



RQIA Provider Guidance 2016-17

Independent Health Care

Hospice Adult

www.rqia.org.uk

What we do

The Regulation and Quality Improvement Authority (RQIA) is the independent body that regulates and inspects the quality and availability of Northern Ireland's health and social care (HSC) services. We were established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, to drive improvements for everyone using health and social care services.

Through our programme of work we provide assurance about the quality of care; challenge poor practice; promote improvement; safeguard the rights of service users; and inform the public through the publication of our reports. RQIA has three main areas of work:

- We register and inspect a wide range of independent and statutory health and social care services.
- We work to assure the quality of services provided by the HSC Board, HSC trusts and agencies - through our programme of reviews.
- We undertake a range of responsibilities for people with mental ill health and those with a learning disability.

We inspect and report on the following four domains:

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

RQIA registers and inspects a wide range of health and social care services. These include: nursing, residential care, and children's homes; domiciliary care agencies; day care settings/centres; independent health care; nursing agencies; independent medical agencies; residential family centres; adult placement agencies; voluntary adoption agencies, school boarding departments and young adult supported accommodation (inspected only).

The four domains



How we will inspect

We will inspect every Independent Hospital – Adult Hospices at least annually. Our inspectors are most likely to carry out an announced inspection, however from time to time we may carry out an unannounced inspection.

During our inspections we will inspect and report on the following four domains:

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

When we inspect an Independent Hospital – Adult Hospices, we aim to:

- Seek the views of the people who use the service, or their representatives
- Talk to the management and other staff on the day of the inspection
- Examine a range of records including care records, incidents, complaints and policies
- Provide feedback on the day of the inspection to the manager on the outcome of the inspection; and
- Provide a report of our inspection findings and outline any areas for quality improvement where failings in compliance with regulations and/or standards are identified.

Our inspections are underpinned by:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments July 2014

What we look for when we inspect

To help us to report on whether the care is safe, effective and compassionate and whether the service is well led, we will look for evidence against the following indicators. The evidence listed for each indicator provides examples of what may be reviewed and should not be considered exhaustive.

Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Indicator S1

There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of service users.

Examples of Evidence

Staffing

- There are sufficient numbers of staff in various roles to fulfil the needs of the hospice and patients
- There is an induction programme in place appropriate to the role
- A system is in place to ensure staff receive annual appraisals and records are retained
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role including professional body CPD recommendations and RQIA mandatory training
- There are arrangements for monitoring the professional body registration status of all clinical staff
- There are arrangements in place for monitoring the professional indemnity of all staff who require individual indemnity cover
- There are arrangements in place to provide cover at all times by appropriately trained and experienced medical and health care practitioners

Recruitment and Selection

- Staff have been recruited in line with Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005
- There is a written policy and procedure for staff recruitment
- Staff personnel files are in keeping with 19 (2) Schedule 2
- Enhanced AccessNI checks are received prior to new staff commencing work

Indicator S2

The service promotes and makes proper provision for the welfare, care and protection of service users.

Examples of Evidence**Safeguarding**

- Staff are knowledgeable about and have a good understanding of safeguarding
- Policies and procedures are in place (to include; safeguarding champion, definitions of abuse, types and indicators of abuse, onward referral arrangements including contact information and documentation)
- Within three months of commencing employment, staff complete training and can demonstrated knowledge of safeguarding principles
- Safeguarding training or refresher training is provided as per Minimum Standards
- Awareness of the new regional guidance issued in July 2015 entitled 'Adult Safeguarding Prevention and Protection in Partnership'
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the appropriate agencies for investigation in accordance with written procedures and records maintained

Specialist Palliative Care Team

- The provision of specialist palliative care is in accordance with current best practice and national guidelines
- The policies and procedures for specialist palliative care services promote safe practice by a multi-professional team
- The multi-professional team includes staff with specialist palliative care expertise to ensure that the holistic care needs of patients and carers are met
- Multi-professional team meetings are held at least weekly to review the management arrangements in place for ethical decision making and patient advocacy services where this is indicated and required

Indicator S3

There are systems in place to ensure that unnecessary risks to the health, welfare or safety of service users are identified, managed and where possible eliminated.

Examples of Evidence**Resuscitation**

- Medicines required for resuscitation or other medical emergency are clearly defined and are regularly monitored. These medicines are readily accessible in suitable packaging and available for use at all times. Accessible records are maintained relating to the regular monitoring of medicines required for resuscitation or other medical emergencies
- Equipment for resuscitating patients is in line with the Resuscitation Council (UK)
- Resuscitation equipment is checked and restocked to ensure all equipment remains in working order and suitable for use at all times. Checks are carried out daily by a designated person and recorded
- Policy and procedural guidance, in relation to the management of resuscitation and medical emergencies, are in place
- Management of resuscitation and medical emergencies is included in staff induction and update training is provided annually
- Staff have knowledge and understanding of managing resuscitation and medical emergencies
- All 'do not resuscitate decisions' are documented by the most senior health care professional caring for the patients, with the reason and date for review in the patients clinical record. This information is provided to other relevant health professionals and is reviewed and documented by the planned review date or when there are any significant changes in the patient's condition

Infection Prevention Control and Decontamination Procedures

- The environment is clean and clutter free
- Infection prevention and control (IPC) and decontamination policies and procedures are in place in keeping with regional best practice guidance
- Records of training, which meet professional body CPD and RQIA mandatory training recommendations, are retained
- Staff have knowledge and understanding of IPC procedures in line with best practice
- Staff have knowledge and understanding of the decontamination process
- There are written guidelines for staff on making referrals for advice and support to infection control nurses, microbiology services and public health medical staff who have expertise in infection prevention and control
- The risk of cross infection to patients, staff and visitors is minimised by single use equipment or decontamination of reusable medical devices and equipment in line with manufacturer's instructions and current best practice
- There is information available for infection prevention and control for patients, representatives and staff
- There is an annual infection control programme of audits in place
- There are clear lines of accountability in relation to IPC and staff are aware of their roles and responsibilities
- Exploration of any issues identified during the inspection

Indicator S4

The premises and grounds are safe, well maintained and suitable for their stated purpose.

Examples of Evidence**Environment**

- The hospice is clean, clutter free, warm and pleasant
- There are no obvious hazards to the health and safety of patients and staff
- There are arrangements in place in relation to maintaining the environment (e.g. servicing of lift/gas/boiler/fire detection systems/fire-fighting equipment, fixed electrical wiring installation, legionella risk assessment)

Is care effective?

The right care, at the right time in the right place with the best outcome.

Indicator E1

The service responds appropriately to and meets the assessed needs of the people who use the service.

Examples of Evidence

Clinical Records

- Arrangements are in place for maintaining and updating clinical records
- Record keeping is in accordance with legislation, standards and best practice guidance
- A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection
- Records are securely stored – electronic/hard copy
- A freedom of information publication scheme is in place
- The hospice is registered with the Information Commissioners Office (ICO)

Care Pathway

- The referral procedure includes information about the treatment and care provided by the hospice and how to access this
- Patients receive an explanation of the assessments that will be carried out by different members of the care team
- A holistic assessment of patient's care needs using validated tools is carried out in accordance with procedures and within agreed timescales. The results of the assessments are used to draw up an individualised care plan ensuring that attention has been paid to key elements of end of life care including communication, review of interventions, symptom control and hydration and nutrition
- All treatment and care is recorded in the patients clinical record
- The care plan and ongoing care needs are agreed with the patient and carer and communicated to the multidisciplinary care team.
- The care plan is reviewed with the patient and carer in keeping with their changing needs

Discharge Planning

- Discharge planning is agreed with the patient and carer in accordance with the discharge procedure
- The discharge plan is co-ordinated with the services involved in the patients ongoing care and treatment

Indicator E2

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Examples of Evidence

- A system is in place for breaking bad news to patients
- There is an open and transparent culture that facilitates the sharing of information
- The patient and family are aware of who to contact if they want advice or have any issues/concerns
- Staff meetings are held on a regular basis and minutes are retained
- Staff can communicate effectively
- Learning from complaints/incidents/near misses is effectively disseminated to staff
- Patients and their families receive all the necessary verbal and written information about the specialist palliative care services provided by the hospice. This is accessed in an alternative language or suitable format when required
- There is a member of the multi-professional team identified as the principle contact for each patient
- The care plan is reviewed with the patient in keeping with their changing needs
- Information about carer services and how they may be accessed is easily accessible in a variety of formats and places
- The patient is kept informed about any changes or deterioration in their condition
- Information is provided to the patient about treatment and care
- There is written information for patients that provides a clear explanation of any treatment provided and includes effects, side-effects, risks, complications and expected outcomes
- There are meaningful detailed handover reports
- Patients are aware of who to contact if they want advice or have any issues/concerns

Indicator E3

There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

Examples of Evidence**Discharge Planning**

- The planned programme for discharge from the hospice provides the patient and carers with clear, accessible written information on:
 - The discharge arrangements
 - Future management of care
 - Liaison with community services
 - Advice and support available
- Written information on the patient's treatment and care is provided to their general practitioner, other professionals and services involved in the patient's ongoing treatment and care

Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Indicator C1

There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Examples of Evidence

- Staff can demonstrate how confidentiality is maintained
- Staff can demonstrate how consent is obtained
- Discussion with staff and observation of interactions demonstrate that the patient is treated with dignity and respect
- There is a suitable location for private consultation
- There is a policy and procedure on confidentiality

Indicator C2

Service users are listened to, valued and communicated with, in an appropriate manner.

Examples of Evidence

Patient/Family Involvement

- There are arrangements in place for involving patients and or their family /representatives to make informed decisions
- There are arrangements for providing information in alternative formats/interpreter services, if applicable
- Hospice care services are planned and developed with meaningful patient, family and carers involvement

Bereavement Care Services

- The hospice offers bereavement care services and support to the patient's family and significant others in accordance with the Statement of Purpose
- The patient/family and significant others are provided with written information about the range of bereavement services available and how to access these
- There are written referral and assessment procedures for accessing bereavement services
- Support is available from staff trained in the provision of bereavement support

Breaking Bad News

- Patient's and relatives have bad news delivered by professionals who are well informed and in a manner that is sensitive and understanding of their needs
- The patient's consent is obtained before information regarding their bad news is shared with others
- The procedure for delivering bad news to patients, their families and other significant people is developed in accordance with guidance such as Breaking Bad News regional guidelines
- The outcome of breaking bad news to patients, the options discussed, and future treatment plans are recorded, and with the patient's consent shared with their general practitioners and relevant health professionals

Indicator C3

There are systems in place to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them.

Examples of Evidence

- Patient consultation (patient satisfaction survey) about the standard and quality of care and environment is carried out at least on an annual basis
- The results of the consultation are collated to provide a summary report
- The summary report is made available to patients
- An action plan is developed to inform and improve services provided, if appropriate
- RQIA staff/ patient questionnaire responses support the outcome that compassionate care is in place

Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and the experiences of service users in order to deliver safe, effective and compassionate care.

Indicator L1

There are management and governance systems in place to meet the needs of service users.

Examples of Evidence

Governance Arrangements

- The registered provider monitors the quality of services and undertakes a visit to the premises at least six monthly and produces a report of their findings (where appropriate)
- There are arrangements in place for policies and procedures to be reviewed at least every three years
- Policies are centrally indexed and retained in a manner which is easily accessible by staff
- Arrangements are in place to review risk assessments (e.g. legionella, fire)

Complaints

- The hospice has a complaints policy and procedure in accordance with the relevant legislation and DHSSPS guidance on complaints handling
- There are clear arrangements for the management of complaints from patient's
- Records are kept of all complaints and these include details of all communications with complainants, the result of any investigation, the outcome and the action taken
- Information from complaints is used to improve the quality of services
- Staff know how to receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and enhance service provision

Incidents

- The hospice has an incident policy and procedure in place which includes reporting arrangements to RQIA
- Incidents are effectively documented and investigated in line with legislation
- All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and procedures

Audits

- There are procedures to facilitate audit, including clinical audit
- Results of audits are analysed and actions identified for improvement are imbedded into practice

Indicator L2

There are management and governance systems in place that drive quality improvement.

Examples of Evidence

Quality Assurance

- Arrangements are in place for managing relevant alerts
- Arrangements are in place for staff supervision and appraisal
- There is collaborative working with external stakeholders
- Audits of incidents are undertaken and learning outcomes are identified and disseminated throughout the organisation

Quality Improvement

- There is evidence of a systematic approach to the review of available data and information, in order to make changes that improve quality, and add benefit to the organisation and patients

Indicator L3

There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.

Examples of Evidence

- There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all areas of the hospice
- Staff are aware of their roles and responsibilities and actions to be taken should they have a concern
- The registered person/s have understanding of their role and responsibilities as outlined in legislation
- Patients/carers are aware of the roles of staff and who to speak with if they need advice or have issues/concerns
- The registered provider is kept informed regarding the day to day running of the practice

Practising Privileges

- There is a written procedure that defines the process for application, granting, maintenance and withdrawal of practising privileges
- There is a written agreement between the medical practitioner and the hospice that sets out the terms and conditions of granting practising privileges. Practising privileges agreements are reviewed at least every two years

Indicator L4

The registered person/s operates the service in accordance with the regulatory framework.

Examples of Evidence

- The Statement of Purpose and Patient Guide are kept under review, revised when necessary and updated
- Insurance arrangements are in place - public and employers liability
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- RQIA certificate of registration is on display and reflective of service provision
- The hospice is registered with RQIA and has the correct categories of registration in line with services provided and the legislation

Indicator L5

There are effective working relationships with internal and external stakeholders.

Examples of Evidence

- There is a whistleblowing policy and procedure and staff are aware of this
- Arrangements are in place for staff to access their line manager
- There are arrangements in place to support staff (e.g. staff meetings, appraisal and supervision)
- Discussion with staff confirmed that there are good working relationships and that management are responsive to suggestions/concerns
- There are arrangements in place to effectively address staff suggestions/concerns
- The registered provider/manager has arrangements in place for dealing with professional alert letters, managing identified lack of competency and poor performance for all staff including those with practicing privileges, and reporting incompetence in line with guidelines issued by DHSSPS and professional regulatory bodies

Inspection reports

Our inspection reports will reflect the findings from the inspection. Where it is appropriate, a Quality Improvement Plan (QIP) will detail those areas requiring improvement to ensure the service is compliant with the relevant regulations and standards. Where either no requirements or recommendations result from the inspection this will be reflected in the report.

It should be noted that inspection reports should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in a service. The findings reported on are those which came to the attention of RQIA during the course of the inspection. The findings contained within inspection reports do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

Once the inspection report is finalised and agreed as factually accurate, it will be made public on RQIA's website.



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