

# Announced Care Inspection Report 30 November 2017



## Northern Ireland Hospice

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

**Address: 74 Somerton Road, Belfast BT15 3LH**

**Tel No: 02890781836**

**Inspector: Winifred Maguire**

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered independent hospital providing in-patient hospice services to adults with palliative care needs.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern Ireland Hospice  <b>Responsible Individual:</b> Mrs Heather Weir	<b>Registered Manager:</b> Mrs Hilary Maguire
<b>Person in charge at the time of inspection:</b> Mrs Hilary Maguire	<b>Date manager registered:</b> 16 December 2016
<b>Categories of care:</b> Independent Hospital (IH) – Adult Hospice	<b>Number of registered places:</b> 18

### 4.0 Inspection summary

An announced inspection took place on 30 November 2017 from 09.50 to 17.10.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staff recruitment; supervision and performance review; the specialist palliative care team and multidisciplinary working; the care pathway; the management of medical emergencies and resuscitation; infection prevention control arrangements; and the general environment. Other examples included: admission and discharge arrangements; the provision of information to patients; bereavement care services; governance arrangements; and the provision of a supportive learning environment for staff.

There were no areas of improvement identified during this inspection.

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

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

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

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

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

## 5.0 How we inspect

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

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

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

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

During the inspection the inspector met with two patients; three relatives; Mrs Maguire , registered manager; Ms Burns ,Director of Care and Quality Governance; a ward manager; a registered nurse; and very briefly with a consultant in palliative medicine. The divisional lead's team meeting was held during the inspection and focused on incident review processes. The inspector observed the meeting for a period of time. A tour of the premises was also undertaken.

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

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

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

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

## 6.0 The inspection

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

The most recent inspection of the practice was an announced care inspection. There were no areas for improvement made as a result of the care inspection.

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

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

## 6.3 Inspection findings

### 6.4 Is care safe?

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

## Staffing

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

There is a multi-professional team, which includes doctors, nurses, nursing auxiliaries, occupational therapists 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 confirmed that there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection.

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

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

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

Arrangements were in place to ensure that all health and social care professionals are aware that they are accountable for their individual practice and adherence to professional codes of conduct.

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

The hospice affords staff opportunities to undertake specialist qualifications such as the Princess Alice certificate in essential palliative care and European certificate in palliative dementia care. NI Hospice has a clinical education centre on site and this education service offers a range of educational support to staff and management.

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

The personnel files of three 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 meet the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser

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

## **Recruitment and selection**

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

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

## **Safeguarding**

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

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

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

### **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 and guidance documents were reviewed and included:

- admission/referral/discharge
- management of hypercalcaemia
- management of a syringe driver
- care of dying adults in the last days of life(NICE)
- guidelines of rehabilitation of patients with metastatic spinal cord compression (MSCC) in a community setting (GAIN)
- safe use of ketamine guidance
- palliative adult network guidelines(reference book)

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

The care records of four 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:

- "Wonderful, wonderful, wonderful!"
- "Very attentive in every way."
- "Extremely skilled in their approach."
- "They have been a real blessing."

### **Resuscitation and management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. It was confirmed that night staff have the responsibility for checking emergency medicines and equipment. On review, it was noted that the emergency equipment and emergency drugs are located in various parts of the in-patient unit. It was suggested for ease of access, in the event of a medical emergency, it would be beneficial to store the emergency equipment and emergency medicines together and ensure all staff are made aware of the new location. Mrs Maguire and the ward manager gave assurances on this matter.

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

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

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

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

### **Infection prevention control and decontamination procedures**

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

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



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

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

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

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

A range of IPC audits are carried out including:

- environmental
- hand hygiene
- post treatment infection
- aseptic non-touch technique (ANTT)

The ANTT audit had led to changes in practice which included competence assessments for staff. It was advised to re-audit to ensure the changes had resulted in the necessary improvements and an increased compliance rate in all areas. Mrs Maguire gave assurances on this matter.

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.

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

A review of documentation demonstrated that arrangements are in place for maintaining the environment.

A legionella risk assessment has been undertaken and water temperatures are monitored and recorded as recommended.

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

## **Patient and staff views**

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

- “Staff very approachable and friendly. Always there when I needed help. A tremendous environment, spotless.”
- “Very safe – staff always available and approachable.”
- “Very safe.”

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

- “Yes, patients’ safety and care come first.”
- “At certain times there is a shortage of staff members qualified for all tasks e.g. trache care.” (This comment was discussed with management and they gave assurances there is always adequately skilled staff on duty and agreed to follow it up with staff).
- “Although it is very busy working environment I feel patients are safe and protected as all staff strive to work hard in their role. Staff also have their own responsibilities to fulfil training.”

### 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
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

### Clinical records

Four patient care records were reviewed. The hospice retains hard copy care records which are supplemented with an electronic record system. The patient care records were well documented, contemporaneous and clearly outlined the patient journey.

The multi –professional care records reviewed contained the following:

- an index
- signature sheet
- a range of validated assessments
- medical notes
- care plans
- nursing notes
- results of investigations/tests

- correspondence relating to the patient
- reports by allied health professionals
- advance decisions
- do not resuscitate orders
- records pertaining to previous admissions and community care team, if applicable

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

Information was available for patients on how to access their health records, under the Data Protection Act 1998.

The hospice is registered with the Information Commissioner's Office (ICO).

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

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

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

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

### **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.

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. Patients and their relatives confirmed during inspection that they had been fully consulted in relation to arrangements for discharge. One patient outlined how it had been arranged for him to spend short periods of time at home before full discharge, he found this very reassuring.

### **Patient and staff views**

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. Comments provided included the following:

- “Always receive a high standard of care.”
- “Consultants, doctors and nurses as well as auxiliary staff explained and planned care with me and I was able to voice my thoughts.”

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Four staff indicated that they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was provided:

- “We work very hard to keep up with needs of patients.”

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 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; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

### **Bereavement care service**

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

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

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

### **Breaking bad news**

The hospice has a policy and procedure for delivering bad news to patients and/or their representatives which is 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 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.

The inspector reviewed four records and confirmed 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.

Patients are 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 action plan is developed and implemented as required. This has led to service improvement.

Comments included:

- “Very well cared for”
- “Absolutely no complaints.”

**Patient and staff views**

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care, and were very satisfied with this aspect of care. Comments provided included the following:

- “I strongly agree with the following statement. I feel staff are very considerate and inform me about the care provision.”
- “I have during my stay been treated with great dignity and respect. I always felt free to make comments or suggestions but had no necessity to do so.”

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Four staff indicated that they were very satisfied with this aspect of care and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “Patients always give feedback on how they had been treated with dignity and respect.”
- “I believe that dignity and respect is a high value of staff here in NIH. Patients and their families are at the centre of decision making. We receive much positive feedback about care and compassion.”

**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
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

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

**Management and governance arrangements**

There was a clear organisational structure within the hospice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Ms Maguire, registered manager, is the nominated individual with overall responsibility for the day to day management of the hospice. Mrs

Heather Weir, registered person, is based in the NI Hospice and works closely with the management team on a daily basis. It was confirmed Mrs Weir monitors the quality of services and undertakes an inspection of the hospice at least six monthly. Reports of the unannounced monitoring visits were submitted to RQIA following 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 available in the hospice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the hospice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. A sample of audits reviewed:

- catheter care
- accidents and incident
- hand hygiene
- infection prevention and control
- handling and disposing of sharps
- controlled drugs
- documentation
- medical staff participate in surveys and audits conducted by Regional Palliative care group (if applicable)
- a quality improvement project on ANTT

There is a robust Quality Indices Report produced for the in-patient unit which is used to drive improvement.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. The hospice has reviewed the incident management systems and has established a robust and thorough approach on the matter. This includes weekly meetings by the divisional leads, when all aspects of incidents reported and recorded for that week is fully discussed and analysed. Decisions are taken as to what action may be required and this is formally recorded. The inspector observed part of the meeting and witnessed the thoroughness in which incidents are examined by the team and the patient focused action that results.

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 to 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 Maguire, registered manager, demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request. A minor amendment was suggested to the patient guide, this was confirmed as addressed following the inspection.

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

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

### **Patient and staff views**

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

- “Yes, I feel the service is very well managed. The quality of care is at a very high standard and I am very happy and content.”
- “I received a high quality service/care at all levels during my stay.”
- “I have always been kept up to date on all changes with my medical care. Exceptionally well managed by consultants, doctors and nurses. A very professional team.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Four staff indicated that they were very satisfied with this aspect of the service and one indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “I do believe our service is well led. I know that if I had an issue I could raise it confidently with any member of senior staff. Ongoing audits are completed and results fed back to staff.”
- “Regular team talks with line manager, who always says her door is open if we need anything that concerns us.”

### **Areas of good practice**

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



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



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