

Announced Care Inspection Report 19 September 2017



Marie Curie Hospice

Type of Service: Independent Hospital (IH) – Adult Hospice
Address: 1a Kensington Road, Belfast BT5 6NF
Tel No: 02890882000
Inspectors: Carmel McKeegan and Thomas Hughes
Senior Inspector: Lynn Long

www.rqia.org.uk

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 in-patient and day hospice services to adults with palliative care needs.

3.0 Service details

Organisation/Registered Provider: Marie Curie Responsible Individual(s): Mr Peter Gabbitas	Registered Manager: Mr Eamon O’Kane
Person in charge at the time of inspection: Mrs Miriam McKeown	Date manager registered: 4 April 2016
Categories of care: Independent Hospital (IH) – Adult Hospice	Number of registered places: 18

4.0 Inspection summary

An announced inspection took place on 19 September 2017 from 10.00 to 17.30.

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 since the last care inspection and to determine if the hospice 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.

Three areas of improvement against the standards were identified: to ensure that all staff have received update training in adult and children safeguarding in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016); to ensure the hand wash sink cleaning process is reviewed and includes sufficient detail to reduce the risk of contamination of taps; and to ensure the renewal and replacement date is documented on the point of use water filters.

Patients who submitted questionnaire responses to RQIA indicated they were very satisfied or satisfied with all aspects of care in the 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	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr O'Kane, registered manager and Mrs McKeown, hospice manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 22 November 2016

No further actions were required to be taken following the most recent inspection on 22 November 2016.

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
- 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 inspectors met with Mr O'Kane, registered manager; Mrs McKeown, hospice manager; a medical practitioner; a senior social worker; two ward managers; a registered nurse; a student nurse; a health care assistant; the estates officer; and a domestic assistant. A tour of the premises was also undertaken. The inspection was facilitated by Mrs McKeown.

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

The findings of the inspection were provided to Mr O’Kane and Mrs McKeown at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 November 2016

The most recent inspection of the establishment was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 November 2016

There were no areas for improvement made as a result of the last care inspection.

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 completed staff and patient questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the hospice and patients. There is a multi-professional team which consists of medical staff, including: five consultants; two trainee registrars; registered nurses; a nurse therapist; health care assistants; an occupational therapist; a physiotherapist; and social workers with specialist palliative care expertise. In addition there is a chaplaincy team who support the clinicians in providing holistic care.

Review of the duty rota and discussion with a nurse-in-charge confirmed that there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection. The duty rota did not clearly identify who the nurse in charge was. Mrs McKeown agreed to update the duty rota immediately to reflect this role.

Induction programme templates were in place relevant to specific roles within the hospice. Discussion with a recently appointed staff member demonstrated that they had received a thorough induction over a two week period which they felt was very beneficial and equipped them with the knowledge and information to fulfil their role and responsibilities.

Procedures were in place for appraising staff performance, a matrix was in place to ensure all staff received an annual appraisal and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. Review of a sample of staff records evidenced that appraisals had been completed on an annual basis.

There were systems in place for recording and monitoring all aspects of staff's 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.

Mrs McKeown 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 and Marie Curie offers a range of educational support to staff and management.

There was a process in place to review the registration details of all health and social care professionals.

Three personnel files of medical practitioners were reviewed and evidenced the following:

- confirmation of identity
- current registration with the General Medical Council (GMC)
- appropriate professional indemnity insurance
- experience in palliative care
- ongoing professional development and continuing medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser

The inspectors confirmed that each medical practitioner has an appointed responsible officer.

Recruitment and selection

It was confirmed that staff have been recruited since the previous inspection. A review of a sample of two personnel files 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.

It was confirmed that the hospice has a designated human resources department responsible for collating and retaining all recruitment records. A recruitment policy and procedure was available which 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 safeguarding champion were.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy 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.

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. However, the training provided to staff was not in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). An area of improvement against the standards was made in this regard. A copy of the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) was provided to Mrs McKeown, following the inspection.

Specialist palliative care team

Well established referral procedures were in place. Patients and/or their representatives are given information in relation to the hospice 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 hospice prior to admission to review the services and facilities available. On admission patients and/or their representatives 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 and/or their representatives with dignity and respect.

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 was reviewed and included:

- admission/referral/discharge
- management of hypercalcaemia
- management of syringe driver
- management of death

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 care records of two 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. There was evidence of ongoing review and a daily statement of the patients' health and well-being was recorded. Multidisciplinary meetings are held daily and weekly to discuss the patient's progress and

multidisciplinary records are retained within the patient's care records. 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 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 included:

- "It's like home from home. I would be happy to sell my home and live in the hospice".
- "The care and support here is wonderful."
- "Nothing is too much trouble for the people who work or volunteer here."
- "My mother's needs are being met and we as a family are being kept fully informed."
- "The holistic therapy provided has made such a difference."
- "Everyone goes above and beyond their call of duty."
- "The chef is amazing and will always go the extra mile."

Resuscitation and management of medical emergencies

A review of medical emergency arrangements evidenced that stock supplies of medicines and equipment, including an automated external defibrillator (AED) that could be used in the event of a medical emergency are available in the hospice. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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. Basic life support was included in the mandatory training days held during January 2016.

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.

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 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
- post treatment infection
- waste handling
- management of sharps
- food safety and 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 infection prevention and control arrangements indicated very good infection control practices are embedded in the hospice.

At the time of the inspection, four bedrooms were not in use as a precautionary measure in relation to the identification of an infection control issue. RQIA had previously been notified in this regard.

Water safety

Prior to the inspection RQIA received a notification from Marie Curie Hospice confirming that a number of their water outlets were contaminated with *Pseudomonas aeruginosa* following a programme of water sampling. The hospice had implemented a number of measures to minimise the risk of infection to patients following the identification of this organism in line with best practice guidance: Health Technical Memorandum 04-01 Addendum: *Pseudomonas aeruginosa*. Measures included:

- An engineering assessment of the hospice water systems was undertaken. This included a review of all water outlets where there may be direct or non-direct contact with patients.
- All water outlets within the hospice were placed on a daily flushing programme carried out by domestic staff. This process prevents water stagnation in the pipework.
- Water samples of outlets continue to be collected to allow for appropriate microbiological testing and analysis.
- The hospice manager put in place heightened assurance of all infection control measures being implemented.
- During the inspection we observed that the hand washing sinks were clean, well maintained and were used correctly - only for hand washing purposes.

Hand washing sinks are of particular high risk of contamination. It is important to ensure that sinks and taps are cleaned in a way that does not allow cross-contamination from a bacterial source to the tap. The documented cleaning process for hand washing sinks lacked sufficient detail to provide guidance for effective cleaning. An area of improvement against the standards has been made in this regard.

Point of use filters had been fitted to a number of outlets throughout the hospice to provide water free of *Pseudomonas aeruginosa*. It was confirmed during discussion with staff and Mrs McKeown that the point of use filters were being changed monthly. However, where filters were fitted to taps we observed that they did not have a renewal and replacement date documented on the surface label. This made it challenging to determine when the filters required to be replaced. An area of improvement against the standards has been made in this regard.

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.

The hospice's estates officer has responsibility for ensuring that arrangements are in place for maintaining the environment and hospice equipment and records are retained in this regard. Marie Curie has an internal auditing process to ensure all service requirements are kept up to date.

A legionella risk assessment has been undertaken and water temperatures are 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. It was observed that passageways, stairwells and exit doors were free from obstruction throughout the premises.

Patient and staff views

Seven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and also indicated they were very satisfied with this aspect of care. Comments provided included the following:

- 'Professional environment, first class.'
- 'Very much so.'
- 'Yes, there is always somebody with me when I am walking and all I have to do is ring a bell if I need a nurse.'
- 'Feel very safe.'

Sixteen staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Fifteen 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. The following comment was included in a submitted questionnaire response:

- 'Staff are outstanding, dedication, compassion is to be commended. Go beyond the call of duty. Staff cope with very complex situations at times.'

Areas of good practice

There were examples of good practice found in relation to: staff recruitment; induction; training; supervision and appraisal; safeguarding; resuscitation and management of medical emergencies; infection prevention control and decontamination; and the general

environment. Patient care is provided by a specialist palliative care team and multidisciplinary working.

Areas for improvement

- Safeguarding training should be provided to all staff in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).
- Further develop the hand washing sink cleaning process to include sufficient detail to reduce the risk of contamination of taps.
- Where point of use filters are used on water outlets, ensure that the renewal and replacement date is clearly documented on its surface label in line with the manufacturer's instructions.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

Clinical records

As stated at the previous inspection the hospice has moved to a computerised system. The hospice now retains electronic care records which are supplemented with paper records where applicable. A business continuity plan was in place should electronic records not be accessible. The patient care records were well documented, contemporaneous and clearly outlined the patient journey.

The multi-professional 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 resuscitate orders
- records pertaining to previous admissions and community care team, 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.

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. These policies had been updated to reflect the introduction of electronic clinical records for patients.

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 GMC guidance and Good Medical Practice.

Care pathway

There were well established referral procedures in place. Patients and/or their representatives are given information in relation to the hospice 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.

On admission patients and/or their representatives are provided with information regarding the various assessments that may be undertaken by members of the multi-professional team. This includes medical, nursing, physiotherapy, occupational therapy, complimentary therapy and spiritual assessments.

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. Discussion with staff demonstrated that multi-professional involvement in discharge planning with daily and weekly meetings taking place to ensure the patient's needs are at the centre of the patient's discharge arrangements.

A discharge summary and plan is completed prior to the patient leaving the hospice. 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

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them, and also indicated they 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. Fifteen 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. The following comment was provided in a submitted questionnaire response:

- 'Patients receive a high standard of care in all aspects.'

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.

Discussion with patients and relatives confirmed they have the opportunity to comment on the quality of care and treatment provided, including their interactions with staff who work within the hospice.

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

The hospice provides comfortable and accessible facilities to accommodate patients and their family and friends to spend time as much time together as they wish in the hospice.

Bereavement care service

The hospice has a range of information available regarding the provision of bereavement care services.

Mrs McKeown outlined the bereavement services which included: a bereavement group facilitated by the hospice social work team with the help of bereavement volunteers, and the arrangements for specialist onward referral if necessary.

A 'Celebration of Life' event was held in October 2016 which was followed with an evaluation process to review the effect and value of this and identify if any improvement could be made. This event is planned to take place again in October 2017.

In addition the hospice can access individual counselling services for patients and families.

Management confirmed counselling services are also available for staff. Staff are made aware of this support service and other support mechanisms in place. 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 in accordance with the Breaking Bad News regional guidelines. The hospice retains a copy of the Breaking Bad News Regional Guidelines 2003 and these are accessible to staff.

The inspectors spoke with staff, including a trainee registrar for palliative medicine, who 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.

A review of one patient's care record demonstrated that delivering bad news is fully reflected in 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 obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

Satisfaction surveys are used to check service delivery in all areas including social work, chaplaincy and in-patient care. Comment cards are available for feedback and are reviewed on a weekly basis, and compliments are also recorded in the form of letters and cards. Mrs McKeown demonstrated the hospice's desire to have real time feedback so that improvement can be made in a meaningful way and time.

Where required, patients can be assisted by a volunteer to complete a patient/relative survey in the hospice. The results of completed surveys are collated into a summary report which is reviewed by senior management team, and an action plan is developed and implemented as required. This has led to service improvement.

Focus groups are also provided for more in-depth involvement and consultations with patients' families to explore how and where the hospice can do better or provide additional services.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Six patients indicated they were very satisfied with this aspect of care and one indicated they were satisfied. 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. All 16 staff also

indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- ‘All staff are excellent in treating patients and family with dignity and very compassionate.’
- ‘Patients are treated with dignity and compassion, so good they don’t want to go home. Patients satisfaction surveys, suggestion boxes and focus groups are in place.’

Areas of good practice

There were examples of good practice found in relation to meaningful patient/family 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.

Mr Eamon O’Kane is the registered manager for Marie Curie Hospice and Mrs McKeown is the hospice manager with responsibility for the day to day management of both the in-patient and day hospice services. Discussion took place with Mr O’Kane and Mrs McKeown regarding the current operational management structures within the hospice. Mr O’Kane’s operational responsibilities have recently changed and now include management responsibilities for the Marie Curie Hospices in both Scotland and Northern Ireland. In addition, the hospice services including in-patient, day hospice on and off site and the community nursing service continue to evolve and expand. As a result of these changes Mr O’Kane and Mrs McKeown agreed to review the operational arrangements and notify RQIA of their proposed plans. If changes to the current registration of Marie Curie Hospice need to be made, Mr O’Kane and Mrs McKeown agreed to keep RQIA informed.

The registered person, Mr Peter Gabbitas, monitors the quality of services. Mr Gabbitas or a suitably qualified nominated person will undertake a visit to the premises at least every six months in accordance with legislation. Reports of all monitoring visits will be retained for inspection. The most recent report dated 22 and 23 June 2017 was provided.

Systems were in place to ensure that the quality of services provided by the hospice 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 displayed and available in the hospice. Staff 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 indicated that complaints have been managed in accordance with best practice.

The hospice manager 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. The following audits were being undertaken:

- safe use of bed rails
- discharge planning
- accidents and incidents
- hand hygiene
- infection prevention and control
- mattress
- sharps awareness
- controlled drugs
- documentation
- medical staff participate in surveys and audits conducted by the Regional Palliative care group

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 hospice has arrangements in place to monitor the competency and performance of all staff and report to the relevant professional regulatory bodies in accordance with guidance.

There are systems in place to check the registration status of the health care professionals with their appropriate professional bodies on an annual basis.

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

Mr O'Kane demonstrated a clear understanding of his 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

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led and also indicated they were very satisfied with this aspect of the service. Comments provided included the following:

- 'Brilliant service'
- 'Very friendly staff.'

All of the submitted staff questionnaire responses indicated that they felt that the service is well led. Fifteen 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. Comments provided included the following:

- 'Feel listened to.'
- 'Fell well supported.'
- 'All of the above are in place and managed well. Managers are open and any questions or concerns are listened to and guidance given and supported'.

Areas of good practice

There were examples of good practice found in relation to governance arrangements; management of complaints; incidents and alerts; the arrangements for managing practising privileges; 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Eamon O'Kane, registered manager and Mrs Miriam McKeown, hospice manager, 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 including possible prosecution for offences. 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; 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).

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 Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3 Stated: First time To be completed by: 19 December 2017	<p>The registered person shall ensure that all staff have received update training in adult safeguarding in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Hospice team have engaged with Marie Curie's Learn and Develop Team and are working on a training plan for updating adult safeguarding training.</p>
Area for improvement 2 Ref: Standard 20 Stated: First time To be completed by: 19 November 2017	<p>The registered person shall further develop the hand washing sink cleaning process to include sufficient detail to reduce the risk of contamination of taps.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The written protocols will be adapted to clearly outline the use of, and adherence to the 4 cloth cleaning process for cleaning handwashing sinks. Staff have been reminded of the process for 4 cloth cleaning and future audits of housekeeping activity will monitor adherence to the process.</p>
Area for improvement 3 Ref: Standard 20 Stated: First time To be completed by: 19 November 2017	<p>The registered person shall ensure that when point of use filters are used on water outlets that the renewal and replacement date is clearly documented on its surface label in line with the manufacturer's instructions.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A small number of filters had had the renewal/replacement dates missing. This has now been rectified and all filters are now compliant. Staff have also been reminded of the importance of ensuring diligence in completing surface labels when changing filters.</p>

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