The Regulation and Quality Improvement Authority

Inspection Report

9 December 2021

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
Telephone: 028 9078 1836

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/; The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Care Standards for Independent Healthcare Establishments (July 2014)

1.0 Service information

Organisation/Registered Provider: Northern Ireland Hospice **Responsible Individual:** Mrs Heather Weir	**Registered Manager:** Mrs Gemma Aspinall **Date registered:** 18 October 2019
Person in charge at the time of inspection: The director of care and quality governance	
Categories of care: Independent Hospital (IH) Hospice Adult – H(A)	

Brief description of how the service operates:
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 COVID-19 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.

2.0 Inspection summary

An unannounced inspection was undertaken to the NI Hospice which commenced with an onsite inspection on 9 December 2021 from 10.00 am to 5.00pm, followed by a request for the submission of information electronically. The purpose of this inspection was to focus on the themes for the 2021/22 inspection year.

Our multidisciplinary inspection team examined a number of aspects of the hospice including the management of operations in response to the COVID-19 pandemic; infection prevention and control (IPC); the provision of palliative care; medicines management; maintenance of the premises; and the management and oversight of governance across the organisation. We met with various staff members, reviewed care practices and relevant records and documentation used to support the governance and assurance systems.

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

The inspection team found the care provided and delivered in the hospice to be of an excellent standard. There was evidence of a high standard of practice in respect to the management of operations in response to the COIVD-19 pandemic; IPC and medicines management. The provision of specialist palliative care was noted to be of an extremely high standard concerning the services offered and the support provided to patients and relatives.

It was noted that the governance structures within the hospice continue to provide the required level of assurance to the senior management team and the Board of Trustees.

The premises were maintained to a high standard of maintenance and décor. Through a review of documentation, discussion with staff and observation of the environment it was evidenced that robust arrangements were in place concerning the maintenance of the premises, equipment and the environment.

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. No areas from improvement were identified as a result of this inspection.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards.

Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).
In response to the COVID-19 pandemic we reviewed our inspection methodology during the 2020/21 inspection year 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. Having considered different inspection methodologies a decision was taken to undertake multidisciplinary blended themed inspections to hospice services. The blended methodology includes an onsite inspection and electronic submission of additional documentation to be reviewed remotely by pharmacist and estates inspectors.

As the COVID-19 pandemic is ongoing a decision was taken to continue with this inspection methodology during the 2021/22 inspection year. The onsite component of our inspection was completed on 9 December 2021 by three care inspectors. The onsite inspection team examined a number of aspects of the hospice services as outlined in section 2.0 of this report. At the onset of the onsite inspection the director of care and quality governance was provided with a list of specific documents requesting items to be reviewed remotely in respect of medicines management and the maintenance of the premises and grounds. These items were to be sent electronically to our pharmacist and estates inspectors on or before 16 December 2021 for review remotely.

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. Feedback of the inspection findings was delivered to the NI Hospice senior management team on 17 January 2022 during a Zoom teleconference. This feedback included the pharmacy and estates inspectors findings following their review of the documents submitted electronically.

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

- notifiable events since the previous care inspection
- the registration status of the hospice
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- 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 report generated by NI Hospice. We also invited staff to complete an electronic questionnaire. Staff and patient feedback are further discussed in section 4.0 of this report.

We undertook a tour of the in-patient unit including the staff rest areas. Posters informing patients and staff that an inspection was being conducted were displayed during the inspection. We reviewed a sample of records in relation to the areas inspected and validated the previous QIP.

4.0 What people told us about the service?

As previously discussed 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.

The hospice staff provide satisfaction surveys to patients on a monthly basis and findings are shared through their 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. Patient feedback regarding the hospice services was found to be very positive in respect to all aspects of care received and reflected staff deliver a very high standard of care.

Staff were invited to complete an electronic questionnaire. No completed staff questionnaires were submitted following the inspection.

All staff spoken with during the inspection spoke about the hospice in positive terms. Staff spoke in a complimentary manner regarding the senior management team and the communication and support they have provided. Staff discussed the challenges faced as a team as a result of the COVID-19 pandemic and how as a team they had overcome these and continued to provide high quality care. No areas of concern were raised during the onsite inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 26 October 2020</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Minimum Care Standards for Independent Healthcare Establishments (2014)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 31.10

Stated: First time</td><td>The Registered Person shall ensure that daily checks of the emergency equipment are undertaken with a record retained.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Review of the emergency equipment and checking arrangements confirmed that this area for improvement has been met.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 19 (1)

Stated: First time</td><td>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.</td><td rowspan="2">Carried forward to the next inspection</td></tr>
<tr><td>Action taken as confirmed during the inspection:
This area for improvement has been carried forward to the next care inspection.</td></tr>
</table>

5.2 Inspection outcomes

5.2.1 Are arrangements in place to minimise the risk of COVID-19 transmission?

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.

During this inspection we were informed the Hospice Hub element of the NI Hospice Adult Community Services remains 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 had been redeployed to the NI Adult Hospice in-patient unit. It was also established that the Day Hospice in Ballymoney remains temporarily suspended due to the impact of the COVID-19 pandemic. The NI Hospice Adult Community Services continues to provide services to patients who are able to remain in their own homes. Management informed us that a new community rapid response service has been piloted and due to the success of this service this is to continue.

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.

There was strong evidence of collaborative and multi professional working and good communication systems for the sharing of information and learning. Records confirmed that staff had received enhanced COVID-19 and IPC training and systems were in place for the monitoring of staff practices. Staff told us that they had received enhanced COVID-19 and personal protective equipment (PPE) training and that they can access training materials and the IPC lead nurse for advice.

The management of operations in response to the COVID-19 pandemic was discussed with the nurse in charge and other staff members. COVID-19 policies and procedures were in place in keeping with best practice guidance. Staff stated that all updates in guidance were regularly communicated to the team. The governance systems in place were reviewed and staff stated that timely communications were provided to update them regarding COVID-19 guidance.

A selection of documentation was reviewed including minutes of meetings; COVID-19 risk assessments; audits of the environment and staff practices; and staff training records. The COVID-19 risk assessments were comprehensively completed for clinical and non-clinical areas and many environmental control measures had been implemented to reduce the risk of transmission. The records confirmed good governance measures were in place for the preparation and maintenance of a COVID-19 safe environment.

We undertook a tour of the in-patient unit including the staff rest areas. Social distancing and COVID-19 precautions taken by staff were well adhered to in both clinical and non-clinical areas. It was noted that mechanisms were in place at ward level to challenge non-adherence when social distancing and COVID-19 precaution measures were breached. Staff told us they would feel confident to challenge anyone not compliant with any aspect of COVID-19 precautions.

Effective hand hygiene practices and effective use of PPE was observed throughout the inspection. Staff were observed supporting patients and visitors to comply with COVID-19 IPC measures. Excellent standards of environmental and equipment cleaning was observed. Good signage, to direct visitors and staff in respect of PPE, hand hygiene and the wearing of face masks was observed to be in place.

COVID-19 risk assessments, with agreed action plans, were also completed for clinically extremely vulnerable 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 (more than 28 weeks); and staff with underlying moderate or high risk medical conditions. The risk assessments included discussions with the staff member in respect of IPC precautions to be taken and considered options for staff including review of work conditions.

All patients admitted to the hospice must have a negative COVID-19 test result prior to admission. Visiting arrangements have been reviewed and facilitated in line with the most recent DoH guidance. Patients and their families are advised of the visiting arrangements on admission.

The contact details of all persons permitted to enter the inpatient unit are recorded and retained to enable the Public Health Agency (PHA) to undertake track and trace if required. PPE was provided to all persons prior to entering the inpatient unit and all visitors were directed by reception staff to sanitise their hands and don PPE before entering the inpatient unit.

A review of documents concerning the staff changing facilities, staff rest areas and nurses stations evidenced these areas had been included in the COVID-19 risk assessment. Staff were aware of the maximum number of staff permitted in each area in accordance with social distancing guidance. Staff break times had been staggered to facilitate social distancing and staff told us these arrangements were working well. Management had also reviewed staff changing facilities and provided additional staff changing areas which further enabled staff to socially distance at staff change over times.

Staff were knowledgeable about the ongoing COVID-19 pandemic restrictions. 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. The inspection team were assured of robust governance and oversight of measures to prevent the spread of the virus. Satisfactory arrangements were in place to minimise the risk of COVID-19 transmission.

5.2.2 Does the hospice adhere to infection prevention and control (IPC) best practice guidance?

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

During a tour of the premises all areas were found to be clean, tidy and well maintained. Hand hygiene posters were displayed for patients, visitors and staff regarding good hand hygiene and handwashing techniques.

There was a dedicated IPC lead nurse available to advise staff on the management of infection control issues and the completion IPC audits. Staff confirmed there was good communication between the hospice staff and the IPC lead nurse. The IPC lead nurse confirmed that she had protected time to focus on IPC and that she delivers IPC training to staff during the annual mandatory training days and there were clear lines of accountability for matters pertaining to IPC.

As previously discussed, a review of staff training records evidenced that overall staff mandatory IPC training was up to date. Staff who spoke with us demonstrated a good understanding of IPC measures in place.

A range of IPC audits undertaken in clinical areas including, environmental and hand hygiene audits were reviewed. These audits confirmed good compliance and oversight in IPC practices. A range of IPC audit scores were displayed to provide assurance of audit compliance to visitors and staff of a good standard of environmental cleaning and IPC practices. This information was displayed on notice boards in both clinical and non-clinical areas and discussed at the daily safety briefs. Staff told us about the actions that would be taken if environmental standards were to fall below the expected standard. Staff were also able to describe the actions they would take to address areas requiring improvement. Staff demonstrated a comprehensive understanding of this.

It was confirmed a policy was in place regarding aseptic non-touch technique (ANTT) and that staff had undertaken both 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. A robust system of audit had been implemented regarding the management of invasive devices, with audit results being disseminated to staff through the hospice’s governance systems.

Environmental cleanliness was of a high standard and there was a regular programme of environmental auditing and equipment cleaning schedules in place. Discussion with support service staff demonstrated that they were knowledgeable about the daily, weekly and monthly cleaning schedules and records to be completed. They were able to describe the ongoing arrangements concerning cleaning audits.

Good compliance with IPC practices was observed in relation to hand hygiene, equipment cleaning, appropriate use of PPE and donning and doffing. The collaborative approach by all staff in relation to IPC ensured efficiency and consistency in upholding the high standard of IPC practices evidenced throughout the hospice.

Review of the current arrangements with respect to IPC practice evidenced areas of good practice. It was noted that areas of IPC risks were being assessed and managed appropriately with robust auditing measures in place in clinical areas. Arrangements are in place to ensure the all staff adhere to IPC best practice guidance. There was evidence of effective governance mechanisms and collaborative working across the hospice in respect of IPC.

5.2.3 Does the hospice adhere to best practice guidance concerning the provision of palliative care?

Adherence to best practice guidance in regards to palliative care was evidenced through examination of referral pathways, care records; policies and procedures.

Well established referral procedures were evidenced to be in place. There was a robust 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. Multidisciplinary assessments are completed with the referral information through the regional referral arrangements. These systems were found to be robust. Staff spoken with confirmed they had received relevant information about the patient prior to their admission.

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. Staff told us that patients are given time to settle in with the opportunity provided for family members to be involved in the holistic care of the patient. Assessments are undertaken to include medical, nursing, physiotherapy, occupational therapy, complimentary therapy and spiritual assessments.

A review of two patients' care records evidenced 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. It was noted that care was very patient centred with ongoing review to ensure care is adapted according to assessed need. It was noted that facilities were accessible and provided to accommodate patients and their family to enable them to spend as much time together, as permissible, in keeping with current visiting guidance issued by the DoH.

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. Staff informed us that they responded to patients to meet their needs in a timely manner.

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.

The provision of bereavement care was reviewed and this evidenced that a range of information and support services were 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.

The hospice has a policy and procedure for delivering bad news to patients and/or their representatives which are in accordance with the Breaking Bad News regional guidelines 2003. The hospice retains a copy of the guidelines which are accessible to staff. Staff told us that bad news is delivered to patients and/or their representatives by professionals who have experience in communication skills and who 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 spoken with were very aware of the importance of being available to provide support to the patient and/or their representatives to help them to process the information shared.

The arrangements to engage with patients and/or their representatives were reviewed and found to be an integral part of the services delivered. Patients and/or their representatives are offered the opportunity to provide feedback through a questionnaire. The information received from these questionnaires is collated and made available to patients and other interested parties to read as an annual report. This report is also used by the hospice senior management team and informs the ongoing quality improvement of services.

The arrangements concerning discharge planning were reviewed and this evidenced 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 comprehensive 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. Robust systems were 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.

The current arrangements with respect to specialist palliative care were noted to be of an extremely high standard and adhered to current best practice guidance. There were examples of good practice found in relation to care delivery; the management of clinical records; the care pathway including admission and discharge arrangements; and patient engagement.

5.2.4 Does the hospice adhere to best practice guidance concerning the management of medicines?

The medicines management inspection was undertaken remotely. The management team were requested to complete a self-assessment questionnaire and to submit a range of documents to support the information provided. Further information was obtained during a telephone call with the pharmacist and registered manager on 20 December 2021 and 7 January 2022.

Policies and procedures for the management and administration of medicines, including controlled drugs and antimicrobials, were available. Systems were in place to ensure that any updates were communicated to the nursing and medical staff.

There were systems in place to ensure that controlled drugs were ordered, received, stored, administered and disposed of appropriately, and that records were accurately maintained. Reconciliation stock checks were completed twice daily. The pharmacist carried out a quarterly audit on the management of controlled drugs.

Nurses received a comprehensive induction which included the management of medicines and syringe drivers. Competency assessments were completed following induction. This training was updated annually or more frequently if a need was identified. The pharmacist provided training for medical staff as part of their induction and throughout the year at the weekly medical teaching sessions. Topics covered in the last year included prescribing in renal and hepatic impairment, de-prescribing and antimicrobial stewardship. Refresher training was provided and competencies were reassessed following any medication related incidents or if a need was identified through the audit process. Records of staff training and competency assessments were available for inspection.

Arrangements were in place to ensure the safe management of medicines when a patient was admitted to the Hospice. Medicines were reconciled by the pharmacist/admitting doctor using the Northern Ireland Electronic Care Record (NIECR), information provided by the patient/their family and the patient's supply of medicines. The kardexes were written by one doctor and checked by the pharmacist or a second doctor to ensure accuracy. Robust systems were in place to ensure that patients were given advice about their medicines and were provided with a continuous supply of their medicines at discharge.

In line with safe practice, nurses wore tabards to limit interruptions when administering medicines. Second checks were completed following each medication round and two nurses were involved in the administration of controlled drugs and injectable medicines. There was evidence that syringe driver pumps were checked regularly during administration.

There was evidence that systems were in place to ensure that all medication incidents and near misses were reported, investigated and learning shared with staff. Medication incidents were reviewed, graded and categorised each week at the divisional leads meeting. They were reviewed further at the monthly drugs and therapeutics committee meetings where any trends were identified. The pharmacist advised that audit and quality improvement work was guided by these trends.

The Hospice regularly reviewed practice to identify shortfalls and areas for improvement. The audits included controlled drugs, record keeping, antibiotic stewardship, storage and regular review of medication incidents. The HAPPI (happy antibiotics prudent prescribing indicator) audit was completed in November 2020, July 2021 and November 2021. Audit findings were presented at clinical audit and quality improvement meetings. Issues and action plans to address any shortfalls were discussed with the clinical leads and with the drugs and therapeutics committee.

A number of quality improvement initiatives relating to medicines management had been implemented. They included policy review, the management of syringe drivers, oxygen, blood glucose monitoring, intravenous administration, critical medicines and patient discharge. Plans were in place to undertake an antimicrobial stewardship quality improvement project and a review of insulin prescribing.

The current arrangements with respect to medicines management was noted to be of a high standard and adhered to current best practice guidance.

5.2.5 How does the service ensure the environment is safe?

The management of the environment section of the inspection was completed remotely. The hospice management team were provided with a checklist of estates related documents to submit to the estates inspector for review. The checklist included maintenance and test certificates relating to the building and engineering services, plus relevant risk assessments.

All requested documents were submitted, and found to be compliant with relevant codes of practice and standards. Maintenance works were completed by specialist sub-contractors and site based directly employed engineers.

The water hygiene/legionella risk assessment was completed by a specialist consultant and the works action plan recommendations implemented.

The fire risk assessment was completed by a competent fire safety consultant on 9 December 2021, and recommended works action plan items are being implemented in accordance with the action plan. The risk assessment evaluation is listed as tolerable.

The Authorising Engineer Audit Report and Review of the Medical Gas Pipeline Systems was completed on 23 August 2021, the subsequent works action plan recommendations have been either implemented or scheduled for completion.

Maintenance works activities are planned and managed effectively by the on-site facilities management team.

The current arrangements with respect to estates management, was noted to be of a high standard with suitable arrangements in place for the provision of necessary specialist services.

5.2.6 Are robust arrangements in place to regarding clinical and organisation governance?

The governance structures and arrangements were reviewed, and included a review of minutes of meetings of the Board of Trustees; discussions with Mrs Weir, Responsible Individual, and other members of the senior management team (SMT) during the inspection and the with the chair of the Board of Trustees and a medical representative on the Board of Trustees, via Zoom teleconference on 17 December 2021.

Overall we found that governance structures within the hospice provide the required level of assurance to the SMT and Board of Trustees. The Northern Ireland Hospice completed a review of governance structures in 2019. It was good to note that the revised governance structures continue to be embedded and further strengthened. It was good to note the involvement of the Trustees on committees and their commitment to be a driving force for continued improvement. All Board members are furnished with all minutes of sub-committee meetings and relevant papers that had been prepared for those meetings.

The Northern Ireland Hospice has implemented an electronic governance system called ‘Sentinel’. Sentinel is available on the hospice intranet and is accessible to all staff. The use of Sentinel is being further expanded to include complaints and corporate policies and procedures. Sentinel can operate as a live dashboard and will be able to display data in relation to the inpatient unit and the community service. It was acknowledged that the dashboard system was a very useful tool for the quick review of information, comparative data analysis and to share relevant information with all staff and patients, as necessary.

It was confirmed that a robust organisational structure was in place with clear lines of accountability, defined structures and visible leadership and staff were aware of these. Staff who spoke with us were able to describe their roles and responsibilities and how they fitted into the overarching governance structures and committees.

Review of the minutes of various committees that sit within the governance structure (corporate quality governance; finance; information technology and digital; and remuneration committees) demonstrated that these committees were functioning well and provide the required level of assurance to the Board of Trustees. The membership of the various committee meetings was representative of the governance structures. The Board are able to interrogate the data provided to them and provide appropriate challenge to the SMT, where required. The Board

scrutinise the quarterly indices reports with relevant information regarding key performance indicators (KPI's) as well as audit findings.

It was confirmed that organisational learning is discussed at Board and subcommittee meetings and shared with heads of department for dissemination to staff.

Through conversations with staff at ward level we were able to see a live governance system working from ward to Board. A review of the Board minutes confirmed that they detail the reports and documents reviewed by them and the action taken.

It was observed that arrangements were in place to develop, implement and regularly review risk assessments. It was confirmed that each of the three directorates have a risk register that feeds into the corporate risk register. These are live documents that are actively reviewed.

We evidenced that the Medical Advisory Committee (MAC) has been formalised within the weekly clinical leads meeting. We were able to review the terms of reference for the MAC and updates in relation to the MAC.

Multidisciplinary Morbidity and Mortality (M&M) are held on a monthly basis and are formally documented. It was confirmed that any learning from the M&M meetings would be shared with relevant staff and the senior management team 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. Feedback received from staff regarding these meetings was very positive.

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 a responsibility to share this information with all relevant stakeholders in the areas of the doctor's work. It was 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 within the wider Health and Social Care (HSC) sector and found that good internal arrangements were in place and the hospice was linked in with the regional RO network.

A sample of personnel files held for medical practitioners were reviewed and it was found that they contained all of the relevant information as outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005, as amended.

The arrangements for the provision of medical practitioners within the hospice were reviewed to ensure that patients had access to appropriate medical intervention as and when required. This review evidenced that robust arrangements were in place to meet the needs of the patients accommodated. 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.

It was confirmed that all medical practitioners are either directly employed by Northern Ireland Hospice or have a joint contract of contract between the Northern Ireland Hospice and BHSCT. An area for improvement was made during the previous inspection to develop a practising privileges policy.

Review of records and discussion with the SMT evidenced that a practising privileges policy is being developed and this will be ratified by the MAC. This area for improvement has been carried forward for review at the next inspection.

An audit programme and audit recording templates are in place. Results of audits are analysed by the clinical audit and quality improvement group which meets monthly. Actions plans are developed to address any deficits, including the name of the person responsible for implementing the action plan and the timeframe. It was good to see that all grades of staff were involved in the completion of audits as this increases ownership and accountability amongst staff. It was observed that where timeframes had been updated to show action points that had been completed.

It was established that the quarterly indices reports (inpatient unit & hub), includes all key quality indicators and these reports are shared with the relevant governance committees.

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 a policy and procedure in place for the management of notifiable events/incidents which includes reporting arrangements to RQIA. Notifications submitted to RQIA since the previous inspection was reviewed. It was confirmed that all notifiable events/incidents were recorded, investigated and reported to RQIA or other relevant bodies, as appropriate, in a timely manner.

Discussion with staff and review of records demonstrated that all subsequent learning from notifiable events/incidents that occurred were reviewed through the governance structures of the hospice, in a meaningful way, to identify trends and learning that could be used to affect change or influence practice. A multidisciplinary approach is applied to the review of notifiable events/incidents and the hospice ensures the dissemination of learning to all staff. Staff described to us that the reporting of incidents is encouraged in an open and transparent way which leads to a no blame culture within the organisation and enhanced learning outcomes.

The hospice has a complaints policy and procedure in place in accordance 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.

The management of complaints within the hospice was reviewed staff who spoke with us demonstrated good awareness of how to deal with a complaint, if received.

It was evidenced that systems were in place to ensure that any complaints received would be fully investigated and responded to appropriately. Records are kept of all complaints and include details of all communications with complainants; the result of any investigation; the outcome and any action taken. Information gathered from complaints would be used to improve the quality of services provided.

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. Mrs Weir, Responsible Individual, is not in day to day operational management of Northern Ireland Hospice and it was confirmed that Mrs Weir undertakes the six monthly monitoring unannounced visits in line with the legislation.

Reports of the visits were available for inspection, review of the most recent report evidenced that the unannounced visits were thorough and conducted in a meaningful manger. Mrs Aspinall receives a copy of the reports generated for review and sign off.

During the Zoom meeting with the chair of the Board of Trustees and another Board member, on 17 December 2021, the role and responsibilities of the Board and the governance structures were discussed. It was good to note that the Board members actively review their membership; identifying skill sets or areas of expertise that would further enhance the Board, for the benefit of the hospice. A discussion took place concerning the further development of the strategic plan and provision of services. The Board members confirmed that members of the senior management team have an open door policy and make themselves available to Board members and staff when required. They also felt the governance structures were effective and that the Board were fully assured about the quality and standard of services delivered by Northern Ireland Hospice.

We would like to recognise the work undertaken by the Trustees, the senior management team and staff of the hospice to progress the strengthening of the governance structures during a difficult time of a global pandemic while ensuring that safe, effective and compassionate palliative care continues to be delivered to patients and their families.

Overall, the governance structures within the hospice provided the required level of assurance to the senior management team and Board of Trustees. It was good to note the involvement of Trustees on various committees and their commitment to driving continued quality improvement. Our discussions with the chairperson Board; Board member and the senior management team established that they continued to have a shared vision and strategy for the hospice coupled with a cohesive and productive way of working together.

5.2.7 Does the service have suitable arrangements in place to record 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 with several members of the hospice team.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	1*	0

One area that had been stated for the first time at the previous inspection is carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection 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; two senior medical leads ; the deputy head of adult services; the in-patient unit ward manager and the palliative care pharmacist, during a zoom teleconference on 17 January 2022, as part of the inspection process and can be found in the main body of the report.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</td></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 19 (1)

Stated: First time

To be completed by:
26 January 2021</td><td>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: 5.1</td></tr>
<tr><td>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action fully completed - Practising Privileges Policy and arrangements in place.</td></tr>
</table>

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

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Assurance, Challenge and Improvement in Health and Social Care