



RQIA Provider Guidance 2018-2019

Independent Hospital Children's Hospice

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 four 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 support establishments and service providers to improve the service they deliver.

All work undertaken by RQIA is focused on the following four domains:

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

RQIA registers, and inspects and supports 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 children's 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 in response to concerns that may be raised with us.

When we inspect a children's hospice provide assurances in respect of the standard, quality and safety of services delivered. We do this by:

- Seeking the views of the people who use the service, or their representatives.
- Talking to the management and other staff on the day of the inspection
- Examining a range of records including care records, incidents, complaints and policies
- Providing feedback on the day of the inspection to the registered person/manager on the outcome of the inspection; and
- Providing a report of our inspection findings and outline any areas for quality improvement.

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 \(DOH\) 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.

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 establishment and children and young people
- There is an induction programme in place appropriate to the role
- A system is in place to ensure staff receive supervision and records should be retained
- A system is in place to ensure staff receive annual appraisal and records should be retained
- A system is in place to ensure all staff receive appropriate training to fulfil the duties of their role including professional body Continuing Professional Development (CPD) recommendations and [RQIA training guidance](#), records should be retained
- There are arrangements for monitoring the professional body registration status of all clinical staff, records should be retained
- The multi-professional team at a children's hospice is led by a registered children's nurse with a further qualification in paediatric palliative care and/or experience in the palliative care of children and young people
- There are arrangements in place to provide cover at all times by appropriately trained and experienced medical and health care practitioners
- The procedure for contacting a doctor is clearly defined and known to staff
- There is a minimum of one children's nurse on duty at all times
- The staffing complement meets the assessed care needs of all children and young people, taking into account the size and layout of the hospice, the statement of purpose and fire safety requirements
- Staff are trained in the calculation and administration of medicines to children, and only these trained staff are allowed to check medicines for children

Recruitment and Selection

- Staff have been recruited in line with Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended
- There is a written policy and procedure for staff recruitment in keeping with Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005
- Staff personnel files are in keeping with 19 (2) Schedule 2, as amended
- Enhanced AccessNI checks are received prior to new staff commencing work
- Recruitment and selection records should be retained in keeping with Regulation 21 (3) Schedule 3 Part II
- An up-to-date staff register should be maintained and retained in keeping with Regulation 21 (3) Schedule 3 Part II

Indicator S2

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

Examples of Evidence

Safeguarding

Adult

- Policies and procedures are in line with the regional [Adult Safeguarding Prevention and Protection in Partnership policy \(July 2015\)](#) and [Adult Safeguarding Operational Procedures \(2016\)](#)
- The establishment has identified an adult safeguarding champion (if required)
- There is an identified safeguarding lead in the establishment and staff are aware of who the safeguarding lead is
- There are arrangements in place to embed the regional adult safeguarding operational procedures
- All staff receive the relevant level of training as outlined in [RQIA training guidance](#)
- Staff should have training in keeping with the [Northern Ireland Adult Safeguarding Partnership \(NIASP\) Training Framework \(revised June 2016\)](#)
- Staff are knowledgeable about adult safeguarding and are aware of their obligations in relation to raising concerns
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained
- Where shortcomings are highlighted as a result of an investigation, learning arising should be assessed, implemented and quality assured
- Staff are familiar with their responsibilities and know how to appropriately recognise poor practice and raise concerns

Children

- Policies and procedures are in line with the regional policy [Co-operating to Safeguard Children and Young People in Northern Ireland, \(August 2017\)](#) and [Safeguarding Board for Northern Ireland \(SBNI\) Procedures Manual \(November 2017\)](#)
- There is an identified safeguarding lead in the establishment and staff are aware of who the safeguarding lead is
- There are arrangements in place to embed the regional procedures manual
- All staff receive the relevant level of training as outlined in [RQIA training guidance](#)
- Staff training should be in keeping with the [SBNI Child Safeguarding Learning and Development Strategy and Framework 2015 – 2018](#)
- Staff are knowledgeable about safeguarding children and are aware of their obligations in relation to raising concerns
- All suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records must be retained
- Where shortcomings are highlighted as a result of an investigation, learning arising should be assessed, implemented and quality assured
- Staff are familiar with their responsibilities and know how to appropriately recognise poor practice and raise concerns

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 children and young people and carers are met
- Multi-professional team meetings are held at least weekly to review the arrangements in place for ethical decision making and 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 children and young people 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
- A policy in relation to the management of resuscitation and medical emergencies, is in place (to include training arrangements, provision of equipment, emergency medication, checking procedures, how to summon help, incident documentation and staff debriefing)
- Management of paediatric 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 child and young person, with the reason and date for review in the child or young person's 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 child or young person's condition

Infection Prevention Control and Decontamination Procedures

- The environment is clean and clutter free
- Infection prevention and control (IPC) policies and procedures are in place in keeping with [The Northern Ireland Regional Infection Prevention and Control Manual](#)
- Records of training, which meet professional body CPD and RQIA mandatory training recommendations should be 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 children and young people, 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 children and young people, 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**Hospice Environment for Care of Children and Young People**

- The hospice is clean, clutter free, warm and pleasant
- There are no obvious hazards to the health and safety of children and young people 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)
- Arrangements are in place to ensure that environmental risk assessments are reviewed on an annual basis by a competent person. Any findings/learning arising from risk assessments should be implemented and assured
- The hospice is furnished and equipped to meet the needs of children and young people, with particular efforts made to minimise the clinical and institutional environment and to promote a homely and welcoming setting
- Accommodation is provided for the child or young person's family, including siblings, and unrestricted parental involvement in the child or young person's care is promoted
- The use of cameras, mobile phones and the internet is controlled to ensure the safety and well-being of children and young people. Where children and young people have access to the internet in the establishment, they are supported and educated with regards to online safety
- Provision is made to meet the needs of children and young people with disabilities, including access to indoor and outdoor facilities
- Planning of the environment for children and young people includes preventing access by a child or young person to hot surfaces, hot water, storage of cleaning materials, and access to power points
- Security measures are operated that restrict unauthorised access to the hospice to protect children and young people

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; [GMGR records management](#)
- 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
- The hospice is registered with the Information Commissioners Office (ICO)
- The establishment has arrangements in place to comply with the [General Data Protection Regulation \(GDPR\)](#) legislation which will take effect from May 2018

Care Pathway

- The referral procedure includes information about the treatment and care provided by the hospice and how to access this
- Children, young people and their families receive an explanation of the assessments that will be carried out by different members of the care team
- A holistic assessment of the child or young person'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 patient-centred care plan ensuring that attention has been paid to key elements of end of life care including communication, review of interventions, symptom control, hydration and nutrition
- Options for treatment and care are clearly explained to the child/young person/family giving sufficient information, time and support to enable them to make decisions and to give consent
- The care plan and ongoing care needs are agreed with the child/young person/family and communicated to the multidisciplinary care team
- The care plan is reviewed with the child/young person/family in keeping with their changing needs
- Care and treatment is provided in accordance with the child or young person's established routine especially in relation to feeding and sleeping
- Children and young people are aware of their rights in relation to their behaviours and the range of methods and controls that may be used by staff to influence them
- Symptom control is used to promote comfort and enhance quality of life for the child or young person
- Symptom control is evaluated at least daily by a designated member of the multi-professional team and involves the family, and where necessary other services and agencies contributing to the care of the child or young person and their family
- The symptom control and evaluation takes account of the particular vulnerabilities of children and young people with sensory impairment and those who are unable to communicate
- Children and young people have their play and educational rights and needs assessed
- Arrangements are made to ensure that:
 - Qualified play staff are employed
 - Indoor and outdoor play areas are accessible to all (including children and young with physical, sensory or learning disabilities and mental health needs)
 - There is a wide variety of play equipment to meet the needs of infants, children and young people of different ages, developmental stages, and differing intellectual abilities, and to help them express their feelings and prepare for experiences ahead

- Meals are a family occasion, centred on a communal dining area with a varied menu. Choice of where to take meals is also available
- A children's menu is available which complies with current nutritional guidance and can be adapted for children and young people of different age groups in terms of size, content and timing of meals
- The children's menu should cater for the tastes and preferences of children and young people and include therapeutic diets
- Cutlery and utensils are available which suit the needs of children and young people of different ages and abilities
- There is access to teaching staff, educational facilities, and equipment for children and young people when required. These are provided according to the individual needs of the children and young people
- Children and young people should not be cared for in an establishment unsuitable for their age. Ideally they should be cared for alongside children and young people in similar peer groups

Discharge Planning

- Discharge planning is agreed with the child and young person and family in accordance with the discharge procedures
- The discharge plan is co-ordinated with the services involved in the child or young person's 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 range of audits, including clinical audits, are undertaken routinely and any actions identified for improvement are implemented into practice

Indicator E3

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

Examples of Evidence

- A system is in place for breaking bad news to the child or young person and family
- There is an open and transparent culture that facilitates the sharing of information
- The child or young person 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, implemented and assured
- The child or young person 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 child or young person
- The care plan is reviewed with the child or young person/family in keeping with their changing needs
- The multi-professional team, with the child or young person/parents' consent, provides information and support to carers and family members
- Information about carer services and how they may be accessed is easily accessible in a variety of formats and places
- The child or young person and their parents are kept informed about any changes or deterioration in the child or young person's condition

- In partnership with parents, information is provided to the child or young person and their siblings about treatment and care. Such information is appropriate to their age, understanding and the specific circumstances
- There is written information for the child or young person that provides a clear explanation of any treatment provided and includes effects, side-effects, risks, complications and expected outcomes
- Information is written which is jargon free, accurate, accessible, up-to-date and includes the
- Treatment and care services are planned and developed with meaningful patient involvement; facilitated and supported as appropriate; and provided in a flexible manner to meet individual and changing requirements
- There are meaningful detailed handover reports

Discharge Planning

- The planned programme for discharge from the hospice provides the child or young person 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 child or young person's treatment and care is provided to the child or young person's general practitioner, other professionals and services involved in the child or young person'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
- There is a written policy and procedure on obtaining informed consent in line with [DOH guidance on consent treatment and care](#)
- Discussion with staff and observation of interactions demonstrate that the child or young person is treated with dignity and respect
- There is a suitable location for private consultation
- There is a policy and procedure on maintaining confidentiality which is regularly assured

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 to support the child or young person and or their family /representatives to make informed decisions
- There are arrangements for providing information in alternative formats/interpreter services, if required
- Hospice care services are planned and developed with meaningful child or young person, family and carers involvement

Bereavement Care Services

- Staff communicate regularly and work in close co-operation with the primary health care team or voluntary health care workers involved in the care of the child or young person and their family
- There are written referral and assessment procedures for accessing bereavement services
- The child or young person's family and significant others are provided with written information about the range of bereavement services available and how to access these
- The hospice offers bereavement care services and support to the child or young person's family and significant others in accordance with the statement of purpose
- Bereavement care is offered in accordance with the wishes of the family, which includes pre- and post - bereavement support for siblings
- Support is available from staff trained in the provision of bereavement support
- The family is offered accommodation at the hospice during this period and a designated team member is available to give emotional support and information about, or practical help with, organising the funeral and any other aspects relating to the death
- Facilities are provided in a separate room where the child or young person's body can remain until the time of the funeral in accordance with the parents' wishes
- The body of a deceased child or young person is handled with care and respect and takes account of religious and cultural requirements

Breaking Bad News

- The child or young person 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 child or young person's consent is obtained before information regarding their bad news is shared with others
- The procedure for delivering bad news to the child or young person, 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 the child or young person, the options discussed, and future treatment plans are recorded and with the child or young person's/and or carer's consent is 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

- The child or young person consultation (child or young person 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 clients and a subsequent action plan is developed to inform and improve services
- RQIA staff/child or young person questionnaire responses are reviewed and used to improve services

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 ensure the overall quality and safety of services provided.

Examples of Evidence

Governance Arrangements

- The registered person monitors the quality of services and undertakes an unannounced 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, a date of implementation and planned review is recorded and they are retained in a manner which is easily accessible by staff
- Arrangements are in place to provide evidence of an appropriate review of risk assessments e.g. legionella, fire, Control of Substances Hazardous to Health (COSHH)

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 the child or young person
- Records are kept of all complaints and these include details of all communications with complainants, investigation records, the result of any investigation, the outcome and the action taken
- Staff know how to receive and deal with complaints
- Arrangements are in place to audit complaints to identify trends and improve services provided

Statutory notification of incidents and deaths to RQIA

- The practice 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 RQIA [Statutory Notification of Incidents and Deaths](#)
- Arrangements are in place to audit adverse incidents to identify trends and improve service provided

Equality

- The management have systems in place to consider equality for patients

Indicator L2

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

Examples of Evidence**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

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
- There are procedures to facilitate audit, including clinical audit (e.g. records, incidents, accidents, complaints)
- Results of audits are analysed and actions identified for improvement are embedded into practice

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
- The child or young person /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 hospice
- There are opportunities to raise staff awareness through training and education regarding equality legislation to recognise and respond to patients' diverse needs

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 for public and employers liability
- Registered person/s respond to regulatory matters (e.g. notifications, reports/QIPs, enforcement)
- Any changes in the registration status of the service are notified to RQIA
- RQIA certificate of registration is on display and reflective of services provided
- 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

- 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 person/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
- There is a raising concerns/whistleblowing policy and procedural guidance for staff

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 as a minimum. Where either no areas for improvement result from the inspection this will be reflected in the report.

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



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