

Announced Care Inspection Report 21 March 2019



Marie Curie Hospice

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

Address: 1a Kensington Road, Belfast, BT5 6NF

Tel No: 028 9088 2000

Inspector: Carmel McKeegan

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

Marie Curie Hospice is registered as an independent hospital with an adult hospice. The hospice is registered for 18 inpatient beds; the hospice also operates a day hospice and provides specialist palliative care to patients living in the community.

3.0 Service details

Organisation/Registered Provider: Marie Curie Responsible Individual: Mr Peter Gabbitas	Registered Manager: Mrs Miriam McKeown – registration pending (as per iconnect)
Person in charge at the time of inspection: Mrs Miriam McKeown	Date manager registered: Registration pending
Categories of care: Independent Hospital (IH) – Adult Hospice	Number of registered places: 18

4.0 Inspection summary

An announced inspection took place on 21 March 2019 from 10.00 to 17.00.

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).

The inspection assessed progress with any areas for improvement identified during and 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.

One area of improvement was made against the regulations to ensure notifications involving medications are submitted to RQIA in keeping with The Independent Health Care Regulations (Northern Ireland) 2005.

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mr Eamon O’Kane, regional manager, Mrs Miriam McKeown, hospice manager and applicant registered manager, and the Medical Director, 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 19 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 September 2017.

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
- the returned QIP from the previous care inspection

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff questionnaires were returned 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, regional manager; Mrs McKeown, applicant registered manager; a medical practitioner; a lead nurse; two registered nurses; a student nurse and a health care assistant. The inspector also met with three patients and two patient’s family members. A tour of the premises was also undertaken. The inspection was facilitated by Mrs McKeown.

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

- staffing
- recruitment and selection
- safeguarding
- resuscitation and management of medical emergencies
- infection prevention and control and decontamination

- clinical record recording arrangements
- management of patients
- patient information and decision making
- practising privileges arrangements
- management and governance arrangements
- maintenance arrangements

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 September 2017

The most recent inspection of the practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 19 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 3 Stated: First time	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).	Met
	Action taken as confirmed during the inspection: Review of training records and discussions with staff confirmed that all staff and volunteers have been provided with adult safeguarding training. A record of training also confirmed that Mrs McKeown completed formal training in respect of her role as the safeguarding lead for the establishment.	

Area for improvement 2 Ref: Standard 20 Stated: First time	The registered person shall further develop the hand washing sink cleaning process to include sufficient detail to reduce the risk of contamination of taps.	Met
	Action taken as confirmed during the inspection: Review of records confirmed that a written protocol has been developed to ensure all handwashing sinks are appropriately cleaned.	
Area for improvement 3 Ref: Standard 20 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The Mrs McKeown confirmed that since the previous inspection a new water system has been installed and the under the floor water supply was no longer in use. Significant work has been completed, including the installation of new hand washing sinks and showers to reduce the risk of water contamination. In addition water outlets are tested monthly and an external contractor completes a test twice yearly. The most recent test in January 2019 was clear. Therefore filters are no longer necessary on water outlets.	

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

There is a multi-professional team which consists of medical staff, 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 there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection. At the time of the inspection only twelve beds were occupied. The inspector was informed that senior management had made a decision to reduce bed occupancy levels to provide respite to staff following a recent period where end of life care had been delivered to young patients some of whom had young family members. Staff spoken with discussed how they had felt emotionally drained and appreciated that management had recognised this and taken steps to support their mental health and well-being.

Discussion with management and staff and review of completed patient questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the hospice and patients.

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.

The hospice has a Nurse Education Group to oversee the professional development and training needs of all registered nurses and health care assistants across the in-patient unit and day hospice service. All staff are provided with face to face training sessions and also have access to on-line training and educational support. A record of training for all staff is held electronically on matrix format which enables the hospice manager to review the compliance levels within all areas of training and for all grades of staff. Mrs McKeown was satisfied that mandatory training levels have been met.

The hospice affords staff opportunities to undertake specialist qualifications and Marie Curie offers a range of educational support to staff and management.

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.

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

It was confirmed that each medical practitioner has an appointed responsible officer.

Recruitment and selection

Mrs McKeown confirmed that staff have been recruited since the previous inspection. A review of a sample of three 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 was.

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. It was confirmed that Mrs McKeown, adult safeguarding champion, had completed Adult Safeguarding Champion and Appointed Person Training provided by Volunteer Now on 11 March 2019.

Mrs McKeown also confirmed that all volunteers undertake safeguarding training prior to commencing work and refresher updates are also provided.

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.

It was confirmed 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.

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.

As stated at the previous inspection the hospice has moved to a computerised patient record system called EMIS, discussion with staff confirmed that significant time has been invested in providing training and support to all staff to ensure EMIS is used by all staff recording information on the patient's care record.

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:

- “The staff are absolutely brilliant, so kind and thoughtful”
- “Everybody is very attentive, nothing is too much trouble”
- “This is not where we wanted to be, but it’s the best place for us now, and I’m so glad we got a bed, as I don’t know how we would have managed at home. Every single person is so kind”
- “Cant’ say enough, words do not do the staff justice, really wonderful people”

Resuscitation and management of medical emergencies

Discussion with staff confirmed that a resuscitation policy, advance decisions policy and consent policy are stored on the intranet and are available for all staff.

Resuscitation decisions were seen to be recorded and are discussed with patients in line with the above policies. Resuscitation decisions are made on admission and are recorded on a paper form signed by the consultant. The decision is fully documented outlining the reason and a date for review in the patient’s record. These are then scanned onto the patient’s electronic record.

Due to the type of service provided, the resuscitation equipment and medicines provided consists of an automated external defibrillator (AED), a pocket mask, an anaphylaxis box, a hypoglycaemic box and a wound haemorrhaging pack which are kept in the inpatient unit. There are standard operation procedures (SOP) for the provision of the AED at reception and for the management of medical emergencies.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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

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

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 who attends IPC link nurse meetings in the local Trust. It was confirmed that the IPC lead nurse confirmed that she had protected time to focus on IPC and that she delivers IPC training to staff during the annual mandatory training days.

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 for all areas which were signed on completion. A colour coded cleaning system was in place. 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
- antibiotic prescribing

The compliance rate was noted to be very high and an action plan was in place for areas of non-compliance. There was evidence of re-auditing in areas where improvement could be made.

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.

Environment

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

It was confirmed that arrangements are in place for maintaining the environment to include the routine servicing and maintenance of all equipment.

Since the previous inspection the hospice completed significant work to improve water safety, underfloor water lines are no longer in use, a new water distribution system has been installed and new hand washing basins and showers have been fitted in each room.

It was confirmed that the legionella risk assessment was undertaken by an external organisation and that legionella control measures are in place.

It was confirmed that the fire risk assessment was undertaken by an external person and that routine checks are undertaken in respect of the fire detection system to include break glass points, fire doors and emergency lighting. Arrangements are in place to ensure the fire risk assessment is reviewed annually. Staff demonstrated that they were aware of the action to take in the event of a fire.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.5 Is care effective?

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

Clinical records

As stated 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 in keeping with the General Data Protection Regulations that came into effect during May 2018.

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.

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
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 is held every six months and the families of the bereaved are invited to attend. This is organised by the Bereavement Events Committee who also arranged a 'Lights to Remember' event during December 2018.

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 inspector spoke with staff, including a 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 that the hospice remains committed to have real time feedback so that improvement can be made in a meaningful way and time. Patients can now also provide feedback electronically.

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.

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
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.

At the previous inspection Mr O’Kane confirmed that his operational responsibilities had changed and included management responsibilities for the Marie Curie Hospices in both Scotland and Northern Ireland. Mr O’Kane has since stepped down from the role of registered manager and an application as registered manager in respect of Mrs Miriam McKeown has been received by RQIA. This application is being processed under separate cover.

The responsible individual, Mr Peter Gabbitas, continues to monitor the quality of services. Mr Gabbitas delegates a suitably qualified nominated person to undertake a visit to the premises at least every six months in accordance with legislation. The most recent unannounced visit was undertaken on 12 March 2019. In addition the Marie Curie two day compliance visit was undertaken on 23 and 24 May 2018. Reports of all monitoring visits were retained and available for inspection.

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 in the hospice. Staff demonstrated a good awareness of complaints management. A random review of complaints records evidenced a robust standard of complaints management including investigation, recording and response to the complainant.

Mrs McKeown 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

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. However it was identified that RQIA had not received notification of any medication errors. Discussion with Mrs McKeown confirmed that a robust medication auditing system is in place, which identifies any near misses and/or errors. Records were available to demonstrate that a robust approach is applied to learn from any medication errors/ near misses, and action is taken to reduce the risk of recurrence. However in accordance with Regulation 28 of The Independent Health Care Regulations (Northern Ireland) 2005, a medication error is a notifiable event and therefore must be notified to RQIA in a timely manner. An area for improvement was made against the regulations to ensure 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).

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.

Mrs McKeown demonstrated clear understanding of the role and responsibility of the registered manager in accordance with legislation and is looking forward to formally taking on this position in the hospice. It was confirmed that Mr O’Kane, as regional manager will continue to have responsibility for Marie Curie, Belfast and will be kept informed of ongoing operational events.

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.

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

All notifiable events should be submitted to RQIA in keeping with the RQIA guidance document entitled Statutory notification of incidents and deaths (September 2017).

	Regulations	Standards
Areas for improvement	1	0

6.8 Equality data

Equality data

The arrangements in place 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 were seen to be in keeping with best practice guidance.

6.9 Patient and staff views

Six patients submitted questionnaire responses to RQIA. All six patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients also indicated that they were very satisfied with each of these areas of their care. The following comments were included in in submitted questionnaire responses:

- “We are very satisfied about the lovely location of the patients’ rooms and the exceptionally good and sympathetic care which we are receiving.”
- “Very good care, very much satisfied, thanks for all the great service.”
- “The care and treatment I’ve received in the hospice has been 100% and I wouldn’t change anything, thank you”.
- “The care received is absolutely amazing. Staff are the best ever met”.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff questionnaires were returned prior to the inspection.

7.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Detail of the QIP were discussed with Mr Eamon O’Kane, registered manager, Mrs Miriam McKeown, hospice manager and the Medical Director as part of the inspection process. The timescale commences from the date of inspection. As per previous statement re roles in section 4.1.

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 the area for improvement identified within the QIP is addressed within the specified timescale.

The matter to be addressed as a result of this inspection is 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	
Area for improvement 1 Ref: Regulation 28 Stated: First time To be completed by: 21 March 2019	<p>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).</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All notifiable events will be submitted by the Hospice manager weekly and in her absence the Lead Nurse. Any SUI's will be submitted within 24hours of the incident occurring.</p>

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



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