewed the systems the South Eastern HSC Trust and the Belfast HSC Trust has in place to monitor and improve the safety and quality of care provided to individuals with learning disabilities in residential care homes. This explored contractual arrangements, quality monitoring, provision of assurance, escalation and enhanced monitoring.

The report documents important findings in relation to the Regional Residential and Nursing Provider Specification and Contract, the arrangements for quality monitoring and systems of escalation and enhanced monitoring.

Both the South Eastern HSC Trust and the Belfast HSC Trust reported that the current contract is generic and high level, leaving it open to interpretation; it does not appear to include specific references to residential care homes or learning disability services. The Expert Team welcome the ongoing review of the Regional contract and both HSC Trust's involvement in this. It is the Expert Team's view that the development process

should consider bespoke care needed within adult learning disability residential services, including complexity of needs, and use of 'one to one', staffing, providing clear definitions, whilst allowing for necessary flexibility to tailor care to the bespoke needs of individual service users. Furthermore, the Expert Team would expect a clearly defined schedule of costs to include agreed regional rates for 'one to one' support / care of complex placement to be considered.

7.5 Quality Monitoring Arrangements

When the Expert Team explored quality-monitoring arrangements, the South Eastern HSC Trust and the Belfast HSC Trust described a monitoring system incorporating a range of front-line monitoring visits to the residential care homes and HSC Trust governance meetings.

Providers also confirmed that quality-monitoring meetings take place, providing an opportunity for the respective HSC Trust and the provider to review incidents/accidents and to discuss any necessary variations in resident's care plans.

The South Eastern HSC Trust and the Belfast HSC Trust have systems in place for assurance and escalation, and where necessary they can undertake enhanced monitoring measures. Both HSC Trusts use a similar three level model of escalation that clearly document the actions triggered at each level. Both HSC Trusts said that they had arrangements to sustain quality of care for service users, and mechanisms to support providers. This includes an enhanced presence, with more frequent visits to the residential care home and meetings with the provider. They also described the provision of wraparound support, involving the wider multidisciplinary team, drawing on assistance from relevant HSC Trust staff, and the offer of additional training where this is identified as a specific issue. While it was noted that this seems to be a reactive response, both the HSC Trusts felt that providers had an inherent responsibility within the commissioning arrangements and fees paid, to provide safe and sustainable care.

7.6 Incident Reporting and Complaints Handling

The Expert Team further explored methods employed to assist in ensuring safe and effective care, family involvement in these systems, opportunities for learning and improvement, collaboration and interagency working.

The South Eastern HSC Trust and the Belfast HSC Trust advised that reporting of incidents is one of the mechanisms that they use to monitor the quality of care in residential homes, with information shared within each HSC Trust via their governance structures. There are processes in place to allow the sharing of information between

Trusts in relation to quality issues/concerns, to include incident reports/trends. This may not be specific to learning disability only, but include all care home categories.

SAIs are managed in line with the regional Procedure for the Reporting and Follow up of SAIs; it was noted that this process is currently under review. The South Eastern HSC Trust and the Belfast HSC Trust raised a number of issues with the current process including the appointment of an independent panel, information gathering and their ability to meet the set timescales. It was also noted that timescales can be further impeded when the SAI involves more than one HSC Trust, with issues around ownership, leadership and effective engagement throughout the investigation process.

During this investigation, the Expert Team found evidence of non-adherence to the current regional procedure for SAIs. While the Expert Team recognised the challenges of the existing process and the ongoing review, they agreed that as it is currently the extant procedure, it must be adhered to.

In terms of family involvement, the Expert Team would expect that the new process will clearly explain the purpose of SAI investigations to ensure that families understand the learning purpose. It should also provide guidance on the timescale for family involvement; the importance of maintaining good relationships between HSC Trusts, service user, families and/or carers and other providers where applicable.

There was a similar situation reported in relation to complaints handling, and the Expert Team were pleased to hear that NIPSO have been leading on work on a new Model for Complaints Handling. The Expert Team welcome this approach and the development of the new model.

In summary, the families who met with the Expert Team held the opinion that the South Eastern HSC Trust and the Belfast HSC Trust did not always adhere to the regional complaints, adverse incidents, and SAI procedures, and expressed a desire for better communication in these areas.

In relation to learning and improvement, the South Eastern HSC Trust and the Belfast HSC Trust outlined how emerging issues and trends would be identified through their governance meetings, where quality-monitoring reports, incidents and SAIs, safeguarding issues and complaints would be discussed. While the Expert Team were told of the various processes in place to identify issues and trends emerging from incidents and SAIs, safeguarding issues and complaints, they sensed that a lack of oversight of such incidents could result in the opportunity for wider shared learning across the system being missed.

During their engagement with families the Expert Team noted the appetite from families to contribute to and support RQIA inspections by providing lived experience/feedback. In view of this they considered that RQIA should modernise their existing engagement processes, adopting the principles of co-production and include service user and family participation in any new processes.

7.7 Adult Safeguarding Systems

This investigation also considered the effectiveness of the current safeguarding systems in place as they relate to residential learning disability environments, including the management of safeguarding incidents, family involvement, support for staff and opportunities for learning and improvement.

Adult safeguarding is both complex and challenging. The focus of any intervention must be made with respect for the adult's choices and preferred outcome for their own life circumstances. The Expert Team would reinforce the human rights considerations in adult safeguarding be paramount. All HSC Trusts must consider and act in cases where service-user's rights have not been upheld or prioritised.

It is clear from the information provided and the meetings held, that both the South Eastern HSC Trust and the Belfast HSC Trust remain fully committed to delivering on adult safeguarding. They also confirmed adherence to the Regional Adult Safeguarding Policy: Prevention and Protection in Partnership (July 2015)²⁷ and Regional Adult Safeguarding Operational Procedures (2016), in relation to safeguarding processes and investigations²⁸. Both HSC Trusts provided evidence to reflect that they remain committed to their work and continue to aspire to provide an adult safeguarding service and response which is of a high quality and which is respectful of those who are referred to the safeguarding teams.

The South Eastern HSC Trust and the Belfast HSC Trust provided an outline of the processes that they apply when notified of a potential adult safeguarding incident. However, they also advised of a specific area of concern, where referrals are screened out and are assessed as requiring alternative care plans, the current informatics systems do not capture these referrals, and they are therefore not quantified, made available or reviewed. The Expert Team agreed that there does appear to be ambiguity for staff in relation to the application of thresholds for consideration of safeguarding; this is an area that may present a potential risk to consistent application. Additionally, in terms of oversight, there did not appear to be a formal system in place to maintain oversight of the alternative safeguarding responses.

All HSC Trusts are preparing for new adult protection legislation, which will help shape the future of safeguarding for all HSC Trusts. This was welcomed by the South Eastern

HSC Trust and the Belfast HSC Trust, as it will provide adult protection with a clear legislative framework which will assist service users, families and staff, to both receive and provide a consistent and safe response to all referrals. The Expert Team note the future introduction of adult protection legislation and emphasised that it is vitally important that all HSC Trusts continue to prepare for this.

In view of this the Expert Team concluded that there needs to be review/audit of adult safeguarding processes within the South Eastern HSC Trust and the Belfast Trust. This will help provide assurances with regard to type of referrals made, the decisions made at point of screening, determination of the thresholds, consistency in the collation of information and use of regional documentation, decision making, record keeping, responses and reporting. This will help provide a stronger and more reliable assurance framework for both HSC Trusts, staff, and indeed the service user and their families.

7.8 Promotion of Best Practice and Shared Learning

The Expert Team also noted that there may be opportunities to explore the promotion of best practice and shared learning, regionally and across independent, private and voluntary sectors involved in adult safeguarding.

The South Eastern HSC Trust and the Belfast HSC Trust reported that service users and families/carers are involved in adult safeguarding processes as appropriate. This seemed to differ slightly in both understanding and practise across both HSC Trusts. This is an area that will need to be explored in more detail and plans put in place to ensure involvement is sought at each stage of intervention.

Staff report that they continue to need clear direction in regard to adult safeguarding processes, and need clarity in relation to the timeliness of the investigations, and assistance on the completion of regional documentation and paperwork.

RQIA acknowledge the need for a review of the current regional adult safeguarding policy and associated procedures, and are aware that this work will progress led by SPPG, in line with the enactment of the draft Adult Protection Legislation.

Adult safeguarding is included in the corporate induction programme for the South Eastern HSC Trust and the Belfast HSC Trust, with clear signposting for staff to the levels required for the application of each stage of adult safeguarding. In addition, both HSC Trusts provided an overview of the various training platforms available to staff. Both recognise the challenges for staff and feel that they require to be sufficiently resourced and trained to provide assurances that adult safeguarding is practised to a consistent standard.

From the provider's perspective, they clearly understood the requirements of the adult safeguarding processes and the need to protect the service user from harm. However, both the families and the providers we met with reported deficiencies in the investigation procedures and a lack of communication from their respective HSC Trusts around the ongoing processes and outcomes.

7.9 Communication and relationships between Stakeholders

All contributors to the review consistently voiced the importance of the principles of engagement, open communication, trust, and collaborative relationships. It is clear that the success and stability of placements link closely with the application of these principles to the processes of needs assessment, transitions, care review, complaints, adverse incidents, and safeguarding.

All contributors spoke of the challenges in sustaining relationships when there is disagreement. The Expert Team is of the opinion that much work is required to restore and protect these crucial inter-relationships between stakeholders, and consider that in some cases there may be a role for a dedicated family liaison officer.

7.10 Collated Recommendations

Recommendation 1: The South Eastern HSC Trust and the Belfast HSC Trust should ensure that they provide information, to service users and families, that clearly outlines the personal financial impact of the difference in placements for supported living and residential care home options. This is particularly the case where both supported living and residential care home options are being considered to meet the needs of the individual service user.

Recommendation 2: The DoH should ensure that the HSC system works together with other strategic partners as appropriate (such as the NIHE and independent sector providers) to develop a commissioning plan for accommodation based services for young people and adults with a learning disability, including supported living, bespoke independent living arrangements, and residential care.

The commissioning plan should be based on clear definitions of categories of care, including supported living and bespoke arrangements, appropriate data sourced for the purpose, and participation of service users/ families/ advocates to develop agreed commissioning principles.

Recommendation 3: The DoH should take forward at pace, the development of the draft Regional Transition Protocol for Children and Young People with a Learning Disability, including Children and Young People with Co-occurring Autism; to ensure

a clear pathway and implementation of regional agreement and consistency in respect of specific responsibilities for supporting transition.

Recommendation 4: When a requirement for specialist staff training is identified, to accommodate the needs of an individual service user within residential care accommodation, the South Eastern HSC Trust and the Belfast HSC Trust should agree with the provider how this requirement will be met and funded, including the arrangements to ensure sustainability of the training requirement once initial skills training is complete.

Recommendation 5: Regionally, HSC Trusts in collaboration with the DoH, should formalise the role of the 'host' HSC Trust in respect to the provision of health and social care services. When an individual service user is provided with a placement in a residential care home that is commissioned by more than one HSC Trust, the service user and family should be advised which HSC Trust they are to liaise with in all aspects of the service user placement, with effective communication between HSC Trusts as required.

Recommendation 6: There is a need for the South Eastern HSC Trust and the Belfast HSC Trust to strengthen the management, oversight, trend analysis and feedback on adverse incident reporting and investigation to ensure that learning from such processes is applied consistently and sustainably; this includes where the adverse incident may meet the criteria for a SAI.

Recommendation 7: RQIA should modernise the ways in which service user and families can contribute to providing lived experience/feedback in RQIA inspections relating to residential care based accommodation and services. Planned work to modernise should adopt the principles of co-production and include service users and family/carers active participation.

Recommendation 8: The South Eastern HSC Trust and the Belfast HSC Trust should evaluate/audit their adult safeguarding processes to provide assurance that the Regional Adult Safeguarding Operational Procedures (2016) are correctly adhered to, including the involvement of service users and their families in the process.

Recommendation 9: Where there are complex issues and organisational boundaries to negotiate, the South Eastern HSC Trust and the Belfast HSC Trust should consider identifying a dedicated family liaison officer to ensure a central point of regular contact is made known to assist families in navigating multiple and parallel processes. This can be a particular issue during transitional arrangements, investigation of SAIs and adult safeguarding.

The family liaison officer role will provide an informed link between all stakeholders involved and ensure regular joined up communication with the family to ensure they

are sighted on progress, have an opportunity to express their views and address concerns or challenges.

Appendix A: Standards and Guidance used to inform the development of the Assurance Framework

This investigation will seek evidence of HSC bodies compliance with **minimum Quality Standards for Health and Social Care**²⁹ specifically:

Theme 2 Safe and Effective Care

Care should be based on the best available evidence of interventions that work and should be delivered by appropriately competent and qualified staff in partnership with the service user. Systems and processes within organisations should facilitate participation in, and implementation of, evidence-based practice.

- **Ensuring Safe Practice and the Appropriate Management of Risk (5.3.1(a)):** Has effective person-centred assessment, care planning and review systems in place, which include risk assessment and risk management processes and appropriate interagency approaches;
- **Ensuring Safe Practice and the Appropriate Management of Risk (5.3.1 (c)):** Has policies and procedures in place to identify and protect children, young people and vulnerable adults from harm and to promote and safeguard their rights in general;

Theme 3 Accessible, Flexible and Responsive Services

Services are sustainable, and are flexibly designed to best meet the needs of the local population. These services are delivered in a responsive way, which is sensitive to individual's assessed needs and preferences, and takes account of the availability of resources.

- **Service Planning Processes (6.3.1(a)):** The organisation has service planning processes which promote an equitable pattern of service provision or commissioning based on assessed need, having regard to the particular needs of different localities and people, the availability of resources, and local and regional priorities and objectives;
- **Service Delivery for Individuals, Carers and Relatives (6.3.2 (d)):** The organisation incorporates the rights, views and choice of the individual service user into the assessment, planning, delivery and review of his or her treatment and care, and recognises the service user's right to take risks while ensuring that steps are taken to assist them to identify and manage potential risks to themselves and to others;

In addition to the Quality Standards for Health and Social Care, the investigation will also take account of adherence to the following regional policies and procedures.

Adult Safeguarding Policy: Prevention and Protection in Partnership (July 2015)³⁰.

This is applicable to all organisations working with, or providing services to, adults across the statutory, voluntary, community, independent and faith sectors. It sets clear and proportionate safeguarding expectations across the range of organisations.

Within this policy the term ‘safeguarding’ is used in its widest sense, that is, to encompass both activity which prevents harm from occurring in the first place and activity which protects adults at risk where harm has occurred or is likely to occur without intervention. By introducing this policy we aim to raise awareness of harm to adults at risk, define what harm is, how it manifests itself and importantly how we respond to it.

Regional Policy on the use of Restrictive Practices in Health and Social Care Settings (November 2023)³¹.

Restrictive Practice is an umbrella term that refers to the entire range of interventions that are considered restrictive and which infringe a person’s rights.

The regional policy provides the regional framework to integrate best practice in the management of restrictive interventions, restraint and seclusion across all areas where health and social care is delivered in Northern Ireland. It aims to ensure that when restrictive practices are used, they are managed in a proportionate and well-governed system.

The policy sets out the expectations for minimising use of restrictive interventions, restraint and seclusion. It also provides requirements for decision making, reporting and governance arrangements for the use of any restrictive practice. The policy provides this through seven standards underpinned by the principle of early intervention measures to minimise and eliminate their occurrence and promote the principle of least restriction possible.

Furthermore, the policy sets accountability for the minimisation strategy at the top level of each organisation, emanating from the drive for a rights-based approach to practice, culture, and policy from the centre of organisational decision-making.

Deprivation of Liberty Safeguard’s under the Mental Capacity Act (2016)³².

A deprivation of liberty is when all of the following occur when a person:

- is in a place where care or treatment is being provided
- is not free to leave
- is under continuous supervision and control

A person can be deprived of liberty in any place, for example, a hospital, residential care home, supported living accommodation or other setting.

Even if the person or others, such as a carer or a relative are happy with the care and the person or others want the person to be there, the law says that if the conditions above are met this is described as a deprivation of liberty.

The deprivation of liberty safeguards is the system to ensure that a person is only deprived of liberty when it is right to do so.

Regional Procedure for the reporting and follow up of Serious Adverse Incidents (2016)³³.

Serious Adverse Incident (SAI) reviews are initiated following unexpected and unintended incidents of harm. Their objective is to ensure service Providers learn from harm and make improvements to services.

In July 2022, following the publication of a major Review of the Systems and Processes for Learning from SAls in Northern Ireland undertaken by RQIA, the Health Minister for Northern Ireland announced planned reform of the SAI process to ensure that the process promotes a culture of safety, openness and compassion and deliver benefits for patients and their families³⁴. The Review recommended that the Department of Health should work collaboratively with patient and carer representatives and the Health and Social Care system to design a new regional SAI procedure.

The investigation will also take account of any **Local Incident Management Policies and Procedures** currently in use.

Appendix B: References

- ¹ Source: RQIA Figure cited correct November 2024
- ² The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. Available at [The Health and Personal Social Services \(Quality, Improvement and Regulation\) \(Northern Ireland\) Order 2003 \(legislation.gov.uk\)](#). Cited August 2024
- ³ The Quality Standards for Health and Social Care, 2006. Available at [Quality Standards for Health and Social Care \(health-ni.gov.uk\)](#). Cited August 2024
- ⁴ Source: RQIA Figure cited correct June 2024
- ⁵ Independent Living for People with Learning Disabilities. Available at: [Independent Living for People With Learning Disabilities \(aboutlearningdisabilities.co.uk\)](#). Cited September 2024.
- ⁶ The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. Available at [The Health and Personal Social Services \(Quality, Improvement and Regulation\) \(Northern Ireland\) Order 2003 \(legislation.gov.uk\)](#). Cited August 2024
- ⁷ NI Direct Learning Disability. Available at [Learning disabilities | nidirect](#). Cited August 2024
- ⁸ Population statistics. Available at [Learning disabilities - NHS \(www.nhs.uk\)](#). Cited August 2024
- ⁹ Source: RQIA Figure cited correct June 2024
- ¹⁰ DoH Definition of Learning Disability. Available at: [Mental health and learning disability statistics | Department of Health \(health-ni.gov.uk\)](#). Cited July 2024
- ¹¹ Bamford Review's Equal Lives. Available at: [Equal Lives - Review of policy and services for people with a learning disability in Northern Ireland. Available at: Equal Lives - Review of policy and services for people with a learning disability in Northern Ireland \(health-ni.gov.uk\)](#). Cited July 2024
- ¹² Northern Ireland Housing Executive (NIHE) Supporting People Strategic Needs Assessment. Available at: [Strategic Needs Assessment Research report \(nihe.gov.uk\)](#) Cited July 2024

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- ¹³ Source: RQIA Figure cited correct September 2024
- ¹⁴ Source: RQIA Figure cited correct September 2024
- ¹⁵ DoH (2001) life expectancy figures for people with intellectual disabilities. Available at: [people-with-intellectual-disabilities-briefing.pdf \(niassembly.gov.uk\)](#)
Cited July 2024
- ¹⁶ Northern Ireland Population Census 2021. Available at: [Results | Northern Ireland Statistics and Research Agency \(nisra.gov.uk\)](#) Cited July 2024
- ¹⁷ Muckamore Abbey Hospital Closure Timetable. Available at: [DoH sets Muckamore closure timetable | Department of Health \(health-ni.gov.uk\)](#). Cited July 2024
- ¹⁸ Update on closure of Muckamore Abbey Hospital June 2024. Available at: [Update on closure of Muckamore Abbey Hospital | Department of Health \(health-ni.gov.uk\)](#). Cited September 2024.
- ¹⁹ Updated Guidance from DOH: Early Alert System. Available at: [/\(hscni.net\)](#)
Cited July 2024
- ²⁰ Procedure for the Reporting and Follow up of Serious Adverse Incidents (November 2016) Available at: [PProcedure-for-the-reporting-and-follow-up-of-SAIs-2016 - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#). Cited July 2024
- ²¹ Encompass is an HSC programme that will create a single digital care record for every citizen in Northern Ireland who receives health and social care. With the aim to provide patients and service users with the safest, highest quality of care that is possible
- ²² Regional Adult Safeguarding Available at: [Adult Safeguarding: Prevention and Protection in Partnership key documents \(health-ni.gov.uk\)](#). Cited August 2024
- ²³ Adult Safeguarding Operational Procedures (2016). Available at: [Adult Safeguarding \(hscni.net\)](#). Cited August 2024
- ²⁴ Muckamore Abbey Hospital Public Inquiry. Available at: [Muckamore Abbey Hospital Inquiry \(mahinquiry.org.uk\)](#). Cited August 2024
- ²⁵ Home Truths: A Report on the Commissioner's Investigation into Dunmurry Manor Care Home (June 2018). Available at: [copni-home-truths-report-web-version.pdf](#). Cited August 2024

²⁶ 10,000 Voices health service improvement programme. Available at: [10,000 MORE Voices: health service wants to hear from you | HSC Public Health Agency \(hscni.net\)](#). Cited August 2024

²⁷ Regional Adult Safeguarding available at: [Adult Safeguarding: Prevention and Protection in Partnership key documents \(health-ni.gov.uk\)](#). Cited August 2024

²⁸ Adult Safeguarding Operational Procedures (2016). Available at: [Adult Safeguarding \(hscni.net\)](#). Cited August 2024

²⁹ The Quality Standards for Health and Social Care, 2006. Available at [Quality Standards for Health and Social Care \(health-ni.gov.uk\)](#). Cited August 2024

³⁰ Regional Adult Safeguarding Policy: Adult Safeguarding: Prevention and Protection in Partnership (2015). Available at: [Adult Safeguarding: Prevention and Protection in Partnership key documents \(health-ni.gov.uk\)](#). Cited August 2024

³¹ Regional Policy on the use of Restrictive Practices in Health and Social Care Settings. Available at: [doh-regional-policy-restrictive-practices-hsc-nov-2023.pdf \(health-ni.gov.uk\)](#). Cited August 2024

³² Deprivation of Liberty Safeguard's under the Mental Capacity Act (2016). Available at: [MCA\(NI\) 2016 - Deprivation of Liberty Safeguards - Information Leaflet | Department of Health \(health-ni.gov.uk\)](#). Cited August 2024

³³ Regional Procedure for the reporting and follow up of Serious Adverse Incidents (2016). Available at: [Procedure-for-the-reporting-and-follow-up-of-SAIs-2016 - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\)](#). Cited August 2024

³⁴ Review of the Systems and Processes for Learning from Serious Adverse Incidents in Northern Ireland. Available at: [Reforms planned for SAI process - Swann | Department of Health \(health-ni.gov.uk\)](#)



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