Announced Care Inspection Report
06 March 2018

Northern Ireland Hospice Adult Community and Day Hospice Services

Type of service: Adult Hospice
Address: Somerton House, 74 Somerton Road, Belfast, BT15 3LH
Tel no: 028 9078 1836
Inspector: Winnie Maguire

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for

2.0 Profile of service

This is a registered independent hospital providing day hospice and community based hospice services to adults with palliative care needs.

The community hospice services consists of eight specialist palliative care teams which operate within the Northern, Belfast and South Eastern Health and Social Care Trusts and the southern sector of the Western Trust. In additional there is a Hospice at Home service which operates within the Northern, Belfast and South Eastern Health and Social Care Trusts.

The day hospice has the capacity to care for 15 patients in the Belfast, Somerton House, day hospice and seven patients in the Ballymoney day hospice based at the Robinson Hub Ballymoney. Day hospice is operational four days a week at Belfast, Somerton House, one of which focuses on the care and support of patients with dementia, and one day a week in the Robinson hub, Ballymoney.

3.0 Service details

Organisation/Registered Provider: Northern Ireland Hospice Ltd **Responsible Individual:** Mrs Heather Weir	**Registered Manager:** Ms Barbara Watson
Person in charge at the time of inspection: Ms Barbara Watson	**Date manager registered:** 26 April 2017
Categories of care: Independent Hospital (IH) – Adult Hospice	**Number of registered places:** Day hospice , Belfast site- 15 Day hospice , Ballymoney site - 7

4.0 Inspection summary

An announced inspection took place on 06 March 2018 from 10.00 to 16.30.

This inspection was 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 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the pre-registration care inspection and to determine if the hospice service was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staff recruitment; supervision and performance review; the specialist palliative care team and multidisciplinary working; the care pathway; the management of medical emergencies

and resuscitation; infection prevention control arrangements; and the general environment. Other examples included: admission and discharge arrangements; the provision of information to patients; bereavement care services; governance arrangements; and the provision of a supportive learning environment for staff.

There were no areas of improvement identified during this inspection.

Patients who submitted patient questionnaire responses to RQIA indicated they were either very satisfied or satisfied with all aspects of care in relation to the Northern Ireland Hospice day and community hospice services. Patients spoken to during the inspection expressed very positive views of their experience of care provided by the Northern Ireland day hospice.

The findings of this report will provide the hospice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Barbara Watson, registered manager and Mrs Deborah Burns, Director of Care and Quality Governance, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 23 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the hospice was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector spoke with three patients; Ms Barbara Watson, registered manager; Mrs Deborah Burns, Director of Care and Quality Governance; Mrs Gemma Asphinal, Community Operations Manager; a staff nurse, a social worker and an art therapist all based in the day hospice; two hospice specialist nurses and one hospice community nurse, all community based; the hospice at home co-ordinator and one administrator. A 20 minute period of observation of staff and patient interaction was undertaken in the day hospice's communal area. A tour of the day hospice was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- resuscitation and management of medical emergencies
- infection prevention and control and decontamination
- clinical record recording arrangements
- management of patients
- patient information and decision making
- practising privileges arrangements
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 March 2017

The most recent inspection of the hospice was a pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 23 March 2017

Areas for improvement from the pre-registration care inspection	
Action required to ensure compliance with the Minimum Care	**Validation of**

Standards for Independent Healthcare Establishments (July 2014)		compliance
Area of improvement 1 **Ref**: Standard 5.1 **Stated:** First time	The views of patients and relatives on the quality of treatment, information and care received should be formally sought within the next six months and the summary of findings made available to patients and other interested parties.	**Met**
	Action taken as confirmed during the inspection: Patient satisfaction surveys have been carried out for both the day hospice services and the community specialist palliative care team. The findings have been used to drive improvement and the report of the findings had been made available to patients and other interested parties. The hospice continues to look at ways of seeking patient and relative views on their services.	

6.3 Inspection findings

6.4 Is care safe?

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

Staffing

Discussion with staff and review of completed staff and patient questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the hospice and patients. Two of the four returned staff questionnaires indicated that there has been an increased demand on the hospice services which has led to staff feeling 'stretched' at times. The senior management confirmed there continues to be ongoing development and remodelling of the hospice services to meet the needs of patients and staffing was an important component of this development. Review of the duty rotas for the day hospice and the community hospice services confirmed that there was adequate staff in place to meet the assessed needs of the patients at the time of inspection.

The day hospice known as the hospice hub is a nurse led service, supported by members of a multidisciplinary team of doctors, physiotherapists, occupational therapists, social workers, a complementary therapy nurse and chaplains who are based in the inpatient unit. The service is also supported by volunteers. However has referred to previously, this service is presently under review and a variation of registration application has been submitted to increase the number of patients facilitated in the day hospice and to expand the range and flexibility of services provided. A further inspection will be conducted in relation to the variation of registration application.

The community services consist of specialist palliative care teams and a hospice at home service. The specialist teams are staffed by hospice nurse specialists and hospice community nurses who have achieved at least a certificate through to degree, post-graduation diploma (PGD) to Masters of Science (Msc) level in palliative care or working towards this.

The hospice at home team is staffed by staff nurses, nursing auxiliaries and a hospice at home co-ordinator. The community services are supported by administrative staff and volunteers. There are seven consultants in palliative medicine who provide further clinical support to the community services.

Induction programme templates were in place relevant to specific roles within the hospice. A sample of four evidenced that induction programmes had been completed when new staff join the hospice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed they felt supported and involved in discussions about their personal development. Review of a sample of six evidenced that appraisals had been completed on an annual basis.

There were systems in place for recording and monitoring all aspects of staff ongoing professional development, including specialist qualifications and training.

Arrangements were in place to ensure that all health and social care professionals are aware that they are accountable for their individual practice and adherence to professional codes of conduct. There was a process in place to review the registration details of all health and social care professionals.

It was confirmed that a robust system was in place to review the professional indemnity status of all staff who require individual indemnity cover. Review of personnel files confirmed that medical practitioners had appropriate professional indemnity insurance in place and received the required annual appraisals.

The hospice affords staff opportunities to undertake specialist qualifications such as the Princess Alice certificate in essential palliative care and European certificate in palliative dementia care. Northern Ireland Hospice day hospice and community teams are based at the Northern Ireland Hospice, Somerton House, Belfast which has a clinical education centre on site and this education service offers a range of educational support to staff and management.

Recruitment and selection

Ms Watson confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead and the adult safeguarding champion were.

Review of records demonstrated that all staff in the hospice had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments (July 2014).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Specialist palliative care team

Well established referral procedures were in place. Patients and/or their representatives are given information in relation to the hospice services which is available in different formats if necessary. Referrals can be received from the palliative care team, hospital consultant, nurse specialist or general practitioners. Multidisciplinary assessments are provided with the referral information through the regional referral documentation.

Patients and/or their representatives can visit the day hospice prior to attendance to review the services and facilities available. On admission, patients are provided with information regarding the various assessments that may be undertaken by members of the multi-professional team. This includes medical, nursing, complimentary therapy and spiritual assessments.

Systems were in place to provide patients and/or their representatives with relevant information regarding the services available within the hospice and frequent updates.

Information was available on how to access support services for patients and their representatives.

Staff were observed to treat patients with dignity and respect. Taking time to explain what was happening, actively listening to patients and demonstrating genuine kindness and compassion. Staff and patient interactions were overwhelming positive.

The provision of specialist palliative care was found to be in line with best practice guidelines. A range of policies and procedures were in place to promote safe practice by the multi-professional team. A sample of policies/guidance documents were reviewed and included:

- National Institute for Health and Care Excellence (NICE) –Care of Dying Adults in the Last Days of Life.
- management of a syringe driver
- Palliative Adult Network Guidelines 4th edition

Staff confirmed that the needs and wishes of patients and/or their representatives are taken into account in the decision making process of the multi-professional team.

The community specialist hospice team provide services Monday to Friday 9am to 5pm and have an on call rota over the weekend to provide specialist advice. The specialist nurses spoken with confirmed that a two week rotation in the inpatient unit had recently been introduced and the feedback from their colleagues in the specialist team had been very positive.

The care records of four patients receiving specialist palliative care in the community and three day hospice patients were reviewed and found to be well documented. Patients are holistically assessed using validated assessment tools and individual care plans are developed in conjunction with the patient and/or their representatives. Evidence of ongoing review of the patients' health and well-being was recorded. The specialist nurses confirmed that the community based patient care records are under review and that they are fully involved in the review process.

The community specialist palliative care team hold weekly clinical meetings, which are attended by the hospice specialist nurses, the hospice community nurses and a consultant in palliative medicine. The details of current caseloads are discussed and plans of care are developed with the aim of caring for the patient in their usual place of residence. Staff spoken with confirmed that patients and carers wishes are central to these discussions. It was confirmed the community specialist palliative care nurses attend palliative care multidisciplinary meetings held by the Health and Social Care Trusts.

Bi–Monthly day hospice multidisciplinary team meetings are held to discuss and review care plans for patients attending.

Arrangements were in place for ethical decision making and patient advocacy where this is indicated or required.

The multidisciplinary team, with the patient's consent, provides information and support to the patient's representatives.

Discussion took place with patients in the day hospice regarding the general quality of care. All felt that they were well looked, kept informed regarding their care and could discuss any concerns they had with the staff.

Comments received included:

- "Great staff."
- "I love coming here always brightens my day."
- "Always gives me lots of time."
- "Lovely skilled people."

Resuscitation and management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that resuscitation and the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

It was confirmed 'do not resuscitate' decisions are taken in line with the hospice's policy and procedures on the matter, by a consultant in palliative medicine. The decision is fully documented outlining the reason and a date for review in the patient's record.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

There were clear lines of accountability for infection prevention and control (IPC). The hospice has a designated IPC lead nurse.

There was a range of information for patients and staff regarding hand washing techniques.

Arrangements were in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice. Staff confirmed single use equipment is used where possible.

The day hospice was found to be clean, tidy and well maintained. Detailed cleaning schedules were in place and completed records of cleaning were displayed in various areas.

Staff have been provided with IPC training commensurate with their role.

Discussion with staff confirmed they had a good knowledge and understanding of IPC measures.

A range of IPC audits are carried out including:

- environmental
- hand hygiene

The compliance rate was noted to be very high and an action plan was in place for areas of non-compliance.

There were a range of IPC policies and procedures in place which are held within an IPC manual.

A review of IPC arrangements indicated very good infection control practices are embedded in the hospice.

Environment

The environment was maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

A review of documentation and discussion with Ms Watson demonstrated that arrangements are in place for maintaining the environment.

A legionella risk assessment was undertaken and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Patient and staff views

Two patients submitted questionnaire responses to RQIA. Both indicated that they felt safe and protected from harm. One patient indicated they were very satisfied with this aspect of care and one indicated they were satisfied. No comments were included in submitted questionnaire responses.

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Two staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- "Due to increased demand for hospice beds (in the in -patient unit) the number of available beds can be insufficient to meet the demand."
- "Due to increasing demands on the service both in the community and in-patient unit at times staff can be stretched."

Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, supervision and appraisal, safeguarding, the specialist palliative care team and multidisciplinary working, resuscitation and management of medical emergencies, infection prevention control and decontamination, and the general environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Clinical records

As stated the care records of four patients receiving specialist palliative care in the community and three day hospice patients were reviewed. The hospice retains hard copy care records which are supplemented with an electronic record system. The patient care records were well documented, contemporaneous and clearly outlined the patient journey.

The care records reviewed contained the following:

- an index
- signature sheet
- a range of validated assessments
- medical notes
- care plans
- nursing notes
- results of investigations/tests
- correspondence relating to the patient
- reports by allied health professionals
- advance decisions
- do not resuscitate orders
- records pertaining to previous admissions, community care team and day hospice; if applicable

Systems were in place to audit the patient care records as outlined in the hospices quality assurance programme. A number of audits relating to patient care records were reviewed and an excellent compliance rate was noted.

The hospice specialist nurses confirmed that they also have access to Northern Ireland Electronic Care Record (NIECR) for patients; which has been invaluable in allowing for continuity of care.

Information was available for patients on how to access their health records, under the Data Protection Act 1998. The hospice is registered with the Information Commissioner's Office (ICO).

Discussion with staff confirmed they had a good knowledge of effective records management.

The management of records within the hospice was found to be in line with legislation and best practice.

The hospice has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

The hospice also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with the General Medical Council (GMC) guidance and Good Medical Practice.

Discharge planning

The hospice has a discharge policy and procedure in place.

There are well developed discharge planning arrangements in place that require full engagement with patients and/or their representatives.

A discharge summary and plan is completed prior to the patient discharge from the hospice service. A letter is provided to the patient's general practitioner to outline the care and treatment provided within the hospice.

There are robust systems in place to ensure that agreed discharge arrangements are recorded and co-ordinated with all services that are involved in the patient's ongoing care and treatment.

Patient and staff views

Both patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Three staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the care pathway including admission and discharge arrangements, and the provision of information to patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Patient/family involvement

All patients and/or their representatives are asked for their comments in relation to the quality of treatment provided, information and care received.

Review of patient care records and discussion with patients and staff confirmed that treatment and care is planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

Bereavement care service

The hospice has a range of information available regarding the provision of bereavement care services. It was confirmed the bereavement services were in place; which included a monthly bereavement group facilitated by the hospice social work team with the help of bereavement volunteers, and arrangements for specialist onward referral if necessary.

In addition, the hospice can access individual counselling services for patients and families. Management confirmed counselling services are also available for staff.

Discussion with staff confirmed that the staff who deliver bereavement care services are appropriately skilled.

Breaking bad news

The hospice has a policy and procedure for delivering bad news to patients and/or their representatives which is accordance with the Breaking Bad News Regional Guidelines 2003. The hospice retains a copy of the Breaking Bad News Regional Guidelines 2003 and these are accessible to staff.

It was confirmed that bad news is delivered to patients and/or their representatives by professionals who have experience in communication skills and act in accordance with the hospice's policy and procedure.

Where bad news is shared with others, staff confirmed that consent must be obtained from the patient and is documented in patient records.

Following a patient receiving bad news, future treatment options are discussed fully with the patient and documented within their individual care records.

With the patient's consent information will be shared with the patient's general practitioner and/or other healthcare professionals involved in their ongoing treatment and care.

Patient consultation

The hospice service obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

A day hospice patient survey was conducted using a questionnaire. A separate community specialist palliative care patient and carer survey was also conducted. The results of completed surveys are collated into a summary report which is reviewed by the senior management team and an action plan is developed and implemented as required. This has led to service improvement.

Comments included:

- "My time at the day hospice is like a whole big family. We become great friends and staff could not be any better, nothing is too much trouble."
- "Knowing the day hospice is there for me puts me at ease, always there both on the medical and pastoral side."
- "The day hospice helps me physically and mentally."
- "The hospice nurses were extremely caring and for me emotionally supportive."
- "Very sensitive highly skilled practitioner at a much needed time."
- "Hospice nurses provide psychological, emotional and medical support."

- "Has helped my husband to accept his condition and helped me to help him."
- "The nurse went out of her way to treat my xxx with all the respect and dignity possible."
- "Kind, caring and supportive."

Patient and staff views

Both patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Three staff indicated they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to meaningful patient/carer involvement in their care, bereavement care services and obtaining patient's views about the services provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Management and governance arrangements

There was a clear organisational structure within the hospice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Ms Watson, registered manager, is the nominated individual with overall responsibility for the day to day management of the day hospice and community hospice services. Mrs Heather Weir, registered person, is based in the Northern Ireland Hospice and works closely with the management team on a daily basis. It was confirmed Mrs Weir monitors the quality of services.

Systems were in place to ensure that the quality of services provided by the day hospice and community hospice services is evaluated on an annual basis and discussed with relevant stakeholders. The hospice has a robust clinical governance committee involving all areas of the hospice service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the day hospice and is made available to community patients and carers. Ms Watson demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the hospice for completion. The evidence provided in the returned questionnaire and review of complaints records indicated that complaints have been managed in accordance with best practice.

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. There is a Clinical Audit and Quality Improvement (CQAI) policy which has been developed and implemented. The hospice has a CQAI committee which is multi-professional and recognises and responds to the requirements of the clinical and social governance agenda. Regular audits are in place to ensure that best practice is achieved and where indicated quality improvement projects are undertaken. It was confirmed there is a yearly calendar of monthly CQAI presentations, with each department invited to present an audit or quality improvement project. A sample of audits reviewed is as follows:

- regional referral form
- out of hours nurse specialist telephone advice service
- case load profiling
- triage
- accidents and incident
- hand hygiene
- infection prevention and control
- sharps awareness
- documentation
- a quality improvement project on ANTT

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

The day hospice and community hospice services have arrangements in place to monitor the competency and performance of all staff and report to the relevant professional regulatory bodies in accordance to guidance.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Ms Watson, registered manager, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

Both patients who submitted questionnaire responses indicated that they felt that the service is well led and were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that the service is well led. Three staff indicated they were very satisfied with this aspect of the service and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints, incidents and alerts, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

The Regulation and Quality Improvement Authority

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