Unannounced Inspection Report
30 May 2019

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

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

Membership of the Inspection Team

Jo Browne	Senior Inspector, (acting) Independent Healthcare Team Regulation and Quality Improvement Authority
Carmel McKeegan	Inspector, Independent Healthcare Team Regulation and Quality Improvement Authority
Thomas Hughes	Inspector, Healthcare Team Regulation and Quality Improvement Authority
Helen Daly	Inspector, Medicines Management Team Regulation and Quality Improvement Authority
Raymond Sayers	Inspector, Premises Team Regulation and Quality Improvement Authority

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 operational in total four days a week, with one day focusing on the care and support of patients with dementia. A day hospice service is also provided for up to seven patients one day a week (Thursday) in the Robinson Hospital site, located at 8 Eastermeade Park, Ballymoney, BT53 6HP.

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
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

We undertook an unannounced follow up inspection to the NI Hospice and the NI Hospice Adult Community Services on 30 May 2019. The focus of this inspection was to ascertain the progress made to address the areas of improvement identified as a result of the unannounced inspection undertaken over a three day period commencing on Wednesday 13 February 2019 and concluding on Friday 15 February 2019.

Feedback of this inspection findings was delivered to Mrs Heather Weir, Chief Executive (Responsible Individual); Mrs Debbie Burns, Director of Care and Quality Governance and Mrs Gemma Aspinall, Registered Manager of NI Hospice and NI Hospice Adult Community Services at the conclusion of the inspection.

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).

Our multi-disciplinary inspection team met with relevant staff members in each facility, spoke with patients and volunteers, observed care practice and reviewed relevant records and documents.

The inspection team noted multiple areas of strength, particularly in relation to the delivery of front line care in the hospice and staff morale. No concerns were identified in relation to patient safety.

Fifteen areas for improvement had been identified at the previous inspection, eleven areas were made against the regulations and four were made against the standards. We were provided with sufficient information to determine that substantial progress has taken place and fourteen areas for improvement had been met in the following areas;

- clinical governance arrangements across the organisation;
- resuscitation and the management of medical emergencies;
- interventional procedures to be provided in the Hospice Hub;
- management of incidents;
- infection prevention and control and decontamination procedures;
- the environment; and
- antibiotic/antimicrobial stewardship

We established that three areas for improvement made at the previous inspection had not been fully addressed. As we were inspecting these areas for improvement prior to the agreed date of completion as stated in the previous Quality Improvement Plan (QIP) the three identified areas for improvement will not be stated for a second time and will be carried forward for review at the next inspection. Further detail is provided in Section 6.2 pages 7- 12 in this report.

Patients and their representatives advised us they were very happy with their care and spoke positively regarding their experiences and interactions with all staff. We observed staff treating patients and/or their representatives with dignity, staff were respectful of patients' privacy and supported patients to make informed choices.

We would like to thank Mrs Weir, Mrs Burns, Mrs Aspinall and all of NI Hospice and the NI Hospice Adult Community Services staff for being welcoming, open and transparent, and for providing the inspection team with all information and documents required in a timely manner.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

This inspection resulted in no new areas for improvement being identified. As previously stated we will carry forward three areas for improvement to be reviewed at the next inspection. Findings of this inspection were discussed with Mrs Heather Weir, Ms Debbie Burns, and Mrs Gemma Aspinall, 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 previous inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the previous inspection which took place over three days, commencing on Wednesday 13 February 2019 and concluding on Friday 15 February 2019.

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 inspection;
- registration status of the establishment;
- written and verbal communication received since the previous inspection; and
- the previous inspection report.

Questionnaires were provided to patients during the inspection on behalf of RQIA. One patient questionnaire was received by RQIA. We also invited staff to complete an electronic questionnaire during the inspection. No staff questionnaires were received by RQIA.

Posters informing patients that an inspection was being conducted were displayed.

We met with and spoke with the following staff: Mrs Weir; Mrs Burns; Mrs Aspinall; medical staff; nursing staff; healthcare assistants; allied health professionals (AHPs); the estates and facilities manager and volunteers.

Our inspection team visited all areas of the NI Hospice and the NI Hospice Adult Community Services.

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

- clinical governance arrangements;
- resuscitation and the management of medical emergencies;
- interventional procedures to be provided by NI Hospice Adult Community Services;
- management of incidents;
- infection prevention and control and decontamination procedures;
- antibiotic/antimicrobial stewardship; and
- the environment.

6.0 The inspection

6.1 Review of areas for improvement from the previous inspection dated 13, 14 & 15 February 2019

The previous inspection of both the NI Hospice and the NI Hospice Adult Community Services was an unannounced inspection over three days, commencing on Wednesday 13 February 2019 and concluding on Friday 15 February 2019. Following that a QIP was completed and returned by Mrs Weir, Chief Executive, this was approved by inspectors.

6.2 Review of areas for improvement from the previous inspection dated 13, 14 & 15 February 2019

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</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><th colspan="2">Clinical governance</th><th></th></tr>
<tr><td>Area for improvement 1

Ref: Regulation 17

Stated: First time</td><td>The Registered Person shall address the following matters to strengthen the governance arrangements:

• the Medical Advisory Committee (MAC) terms of reference should be formalised providing written evidence of the functions and systems in place to provide assurance and to evidence safe practice to the NI Hospice, Board of Trustees and RQIA;
• review the current committees and working groups to determine what committees are required in order to assure best practice and to deliver appropriate oversight of services;
• streamline these committees to develop a simplified and effective working governance arrangement; and
• the current Morbidity and Mortality (M&M) meeting should become multi-professional and include nursing staff and other relevant staff with a view to sharing learning.</td><td rowspan="2">Met</td></tr>
<tr><td></td><td>Action taken as confirmed during the inspection:
This area for improvement has been assessed as met, further detail is provided in section 6.4.1</td></tr>
</table>

Area for improvement 2 **Ref:** Regulation 17 **Stated:** First time	The Registered Person shall review the governing arrangements between the Board of Trustees and the executive team and operational staff in the hospice; consideration should be given to: • formalising the link between the two clinical leads and the medical member of the Board of Trustees; • formalising a nursing link to the Board of Trustees; • ensuring the Trustee responsible for nursing connects with the nursing leads; to support and also challenge practice, as appropriate; and • ensuring all links between the Board of Trustees and key personnel are captured in the governance structure.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 6.4.2	
Resuscitation and management of medical emergencies		
Area for improvement 3 **Ref:** Regulation 15 (6) **Stated:** First time	The Registered Person shall ensure that mechanisms are in place for the provision of emergency medicines and equipment and should address the following: • emergency trolleys for the NI Hospice and the NI Adult Community Services Hospice must be stocked with the correct emergency medication to accommodate patients using these services and also visitors to the service; • emergency medicines should be stored in sealed boxes; • daily checks should be recorded and issues identified must be addressed in a timely manner; and • location of the resuscitation trolley in the Adult Community Services Hospice should be reviewed to ensure the trolley is easily accessible at all times. •	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 6.5.	

Interventional procedures		
Area for improvement 4 **Ref:** Regulation 15 (1) **Stated:** First time	The Registered Person shall address the following matters in relation to the provision of treatments and procedures to be provided in the Adult Community Services Hospice: • ensure that clinical and treatment protocols that have been developed by the medical consultants are guided by best practice guidelines, to support the delivery of an enhanced range of treatments e.g. paracentesis, blood transfusion and the management of hypercalcaemia; • copies of the clinical and treatment protocols should be made available and easily accessible to all staff involved; and • implement an assurance mechanism for the NI Hospice's Executive Team and Board of Trustees to ensure that the quality of practice and care delivered in the treatment room is of the required standard.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 6.6.	
Management of incidents		
Area for improvement 5 **Ref:** Regulation 28 (1) **Stated:** First time	The Registered Person shall ensure that RQIA is informed of all medication incidents, in a timely manner, in keeping with RQIA guidance statutory notifications of incidents and deaths for registered providers and managers.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 6.7.	
Infection prevention control (IPC) and decontamination procedures		
Area for improvement 6 **Ref:** Regulation 15 (7) **Stated:** First time	The Registered Person shall address the following matters in relation to infection prevention and control (IPC) and care delivery: • the current audit tools should be updated to reflect and assure best practice in relation to clinical practices and aseptic non-touch technique (ANTT); • the hospice should engage expert involvement to support appropriate development and implementation of best practice for infection prevention and control; and	**Met**

	• the involvement of the clinical educator should be considered when reviewing and/or implementing changes/improvements to clinical practice e.g. nutrition, hydration, pressure care, IPC and the environment.	
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 6.8.1.	
Area for improvement 7 **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.	**Partially met and carried forward to the next inspection**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as partially met and is carried forward to the next inspection. Further detail is provided in section 6.8.2.	
Area for improvement 8 **Ref**: Standard 22.1 & 22.2 **Stated:** First time	The Registered Person shall ensure that the bed pan washer/disinfector is maintained effectively and water temperatures are calibrated in accordance with manufacturer`s instructions.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 6.8.3.	

Environment		
Area for improvement 9 **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.	**Partially met and carried forward to the next inspection**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as partially met and is carried forward to the next inspection. Further detail is provided in section 6.9.1.	
Area for improvement 10 **Ref**: Standard 22.1 & 22.3 **Stated:** First time	The Registered Person shall ensure that all gas appliances have valid Gas Safe Register engineer safety inspections completed in accordance with statutory requirements and that the following inspection, certificates are available for review for: • Kitchen gas appliances; and • Gas space heating boilers	**Met**
	This area for improvement has been assessed as met, further detail is provided in section 6.9.2.	
Area for improvement 11 **Ref**: Standard 22.1 & 22.3 **Stated:** First time	The Registered Person shall ensure that all Air Conditioning Units (ACUs) are maintained in accordance with manufacturer's instructions and Health Technical Memorandum 03-01.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 6.9.3.	
Area for improvement 12 **Ref:** Regulation 25 (4) (f) **Stated:** First time	The Registered Person shall arrange for the completion of a fire risk assessment (FRA) review; any subsequent FRA action plan recommendations must be implemented in accordance with the action plan time frame	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 6.9.4.	

Area for improvement 13 **Ref:** Regulation 25 (2) (d) **Stated:** First time	The Registered Person shall arrange for the establishment of a multi-disciplinary Water Safety Group (WSG) to monitor and verify that the Water Safety Plan (WSP) is implemented. The WSP shall comply with the Water Safety Policy and Health Technical Memorandum 04-01 Part B: "The control of Legionella, hygiene, 'safe' hot water, and cold water and drinking water systems".	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed .as met, further detail is provided in section 6.9.5.	
Area for improvement 14 **Ref:** Regulation 25 (2) (d **Stated:** First time	The Registered Person shall arrange for the completion of Lifting Operations and Lifting Equipment Regulations (LOLER) thorough examinations of the passenger lifts, in compliance with LOLER Regulation 9.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 6.9.6.	
Antibiotic/antimicrobial stewardship		
Area for improvement 15 **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.	**Partially met and carried forward to the next inspection**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as partially met and is carried forward to the next inspection. Further detail is provided in section 6.10.	

This inspection focused solely on the areas for improvement outlined above.

6.3 Inspection findings

6.4 Clinical Governance

We identified at the previous inspection that the governance arrangements within the hospice required to be reviewed and strengthened. We discussed the NI Hospice and NI Hospice Adult Community Services governance arrangements with Mrs Weir, Mrs Burns and Mrs Aspinall. Since the previous inspection Mrs Hilary Maguire has retired from the position of registered manager for the NI Hospice. Mrs Aspinall submitted a registered manager application to RQIA in this regard which has been approved. Mrs Aspinall is now the registered manager for both facilities.

We were informed that since the previous inspection a review of the governance structure across the organisation had commenced. Mrs Weir stated they will move to a directorate based approach across the three directorates which will incorporate all the functions of the NI Hospice, the NI Adult Hospice Community Services and Fundraising Services. A meeting is scheduled to take place in August 2019 to present the proposed governance structure to the Board of Trustees.

6.4.1 Area for Improvement 1 - Clinical and organisational governance

We reviewed the clinical and organisational governance within the hospice and we established the following:

- 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 will report and escalate 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.
- the review of the governance structure and the process of changing to directorate quality assurance have absorbed the streamlining of committees and working groups. The streamlining of meetings and working groups will strengthen ownership of governance across the organisation with the aim of improving assurance with robust management information.
- the Morbidity and Mortality (M&M) meetings will take place monthly, commencing on 20 June 2019. 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.

<u>Outcome</u>

We were provided with sufficient information to determine that substantial progress has taken place in relation to clinical and organisational governance. This area for improvement has been met.

6.4.2 Area for Improvement 2 - Governing arrangements

We undertook a review of the governing arrangements within the hospice and determined the following:

- the clinical leads currently meet with the clinical members of the Board of Trustees bi-monthly, prior to the Board of Trustees meeting. It has been identified that clinical staff value this meeting as a professional sounding board and appreciate the informal nature of this forum. We were informed that the purpose of this meeting is to offer informal support and an open space for discussions on any matters the clinical leads wish to share about clinical practice;
- the terms of reference for the clinical leads and clinical Trustee bi-monthly meeting has been agreed and a record will be maintained of the dates of meetings, attendance and topics discussed;
- it was agreed that any matter identified for escalation in relation to raising concerns about practice and/or patient safety will be formally raised through the CQGC;
- arrangements are being established for a bi-monthly meeting between the nursing Trustee and nursing leads which will follow the established structure of the existing clinical leads meeting; and
- the governance structure review will be revised to reflect these arrangements and ensure that there is a mechanism for ensuring all links between the Board of Trustees and key clinical and nursing personnel are captured. We were advised that the terms of reference for the CQGC meeting will be refreshed to include the areas as identified in area for improvement 2.

Outcome

We were provided with sufficient information to determine that substantial progress has taken place in relation to governing arrangements. This area for improvement has been met.

6.5 Area for Improvement 3 - Resuscitation and management of medical emergencies

At the previous inspection we found that improvement was required in relation to the provision of emergency medicines and equipment. We reviewed the arrangements for the management of medicines within the NI Hospice and the NI Hospice Adult Community Services Hospice and had discussions with nursing staff. We observed that:

- an emergency trolley was available in both the hospice and the Hospice Hub;
- both emergency trolleys were stocked with a sealed box containing the emergency medicines as listed in the hospice's policy. A spare sealed box was available in the medicine room in the NI Hospice. Medicines were observed to be clearly labelled;
- a record of the daily checks of the emergency equipment and medicines was maintained; and
- the location of the emergency trolley in the NI Hospice Adult Community Services had been risk assessed. Management advised that the key lock to the treatment room would be replaced by a keypad to ensure that these medicines are immediately accessible to staff.

Outcome

The arrangements for the management of medicines within the NI Hospice and the NI Hospice Adult Community Services to ensure that medicines are safely, securely and effectively managed were in compliance with legislative requirements, professional standards and guidelines. This area for improvement has been met.

6.6 Area for Improvement 4 - Interventional procedures

We were informed at the previous inspection that the NI Hospice Adult Community Services was preparing to provide clinical/interventional procedures and had a dedicated treatment room solely for this purpose. The following procedures: paracentesis; blood transfusion; and the management of hypercalcaemia are to be provided as an out-patient service.

We reviewed the arrangements for the provision of these clinical/interventional procedures and had discussions with staff and evidenced the following:

- clinical and treatment protocols developed by the medical consultants were in place. The protocols were guided by best practice guidelines to support the delivery of paracentesis, blood transfusion and the management of hypercalcaemia;
- we observed that the clinical and treatment protocols were provided in paper format in the NI Hospice Hub and were also available electronically. The treatment protocols were easily accessible for all staff; and
- we were informed that a section has been added to the Quality Indices Report in relation to the assurance of interventional procedures. The Quality Indices Report is reviewed on a monthly basis and is then included in the Directorate Quality Indices Report which is shared with the CQGC quarterly.

Outcome

Review of the dedicated treatment room, the interventional treatment protocols and discussion with the NI Hospice Adult Community Services staff and senior management confirmed that this area for improvement has been met.

6.7 Area for Improvement 5 - Management of notifiable events

We found during the previous inspection some confusion over which medicine related incidents should be reported to RQIA. We reviewed the arrangements in place for the management of notifiable events and found that a system was in place to ensure that all notifiable events, including medication incidents, are investigated and in the main were reported to RQIA or other relevant bodies as appropriate. We found the following:

- systems were in place for identifying, recording, analysing and learning from medicines related adverse events and near misses. A revised IR1 form was in use and these were filed in monthly order. A summary sheet was placed at the front of each month and medication related incidents were recorded in red on this summary sheet;
- medicine events were reviewed weekly at the clinical leads meeting and monthly at the Drugs and Therapeutic Committee meetings; and
- review of the 1RI forms since the last inspection, 13 and 14 February 2019 evidenced that three incidents which occurred in February 2019 had not been reported to RQIA. It was acknowledged that this had been an oversight as the IR1 forms had been marked to indicate that the incidents needed to be reported to RQIA. The incidents were submitted to RQIA on the day of the inspection.

Outcome

We identified that RQIA had not been notified of three medication incidents that occurred in February 2019, which were subsequently submitted to RQIA on the day of the inspection. We have accepted that this was an oversight at that time as records reviewed verified that since the previous inspection all other notifiable events had been reported in a timely manner. This area for improvement has been met. We will continue to monitor the reporting of notifiable events from the NI Hospice to ensure that compliance is sustained.

6.8 Infection prevention and control (IPC) and decontamination procedures

6.8.1 Area for Improvement 6 - Aseptic Non Touch Technique (ANTT)

We found at the previous inspection that IPC practice required to be strengthened. We were informed that since the previous inspection senior management in the hospice had recognised the need to implement a framework of ANTT guidance, training and a process of assurance in relation to a range of their clinical practices. Through discussion with staff and review of records, we confirmed the following specific areas of progress:

- hospice staff have engaged with the Association for Safe Aseptic Practice who have planned to facilitate Aseptic Non Touch Technique (ANTT) training and competency assessment for 20 hospice staff on the 27 June 19. The training entitled, 'Train the Trainers', will equip the 20 staff with the skills to carry out and cascade ANTT training and competency assessments for all staff within the hospice that carry out a range of aseptic or invasive procedures with patients;
- the Association for Safe Aseptic Practice have provided collections of ANTT Clinical Pictorial Guidelines used in hospitals and the community, staff competency assessment tools and ANTT audit tools to assess ongoing staff practice. These resources were in the process of being tailored to suit the needs of the hospice for future implementation;
- a new ANTT policy went live within the hospice in April 2019. We were told that a process was currently in place to review all clinical practice policies and guidelines to ensure the practice of ANTT is incorporated into these policies and guidance documents;
- two identified IPC link staff are due to participate on a 5 day IPC link nurse course within the Belfast Health and Social Care Trust (BHSCT) in June 2019. Additionally the IPC link staff recently participated on a course with the Hospice UK to enhance their IPC knowledge and skills. Staff have also made contact with a member of the IPC nursing team at the Northern Health and Social Care Trust (NHSCT) who has planned to visit the hospice to provide some additional support and advice.

Staff informed us that there are plans to: review and improve their visual infusion phlebitis (VIP) charts; develop a hospice patient screening protocol; and implement a non-notifiable surveillance system for infectious organisms.

Outcome

We were provided with sufficient information to determine that substantial progress has taken place in relation to the review and implementation of ANTT practices within the hospice. This area for improvement has been met.

6.8.2 Area for Improvement 7 - Infection prevention and control arrangements and Water Safety

We identified at the previous inspection that a Water Safety Group to monitor water safety in the hospice premises had not been established. An area for improvement had been made to strengthen the IPC arrangements in this regard and ensure a robust joined up approach to IPC and water safety.

We found that the following actions have been taken to date to address this area:

- a decision has been made that the IPC Committee will include input from estates, care, water and the environment and these will form a key element of the Water Safety Group;
- the terms of reference of the IPC Committee have been updated to clearly define its role and function in relation to water safety. The IPC committee will meet monthly and has representation from all staff disciplines which promotes collective ownership and standardisation of IPC practices across the organisation. We reviewed the minutes of the committee meetings and evidenced discussions and actions in relation to: key IPC clinical practices of audit; policy review and development; surveillance; training; and incident management;
- clinical leads will be included in the IPC Committee and the Water Safety Group; and
- microbiology input is being sought from BHSCT and will join the Water Safety Group once available, possibly September 2019.

Outcome

We were assured that hospice management are making progress in strengthening and developing their governance structures to ensure that that there is clear and effective organisational wide oversight of IPC and water safety. However as this process has not yet completed we were unable to confirm that the implementation of IPC governance policies include the updated IPC audit tools and water testing arrangements. As we are inspecting this area of improvement prior to the agreed completion date stated in the previous QIP, this area for improvement will be carried forward and reviewed at the next inspection.

6.8.3 Area for Improvement 8 - Bed pan washer/disinfector

At the previous inspection we did not find an effective bed pan washer/disinfector maintenance regime. We reviewed maintenance service records which evidenced that the bed pan washer/disinfector had been serviced and water temperatures had been calibrated in accordance with manufacturer's instructions.

Outcome

We were provided with sufficient information to determine that substantial progress has taken place in relation to the maintenance of the bed pan washer/disinfector. This area for improvement has been met.

6.9 Environment

6.9.1 Area for Improvement 9 - Medical gas pipeline systems (MGPS)

We met with the facilities and estates manager and reviewed records which confirmed that the following progress has been made to address our concerns identified during the previous inspection in relation to medical gas pipeline systems:

- MGPS is under the control of an authorised person and all items in the MGPS audit action plan (dated January 2019) are currently under review;
- all service work has been carried out under the control of a permit to work system with records maintained;
- solutions to the remaining outstanding audit report items are mainly related to installation issues and are currently being considered by the architect, mechanical & electrical consultants and the contractor; and
- a medical gas group is being formed who will meet to discuss operational MGPS issues.

We recognised that due to the nature of some of the recommendations made within the MGPS audit action plan (dated January 2019), that it would not be possible to fully address each of the recommendations by the return date of the previous QIP. This area for improvement will be carried forward and reviewed at the next inspection.

Outcome

This area for improvement has been assessed as partially met and will be carried forward for review the next inspection.

6.9.2 Area for Improvement 10 - Gas safety

During the previous inspection we were unable to find evidence of statutory gas safe register inspections. We reviewed documents which confirmed that Gas Safe Register inspection report records were available on site.

Outcome

This area for improvement is assessed as met.

6.9.3 Area for Improvement 11 - Air conditioning

We were unable to find evidence of the planned maintenance regime for the air conditioning system. We reviewed documents which confirmed that air conditioning units maintenance servicing had been completed and the service reports were available and inspected.

Outcome

This area for improvement has been assessed as met.

6.9.4 Area for Improvement 12 - Fire safety

At the time of the previous inspection we found that the fire risk assessment was overdue. We found that the fire risk assessment had been completed and the report action plan recommendations had been implemented in accordance with the action plan timeframe.

Outcome

This area for improvement has been assessed as met.

6.9.5 Area for Improvement 13 - Water safety

We discussed water safety with management and staff and reviewed records which confirmed that a water safety group (WSG) had been established since the previous inspection and terms of reference had been agreed. The WSG group will meet on a monthly basis to discuss all water compliance issues in accordance with HTM 04-01 and HSG 274 Part 2.

Outcome

This area for improvement has been assessed as met.

6.9.6 Area for Improvement 14 - Lift maintenance arrangements

At the previous inspection statutory reports for Lifting Operations and Lifting Equipment Regulations (LOLER) were not available for examination. We reviewed the arrangements for lift maintenance with the facilities and estates manager and reviewed records. We found that LOLER thorough examination of the passenger lifts had been completed, examination certificates were retained and were available for inspection.

Outcome

This area for improvement has been assessed as met.

6.10 Area for Improvement 15 - Antibiotic/antimicrobial stewardship

During the previous inspection we identified that an antibiotic/antimicrobial auditing system required to be developed to ensure compliance with the hospice's antibiotic/antimicrobial policy. We spoke with a pharmacist and senior nursing staff who were aware that the NI Hospice has sought advice and guidance from the BHSCT and subsequently reviewed the NI Hospice antimicrobial policy. The hospice management have discussed arrangements on how to assure the revised antibiotic/antimicrobial stewardship policy, however a determination is yet to be made on how to implement the assurance mechanisms.

We were informed that an antimicrobial auditing system was discussed at the Clinical Leads meeting on Wednesday 28 May 2019. Management advised that they recognised the need for an auditing system and that guidance was being sought from antimicrobial pharmacists within the Trust on implementing an effective auditing system. As we are inspecting this area of improvement prior to the agreed timescale for completion as stated in the previous QIP, this area for improvement will be carried forward to the next inspection.

Outcome

This area for improvement has been partially met. This area of improvement will be carried forward for review at the next inspection.

6.11 Conclusion

Areas of good practice

As previously outlined fifteen areas for improvement had been identified at the previous inspection. We were provided with sufficient information to determine that substantial progress has taken place to address these issues and were able to confirm that the following areas for improvement had been met:

- review and strengthening of the overall governance arrangements and clinical governance arrangements;
- the provision and location of emergency medicines;
- arrangements for the proposed interventional clinical treatments in the Hospice Hub;
- notification of all medicine related incidents to RQIA;
- review and strengthening of infection prevention and control procedures;
- ensuring the bed pan washer is maintained in accordance with the manufacturer's;
- ensuring gas appliances are inspected in accordance with statutory requirements;
- ensuring the air conditioning units are maintained in accordance with manufacturer's instructions and Health Technical Memorandum 03-01;
- completion of a fire risk assessment (FRA) review;
- establishment of a multidisciplinary Water Safety Group to monitor and verify the Water Safety Plan; and
- establishment of regular examination of the passenger lifts

Areas for improvement

We determined that three areas from improvement made at the previous inspection had not been fully addressed in the period of time since the previous inspection. As we are inspecting these areas for improvement prior to the completion date as stated in the previous QIP, the three identified areas for improvement will not be stated for a second time and will be carried forward for review at the next inspection.

These areas for improvement are outlined in section 8.2 of this report.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Patient and staff views

One patient submitted a completed questionnaire and indicated that they felt their care was safe, effective, that they were treated with compassion and the service was well led. The patient indicated that they were very satisfied with each of these areas of care.

We invited staff to complete an electronic questionnaire during the inspection. No staff questionnaires were received. As previously discussed, during the inspection we met with staff with differing roles and responsibilities and we found staff to be highly motivated to provide patients with a high standard of care suited to their specific needs. Staff confirmed that they felt supported by management of the hospice who had a visible presence in both facilities. Staff considered the communication pathways within the hospice to be effective for sharing information in a timely manner. There were no issues of concern reported to the inspection team.

8.0 Quality improvement plan

No new areas for improvement were identified during this inspection however three areas for improvement were carried forward and are detailed in the QIP. Details of the QIP were discussed with Mrs Heather Weir, Chief Executive and responsible individual, Mrs Debbie Burns, Director of Care and Quality Governance and Mrs Gemma Aspinall, Registered Manager of NI Hospice and NI Hospice Adult Community Services, as part of the inspection process.

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 action. It is the responsibility of the Registered Provider to ensure that it 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 independent hospital. 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.

8.1 Areas for improvement

Areas for improvement have been carried forward to the next inspection 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).

8.2 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 with The Minimum Standards for independent Healthcare Establishments (2014)

Area for improvement 1 **Ref**: Regulation 15 (7) **Stated:** First time **To be completed by:** 30 June 2019 **Compliance with this regulation is carried forward to the next care inspection.**	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. Ref 6.8.2
	Response by registered person detailing the actions taken: The Water Safety Group is now established (ensuring appropriate membership from clinical, estates and housekeeping) and is chaired by the Director of Corporate Services. This groups agenda has been added to the established IPC group, thereby facilitating clinical and non clinical staff to address all related matters and ensure compliance against regulatory standards and legislation. ToR have been developed and provide a clear mechanism to ensure holistic oversight of the environment and a joined up approach which enables quality assurance. A continuous schedule of meetings is in place for Water Safety, Estates/Patient Safety and IPC. Microbiology input continues to be sought. The updated IPC audit tools and water testing arrangements are included in the IPC governance policies. Water testing is carried out at the required frequency standard with water files available for inspection. Associated evidence is available for inspection.
Area for improvement 2 **Ref**: Regulation 25 (2) (d) **Stated:** First time **To be completed by:** 30 June 2019 **Compliance with this regulation is carried forward to the next care inspection.**	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. Ref: 6.9.1
	Response by registered person detailing the actions taken: All actions listed within the action plan that are within the control of NIH have been addressed. The action listed in the MGPS audit that relate to installation issues are currently being brought forward by the construction architects, and the mechanical and electrical consultants who commissioned MGPS, together with the Director of Corporate Services and the NIH Authorised

	person. NIH anticipate that said items will all be addressed in the coming months. MGPS are under the control of an authorised person and all work is carried in compliance with HTM 02-01. All records are available for inspection. NIH are assured that the system is safe for use and our appointed Authorised Engineer (AE) will return to update the audit, provide additional Authorised Person training for another nominated member of staff and nurse specific training in February 2020.
Area for improvement 3 **Ref**: Standard 25 **Stated:** First time **To be completed by:** 30 June 2019 **Compliance with this standard is carried forward to the next care inspection.**	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 is developed to address any deficits. Ref: 6.10
	Response by registered person detailing the actions taken: The HAPPI (hospital antibiotics prudent prescribing indicator) audit tool is now in place and is completed monthly to ensure compliance with NIH policy. A decision has been taken by medical leads to continue to refer to the Belfast Health and Social Care Trust (BHSCT) "Guidelines for first-line empirical antibiotic therapy in adults 2019" in line with this policy; therefore the decision was also taken to use the HAPPI audit tool employed by BHSCT to complement this. Any deficits identified will generate an action plan that is discussed and agreed at the IPC group and disseminated via the Clinical Leads meetings and structure.

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews