Unannounced Inspection Report
26 October 2020

Northern Ireland Hospice and Northern Ireland Hospice Adult Community Services

Type of Service: Independent Hospital (IH) – Adult Hospice
Address: 74 Somerton Road, Belfast, BT15 3LH
Tel No: 028 9078 1836
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

In respect of hospice services for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- review of areas for improvement identified during the previous care inspection;
- management of operations in response to COVID-19 pandemic;
- infection prevention and control (IPC);
- provision of palliative care;
- organisational and medical governance:
- medicine management;
- the environment; and
- patient and staff feedback.

Membership of the inspection team

Jo Browne	Senior Inspector, Independent Healthcare Team Regulation and Quality Improvement Authority
Carmel McKeegan	Inspector, Independent Healthcare Team Regulation and Quality Improvement Authority
Karen Weir	Inspector, Independent Healthcare Team Regulation and Quality Improvement Authority
Helen Daly	Inspector, Pharmacy Team Regulation and Quality Improvement Authority
Raymond Sayers	Inspector, Estates Team Regulation and Quality Improvement Authority
Dr John Simpson	Medical Peer Reviewer

2.0 Profile of service

The Northern Ireland (NI) Hospice and the Northern Ireland (NI) Hospice Adult Community Services are located in Belfast and share a large site on the Somerton Road. These are purpose built facilities which opened in May 2016.

The NI Hospice

This is a registered independent hospital providing in-patient hospice services for up to18 adults with life limiting, life-threatening illnesses and palliative care needs. This service supports patient's families and provides ongoing bereavement support.

The NI Hospice Adult Community Services

This is a registered day hospice and community based hospice service for adults with life limiting, life-threatening illnesses and palliative care needs.

The NI Hospice Adult Community Services has capacity to care for 30 patients in its day hospice in Belfast. The day hospice service is known as the Hospice Hub and is normally operational four days a week, with one day focusing on the care and support of patients with dementia. A day hospice service is also normally provided for up to seven patients one day a week (Thursday) in the Robinson Hospital site, located at 8 Eastermeade Park, Ballymoney, BT53 6HP. Due to the current pandemic, both day hospices have been temporarily suspended.

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

3.0 Service details

The NI Hospice

Organisation/Registered Provider: Northern Ireland Hospice **Responsible Individual:** Mrs Heather Weir	**Registered Manager:** Mrs Gemma Aspinall
Person in charge at the time of inspection: Mrs Gemma Aspinall	**Date manager registered:** 18 October 2019
Categories of care: Independent Hospital (IH) – Adult Hospice	**Number of registered places:** 18

The NI Hospice Adult Community Services

Organisation/Registered Provider: Northern Ireland Hospice **Responsible Individual:** Mrs Heather Weir	**Registered Manager:** Mrs Gemma Aspinall
Person in charge at the time of inspection: Mrs Gemma Aspinall	**Date manager registered:** 2 April 2019
Categories of care: Independent Hospital (IH) – Adult Hospice	**Number of registered places:** Day Hospice, Belfast – 30 Day Hospice, Ballymoney – 7

4.0 Inspection summary

An unannounced inspection was undertaken to the NI Hospice and the NI Hospice Adult Community Services which commenced with an onsite inspection on 26 October 2020. We employed a blended multidisciplinary inspection approach. The onsite element of our inspection was completed on 26 October 2020 by three care inspectors. We provided a list of specific documents to be sent electronically to our pharmacy inspector and estates inspector on or before Friday 31 October 2020 for review remotely. Feedback of the inspection findings was delivered to the NI Hospice senior management team on 3 November 2020 via teleconference.

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 purpose of this inspection was to focus on the themes for the 2020/21 inspection year. Our multidisciplinary inspection team examined a number of aspects of the establishment including the management of operations in response to COVID-19 pandemic; infection prevention and control (IPC); the provision of palliative care; medicine management; maintenance of the premises and the management and oversight of governance across the organisation. We met with various staff members, reviewed care practice and reviewed relevant records and documentation used to support the governance and assurance systems.

No immediate concerns were identified in relation to patient safety and the inspection team noted multiple areas of strength, particularly in relation to the delivery of front line care in the hospice. We confirmed good governance measures were in place for the preparation and maintenance of a COVID-19 safe environment and IPC arrangements.

In general, we found the delivery of patient care was excellent. We found evidence of good practice in relation to; the support provided to patients and their families; the provision of specialist palliative care; medicines management and bereavement care services. We observed the environment which was found to be very peaceful and conducive to the delivery of care.

We determined that the premises were maintained to a high standard of maintenance and décor and confirmed that robust arrangements were in place with regards to the maintenance of the premises, equipment and the environment.

One area for improvement was made against the regulations in relation to granting practising privileges for medical staff not directly employed by the hospice and one area for improvement was made against the standards to ensure daily checks of the emergency equipment are undertaken with a record retained.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Heather Weir, Chief Executive (Responsible Individual); Ms Gemma Aspinall, Registered Manager of the NI Hospice and the NI Hospice Adult Community Services; the Director of Care and Quality Governance; the Head of Children's Services; the Head of Estates; the Director of Corporate Services; a Consultant in palliative care; and two Team Leads from the in-patient unit, during the feedback session on 3 November 2020 via teleconference. Findings of our inspection are outlined in the main body of the report.

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

4.2 Action/enforcement taken following the most recent unannounced inspection dated 30 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 May 2019.

5.0 How we inspect

In response to the COVID-19 pandemic, we reviewed our inspection methodology and considered various options to undertake inspections. The purpose of this was to minimise risk to service users and staff, including our staff, whilst being assured that registered services are providing services in keeping with the minimum standards and relevant legislation.

In order to meet with best practice guidance we reduced the number of inspectors and employed a blended multidisciplinary inspection approach. Two care inspectors and a senior inspector undertook an unannounced onsite inspection on 26 October 2020 from 09.00 to 17.30. Prior to the onsite inspection we had determined the information we would require to confirm compliance with the legislation and minimum standards for the areas inspected and were satisfied that this information could be provided to us electronically and reviewed remotely. At the outset of our inspection on 26 October 2020 we provided the NI Hospice with a list of documents to be sent electronically to our pharmacy and estates inspectors who were available offsite. Our pharmacy and estates inspector reviewed the submitted documents and also held discussions with the NI Hospice pharmacist and head of estates by telephone in the days following the onsite inspection.

At the onsite inspection we advised NI Hospice that any outstanding issues could be followed up by email or teleconference following the inspection in an effort to minimise time spent in the premises.

We agreed that formal feedback would be provided to the NI Hospice senior management team at a mutually agreeable date and time upon completion of our inspection process.

Prior to the inspection we reviewed a range of information relevant to the service. 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 reports; and
- the returned QIP from the previous care inspection.

We were unable to meet with patients on the day of the inspection and assessed patient feedback by reviewing the most recent patient satisfaction survey completed by the NI Hospice. We invited staff to complete an electronic questionnaire. No completed staff questionnaires were submitted to us. Staff and patient feedback are further discussed in section 6.10 of this report.

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

During the onsite inspection we met with and spoke with the following staff: Mrs Weir; the Director of Care and Quality Governance via video link; the Head of Children's Services; medical staff; nursing staff; healthcare assistants; allied health professionals (AHPs); the estates and facilities manager and housekeeping staff.

We were informed the Hospice Hub element of the NI Hospice Adult Community Services was temporarily closed to patients due to the impact of the COVID-19 pandemic. The Hospice Hub premises were seen to be unoccupied and we were informed the Hospice Hub staff were redeployed to the NI Adult Hospice in-patient unit. We also established that the Day Hospice in Ballymoney was temporarily suspended due to the impact of the COVID-19 pandemic. We confirmed that the NI Hospice Adult Community Services continues to provide services to patients who are able to remain in their own homes.

We undertook a tour of the NI Hospice in-patient unit including the staff rest areas.

A sample of records were examined in relation to the areas inspected.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 May 2019

The most recent inspection of the establishment was an unannounced follow up inspection on 30 May 2019. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 15 (7) **Stated:** First time	The Registered Person shall strengthen infection prevention and control (IPC) arrangements in the following areas: • the oversight of the environment, water and clinical practices must be brought together and reviewed holistically to ensure a joined up robust approach to IPC and water safety; • the implementation of IPC governance policies should include the updated IPC audit tools and water testing arrangements; and • the IPC/water safety group should form a key element of the overall patient safety group.	**Met**
	Action taken as confirmed during the inspection: We confirmed that the Water Safety Group WSG) was established and is chaired by the Director of Corporate Services. We reviewed the minutes of the WSG meetings and confirmed that water safety governance controls have been enhanced. We found there were regularly scheduled meetings in place for water safety, estates/patient safety and IPC with representation from all relevant departments. Discussion with senior management demonstrated that IPC and water safety form a key element of overall patient safety and we were satisfied that effective governance arrangements have been established in this regard. We reviewed the hospice water safety risk assessment and water samples bacteriological analysis reports, which verified that water safety controls were effective.	

Ref: Regulation 25 (2) (d) **Stated:** First time	The Registered Person shall arrange for the implementation of the action plan recommendations listed in the 14 January 2019 Medical Gas Pipelines Systems (MGPS) Authorizing Engineer audit report; in accordance with Health Technical Memorandum 02-01 Part B and the action plan time frame.	
	Action taken as confirmed during the inspection: Senior management told us that a new hospice estates management team had been established since the previous inspection. We had discussions with the hospice head of estates who provided all requested documentation to us for review. Through discussion with the hospice head of estates and review of the records submitted to us, we confirmed that arrangements had been agreed and established to implement the recommendations of the January 2019 Medical Gas Pipeline Service Authorizing Engineer Audit. We found that progress has been made on the items where directly employed labour had been utilised, however, the Covid-19 restrictions have delayed the completion in some areas. We found a timed action plan was in place to monitor and track progress in this regard. We agreed that the hospice estates management team would update RQIA of progress in this regard as this takes place.	**Met**
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 25 **Stated:** First time	The Registered Person shall ensure that an antimicrobial auditing system is developed and implemented to ensure compliance with the hospice's antimicrobial policy and an action plan developed to address any deficits identified.	
	Action taken as confirmed during the inspection: We confirmed the hospice had an up to date antimicrobial prescribing policy in place. We established that hospice staff have adopted and follow the Belfast Health and Social Care Trust Empirical Antimicrobial Prescribing Guidelines 2019.	**Met**

	We were told COMPASS prescribing reports were reviewed regularly at the Drugs and Therapeutics Committee in order to monitor adherence to these guidelines. We evidenced the HAPPI (happy antibiotics prudent prescribing indicator) audit had been completed in July 2019 and October 2020 and that these results were reported to the Infection Prevention and Control Committee. We were informed the hospice had intended to complete the audit more frequently but early in 2020 hospice management had to prioritise staff efforts in dealing with the response to the COVID-19 pandemic. Mrs Aspinall advised that moving forward the HAPPI audit will be completed monthly by the nursing team, pharmacy team and medical team in rotation.	

6.3 Inspection findings

6.4 Management of operations in response to the COVID-19 pandemic

COVID-19 has been declared as a public health emergency resulting in the need for healthcare settings to assess and consider the risks to their patients and staff. We sought assurance of effective governance arrangements in the planning and delivery of IPC measures by reviewing the key areas of collaborative working, COVID-19 risk assessments, the monitoring of staff practices, work patterns and staff training.

We were told how the hospice had developed a working group to review and implement measures to promote a COVID-19 safe environment for staff, patients and visitors.

We reviewed a selection of documentation including minutes of meetings; COVID-19 risk assessments; audits of the environment and staff practices and staff training records. The records confirmed good governance measures were in place for the preparation and maintenance of a COVID-19 safe environment.

We discussed the management of operations in response to the COVID-19 pandemic with the nurse in charge on the day of inspection. We found COVID-19 policies and procedures were in place in keeping with best practice guidance. We reviewed the governance systems in place and we were informed that a new information platform had been implemented via a staff app; this facilitated timely communication with updating staff regarding COIVID-19 guidance.

We found the IPC lead had developed strategies to incorporate COVID-19 training into IPC training and staff training matrixes were updated to reflect this. During our inspections we reviewed staff training records in relation to IPC and found that overall mandatory IPC training was up to date.

Additional training for staff in donning and doffing of personal protective equipment (PPE) and training on the completion of risk assessments in the workplace has also been facilitated by IPC lead. Discussion with staff confirmed they had received this training and that they have access to training materials.

Staff demonstrated good knowledge surrounding PPE requirements; environmental cleaning; hand hygiene and COVID-19 risk assessments. Staff discussed with us new audits that had been implemented due to COVID-19 such as a PPE audit tool and a COVID-19 IPC observation tool. Staff also confirmed that increased frequency of hand hygiene audits and environmental audits were ongoing. We reviewed completed environmental risk assessments and found these to be in line with best practice.

We found COVID-19 risk assessments with agreed action plans had also been completed for shielding staff returning to work, to protect them against exposure to the virus in the workplace. The risk assessment considered black, Asian and minority ethnic (BAME) staff with underlying health conditions/age; staff who were pregnant (>28 weeks); and staff with underlying moderate or high risk medical conditions.

We were informed all patients admitted to the hospice are swabbed for COVID-19 and asked to isolate pending their result. Further discussion took place with senior management regarding the ward management of a newly admitted patient who has subsequently received a negative result for COVID-19. Following the onsite inspection we held further discussions with the hospice, during formal feedback, to gauge an understanding of the processes involved. These discussions led to highlighting the need for further guidance regarding COVID-19 testing and practices within the hospices regionally. The NI Hospice engaged with us and the Public Health Agency (PHA) to facilitate best practice in this area.

We observed one way systems and social distancing by staff were well adhered to in both clinical and non-clinical areas. We evidenced mechanisms in place at ward level to challenge non-adherence when social distancing measures were breached. Staff told us they would feel confident to challenge anyone not compliant with any aspect of COVID-19 precautions.

We were told visiting arrangements have been reviewed in line with DoH guidance and found visiting was facilitated in line with the most recent guidance. We confirmed that patients and their family are advised of the visiting arrangements on admission. We observed that the details of all persons visiting the in-patient unit are logged and retained to enable PHA track and trace if required. We noted PPE was provided to visitors prior to entering the in-patient unit. During feedback, we had further discussions around the level off PPE considered best practice for visitors use. The hospice engaged with us and the PHA to ensure best practice guidance was being adhered to.

Areas of good practice: Management of operations in response to COVID-19 pandemic

We found that staff were knowledgeable on COVID-19 pandemic restrictions. We confirmed the hospice had identified a COVID-19 lead; had reviewed and amended policies and procedures in accordance with DoH guidance to include arrangements to maintain social distancing; prepare staff; implement enhanced IPC procedures; COVID-19 patient pathways; and had amended their visiting guidance.

Areas for improvement: Management of operations in response to COVID-19 pandemic

We identified no areas for improvement regarding the management of operations in response to the COVID-19 pandemic.

	Regulations	Standards
Areas for improvement	0	0

6.5 Infection prevention control (IPC)

We reviewed arrangements for IPC procedures throughout the establishment to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We confirmed that the hospice had an overarching IPC policy and procedures in place.

We undertook a tour of the premises and found all areas to be clean, tidy and well maintained. We noted up to date IPC information was displayed on notice boards. Good practice was observed in relation to hand hygiene and the use of PPE. We observed that hand hygiene posters were displayed for patients, visitors and staff regarding good hand hygiene and handwashing techniques.

We reviewed a range of audits undertaken in clinical areas including, environmental and hand hygiene audits which confirmed good compliance and oversight in these areas. We found evidence of actions taken to address areas requiring improvement, where necessary. We were advised that cleanliness environmental audits have been ongoing throughout the pandemic, with the introduction of COVID-19 specific audits as discussed in Section 6.4.

As previously discussed, staff training records were reviewed which evidenced that overall staff mandatory IPC training was up to date and staff who spoke with us demonstrated a good understanding of IPC measures in place. The IPC team were commended by all staff for the support and training they provided.

Staff were observed to undertake hand hygiene and donning and doffing of PPE at appropriate times in line with hospice policy and best practice guidance. On one occasion we identified an area of poor practice in relation to the use of PPE with regards to a member of non-clinical staff. This issue was raised during our inspection and was immediately addressed. At the conclusion of the onsite inspection we were informed further training had already been arranged for the staff member to ensure appropriate guidance and support was provided by hospice management.

We confirmed a policy was in place regarding aseptic non touch technique (ANTT) and that staff had received both external training and competency based training assessments. Through discussion, staff demonstrated good knowledge and understanding of the application of ANTT into clinical practices and the management of invasive devices. We established a robust system of audit had been implemented regarding the management of invasive devices, with audit results being disseminated to staff.

We observed evidence that device lines labels were in use and an audit process to assure appropriate line labelling in line with the regional guidance was fully implemented in staff practice.

Overall we observed equipment was clean, free from damage and in good repair. We identified some pieces of equipment had not been labelled as cleaned following storage. This was discussed with staff who informed us all items were cleaning following use however staff accepted that when using non-single use equipment, there was no assurance that the item had been cleaned following previous use. Immediate action was taken by the hospice management in this regard.

We identified that some cleaning records had not been completed, staff spoken with confirmed the cleaning tasks had been undertaken and that records had not been completed due to pressures of work. We were informed the records would be updated at the earliest opportunity.

We observed that environmental cleanliness in all areas, clinical and communal, was of a high standard and the environment was well maintained and clutter free. Audit dashboard information was displayed in both clinical and non-clinical areas, providing assurance of audit compliance to visitors and staff of a good standard of environmental cleaning. We were provided with evidence and assurance of actions taken when environmental standards were below the expected standard of cleaning.

Areas of good practice: IPC

We reviewed the current arrangements with respect to IPC practice and evidenced areas of good practice in relation to IPC. We were assured of strong governance mechanisms and collaborative working across the establishment. We observed risks being assessed and managed with training and robust auditing measures in place in clinical areas.

Areas for improvement: IPC

No areas for improvement were identified in relation to IPC arrangements.

	Regulations	Standards
Areas for improvement	0	0

6.6 Provision of palliative care

6.6.1 Care pathway

We noted a good multi-disciplinary system for review of referrals and triage/assessment of cases referred to the NI Hospice and the NI Hospice Adult Community Services. 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. Multi-disciplinary assessments are furnished with the referral information through the regional referral arrangements. These systems were found to be robust. Staff spoken with confirmed they received relevant information about the patient prior to their admission.

We found patients and/or their representatives are provided with information, either prior to admission or on admission, regarding the various assessments that may be undertaken by members of the multi-professional team. This includes medical, nursing, physiotherapy, occupational therapy, social work and spiritual assessments. We were informed that complementary therapies continue to be provided in the in-patient unit but due to COVID-19 restrictions this service has been temporarily suspended for out-patients.

6.6.2 Person centred care

We reviewed three patients' care records and found evidence of meaningful patient involvement in plans of care and treatment, provided in a flexible manner to meet the expressed wishes and assessed needs of individual patients and their families. We found that care was patient centred.

Accessible facilities were provided to accommodate patients and their family to enable them to spend as much time together, as permissible, in the hospice in keeping with current visiting guidance issued by the DoH. We confirmed that one nominated family member or carer can stay overnight with their loved one.

The hospice has a silent call system in place for patients to request assistance. This is conducted via mobile devices carried by care staff and reduces noise disturbance for other patients and their families. This establishes a peaceful and calm environment within a busy facility. We observed the system in operation as staff responded to patients to meet their needs in a timely manner.

We were informed that due to the COVID-19 pandemic patients are encouraged to remain in their room as much as possible. We observed compassionate and positive interactions between staff and patients as staff entered and exited patient's rooms. We found staff introduced themselves to patients and requested permission to enter the patient's room and then went on to explain why they were there in a kind and caring manner.

6.6.3 Bereavement care service

We reviewed the provision of bereavement care within the hospice and found that they have a range of information and support services available. The hospice can provide internal individual counselling services for patients and families or link with external providers. Ongoing bereavement care is available for families and children coping with the loss of a loved one. Discussion with staff confirmed that staff who deliver bereavement care services are appropriately trained and skilled in this area.

Management confirmed counselling and support services are also available for staff. Staff confirmed they are made aware of these services and other support mechanisms in place.

6.6.4 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 2003. The hospice retains a copy of the guidelines which are accessible to staff. We were informed 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 this news is shared with others, staff confirmed that consent must be obtained from the patient and this 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. Staff provide support to the patient and/or their representatives to help them to process the information shared. A review of one patient's care record confirmed that delivering bad news is reflected in care records. With the patient's consent, information is shared with the patient's GP.

6.6.5 Patient engagement

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

The information received from these questionnaires is made available to patients and other interested parties to read as an annual report. This report is also considered by the hospice senior management team and informs the ongoing quality improvement of services.

6.6.6 Discharge

We reviewed the discharge planning arrangements and found that there was full engagement with patients and/or their representatives. Discussion with staff demonstrated that there was multi-disciplinary involvement. Daily and weekly meetings take place to ensure the patient's needs are at the centre of discharge planning.

A discharge summary and plan is completed prior to the patient leaving the hospice. A letter is provided to the patient's GP outlining the care and treatment which has been provided.

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

6.6.7 Medical emergency equipment and medicines

We reviewed the provision arrangements of emergency equipment and medicines within the in-patient unit.

We confirmed emergency equipment was stored in an emergency trolley located close to a nurse's station in the in-patient unit. We were satisfied this central location facilitates easy accessibility. We noted a process had been established to check the emergency trolley on a daily basis to ensure all the itemised equipment was in place and that items had not exceeded their expiry date. We found the daily emergency equipment check had not been completed since 19 October 2020; this was discussed with the senior management team and an area for improvement against the standards was made to address this.

We established that emergency medications were kept in the medicine storeroom; we observed that anaphylaxis and hypoglycaemia medicines were stored in separate sealed boxes. Staff told us the hospice pharmacist monitors the expiry dates of medicines contained within the sealed boxes and will replace medicines as required.

Areas of good practice: provision of palliative care

We found examples of good practice found in relation to care delivery; the management of clinical records; the care pathway including admission and discharge arrangements; and patient engagement.

Areas for improvement: provision of palliative care

An area for improvement has been made against the standards to ensure that daily checks of the emergency equipment are undertaken and a record retained.

	Regulations	Standards
Areas for improvement	0	1

6.7 Medicines Management

We reviewed the arrangements in place for 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 were provided with a copy of the policies and procedures for the management and administration of medicines, including controlled drugs, and were informed these were available for staff. We noted these policies and procedures were updated at least every three years. We were told changes to policies were communicated to registered nurses via email and at nursing handovers, and for medical staff changes to policies were communicated during the weekly teaching sessions.

We were told that registered nurses received a comprehensive induction which included the management and administration of medicines and the management of syringe drivers. Records of staff training and competency assessments were provided for review. We found medicine management training was updated annually or more frequently if a need was identified. We were informed the hospice pharmacist provided face-to-face training for medical staff as part of their induction. We were told refresher training was provided and competencies were reassessed following any medication related incidents or if a need was identified through the audit process.

The hospice pharmacist told us medicines were reconciled on admission by the hospice pharmacist/admitting doctor using Northern Ireland Electronic Care Record (NIECR), information provided by the patient/their family and review of their accompanying medicines. We were told the personal medication records were written by one doctor and checked by the hospice pharmacist or second doctor. The hospice pharmacist advised that robust systems for the management of medicines at discharge were in place.

We were told two registered nurses were involved in the administration of controlled drugs and the administration of medicines via the parenteral and subcutaneous routes. We were informed that syringe driver pumps were checked regularly during administration. The hospice pharmacist confirmed that registered nurses wore tabards while administering medicines to limit interruptions and that second checks were completed following each medication round to ensure medicines had been administered as prescribed.

We were informed systems were in place to ensure that medicines were stored safely and in accordance with the manufacturers' recommendations.

We found that the internal audits covered: the management of controlled drugs; monitoring of storage temperatures and date checking; the administration of medicines; the prescribing of medicines; clinical and accuracy checks for personal medication records for take-out medicines and discharge medicines; review of medication incidents; and a clinical audit programme. We were informed that audit findings were presented at the Care Services Quality Committee and Corporate Services Quality Committee meetings and any issues and action plans to address any shortfalls were discussed with the clinical leads and with the Drugs and Therapeutics Committee.

The Registered Manager and hospice pharmacist advised us that a safety culture was promoted within the hospice. They told us staff were aware that all omissions and near misses must be reported in order to identify issues, improve practice and share learning.

We were told when a medication-related incident was identified it was reported via the paper based IR1 form and the staff involved undertook reflective practice and additional training, as necessary. We evidenced that all incidents and near misses were reported to RQIA, were investigated and discussed at the weekly divisional leads meeting where they were graded and categorised. We were told a further review was undertaken at the monthly Drugs and Therapeutics meeting and medication incidents were also included in the monthly Quality Improvement report. We were informed that learning outcomes were communicated to staff and internal reviews were available on the shared drive for all staff to access.

Areas of good practice: medicine management

We found several improvements in relation to the management of medicines had been implemented following the audit findings and the review of medication incidents/near misses.

Areas for improvement: medicine management

No areas for improvement were identified with regards to the management of medicines.

	Regulations	Standards
Areas for improvement	0	0

6.8 Environment

We were provided with maintenance certificates and reports confirming that the hospice building engineering services were maintained to a good standard, compliant with current best practice.

We found a planned preventative maintenance (ppm) system has been implemented providing assurance that the building engineering services/environment is subjected to routine ppm assurance control inspections/tests.

We reviewed fire safety engineering maintenance certificate records and compared them with the 2018 fire risk assessment, validating that suitable fire safety controls are completed.
The fire risk assessment completed on 10 November 2020 was submitted for RQIA review, the head of hospice estates told us that the action plan recommendations will be implemented.

We were informed by the head of hospice estates that a MGPS audit has been arranged for completion in January 2021, and that it is anticipated that any report action plan recommendations will be completed during 2021. We advised that any recommendations recorded in the proposed 2021 MGPS audit report should be completed in accordance with the authorising engineer`s recommended time frame.

Areas of good practice: environment

We found additional engineering staff have been employed in the hospice to complete engineering services competent person duties. A planned preventative maintenance (PPM) computer based system has been utilised by the head of hospice estates to provide assurance that required engineering control measures are implemented at appropriate intervals.

Areas for improvement: environment

No areas for improvement were identified in relation to the environment.

	Regulations	Standards
Areas for improvement	0	0

6.9 Organisational and Clinical governance

6.9.1 Organisational and clinical governance

We reviewed relevant documentation and minutes and met with Mrs Heather Weir, Chief Executive; a Trustee who was the Co-Chair of the Corporate Quality Governance Committee; a medical Clinical Lead and members of the senior management team to review and discuss the organisational governance of the hospice. We found a clear organisational structure was in place within both facilities with clear lines of accountability, defined structures, systems and standards and visible leadership. Staff who spoke with us were able to describe their roles and responsibilities and how they fitted into the overarching governance structures and committees.

We found that the revised governance systems have continued to embed, improve and develop over time. We commend the use of a Trustee as the Co-Chair of Corporate Quality Governance Committee along with the Chief Executive as this provides a direct connection between operational management of the hospice and the hospice Board of Trustees. We were informed that the hospice has “bedroom to boardroom” escalation systems in place and we were able to evidence this working in practice.

Staff told us that the streamlining of the governance structure has ensured that appropriate and timely information is provided to the committees through fewer meetings while enabling the best use of clinical and staff expertise.

The hospice has developed quality indices which are reported on monthly and provide assurance to the senior management team and Board of Trustees in relation to the operational management of the hospice and the safety and quality of care provided. The hospice also produces a comprehensive six monthly corporate governance report. We were advised that the hospice intends to use the data collected to drive quality improvement initiatives.

We found that there were robust systems in place with a range of governance meetings being undertaken on a regular basis with the right people present. There were good mechanisms in place to share decision making and learning outcomes through the organisation. We reviewed the minutes of various governance committees and found these to be a detailed account of the activities undertaken by each group.

6.9.2 Medical Governance

We examined the medical governance arrangements within the hospice and spoke with one of the medical clinical leads and the medical Trustee. We were unable to meet with other medical staff during the inspection as they were involved in providing direct patient care. We were told that the medical staff were involved in the governance structures of the hospice and felt supported in their role. No concerns were raised with us and the feedback received was very positive in relation to the safety and quality of care provided.

The medical advisory committee (MAC) is a standing agenda item on the multi-professional clinical leads weekly meeting. The weekly meetings focus on developments in clinical practice and review of patient safety and quality indices.

The MAC reports and escalates to the Corporate Quality Governance Committee (CQGC) via the Care Directorate Quality Clinical Leads. CQGC reports to the Board of Trustees every six months and can escalate matters more frequently if required.

Morbidity and Mortality (M&M) meetings are attended by members of the multidisciplinary team and take place on a monthly basis. The staff groups included are nursing, medical, social work, allied health professionals, and care assistants. Any learning from the M&M meetings will be shared with relevant staff and senior management through the governance structures. 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 individual events surrounding a patient's death, with a view to sharing any learning and improving 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 are 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 responsibility to share this information with all relevant stakeholders in the areas of the doctor's work. We established that all medical practitioners working in the hospice have a designated RO. We discussed how concerns would be raised regarding a doctor's practice with the MAC and wider HSC and found that good internal arrangements were in place and the hospice was linked in with the regional RO network.

We reviewed a sample of personnel files held for medical practitioners and found that they contained all of the relevant information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005. We found that the annual appraisals of medical staff were mainly undertaken in the HSC Trust. We confirmed that the hospice had oversight of the full appraisal documents and revalidation for all medical staff working in the 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 and determined that the hospice had robust arrangements in place to meet the needs of the patients accommodated. We found that a rota of medical practitioners was easily accessible to inform staff of the doctors working in the hospice and also arrangements for out of hours cover.

6.9.3 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 some medical practitioners were working in the hospice under a joint contract with the Trust. The hospice is required to develop a policy and procedure outlining the arrangements for the application, granting, maintenance and withdrawal of practising privileges. Where relevant, a practising privileges agreement must be in place as outlined in Standard 11 of the Minimum Care Standards for Independent Healthcare Establishments, July 2014 and signed by both parties. An area for improvement against the regulations has been made in this regard.
We provided advice and support on the development of practising privileges arrangements, the policy and the agreement.

6.9.4 Quality assurance

We found that arrangements were in place to review risk assessments, a corporate risk register and departmental risk registers are maintained and reviewed on a regular basis through the appropriate governance committees and the Corporate Quality Governance Committee. We reviewed the corporate risk register, discussed our findings with the senior management team and offered some advice on the recording of risk.

We reviewed the Clinical Audit and Quality Improvement Policy for Adult Services which included clear guidance for staff involved in completing clinical audit and participating in quality improvement projects. We confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care and treatment delivered to patients at appropriate intervals. The results of audits are analysed and areas identified for improvement are developed into an action plan to ensure any required changes are shared with staff and embedded into practice.

We found that 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.

We confirmed that the Statement of Purpose and Patient's Guide were kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately and we confirmed that current insurance policies were in place.

6.9.5 Notifiable events/incidents

We were informed that since our previous inspection the hospice has procured a new electronic system for reporting notifiable events/incidents which was not yet operational. The hospice will continue with paper based records until the electronic system is fully installed and staff have received training in this respect. We reviewed notifications submitted to us since the previous inspection and confirmed that notifiable events/incidents were recorded, investigated and reported to RQIA or other relevant bodies, as appropriate, in a timely manner.

The subsequent learning from incidents and events was examined. We evidenced that learning is discussed and recorded in the minutes of relevant governance committees and staff meetings. A multidisciplinary approach is applied to the review of notifiable events/incidents and the hospice ensures the dissemination of learning to all staff.

Mrs Weir outlined the process for analysing incidents and events to detect potential or actual trends or weakness in a particular area in order that a prompt and effective response can be considered by the senior management team at the earliest opportunity. An audit is maintained, reviewed and the findings are presented Corporate Quality Governance Committee after being reviewed at the relevant sub-committees.

6.9.6 Complaints management

We reviewed the management of complaints within the hospice and noted that no formal complaints had been received since the previous inspection.

A copy of the complaints policy and procedure was available in the establishment. We found this to be in line with the relevant legislation and DoH guidance on complaints handling.

A copy of the complaints procedure is made available for patients/and or their representatives. Staff who spoke with us demonstrated good awareness of complaints management.

We found that any complaints were investigated and responded to appropriately. Records were kept of all complaints and included details of all communications with complainants; the result of any investigation; the outcome and any action taken. Information gathered from complaints was used to improve the quality of services provided.

6.9.7 Regulation 26 unannounced quality monitoring visits

Where the entity operating a hospice is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

We confirmed that Mrs Weir (Responsible Individual) undertakes these visits every six months in line with the legislation. Reports of the visits were available for inspection. We noted that one visit was rescheduled from March to June 2020 due to the Covid-19 pandemic and the focus being placed on direct patient care during the first surge.

Areas of good practice: Is the service well led?

We found examples of good practice in relation to organisational and clinical governance arrangements; management of incidents; quality assurance and improvement; and complaints management.

Areas for improvement: Is the service well led?

One area for improvement was made against the regulations in relation to granting practising privileges for medical staff not directly employed by the hospice.

	Regulations	Standards
Areas for improvement	1	0

6.10 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 was discussed. Review of information evidenced that the equality data collected was managed in line with best practice.

6.11 Patient and staff views

We were unable to meet with patients on the day of the inspection and assessed patient feedback by reviewing the most recent patient satisfaction surveys completed by the Northern Ireland Hospice and the Northern Ireland Hospice Adult Community Services.

We found the hospice undertakes patient satisfaction surveys on a monthly basis and findings are shared through the governance structures. A review of recent patient satisfaction reports demonstrated that the hospice pro-actively seeks the views of patients and/or their representatives about the quality of care, treatment and other services provided.

The comments we reviewed were in the main extremely positive and we found that patient feedback whether positive or raising issues was included in the summary report.
A sample of the comments we reviewed included:

- "Expertise at medical level is excellent"
- "An excellent service and I am more than happy"
- "I love the massage and I think it reduces my stress"
- "Everything runs smooth and is well run, everyone is so polite"
- "(Staff name) was fabulous, so friendly and professional. (Staff name) immediately put us, as a family, at ease and was thorough and informative. Couldn't have asked for better care"
- "Wifi signal cuts out"
- "the attention to care, support and understanding is second to none. Myself and my family will be forever grateful for all that the whole team has and is doing for us"
- "Thank you for being there for us"

We invited staff to complete an electronic questionnaire, however, no completed staff questionnaires were submitted to us.

Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed Mrs Heather Weir, Chief Executive (Responsible Individual); Ms Gemma Aspinall, Registered Manager of the NI Hospice and the NI Hospice Adult Community Services; the Director of Care and Quality Governance; the Head of Children's Services; the Head of Estates; the Director of Services; a Consultant in palliative care; and two Team Leads from the in-patient unit, during the feedback session via teleconference on 3 November 2020. 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)	
Area for improvement 1 **Ref:** Standard 31.10 **Stated:** First time **To be completed by:** 26 October 2020	The Registered Person shall ensure that daily checks of the emergency equipment are undertaken with a record retained. **Ref:** 6.6.7
	Response by Registered Person detailing the actions taken: Daily checks are now undertaken and recorded.
Area for improvement 2 **Ref:** Regulation 19 (1) **Stated:** First time **To be completed by:** 26 January 2021	The Registered Person shall develop a policy and procedure outlining the arrangements for the application, granting, maintenance and withdrawal of practising privileges. Where relevant, a practising privileges agreement must be in place between the medical practitioner and the hospice. **Ref:** 6.9.3
	Response by Registered Person detailing the actions taken: A policy and procedure is in development and will be brought to the Corporate Quality Governance Committee for review in due course.

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

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