

15 May 2026

The statement of purpose of the Innisfree Unit, Knockbracken Healthcare Park, Belfast

Under the terms of the Freedom of Information Act request a copy of the statement of purpose of the Innisfree Unit, Knockbracken Healthcare Park, Belfast.

Standard Operating Procedure Standard Operating Procedure Innishfree – Bed Provision 2025

For Completion by SOP Author	
Directorate	Intellectual Disability family friendly Standard Operating Procedure
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1. Introduction

Innishfree is a 4 bedded hospital in-patient ward that, when commissioned, will provide specialist inpatient multidisciplinary assessment and treatment services for adults whom are living with a moderate to severe learning disability and mental ill health, and who are a resident within the Belfast Trust area.

The ward is based in Knockbracken Health Care Park. This service is not currently commissioned or funded by SPPG.

The services provided are based on sound principles of collaborative, evidence based practice that are person centred. A systemic approach to understanding and working with people is a core tenet of service delivery. The service encourages the involvement of families/carers in all aspects of the person's assessment, treatment and care. This will always be delivered in a respectful and sensitive manner.

2.Mission Statement

The Innishfree Team works in collaboration with patients, families/carers and agencies. The aim of the service is to provide multidisciplinary assessment and evidence based interventions for people whom are living with a Learning Disability and other complex needs. Our core therapeutic ethos is based on

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positive behaviour support to ensure that people have the best quality of life possible.

3. Aims of Innishfree

This document provides a framework for the provision of Innishfree. The ward has the following aims;

- To complete a multidisciplinary assessment of the person's needs.
- To enable safe, evidence-based and appropriate interventions.
- Effect timely safe discharge.

4. Philosophy

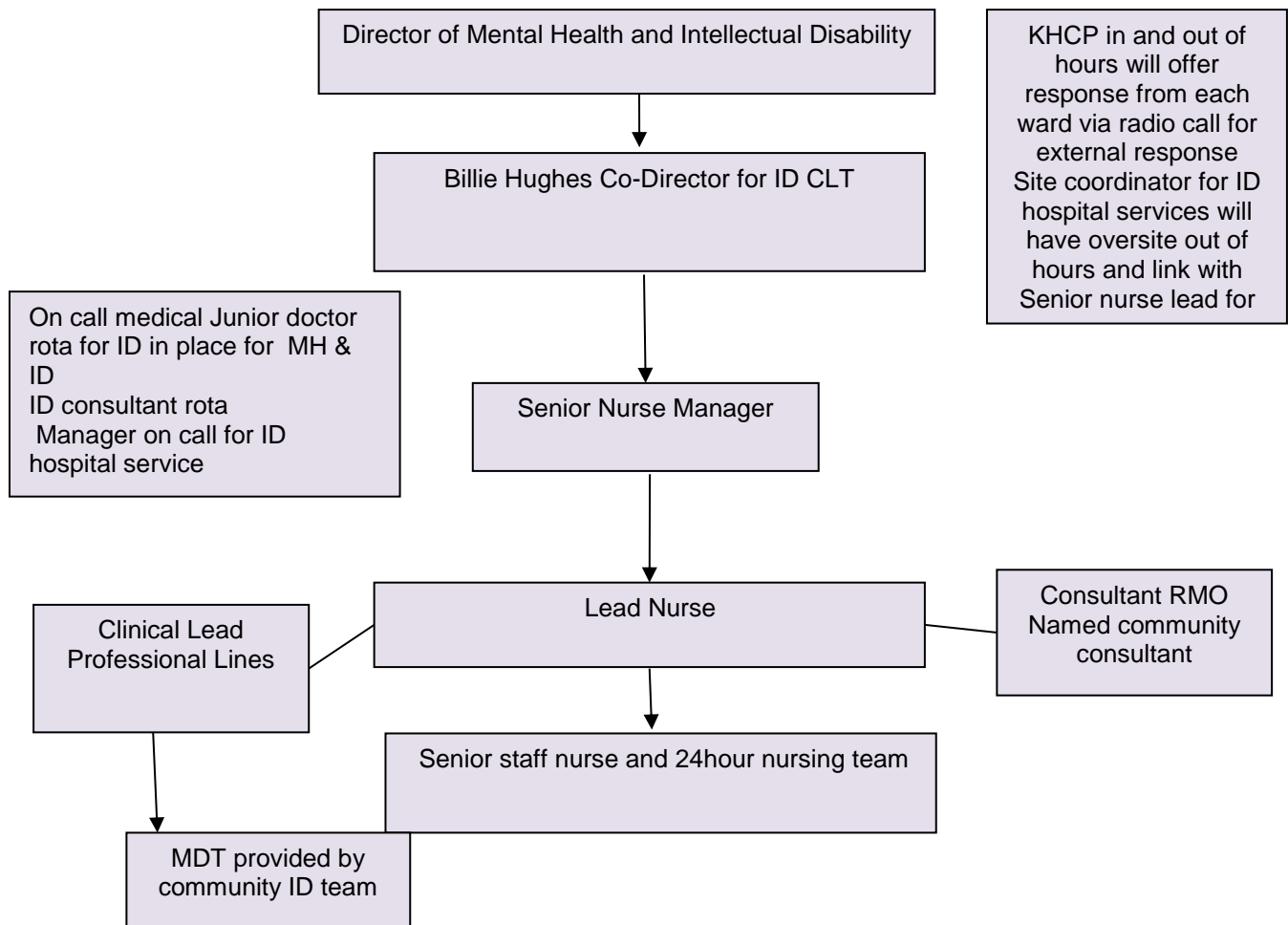
Principles:

- Each person accessing services in the ward will have their privacy, dignity and rights, under the Human Rights Act, protected whatever their disability, race, creed, culture, sexual orientation or belief.
- Each person will have access to individual and carers Advocacy Services.
- Each person will be provided with a caring environment where assessment and treatment is provided in the least restrictive manner, compatible with ensuring their safety and that of others.
- Each person and their family will have their needs and wishes respected.
- Each person will have a person-centred evidence based care plan. This care plan will detail ongoing assessment, planned interventions and review of the treatment plan. It will be formulated in consultation, where possible, with the person, with their family/carers and with other professionals involved.
- For each person, comprehensive Adult Safeguarding Protection Procedures will be followed to ensure their safeguarding in line with the Adult Safeguarding Policy for NI.
- Each person will have appropriate discharge planning processes in place at the time of admission to the unit.
- The service will be open and transparent, with policies, procedures and intervention to ensure that best practice is adhered to.
- Each person will have their skills development and recreational needs prioritised and approaches taken will promote development and emotional wellbeing.

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- All professional and clinical staff will have appropriate supervision structures in place.

5. Organisational Structure



6. Innishfree Multidisciplinary Team adapted for emergency stand up of uncommissioned service

The core team consists of Nursing, Pharmacy, Medical and Psychiatrist. The MDT will comprise of Community Social work, Psychology and other relevant professionals. The team is supported by an admin and the Patient and Client Support Services (PCSS). The core team is further supported by a range of other disciplines including OT, Physiotherapy, Speech and Language Therapy and Dietetics on a referral basis.

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Each patient will have a named nurse who will be responsible for co-ordinating the individual care and treatment.

In terms of medical cover, 9 – 5 Monday to Friday, this will be provided by ID hospital service team current ward doctor/physical health care provision

Outside office hours (9 – 5 Monday to Friday), the ward team can access the On Call GP or Psychiatrist via the ID Hospital site coordinator

The site coordinator in Id Hospital will provide senior nurse support outside office hours

7. Admission Criteria

- Acute mental ill health that requires assessment and/or treatment &
- Learning disability moderate to severe and/or cannot access core services with reasonable adjustments. &
- Reside in the BHSCT area

Community services will:

Support this bespoke hospital admission by attending MDTs and assisting with any specialist assessment and support from residential and supported team regarding specific individual knowledge.

8. Process following Admission

8.1 Maintaining links with community services

It is essential that close links between the Innishfree team and other agencies/services involved are developed and maintained during the person's in-patient stay. To maintain these links, weekly ward rounds/MDTs are organised throughout admission, in addition to the weekly clinical MDT meeting. The purpose of these meetings is to review progress and plan for discharge in a timely manner. It is important that both a clinician from the community team and a social worker (where the person is open to social care) attends these meetings.

8.2 Assessment

Assessment and treatment is multidisciplinary and systemic. The overarching therapeutic framework is Positive Behaviour Support. A focus is the understanding of current difficulties in the context of the person's personal life experience including day opportunities, family, and peer relationships. The team will fully appreciate the impact of the person's disability on his/her comprehension of these difficulties and the assessment process with every effort made to facilitate communication.

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During admission, assessment and treatment is offered using a multidisciplinary model in the following areas:-

- Mental health (+/- use of Mental Health Order, 1986)
- Emotional wellbeing and development
- Functional Communication
- Diet
- Sensory needs
- Psychological assessment including psychometric assessment
- Behavioural Assessment and formulation
- Assessment of sexual knowledge/behaviour
- Family relationships, including lifecycle stages and life experience
- Identification of issues around child protection
- Physical health assessment and neurological assessment where necessary
- Assessing education/Transition planning
- Risk
- Detailed assessment of care needs
- Community access

8.3 Positive Behaviour Support (PBS)

The ward adheres to a positive behaviour support framework.

This is a framework:

- That enhances the quality of life for the person and others involved in his/her life
- For developing an understanding of the behaviours of concern displayed by the person, based on an assessment of his/her social and physical environment and the broader context within which it occurs
- That is developed with the full inclusion and involvement of the person being supported, his or her family members and/or advocates

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- To develop, implement and evaluate the effectiveness of a personalised and enduring system of support (Gore et al, 2013)

PBS is an approach which incorporates the safe use of reactive strategies (with restrictive practices if absolutely necessary) alongside proactive primary and secondary preventative approaches. All people admitted to Innishfree will have individualised positive behaviour support plans that are reviewed regularly and adhere to the BILD Code of Practice (2014).

8.4 Treatment

Treatment plans are based upon the person's assessed needs. Families and patients are actively encouraged and supported to have involvement in making choices from the treatment options available. In all cases informed consent where capacity exists (as defined in DHSS Guide, March 2003) is sought from parents or carers and where possible from the person before treatment is given and Trust policies are adhered to regarding this. Treatment is offered based on the best available evidence and in line with recommended best practice. The approach is multidisciplinary and involves co-working between disciplines with collaboration and sharing of skills. Ward round will take place weekly and then an MDT will be arranged with family weekly/monthly as required and clinically indicated.

Treatment options offered include:

- Medical treatment of Psychiatric Disorder/Illness
- Implementation of communication strategies
- Addressing sensory needs
- Recreational therapy, group activities and physical activities
- Psychological Intervention – Emotional Regulation/Relaxation Therapy/ Personal Relationship Work/modified CBT or DBT/systemic work including Family Work/other individual therapeutic work
- Other therapies including – Music/Art therapy/Aromatherapy.

8.5 visiting

BHSCT visiting policy attached as an appendix 1

Core principles at Innishfree is to have appropriate space and time for assessment and treatment and for the patients with an ID have uninterrupted space in the ward. There are specific visiting areas and access point for visitors. Visiting can take place once per day between 2-4 pm or 6 – 8pm. This is in line with protected meal times, MDT assessment & interventions and a structured day. Individual visiting guidance will be entered in patients care plan and shared with families.

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8.6 Outreach

Outreach to homes, residential services, day opportunities and respite services may take place to facilitate planned discharge following treatment.

8.7 Discharge Planning

A pathway to discharge is agreed prior to admission and progress towards discharge is reviewed at weekly multidisciplinary team meetings and at 6 weekly review meetings which may be sooner if required.

All discharges should take place within 7 days of the person being deemed medically fit for discharge. If a suitable placement is not available within 7 days this will be communicated via medical records to the SPPG and by Innishfree clinical team to Community Services. There will also be an escalation to the Responsible Director. In addition the relevant Commissioning Lead at the SPPG will also be notified.

Community support and treatment services maintain ongoing contact throughout admission. Representatives attend 6 weekly review meetings.

8.8 Discharge Process

At Innishfree assessment and discharge planning is a dynamic process which involves learning about each person's specific needs. During assessment and discharge planning the Innishfree team work collaboratively with parents/carers through a process of centre-based working where the parents/carers are supported in changing patterns at home which may have been contributing to some of the difficulties. Individual therapeutic work and family based therapeutic interventions are offered alongside practical modelling of effective behavioural approaches and communication systems which have been helpful to the person in Innishfree.

8.9 Interface within KHCP

PCSS team will support the ward, meals are ordered from Knockbracken foods and prepared in the ward kitchen via the cook/chill system.

8.10 Emergency Radios

Two radios will be sourced from the main reception area in Shannon Clinic. One radio will be held by the main ward area in Innishfree and a second in the one bedroom pod area of Innishfree. This radio will be used in the event of an emergency that cannot be safety managed within Innishfree and additional support is required from other wards in KHCP (Shannon/Clare/Valencia). This

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will also allow the staff in Innishfree to respond to each other between the two ward areas outlined as required. The radio's should be taken back to Shannon reception a minimum of once daily to charge the battery or as required.

8.11 Personal Alarm System

Innishfree operates a standalone SAS (Specialist Alarm Services) emergency alarm/assist system. All staff and/or visitors are allocated an alarm upon entry to the ward. The alarms are signed in/out in the nursing office. Alarms are tested minimum weekly as part of the weekly ward checks.

8.12 Encompass BCA

In the event of Encompass downtime- Innishfree reports will be sent to Clare Ward BCA.

8.13 CCTV

There is 24/7 CCTV recording in all communal areas and gardens of Innishfree ward. This is in line with BHSCT CCTV policy and is centralised at Control room at the RVH, it is not viewed unless an ASG referral/incident indicates the needs for viewing as part of a screening or investigation.

9. Legal Rights

For people who are admitted on a voluntary basis, but who lack capacity to consent to a deprivation of liberty, treatment and care is determined on the basis of best interest principles outlined Mental Capacity Act.

For some people the difficulties they are experiencing will necessitate their detention under the Mental Health (NI) Order 1986. Should this occur then the person and their family/carers will be informed of their rights in this regard including the role of:

- The Regulation and Quality and Improvement Authority
- The Mental Health Review Tribunal
- The Trust

Every effort is made to ensure that information is provided in a format that is easily understood.

10. Quality Standards

Quality standards are monitored externally by the Regulation and Quality Improvement Authority (RQIA).

The service will use the Quality Network for Learning Disability Services Standards – Royal College of Psychiatrists as a bench mark.

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11. Clinical and Social Care Governance

The Belfast Trust has a statutory duty to assure the quality of clinical care, responsibility for which lies with the Chief Executive. Clinical and Social Care Governance provides the organisational framework for monitoring and improving care practice, which includes clinical audit, evidence based healthcare, professional self-regulation and lifelong learning. Ensuring that systems are in place and monitoring for effectiveness is the responsibility of senior managers and clinicians.

Appropriate structures are in place for monitoring Clinical and Social Care Governance within the Trust that sit currently in line with in ID services. The staff team at Innishfree will join the daily safety briefs and staffing planning and provide a daily safety brief to Senior Management for discussion/review in the safety huddles.

12. Outcome Measures

Standardised outcome measures are used for all individuals within the ward. An outcomes framework has yet to be agreed for adult ID services to measure progress towards goals set on admission. These include:

- patient reported outcome measures,
- parent/carer reported outcome measures and
- Clinician rated measures.
- Patient experience real time feedback

13. Policies and Procedures

All staff must adhere to Trust policies. These are based on good practice ratified by the Trust Board and regularly updated. Staff members employed at Innishfree also refer to the Mental Health (NI) Order 1986, Regional Safeguarding Policy and other relevant professional guidance. In addition, all registered staff will be guided by their professional codes of conduct.

14. Staff Development and Training

Innishfree promotes development and training within its staff team. As a specialist unit high priority is given to training that will enhance the staff skill base and therefore increase the number and quality of therapeutic options open to people accessing the service. Staff members are also encouraged to participate in relevant research within the guidance issued by the Trust for this purpose.

All staff members are required to attend the Trust Induction Programme. Innishfree provides a local Induction Package for all new staff. Additionally all

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staff are required to attend mandatory training, updates as required and identified in house training developed to enhance clinical skills.

The Trust provides appropriate clinical supervision for all professional staff working in Innishfree. A Staff Development Review (SDR) is in place to support continuous professional development.

The Continuing Professional Development of medical staff is monitored through the processes of appraisal and revalidation.

15. Safeguarding Processes

Regional Adult Safeguarding Policy and Procedures will be adhered to.

16. References

DHSS (2003) **Consent to Examination or Treatment / Good practice in Consent: Implementation Guide** DHSS

Council of Europe (1998) **European Convention on Human Rights** Council of Europe, Strasbourg

Gore, N et al (2013) Definition and scope for positive behavioural support. International Journal of Positive Behavioural Support, 3, 2, 14-23

BILD (2014) Code of practice for minimising the use of restrictive physical interventions: planning, developing and delivering training. Fourth Edition

Adult Safeguarding Prevention and Protection in Partnership (2016) [LINK-Adult Safeguarding: Prevention and Protection in Partnership key documents](#)

Appendix	
1. Property Ledger	 Innishfree Property Ledger.docx

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Version History Log:

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Implemented	Details of Significant Changes
1		SOP implemented in BHSCT
2		reviewed and update July 2025