

Unannounced Care Inspection Report 9 & 10 March 2020



Marie Curie Hospice

Type of Service: Independent Hospital (IH) – Adult Hospice
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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



Membership of the Inspection Team

Jo Browne	Senior Inspector, Independent Healthcare Team Regulation and Quality Improvement Authority
Dr John Simpson	Senior Medical Advisor Regulation and Quality Improvement Authority
Carmel McKeegan	Lead Inspector, Independent Healthcare Team Regulation and Quality Improvement Authority
Norma Munn	Inspector, Independent Healthcare Team Regulation and Quality Improvement Authority
Paul Nixon	Inspector, Medicines Management Team Regulation and Quality Improvement Authority
Gavin Doherty	Inspector, Premises Team Regulation and Quality Improvement Authority
Dr Ciara Daly	ADEPT Fellow Regulation and Quality Improvement Authority
Elaine Campbell	Nursing Peer Reviewer
Richard Gamble	Lay Assessor/Peer Reviewer Regulation and Quality Improvement Authority
Marian Thompson	Lay Assessor
Paulina Spychalska	Inspection Coordinator Regulation and Quality Improvement Authority
John Hughes	Inspection Coordinator (induction) Regulation and Quality Improvement Authority

2.0 Profile of the services

The initial Regulation and Quality Improvement Authority (RQIA) registration of Marie Curie Hospice included the adult hospice inpatient unit, day hospice services and the community nursing service. Following our previous inspection during March 2019, Marie Curie Hospice restructured which resulted in the establishment of two distinct organisational structures. One of the newly formed organisational structures is responsible for the governance and day to day management arrangements in respect of the inpatient unit and day hospice services. The second newly formed governance structure is responsible for the governance and day to day management of the community nursing services. As a result, these services were required to register with RQIA as separate entities. The inpatient unit and day hospice services are both registered under one registration and the community nursing team is now registered with RQIA as a separate service.

Mr Eamon O’Kane had previously been the Registered Manager of Marie Curie Hospice; the restructuring resulted in Mr O’Kane coming forward as the Responsible Individual of Marie Curie Hospice and Mrs Miriam McKeown as the Registered Manager of the hospice inpatient unit and day hospice services.

Applications were received by RQIA for the registration of Mr Eamon O’Kane as Responsible Individual and for Mrs Miriam McKeown as Registered Manager of Marie Curie Hospice. Following due process, the above applications were approved by RQIA.

Marie Curie is the Registered Provider and Mr Eamon O’Kane is the Responsible Individual. Marie Curie Hospice is a registered independent hospital providing in-patient hospice services for up to 18 adults with life-limiting, life-threatening illnesses and palliative care needs.

Marie Curie Hospice also provides services for adults with life-limiting, life-threatening illnesses and palliative care needs in three day hospice sites and these are included in the registration of Marie Curie Hospice. One day hospice is based in the Marie Curie Belfast site and operates four days per week from 09.30 to 15.30, a second day hospice is based at the Ards Community Hospital, Newtownards and operates on Tuesday and Wednesday each week from 09.30 to 15.30 and the third day hospice is based at the Downe Hospital, Downpatrick and operates on Thursdays from 09.30 to 15.30.

The in-patient unit and day hospice services also support patients’ families and provides ongoing bereavement support.

3.0 Service details

<p>Organisation/Registered Provider: Marie Curie</p> <p>Responsible Individual: Mr Eamon O’Kane</p>	<p>Registered Manager: Mrs Miriam McKeown</p>
<p>Person in charge at the time of inspection: Mrs Miriam McKeown</p>	<p>Date manager registered: 19 February 2019</p>

Categories of care: Independent Hospital (IH) – Adult Hospice	Number of registered places: 18 inpatient unit – currently operating 12 beds Day Hospice Belfast - 15 Day Hospice Newtownards - 15 Day Hospice Downpatrick - 15
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4.0 Inspection summary

We undertook an unannounced inspection to Marie Curie Hospice over two days, commencing on Monday 9 March 2020 and concluding on Tuesday 10 March 2020. We employed a multidisciplinary inspection methodology during this inspection. Feedback of the inspection findings was delivered to the Marie Curie Hospice senior management team on 10 March 2020.

We would like to thank Mr O’Kane, Responsible Individual, Mrs McKeown, Registered Manager and all Marie Curie Hospice staff for being welcoming, open and transparent, and for providing us with all of the information and documents required in a timely manner.

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 (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

Our multi-disciplinary inspection team examined a number of aspects of the hospice, from front line care and practices, to management and oversight of governance across the organisation. We reviewed the arrangements in respect of the inpatient unit and the three day hospice sites. We met with various staff groups, spoke with several patients, observed care practice and reviewed relevant records and documentation to support the organisational governance and assurance systems.

No immediate concerns were identified in relation to patient safety, and we noted multiple areas of strength, particularly in relation to the delivery of front line care across all sites.

Patients and their representatives advised us that they were very happy with their care and spoke positively about how they have been treated by all members of staff. We observed staff treating patients and/or their representatives with dignity and staff were respectful of their right to privacy and to make informed choices.

We found evidence of good practice in relation to the governance arrangements; care delivered to patients and the support provided to their families; the management of care records; good communication between staff and patients, and staff and volunteers. We confirmed there were robust systems in place in relation to the recruitment and selection of staff; the provision of specialist palliative care; the provision of information to patients and/or their families; and the management of the bereavement care services. We also observed the environment which was well maintained and found to be very peaceful and conducive to the delivery of care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

We identified four areas for improvement against the standards in relation to:

- emergency equipment and medication;
- implementation of aseptic non-touch technique (ANTT) training and competency based assessments;
- improving the sharing of patient information between nursing and medical staff and the introduction of a daily safety brief; and
- nursing handover procedures.

Details of the Quality Improvement Plan (QIP) were discussed with Mr Eamon O’Kane, Responsible Individual and Marie Curie Divisional Manager for Northern Ireland and Scotland; Mrs Miriam McKeown, Registered Manager; a Medical Director; the Day Hospice Manager; the inpatient unit Manager/Lead Nurse; the Administration Supervisor/Acting Facilities Manager; the Senior Social Worker; and the Rehabilitation Team Leader during the feedback session on Tuesday 10 March 2020.

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The Registered Persons should confirm that these actions have been completed and return the completed QIP via the Web Portal for assessment by the inspector.

At the conclusion of the inspection, Mr O’ Kane and Mrs McKeown provided some feedback to us with respect to the multidisciplinary inspection methodology. Mrs McKeown stated that the hospice considered the multidisciplinary approach beneficial for the organisation as it produced a detailed assessment of the hospice. Mrs McKeown advised that when information was being requested by multiple members of the inspection team within a short time frame it was challenging to prioritise the requests. We thanked Mrs McKeown for this feedback and advised that we had not encountered any delay in receiving information and were impressed with the efficiency of all staff members involved in this inspection process.

This inspection did not result in enforcement action.

4.2 Action/enforcement taken following the most recent care inspection dated 21 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 March 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment 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 previous care inspection report; and
- QIP returned following the previous inspection.

Questionnaires were provided to patients and/or their representatives during the inspection on behalf of RQIA. One returned completed patient questionnaire was analysed following the inspection. We invited staff to complete an electronic questionnaire during the inspection, however, no staff questionnaires were received by RQIA.

Posters informing patients, staff and visitors of our inspection were displayed while our inspection was in progress.

We met and spoke with the following staff, Mr O'Kane; Mrs McKeown; a Medical Director; medical staff; nursing staff; allied health professionals (AHPs); health care assistants; the Administration Supervisor/Acting Facilities Manager; the Senior Social Worker; catering staff; housekeeping staff; and volunteers.

The inpatient unit and the three day hospices were inspected and we were provided with a tour of each of the facilities. A sample of records was examined in relation to the areas inspected.

We provided detailed feedback on our inspection findings as described in Section 4.1 of this report.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 March 2019

The most recent inspection of the establishment was an announced care inspection undertaken on 21 March 2019.

6.2 Review of the area for improvement from the last care inspection dated 21 March 2020

Area for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Minimum Care Standards for Independent Healthcare Establishments (2014)		Validation of compliance
Area for improvement 1 Ref: Regulation 28 Stated: First time	The registered person shall ensure that all notifiable events, including medication related events, are submitted to RQIA in keeping with the RQIA guidance document entitled Statutory notification of incidents and deaths (September 2017).	Met
	Action taken as confirmed during the inspection: We reviewed all notifiable events submitted to RQIA since the previous inspection and concluded that all notifications had been submitted in accordance with the RQIA guidance.	

6.3 Inspection findings

6.4 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.

6.4.1 Organisational governance

We reviewed the organisational governance of the hospice and found that Marie Curie Hospice, as part of a well-established UK wide organisation, had clear organisational structures in place and benefitted from the support of robust local, regional and national governance structures.

Marie Curie Hospice is registered for 18 inpatient beds and operates a day hospice service from three sites as previously outlined in Section 2.0. There were separate managers for the inpatient unit and day hospice services. Mrs McKeown is the Registered Manager and has overall responsibility for the day to day management of the inpatient unit and day hospices.

Mr O'Kane, Responsible Individual, is also the Marie Curie Divisional Manager for Northern Ireland and Scotland. Mr O'Kane divides his working week between Marie Curie Belfast and Marie Curie services in Scotland. Mr O'Kane is responsible for monitoring the quality of services and is required to undertake a visit to the premises at least every six months in accordance with legislation.

We reviewed the most recent unannounced quality monitoring report undertaken in February 2020 and found the report to be detailed and a thorough record of the visit.

On 7 January 2020, RQIA was notified that six inpatient beds were to close temporarily with immediate effect. The decision for the temporary closure of six beds was made in response to pressure on staff provision. We were informed that there was no immediate plan to re-instate these beds as despite strenuous efforts Marie Curie Hospice had been unable to recruit sufficient nurses to safely operate these six beds.

We reviewed documentation and discussed the governance arrangements with a number of staff including Mr O’Kane, Mrs McKeown, a Medical Director and medical staff, the Lead Nurse for the in-patient, the Lead Nurse for Day Hospice services, nursing staff, and the Administration Supervisor/Acting Facilities Manager and the Senior Social Worker. We undertook a detailed review of the current arrangements for governance and managerial oversight and found these systems to be robust.

Staff who spoke with us described their roles and responsibilities and were aware of who to speak to if they had a concern. Staff reported there were good working relationships and that management were responsive to any suggestions or concerns raised.

6.4.2 Clinical governance

We reviewed the governance structures in place for the different teams that work in the inpatient unit and day hospices and the lines of communication between staff. We determined that the governance arrangements were in a strong position within the hospice as Marie Curie had local, regional and national governance systems supporting the hospice. We identified that Marie Curie Hospice benefitted from the ongoing support from Marie Curie UK head office which strengthened governance across this hospice and their other hospices throughout the UK. We found there were robust systems in place with a range of relevant governance meetings undertaken regularly and with the right people present. We found that there were good mechanisms in place to share decision making and learning outcomes throughout the whole UK wide organisation. We reviewed the minutes of the various committees involved the governance structure of the hospice and found these to be a detailed account of the activities undertaken by each group.

Marie Curie has an internal compliance team which undertakes a full “deep dive” inspection of each of their hospices in the UK against the regulations and standards and provides a report to the hospice senior management team. Learning outcomes from their compliance inspections are shared across the whole organisation. We commended this approach to internal governance and quality improvement.

We examined the medical governance arrangements within the hospice and met with senior management and a Medical Director. We were advised that four consultants work in the hospice, two of which are Medical Directors, along with a number of medical practitioners with specialist palliative care experience. Through these discussions we were able to evidence that the Medical Director role was being utilised well at an operational level and was incorporated into the overall governance, quality improvement and assurance systems of the hospice. We found that the Medical Directors were involved in overseeing medical staff working in the hospice and had oversight of their annual appraisals. We also identified that role of Medical Directors included the analysing of incidents/notifiable events that were reportable to RQIA.

We highlighted that having oversight of incidents/notifiable events from the Medical Directors strengthened the governance arrangements and supported the learning outcomes for the hospice.

The Medical Director who spoke with us advised that, in line with best practice, Mortality and Morbidity (M&M) meetings were undertaken as part of the multi-disciplinary meeting. M&M meetings provide a unique opportunity for health professionals to improve the quality of care offered through the review of case studies. They also provide clinicians and members of the healthcare team with a routine forum for the open examination of the individual events surrounding a patient's death, with a view to sharing any learning and influencing practice.

All medical practitioners working within the hospice must have a designated Responsible Officer (RO). In accordance with the General Medical Council (GMC) all doctors must revalidate every five years. The revalidation process requires doctors to collect examples of their work to understand what they're doing well and how they can improve. Experienced senior doctors (called Responsible Officers) work with the GMC to make sure doctors are reviewing their work. As part of the revalidation process RO's make revalidation recommendations to the GMC. Where concerns are raised regarding a doctor's practice information must be shared with their RO who then has a responsibility to share this information with all relevant stakeholders in all areas of the doctor's work.

We established that all medical practitioners working with the hospice had a designated external RO due to the prescribed connection with another health care organisation (HSC Trust). We discussed with a Medical Director how concerns regarding a doctor's practice would be shared internally and with the wider HSC. We found that good internal arrangements were in place and the Medical Directors in the hospice were linked in with the regional RO Network. We found evidence of the Medical Directors interacting and engaging with other ROs.

We found that the annual appraisals of medical staff were mainly undertaken in the HSC Trust. We confirmed the Medical Directors had oversight of the full appraisal documents and revalidation for all medical staff working in the hospice. We found that records of training, appraisal and revalidation were in place for each medical practitioner working in Marie Curie Hospice.

We reviewed the provision of medical practitioners within the hospice to ensure that patients had access to appropriate medical intervention as and when required. We found that a rota of medical practitioners was easily accessible to inform staff of the doctors working in the hospice and also the arrangements for out of hour's medical cover.

From a medical perspective, we received very positive messages from staff. We were told that the Consultants were very approachable and supportive to junior medical staff who felt they were very much included as part of the multi-disciplinary team. A member of our inspection team was invited to join the review of patients care and witnessed that the level of respect afforded to the patients and their families and other allied health care professionals was excellent. Patient consultations were carefully timed to minimise interruptions to them and medical staff respected the light system on the patient's door which indicated the patient's wish for visitors or otherwise.

Junior medical staff also informed us that they were very well supported; were able to attend the multi-disciplinary meetings; that learning from adverse incidents was shared with them; and they felt Marie Curie Hospice was a valuable learning environment.

Junior medical staff also informed us that their workload was manageable and that they felt the medical rota system was working well. There were no concerns expressed to us by the junior medical staff.

We found systems to ensure that the quality of services provided by the inpatient unit and the day hospice service was evaluated on an annual basis and discussed with relevant stakeholders. We reviewed the minutes of the Quality and Clinical Governance Committee meetings and found that this committee reviewed information in respect of all areas of service provision and directed any action required.

We found that a range of policies and procedures were easily accessible and available to guide and inform staff. We confirmed that policies and procedures were indexed, dated, and systematically reviewed at least every three years or more frequently, if required. Staff told us they were aware of the policies and how to access them.

We were told that arrangements were in place to ensure that all risks associated with the hospice were identified, assessed and managed. We reviewed a number of risk assessments and found systems were in place to review these on a regular basis or more frequently if changes occur. Marie Curie Hospice maintains a corporate risk register at national and local level. We reviewed the local risk register and found that this had recently been updated to include risks associated with Covid-19.

We discussed in detail with Mr O’Kane the planned 2020/21 initiatives for the hospice and found that this provided a clear outline for the strategic direction of the organisation.

6.4.4 Quality assurance

We reviewed the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. We found evidence of a rolling audit programme at national and local level; some of the audits reviewed are listed below:

- patient discharge letters;
- care of the dying (national audit)
- do not attempt cardio pulmonary resuscitation (DNACPR);
- national audit of care at end of life;
- hand hygiene;
- linen;
- commode;
- environmental cleanliness;
- stock medication;
- sharps; and
- infection prevention and control.

We evidenced that, where applicable, an action plan was developed to address any shortfalls identified during the audit process. Arrangements were in place to ensure that the outcomes of audits were shared by the hospice audit leads through the relevant governance committees and staff meetings; displayed at ward level; and presented to staff to change and influence practice. The hospice audits leads are supported nationally and meet at the through an established clinical audit group which drives the audit programme.

The hospice had established a range of key quality indicators which were shared through the relevant governance committees. The Caring Services Management Team also produce a performance report which was shared via a dashboard. This information is used to inform practice and drive quality improvements.

We confirmed that a system was in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. We found a robust system was in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. A record was retained of the relevant safety alert and the action taken.

Through discussion with us, the Responsible Individual and the Registered Manager demonstrated a clear understanding of their roles and responsibilities in accordance with legislation.

We confirmed that the statement of purpose and patient's guide were kept under review, revised and updated when necessary and were available on request. We observed copies of these documents prominently displayed in each of the sites visited.

We observed that the RQIA certificate of registration was up to date and displayed in the foyer of Marie Curie Hospice inpatient unit and we confirmed that relevant current insurance policies were in place.

6.4.5 Practising privileges

In line with the legislation medical practitioners can only work in the hospice under a direct contract of employment or under a practising privileges agreement. We confirmed that all medical practitioners working in the hospice had direct contracts of employment in place therefore practising privileges agreements were not required.

We were able to evidence that the hospice retained a personal file for each medical practitioner that contained all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

6.4.6 Notifiable events/incidents

We reviewed the arrangements in place in respect of the management of notifiable events/incidents and found that all incidents were well managed and appropriately reported by the hospice to RQIA. We found that a robust incident management policy and procedure was in place.

6.4.7 Complaints management

We confirmed that the hospice had a complaints policy in place and this was made available to patients/and or their representatives. We established any complaints received were raised through the governance systems of the hospice and were investigated and responded to. We confirmed complaints records included details of all communications with complainants; the results of any investigation; the outcome and any action taken to address the concerns.

We suggested that the complaints management process should incorporate a timeframe within the final letter issued to the complainant. This should state that if a response is not received within the specified timeframe the hospice will assume the complainant is satisfied with the outcome and the complaint will be closed. This process will enable the hospice to evidence completion of the complaints management process.

We were advised that complaints were audited to identify patterns and trends and that any learning outcomes would be shared with staff in order to improve care and service delivery.

Staff who spoke with us demonstrated a good awareness of the processes for the management of complaints and complaints awareness training is provided on an annual basis.

The hospice had systems in place to share any compliments received, regarding the care and services provided, with staff through their governance structures.

Areas of good practice: Is the service well led?

We identified areas of good practice in relation to organisational governance, clinical governance, management of notifiable events/incidents, quality assurance, quality improvement, management of complaints and maintaining good working relationships.

Areas for improvement: Is the service well led?

No areas for improvement were identified in relation to the service being well led.

	Regulations	Standards
Areas for improvement	0	0

6.5 Is care safe?

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

6.5.1 Staffing

We reviewed the staffing arrangements in respect of the inpatient unit and the day hospice services.

Inpatient unit (IPU)

We found that staffing in the IPU consisted of a multi-disciplinary team which included doctors; nurses; healthcare assistants; occupational therapists; physiotherapists; and social workers, with specialist palliative care expertise. In addition, there was an art therapist and chaplaincy team who supported the clinicians in providing holistic care. The hospice was supported by a team of volunteers who provided a variety of non-direct care services.

As previously discussed RQIA had been notified in January 2020 that six inpatient beds were temporarily closed due staffing pressures and we confirmed that twelve beds remain fully operational.

We met with staff, examined the duty rotas and determined there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection.

Day hospice services

As previously outlined in Section 1.0, three day hospices are included in the registration of Marie Curie; each day hospice can facilitate a maximum of 15 patients each day. One day hospice is based in the Marie Curie Belfast site and operates four days per week from 9.30 to 15.30, a second day hospice is based at the Ards Community Hospital, Newtownards and operates on Tuesday and Wednesday each week from 9.30 to 15.30 and the third day hospice is based at the Downe Hospital, Downpatrick and operates on Thursdays from 9.30 to 15.30. We reviewed the staffing arrangements for the day hospice service. We found that the day hospice was a nurse led service supported by members of the multi-disciplinary team. A doctor, nurse and healthcare assistant were present at each day hospice session and an occupational therapist, physiotherapist and social worker attended on a rotational basis; depending on the identified needs of patients attending each session and availability of staff. The day hospice service was also supported by a team of volunteers who provided a variety of non-direct care services.

The day hospice provides a range of services including the opportunity for regular review and assessment of each patient's condition; management of pain and other symptoms; provision of psychological, emotional, social and spiritual support; and complementary therapies including aromatherapy and reflexology.

We were informed that procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place.

6.5.2 Recruitment and selection

We reviewed how recruitment and selection of staff and volunteers is undertaken by Marie Curie. Mrs McKeown told us that several new staff members had been recruited since the previous inspection. We were informed that staff personnel files were held centrally by Marie Curie and that we could access personnel files electronically. We reviewed the personnel files for three staff members recruited following the previous inspection. We confirmed that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

We confirmed there was an identified individual within Marie Curie head office with responsibility for maintaining the staff and volunteer personnel files. We found that robust procedures were in place in respect of the recruitment and selection of staff and volunteers. We observed that a recruitment checklist was retained within the staff personnel files reviewed; this checklist had been prepared to ensure each file met with the legislative requirements.

6.5.3 Safeguarding

We reviewed the arrangements for safeguarding and found that 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 (HSCT) should a safeguarding issue arise were included.

We were told that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

We discussed safeguarding with staff and found good general awareness of the types and indicators of abuse, along with the actions to be taken in the event of a safeguarding issue being identified. Staff were able to identify to us the nominated safeguarding lead for the hospice.

We reviewed the staff training record matrix and found that all staff had received training in safeguarding children and adults as outlined in the RQIA training guidance and the Minimum Care Standards for Independent Healthcare Establishments July 2014. We confirmed that the designated safeguarding lead had completed formal training in safeguarding adults and children, in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the Safeguarding Board for Northern Ireland (SBNI) training and development strategy.

We found that a whistleblowing/raising concerns policy was available which provided guidance to help staff make a protected disclosure should they need or wish to. Staff confirmed that they knew who to contact should they have any concerns or needed to discuss a whistleblowing matter.

We discussed the new Mental Capacity Act (Northern Ireland) 2016 with staff and found that staff were aware of the Deprivation of Liberty Safeguards (DOLs) code of practice devised in November 2019 and had undertaken training in DOLs. DoLS ensures people who cannot consent to their care arrangements in a care setting are protected if those arrangements deprive them of their liberty. Arrangements should be assessed to check they are necessary and in the person's best interests. Representation and the right to challenge a deprivation are other safeguards that are part of DoLS. We found that a policy was in place in relation to the implementation of new DOLs legislation and that any patients admitted, in future to the hospice, who lacked capacity would be subject to the new DOLs legislation and all required documentation would be maintained.

6.5.4 Medicines management

We reviewed the arrangements in place of the management of medicines within the hospice to ensure that medicines are safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines. We found there were clear lines of accountability for the safe, secure and effective management of medicines. Meetings of the Medicines Management Committee and Clinical Governance Committee were held on a regular basis, we were informed these meetings were attended by senior staff.

We were informed that pharmaceutical advice and support was provided by two pharmacists. The pharmacists reviewed patients' medicines as part of the admission process, regularly reviewed patients' prescription charts and provided medicines management advice to patients and carers prior to the patient's discharge. The pharmacists assisted the nursing staff with medicines stock control and the ordering process. They also participated in medicines management training for nurses and in audit activity.

We established that medicines were managed by registered nurses who had been trained and deemed competent. Medicines management training was included as part of the induction programme and an update was completed on a three yearly basis or more frequently if required.

We found safe systems were in place for confirming medicines on admission and the pharmacists co-ordinated this process. The medical practitioner on duty was responsible for writing the prescription record for the patient. We reviewed a sample of medicine records and found they were legible, accurately maintained, and evidenced that patients were receiving their medicines as prescribed.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Separate requisition/receipt records were in use for general medicines and controlled drugs. We found the requisitions were signed by a medical practitioner. In some instances we noted, lines not completed on the requisition form were not crossed out and we advised that this should be routinely done to prevent additional entries being made after the form had been signed by the medical practitioner.

We established that safe systems were in place for the disposal of medicines which were expired or no longer required.

We reviewed the arrangements for the management of controlled drugs and found that robust systems were in place. Under The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009 the hospice must appoint an Accountable Officer to be responsible for the management of controlled drugs and related governance issues in their organisation and Mrs McKeown is the Accountable Officer for the hospice.

We observed the preparation of medicines for administration through a syringe driver and noted the procedure to be robust; two nurses were involved in preparing and checking the medicines.

We observed that medicines were safely and securely stored. Refrigerator temperatures were recorded daily and were maintained within the required range.

We reviewed the arrangements in place to audit various aspects of the management of medicines. A review of these audits indicated that action plans to address any shortfalls had been implemented, where applicable.

We reviewed the systems in place for identifying, recording, analysing and learning from medicines related adverse events and near misses. We were advised that medicine incidents were reported immediately to the manager or senior nurse on duty and any actions were immediately implemented. Systems were in place to review any medication related incidents at the clinical governance meetings.

The hospice had adopted the Belfast Health and Social Care Trust antimicrobial stewardship policy. There was evidence that an annual antimicrobial prescribing audit was carried out and an action plan was devised to improve practice.

6.5.5 Resuscitation and management of medical emergencies

We reviewed the arrangements for the management of medical emergencies and resuscitation in the inpatient unit and found that medical emergency equipment was provided as recommended by the Resuscitation Council (UK) guidelines.

However, the emergency equipment was observed to be stored in different areas throughout the hospice and not centralised in one place to facilitate easy accessibility. We advised that the management and storage of the medical emergency equipment should be reviewed to ensure that it is easily accessible in the event of a medical emergency. The revised arrangements should be shared with all staff and included in the resuscitation and management of medical emergencies policies and procedures. An area for improvement against the standards has been made.

We also reviewed the arrangements for the management of medical emergencies and resuscitation in all day hospice sites and spoke with staff at each site. Staff working in the Belfast based day hospice told us that in the event of a medical emergency they can access the medical emergency medicines and equipment located in the inpatient unit and summon 999 emergency services, if required.

Staff working in the Newtownards Hospital and the Downe Hospital day hospices informed us that in the event of a medical emergency they will immediately summon 999 emergency services, if required. Marie Curie Hospice should review and risk assess the need for the provision of emergency equipment and medication in the day hospices located in the Newtownards Hospital and the Downe Hospital. Staff in each site advised that they have a next of kin contact number for each patient, should they become unwell or require emergency medical assistance.

Staff told us that resuscitation procedures and the management of medical emergencies was included in the induction programme and training was updated on an annual basis in keeping with best practice guidance.

Staff demonstrated to us that they had 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.

We discussed the arrangements for patients with a “do not attempt cardiopulmonary resuscitation” (DNACPR) order in place. Staff confirmed that DNACPR decisions are taken by a Consultant in palliative medicine in line with the hospice policy and procedures. The DNACPR decision is fully documented in the patient’s care records and includes a date for review of the decision.

6.5.6 Interventional procedures

We were informed that clinical interventional procedures such as blood transfusion, paracentesis and the management of hypercalcaemia were only undertaken in the inpatient unit by medical practitioners and not undertaken in the day hospice sites.

6.5.7 Infection prevention control (IPC) procedures

We reviewed the arrangements for IPC and decontamination procedures in place throughout the hospice, to ensure that the risk of infections for patients, visitors and staff was minimised. We found the hospice inpatient unit and day hospices were clean, tidy and well maintained. We observed that the detailed cleaning schedules on display were up to date and had been fully completed. A colour coded cleaning system was in place in line with best practice.

We observed that hand hygiene posters were on display near hand washing basins and we observed staff performing hand hygiene and wearing appropriate personal protective equipment (PPE).

We confirmed that Marie Curie hospice had a designated IPC lead nurse. We reviewed minutes of various committee meetings which included IPC and evidenced that the IPC lead nurse had been completing appropriate audits and sharing the findings of audits with relevant personnel.

We confirmed that the hospice facilitated core mandatory training days and a review of the training programme evidenced that IPC was one of the main topics discussed.

We spoke with nursing staff who demonstrated a good understanding of IPC measures in line with best practice and told us they have access to the Northern Ireland Regional Infection Control Manual for additional guidance. Discussion with staff demonstrated they were knowledgeable on the management of a patient with an infection risk. Staff also effectively described to us how they would undertake procedures in line with aseptic non-touch technique (ANTT) practices and demonstrated good knowledge of the principles of the ANTT framework. We identified that ANTT training was not included within IPC mandatory training or induction training. Mrs McKeown and the Medical Director told us that arrangements were in place for staff members to attend external ANTT training and then disseminate this training to all relevant clinical staff. An area from improvement was made against the standards.

The following areas should be addressed to ensure that best practice in relation to ANTT is embedded into clinical practice:

- ensure ANTT training is cascaded to all relevant staff;
- develop and implement competency based assessments in relation to the application of ANTT and clinical practices; and
- develop a robust system of audit to assure clinical practices.

6.5.8 Specialist palliative care team

We reviewed the arrangements in respect of the provision of specialist palliative care and found this was in line with best practice guidelines. We noted a range of policies and procedures were in place to promote safe practice by the multi-disciplinary team. A sample of policies were reviewed and included:

- admission/referral/discharge;
- management of hypocalcaemia;
- management of syringe drivers; and
- management of death.

We were informed that multi-disciplinary meetings were held weekly to discuss the patient's progress and multidisciplinary records were retained within the patient's care records. Arrangements were in place for ethical decision making and patient advocacy, where this was indicated or required.

We spoke with patients and their representatives regarding the quality of care, environment, staff and management. All felt that they were kept informed regarding their care and could discuss any concerns they had with the staff.

Comments received indicated a high level of satisfaction with the standard of care and support offered to both patients and their representatives by the staff and management of the hospice. We also received very positive feedback in relation to the individualised approach to care; the quality of the environment; patient and relative facilities; and food provided.

6.5.9 Environment

IPU

We inspected the premises and determined that all facilities were maintained to a high standard. We confirmed robust planned preventative maintenance programs were in place and all areas were observed to be well decorated and clean.

We found that two separate laundry facilities were maintained within the premises; one for the patient's personal care items and the other for domestic services equipment. Staff told us that the laundering of all patient bed linen and associated items was outsourced to the Eastern Health and Social Care Trust (SEHSCT).

We evidenced that the kitchen and catering facilities were inspected by the local council's environmental health department on the 1 July 2019 and were awarded the highest rating available at this time.

We reviewed building services documents and spoke with the Acting Facilities Manager. We found that arrangements were in place for maintaining the premises' building services and the environment.

We reviewed the following documents:

- the Fire Risk Assessment;
- service records for the premises fire alarm and detection system;
- service records for the premises emergency lighting installation;
- service records for the premises portable fire-fighting equipment;
- records relating to the required weekly and monthly fire safety function checks;
- records relating to staff fire safety training;
- records of fire drills undertaken;
- LOLER 'Thorough Examination' reports of the premises lifting equipment and staff passenger lift;
- condition report for the premises fixed wiring installation;
- condition report for the formal testing of the premises portable electrical appliances;
- the Legionella Risk Assessment and water safety plan; and
- service records and validation reports for the premises piped medical gas systems.

We found the current Marie Curie Belfast site Legionella Risk Assessment had been undertaken on 8 January 2020 and all required remedial works were subsequently completed and signed off accordingly. Suitable temperature monitoring of the premises hot and cold water systems was in place with records being maintained as recommended. A full chemical treatment of the premises hot and cold water systems was undertaken on 3 March 2020. Regular bacteriological sampling of the hot and cold water systems is also undertaken and the most recent results on file confirmed that legionella bacteria were not detected. A contract for the regular servicing of all thermostatic mixing valves throughout the premises was in place.

We reviewed the Marie Curie Belfast site Fire Risk Assessment and found that it had been undertaken by a suitably accredited fire risk assessor on 14 February 2019. We evidenced that the Fire Risk Assessment was further reviewed on 3 March 2020 by the organisation's Health & Safety Manager. Assurances were given that the findings identified from this review would be addressed within the timescales stipulated in the action plan.

In addition we evidenced the Northern Ireland Fire and Rescue Service (NIFRS) undertook an inspection of the premises on 23 January 2020. The requirements identified as a result of this inspection had been addressed and the premises was assessed as being 'Broadly Compliant'. We advised that if Marie Curie put in place all of the controls outlined the risk level would be reduced. Mrs McKeown informed us that she would follow up on the NIFRS recommendations.

We reviewed fire safety records and confirmed that suitable fire safety training was being delivered; we found the most recent fire drill had been completed on the 3 March 2020. We noted that fire drills were undertaken quarterly at different times to ensure that all staff were able to participate in a fire drill annually. Staff demonstrated that they were aware of the action to be taken in the event of a fire.

We reviewed records and validation reports which were available at the time of the inspection and evidenced that the premises' piped medical gas systems was serviced in accordance with current best practice guidance and suitable validation was undertaken in accordance with the current health technical memoranda.

Day hospice services

We inspected the premises at each of the day hospice sites and determined that all facilities were maintained to a high standard. The day hospice site in Belfast falls under the estates management of the adult hospice in-patient unit. The day hospices located at the Ards Community Hospital, Newtownards and the Downe Hospital in Downpatrick are maintained and cleaned by the respective host HSC Trust staff.

We established that patients attending day hospice located in the Ards Community Hospital had recently been relocated to a new facility within the hospital. Patients attending this day hospice told us they were unhappy with the communal area seating arrangements as the layout did not allow the small group of patients to see each other face to face when sitting together. We noted that the communal sitting area in the new facility resembled a patient waiting area rather than a patient meeting area. Patients attending this hospice also told us they were no longer provided with a lunch-time meal and that they missed this social occasion.

We are aware the previous day hospice facility at this site had been assessed as no longer fit for purpose and the issues raised by patients were discussed during our feedback to the senior management team on 10 March 2020. We were informed that there were limited options available to locate a day hospice in this area and whilst the new location was well equipped to accommodate a day hospice service, the hosting Trust was unable to provide a meal at lunchtime. We observed patients attending this hospice were provided with tea/coffee and scones on arrival and the volunteers had facilities to make warm and cold drinks for patients at any time.

The day hospice manager confirmed they will continue to seek the views of patients attending this day hospice and explore options of how the seating arrangements may be improved for these patients. Patients who spoke with us were eager to acknowledge that they were not complaining about the staff or the day hospice service provision.

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; DNACPR orders; infection prevention control and decontamination; the general environment; and medicines management.

Areas for improvement: Is care safe?

Areas for improvement were identified in relation to the management and storage of medical emergency equipment and to provide specific training and competency based assessment for all relevant staff undertaking ANTT clinical procedures.

	Regulations	Standards
Areas for improvement	0	2

6.6 Is care effective?

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

6.6.1 Care pathway

We reviewed the patient pathway through the hospice from the time of referral through to the point of discharge and many areas of good practice were identified. We found good multi-disciplinary systems for the review of referrals and triage/assessment of cases referred to both the Marie Curie hospice inpatient unit and day hospice services. Patients and/or their representatives were given information in relation to the hospice which was available in different formats, if necessary. Referrals can be received from the palliative care team, hospital consultant, nurse specialist or general practitioner (GP). Multi-disciplinary assessments were furnished with the referral information through the regional referral arrangements. These systems were found to be robust.

On admission patients and/or their representatives were provided with information regarding the various assessments that may be undertaken by a member of the multi-disciplinary team. This includes medical; nursing; physiotherapy; occupational therapy; social work; complementary therapy; and spiritual assessments.

We found the standard of care delivered in the inpatient unit and day hospices to be excellent. We observed really good communication between staff and patients and concluded the dignity and respect shown to patients was of a very high standard.

We recognised the effectiveness of the light system outside each patient's room which provided a clear method of alerting staff and visitors to the privacy request of that patient, for whatever reason. We found patients and their families had minimal interruptions and interventions were only undertaken having first gained the patient's consent.

We found an area of good practice within day hospices in relation to new patients attending on their first day. The patient's initial assessment involved the patient; their chosen family member; the medical practitioner; and the nurse which was of great benefit to the patient in that they do not have to repeat the same information several times to different staff. Patients spoke very highly to us of this collaborative approach.

6.6.2 Clinical records

We established that the inpatient unit and each day hospice service had a computerised records system in place, called EMIS. Electronic care records retained were supplemented with paper records, where applicable. The senior management team advised that the hospice had read only access to the Northern Ireland Electronic Care Record (NIECR) system. Full access to the NIECR would enhance communication between the hospice and the rest of the HSC leading to better continuity of care for patients. We acknowledged that work is ongoing regionally to progress to full read/write access of NIECR for hospices. Senior management told us the EMIS was not compatible with NIECR and that this issue had been highlighted for further development. We evidenced that a business continuity plan was in place should electronic records not be accessible.

We reviewed a random sample of three patient's medical and nursing records and tracked their patient journey within the inpatient unit. We noted a multi-disciplinary, holistic and empathetic approach to patients' care. The multi-disciplinary care records reviewed contained the following:

- an admission profile;
- 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 attempt resuscitate (DNACPR) orders; and
- records pertaining to previous admissions and community care team, if applicable.

From the review of records and discussion with staff we identified that the current infection status of one patient had not been communicated effectively to the multidisciplinary team and the patient remained in isolation with enhanced IPC precautions in place longer than necessary. We acknowledge that this patient was not able to leave their room and therefore the impact on the patient, in this case, was minimal, however, the restrictions imposed and the potential impact of poor communication within the multidisciplinary team raised concerns.

We identified, on this occasion, there had been a breakdown of communication between medical and nursing staff in respect of the patient's infection status which then subsequently affected the information provided to other staff and volunteers working in the hospice. We advised that medical decisions being made regarding or affecting a patient's condition needed to be clearly disseminated to all relevant staff in a timely manner.

We outlined the benefit of having a safety brief each day. We advised that the safety brief should be a short multidisciplinary briefing, held at a predictable time and place, and focused on the patients most at risk, as well as all other emerging issues that have the potential to impact on the provision of services. An area for improvement has been made against the standards in relation to improving communication between medical and nursing staff and introducing a daily safety brief.

We identified that the paper copy of the nursing handover report was not up to date at the start of each day as it was written daily at 14.00hrs by an administrator and remained in place until 14.00hrs the next day. We reviewed the paper copy of the nursing handover report in place on the morning of 10 March 2020 and found it was not up to date and still recorded the identified patient as having an infection. Further investigation revealed that written handover information provided to a volunteer working in this area on 10 March 2020 also provided incorrect information regarding the infection status of another patient. We were advised that a verbal handover also takes place at the commencement of each shift.

We concluded that there were two parallel handover systems in operation. We were concerned that information provided to staff at the start of each day was not current and up-to-date. An area for improvement was made against the standards to review the nursing handover system to ensure a robust system is in place to provide all staff and volunteers with accurate and up to date information in respect of each patient at the beginning of their shift.

6.6.3 Records management

We found the management of records within the hospice to be in line with legislation and best practice. We reviewed a range of policies and procedures for the management of records which included the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. Discussion with staff confirmed they had a good knowledge of effective records management.

We reviewed information available for patients on how to access their health records in keeping with the General Data Protection Regulations (GDPR) and confirmed the hospice was registered with the Information Commissioner's Office (ICO).

6.6.4 Nutrition and hydration

We reviewed arrangements to ensure that patients had access to appropriate food and fluid and their nutritional needs were met. We found that nursing staff were responsible for the co-ordination of mealtimes and recording of food and fluid intake for each patient. We spoke with patients who gave positive feedback in relation to the availability of food and fluids, menu choices and the quality of food served in the hospice.

Nursing and catering staff demonstrated a good knowledge of specialised diets and processes in place to ensure patients are provided with food and fluids suited to their specific dietary requirements. Staff described how information relating to patients' diets is shared, including specialised diets and food allergies.

We observed an example of commendable practice in relation to a chef who went daily to each patient's room to enquire what they would like to eat and what their food requirements were for that day.

We observed patients attending the day hospices were provided with tea, coffee and scones on arrival. Patients attending the day hospice in the Belfast site and Downpatrick site were also provided with lunch before being collected for home. As previously discussed, the day hospice service in Newtownards Hospital site had been provided with new facilities and was therefore no longer able to provide a lunch time meal.

We observed that meals and snacks were overseen by hospice staff and were served by volunteers both within the in-patient unit and the day hospice sites. Staff in all areas told us they were informed if a patient had a special dietary requirement and those in day hospice confirmed that on occasion patients with specialised diets would attend day hospice.

All nursing and catering staff who spoke with us were familiar with best practice guidance regarding nutrition and the specialised dietary descriptors, for patients with swallowing difficulties, outlined in the International Dysphagia Diet Standardisation Initiative (IDDSI)

We concluded that the meal service was well managed, with patients receiving their meals in a timely way with assistance provided as needed.

6.6.5 Pain management

We reviewed the management of patients' pain and found that staff responded appropriately to the needs of individual patients through various methods including assessment, therapeutic interventions and administration of pain relief medication.

We spoke with patients about their pain and they confirmed that staff responded in a compassionate and timely manner when they experienced pain.

6.6.6 Communication

In the inpatient unit and day hospices we observed good communication between staff and patients with patients being treated with dignity and respect. We found that patients were well informed and supported to make decisions about their own care and treatment.

We were told by staff that there were good communication and relationships between staff and the volunteers in the hospice and found that the volunteer service was being well managed.

Communication between medical and nursing staff was previously discussed in Section 6.6.2 and an area for improvement was made.

6.6.7 Discharge planning

We reviewed the discharge policy and procedure and found well developed discharge planning arrangements were in place in the inpatient unit and day hospice services that required full engagement with patients and/or their representatives.

We were informed that a discharge summary and plan was completed prior to the patient leaving the hospice services. A letter was provided to the patient's GP outlining the care and treatment provided within the hospice. Copies of discharge letters were uploaded on to the NIECR.

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

Areas of good practice: Is care effective?

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

Areas for improvement: Is care effective?

Areas for improvement were identified in relation to improving communication between medical and nursing staff and the introduction of a daily safety brief; and to review the nursing handover process.

	Regulations	Standards
Areas for improvement	0	2

6.7 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.

6.7.1 Person centred care

We found that excellent care was delivered which was very patient centred. Patients and their families advised us that they were very happy with the care provided. Compassionate and positive interactions between staff and patients were observed throughout the inspection in all sites. We observed staff introducing themselves to patients and explaining procedures to patients in a kind and caring manner.

We found evidence of meaningful patient involvement in plans of care and treatment which were provided in a flexible manner to meet the expressed wishes and assessed needs of each individual patient and their families.

Accessible facilities were provided to accommodate patients and their family and friends to enable them to spend as much time together as they wish in the inpatient unit. Family members can stay overnight with patients and there were no restrictions on visiting.

6.7.2 Bereavement care service

We reviewed the provision of bereavement care within the hospice and found that they had a range of information and support services available. The bereavement services offered by the hospice were managed by the social work team. Staff who spoke with us confirmed that the staff who delivered the bereavement care services were appropriately trained and skilled in this area. We found this was an excellent service which provided support at the time of the bereavement and ongoing bereavement care and support as necessary. The multi-denominational chaplaincy service available within the hospice provided spiritual support and we found that this was well utilised by patients and their families.

We were informed that counselling and support services were also available for staff. Staff confirmed to us that they are made aware of these services and other support mechanisms in place.

We were advised that the hospice also enabled staff to participate in Schwartz Rounds. Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare through conversations facilitated by a local clinical lead and facilitator. This is to be commended as an additional level support for hospice staff.

6.7.3 Breaking bad news

We spoke with medical and nursing staff who confirmed that bad news was delivered to patients and/or their representatives by professionals who had experience in communication skills and acted in accordance with the hospice’s policy and procedure. Where this news was shared with others, staff confirmed that consent was obtained from the patient, where possible, and was documented in the patient’s care records. Following a patient receiving bad news, future treatment options were discussed fully with the patient and documented within their individual care records.

We reviewed patient records and found that the delivery of bad news was fully reflected in the care records. Staff confirmed that, with the patient’s consent, information was shared with the patient’s GP and/or other healthcare professionals involved in their ongoing treatment and care.

The hospice retained a copy of the Breaking Bad News Regional Guidelines 2003 and this was readily accessible to staff.

6.7.4 Patient engagement

We reviewed how the hospice engages with patients and/or their representatives and found that this was an integral part of the service they deliver. Patients and/or their representatives were offered the opportunity to provide feedback through a questionnaire. Where required, assistance to complete the questionnaire was provided.

The information received from these questionnaires was made available to patients and other interested parties to read as an annual report. This report was also considered by the senior management team and informed improvements to services.

Patients who spoke with us were very positive about the efforts made by the hospice to obtain their views.

Areas of good practice: Is care compassionate?

There were examples of good practice found in relation to the delivery of person centred care; the bereavement care service; support for staff; breaking bad news; and patient engagement.

Areas for improvement: Is care compassionate?

No areas for improvement were identified during the inspection in relation to compassionate care.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

Equality data

We discussed the arrangements in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients with staff throughout the inspection and found that robust systems were in place.

6.9 Patient and staff views

We spoke with some of the patients and relatives visiting the inpatient unit. We were told that they felt the care delivered was safe and effective, that they were treated with compassion and that the service was well led. They spoke very positively regarding their experiences within the hospice, the care delivered and the hospice staff and volunteers. One patient submitted a questionnaire response to RQIA. The patient indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The patient indicated that they were very satisfied with each of these areas of their care. The questionnaire also included a positive comment which indicated that they were highly satisfied with the standard of care received.

We spoke with a range of staff during the inspection who informed us that there was good communication within Marie Curie Hospice and that they all felt supported and valued. Staff also stated that patients were treated with dignity and respect and were provided with a high standard of care and treatment. There were no concerns raised by any staff members during this inspection.

We displayed posters in staff areas, inviting staff to complete an electronic questionnaire during and following the inspection. The electronic questionnaire was closed two weeks after the inspection and no completed electronic questionnaires were submitted to RQIA.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Eamon O’Kane, Responsible Individual and Marie Curie Divisional Manager for Northern Ireland and Scotland; Mrs Miriam McKeown, Registered Manager; a Medical Director; the Day Hospice Manager; the Lead Nurse; the Administration Supervisor/Acting Facilities Manager; the Senior Social Worker; and the Rehabilitation Team Leader during the feedback session on Tuesday 10 March 2020 as part of the inspection process. The timescales commence from the date of inspection.

The Registered Provider/Manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the Registered Provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the hospice. The registration is not transferable so that in the event of any future

application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The Registered Provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Minimum Care Standards for Independent Healthcare Establishments (2014)	
Resuscitation and management of medical emergencies	
<p>Area for improvement 1</p> <p>Ref: Standard 18.3</p> <p>Stated: First time time</p> <p>To be completed by: 7 June 2020</p>	<p>The Registered Person shall ensure that:</p> <ul style="list-style-type: none"> • all emergency equipment is stored in a centralised area to ensure that it is readily accessible at all times; • the medical emergency and resuscitation policy is reviewed to reflect the revised arrangements in relation to the management and storage of emergency equipment provided; and • the need for the provision of emergency equipment and medication in the day hospice sites in Newtownards Hospital and Downe Hospital, Downpatrick is reviewed and risk assessed. <p>Ref: 6.5.5</p> <p>Response by Registered Person detailing the actions taken: Emergency equipment is now centralised on the Inpatient unit. A Standard Operating procedure is in place and all clinical staff are aware of the changes. Emergency provisions at all Day Hospice sites are currently under review and will be completed by December 2020</p>

Infection prevention and control	
<p>Area for improvement 2</p> <p>Ref: Standard 20.3</p> <p>Stated: First time time</p> <p>To be completed by: 7 June 2020</p>	<p>The Registered Person shall ensure the following areas are addressed to ensure that best practice in relation to aseptic non touch technique (ANTT) is embedded into clinical practice:</p> <ul style="list-style-type: none"> • ensure the ANTT training is cascaded to all relevant staff; • develop and implement competency based assessments in relation to the application of ANTT and clinical practices; and • develop a robust system of audit to assure clinical practices. <p>Ref: 6.5.7</p>
	<p>Response by Registered Person detailing the actions taken: The Ward Manager and Infection Prevention link nurse will provide training and assessment to all relevant staff by November 2020</p>
Clinical records	
<p>Area for improvement 3</p> <p>Ref: Standard 6.5</p> <p>Stated: First time</p> <p>To be completed by: 26 May 2020</p>	<p>The Registered Person shall ensure that medical decisions made regarding or affecting a patient's condition are clearly communicated to all relevant staff in a timely manner. Daily multidisciplinary safety briefs should be implemented to share patient information with all members of the multidisciplinary team involved in their care and treatment and any other emerging issues that have the potential to impact on the provision of services.</p> <p>Ref: 6.6.2</p>
	<p>Response by Registered Person detailing the actions taken: From the 1st June 2020, the clinical team now meet daily in the afternoon to discuss any changes to patient care and share information relating to any medical/nursing issues.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6.5</p> <p>Stated: First time</p> <p>To be completed by: 26 May 2020</p>	<p>The Registered Person shall review the nursing handover system to ensure a robust system is in place to provide all staff and volunteers with accurate and up to date information in respect of each patient at the beginning of their shift.</p> <p>Ref: 6.6.2</p>
	<p>Response by Registered Person detailing the actions taken: The nursing handover sheet has been reviewed and has been amended to ensure that all information on patients is accurate and up to date. A review of the information shared with Volunteers is currently under review and this work will be completed by January 2020</p>

Please ensure this document is completed in full and returned via Web Portal



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