

Adult Hospice Inspection Report

22 November 2016



Northern Ireland Hospice

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

Address: 74 Somerton Road, Belfast, BT15 3LH

Tel No: 02890781836

Inspector: Winnie Maguire

1.0 Summary

An announced inspection of Northern Ireland Hospice took place on 22 November 2016 from 10.00 to 17.45.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Ms Hilary Maguire, registered manager applicant, and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, the specialist palliative care team, resuscitation and management of medical emergencies, infection prevention control and decontamination, and the general environment. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Ms Maguire and staff demonstrated that systems and processes were in place to ensure that care provided in the hospice was effective. Areas reviewed included clinical records, the care pathway, patient information and decision making and discharge planning. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Ms Maguire and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. Areas reviewed included patient/family involvement, bereavement care services and patient consultation. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements, the arrangements for managing practising privileges and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Hilary Maguire, registered manager applicant, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Northern Ireland Hospice Mrs Heather Weir	Registered manager: Ms Hilary Maguire(Pending)
Person in charge of the hospice at the time of inspection: Ms Hilary Maguire	Date manager registered: Registration Pending
Categories of care: Independent Hospital (IH) – Adult Hospice	Number of registered places: 18

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the hospice on behalf of the RQIA. Prior to inspection we analysed the following records: notifications of reportable incidents, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with two patients, four relatives, Ms Maguire , registered manager applicant , a consultant in palliative medicine, a ward manager, an occupational therapist, a social worker, two staff nurses and a nursing auxiliary. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- resuscitation and management of medical emergencies
- infection prevention and control and decontamination
- clinical record recording arrangements
- management of patients
- patient information and decision making
- practising privileges arrangements
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 May 2016

The most recent inspection of the hospice was an announced follow up pre-registration inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 23 May 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

Staffing

Discussion with staff and review of completed staff and patient questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the hospice and patients. However some staff highlighted in the returned questionnaires to RQIA, that they had experienced staffing pressures during recent months. It was confirmed by staff and management during inspection, that when necessary patient occupancy is reduced and bank staff are employed to ensure the hospice can meet the needs of the patients. Ms Maguire confirmed staffing levels are continuously reviewed using validated tools to support clinical judgement. Review of the duty rota confirmed that there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection.

There is a multi-professional team which includes doctors, nurses, nursing auxiliaries, occupational therapists and social workers with specialist palliative care expertise. In addition there is a chaplaincy team who support the clinicians in providing holistic care.

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

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

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

Arrangements were in place to ensure that all health and social care professionals are aware that they are accountable for their individual practice and adherence to professional codes of conduct. Ms Maguire confirmed that a robust system was in place to review the professional indemnity status of all staff who require individual indemnity cover.

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

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

Five personnel files of medical practitioners were reviewed and evidenced the following:

- confirmation of identity
- current registration with the General Medical Council (GMC)
- appropriate professional indemnity insurance
- experience in palliative care
- ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser

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

Recruitment and selection

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

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

Safeguarding

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

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

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local health and social care trust should a safeguarding issue arise were included.

Specialist palliative care team

Well established referral procedures were in place. Patients and/or their representatives are given information in relation to the hospice which is available in different formats if necessary. Referrals can be received from the palliative care team, hospital consultant, nurse specialist or general practitioners. Multidisciplinary assessments are provided with the referral information through the regional referral documentation.

Patients and/or their representatives can visit the hospice prior to admission to review the services and facilities available. On admission patients and/or their representatives are provided with information regarding the various assessments that may be undertaken by members of the multi-professional team. This includes medical, nursing, complimentary therapy and spiritual assessments.

Systems were in place to provide patients and/or their representatives with relevant information regarding the services available within the hospice and frequent updates.

Information was available on how to access support services for patients and their representatives.

The provision of specialist palliative care was found to be in line with best practice guidelines. A range of policies and procedures were in place to promote safe practice by the multi-professional team. A sample of policies were reviewed and included:

- admission/referral/discharge
- national institute of clinical excellent (NICE) –care of the dying in the last days
- management of hypercalcaemia
- management of a syringe driver
- management of diabetes in the last days
- safe use of ketamine

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

The care records of four patients were reviewed and found to be well documented. Patients are holistically assessed using validated assessment tools and individual care plans are developed in conjunction with the patient and/or their representatives. There was evidence of ongoing review and a daily statement of the patients' health and well-being was recorded. Multi-professional meetings are held weekly to discuss the patient's progress and multi-professional records are retained within the patient's care records. Arrangements were in place for ethical decision making and patient advocacy where this is indicated or required.

The multi-professional team, with the patient's consent, provides information and support to the patient's representatives.

Discussion took place with patients and their representatives regarding the quality of care, environment, staff and management. All felt that they were kept informed regarding their care and could discuss any concerns they had with the staff.

Comments received included:

- “Really excellent.”
- “Shown great kindness.”
- “The social worker came and just let me talk, it was profound for me.”
- “Can’t believe how wonderful every single member of staff has been.”
- “Feel blessed to have found here.”

Resuscitation and management of medical emergencies

A review of medical emergency arrangements evidenced that stock supplies of medicines and equipment including an automated external defibrillator (AED) that could be used in the event of a medical emergency are available in the hospice. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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

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

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

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

Infection prevention control and decontamination procedures

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

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

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

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

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

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

A range of IPC audits are carried out including:

- environmental
- hand hygiene
- aseptic non-touch technique(ANTT)

The compliance rate was noted to be very high and an action plan was in place for areas of non-compliance.

There were a range of IPC policies and procedures in place which are held within an IPC manual.

A review of infection prevention and control arrangements indicated very good infection control practices are embedded in the hospice.

Environment

The environment was maintained to a high standard of maintenance and décor. The NI Hospice services moved to this new purpose built facility in May 2016. A pre-registration inspection took place prior to the move and all estates matters were fully reviewed.

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

A review of documentation and a brief discussion with the hospice's estates officer demonstrated that arrangements are in place for maintaining the environment.

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

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

Patient and staff views

Five patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- "All staff are excellent - caring and approachable."
- "Very much so."
- "The level of transparency, compassion and care for patients is beyond anything I have come across. Truly humbling."

Nine staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Comments provided included the following:

- “I feel the staffing levels and training allow for safe and effective care.”
- “Overall yes, but occasionally when staffing is reduced and due to limited staff, patients can be more vulnerable.”
- “Restructuring has created a lot of movement within the organisation and I hope posts in IPU will not be left vacant.”
- “Overall I would say yes.”
- “The early evening shift seems to be a stressful time.”

The above comments from staff were discussed with Ms Maguire who gave assurances that measures are in place to ensure there are adequate staff in place to meet the needs of the patients. Staffing levels are reviewed on a continuous basis.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Clinical records

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

The multi –professional care records reviewed contained the following:

- an index
- signature sheet
- a range of validated assessments
- medical notes
- care plans
- nursing notes
- results of investigations/tests
- correspondence relating to the patient
- reports by allied health professionals
- advance decisions
- do not resuscitate orders
- records pertaining to previous admissions and community care team, if applicable

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

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

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

Discussion with staff confirmed they had a good knowledge of effective records management. The management of records within the hospice was found to be in line with legislation and best practice.

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

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

Care pathway

There were well established referral procedures in place. Patients and/or their representatives are given information in relation to the hospice which is available in different formats if necessary. Referrals can be received from the palliative care team, hospital consultant, nurse specialist or general practitioners. Multidisciplinary assessments are provided with the referral information.

On admission patients and/or their representatives are provided with information regarding the various assessments that may be undertaken by members of the multi-professional team. This includes medical, nursing, physiotherapy, occupational therapy, complimentary therapy and spiritual assessments.

Discharge planning

The hospice has a discharge policy and procedure in place.

There are well developed discharge planning arrangements in place that require full engagement with patients and/or their representatives.

A discharge summary and plan is completed prior to the patient leaving the hospice. A letter is provided to the patient's general practitioner to outline the care and treatment provided within the hospice.

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

Patient and staff views

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

- "The hospice is the only place my mum's pain was got under control. All staff from the consultant to the cleaner are approachable and considerate."
- "The care we get is first class."
- "Wish I had got here sooner! (Waiting list for beds)."

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- “When fully staffed the needs of the patients are met and the care very effective.”
- “Clinical notes currently being reviewed to respond to staff needs/concerns.”
- “Front line staff provide the best care they can manage – nurses can be under pressure at times due to the complexity of patient’s needs.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Patient/family involvement

All patients and/or their representatives are asked for their comments in relation to the quality of treatment provided, information and care received.

Discussion with patients and relatives confirmed they have the opportunity to comment on the quality of care and treatment provided, including their interactions with staff who work within the hospice.

Review of patient care records and discussion with patients, relatives and staff confirmed that treatment and care is planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

Bereavement care service

The hospice has a range of information available regarding the provision of bereavement care services.

The social worker outlined the bereavement services which included; a monthly bereavement group facilitated by the hospice social work team with the help of bereavement volunteers, and the arrangements for specialist onward referral if necessary.

In addition the hospice can access individual counselling services for patients and families. Management confirmed counselling services are also available for staff. It was suggested to ensure staff are made aware of this support service and other support mechanisms in place.

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

Breaking bad news

The hospice has a policy and procedure for delivering bad news to patients and/or their representatives which is in accordance with the Breaking Bad News regional guidelines.

The hospice retains a copy of the Breaking Bad News Regional Guidelines 2003 and these are accessible to staff.

The inspector spoke with the consultant for palliative medicine who confirmed that bad news is delivered to patients and/or their representatives by professionals who have experience in communication skills and act in accordance with the hospice's policy and procedure.

Where bad news is shared with others, staff confirmed that consent must be obtained from the patient and is documented in patient records.

Following a patient receiving bad news, future treatment options are discussed fully with the patient and documented within their individual care records.

A review of four patient records confirmed that delivering bad news is fully reflected in care records.

With the patient's consent information will be shared with the patient's general practitioner and/or other healthcare professionals involved in their ongoing treatment and care.

Patient consultation

The hospice obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

A patient/relative survey is ongoing in the hospice. The results of completed surveys are collated into a summary report which is reviewed by senior management team on a monthly basis and action plan is developed and implemented as required. This has led to service improvement.

Comments included:

- "First class."
- "Very scared at the beginning but immediately reassured, feel safe here."
- "Nurses top notch."
- "Chaplains and complementary therapists are brilliant."
- "They just can't do enough for me."
- "All staff very good at all times, day and night."

Patient and staff views

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

- "My dignity was maintained throughout my care and I was asked my opinion at all times."
- "Very much so."

- “The patient’s needs are always front and centre and the care is outstanding with privacy, personal needs always tended to. Outstanding staff and volunteers on all levels”

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- “IPU team work hard to demonstrate respect. Dignity and choice remain high on our agenda.”
- “The measure for me is- Would I like to be a patient here? Would I want my family to be here? The answer to both questions is a resounding yes!”
- “I believe all staff show exceptional care and compassion at all times towards patients and families.”
- “All staff are skilled in this area.”
- “All care is patient focused.”
- “The service is patient focussed and the care is compassionate.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance arrangements

A comprehensive management review of the NI Hospice services has recently been conducted, resulting in the restructuring of the management within the NI Hospice. This restructuring has resulted in the management separation of the inpatient unit service and the day hospice/community service. The former will require to be registered as a separate entity and the registration process has been entered into with RQIA. Ms Hilary Maguire has been appointed Head of Adult Hospice Clinical Services and has applied to be the registered manager of the adult hospice inpatient unit. Ms Maguire confirmed it is hoped the restructuring process will be complete in the near future allowing for a period of stabilisation. It was confirmed staff have been kept informed on a broad basis of the restructuring process in accordance to the hospice’s confidentiality policies and procedures.

Staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that whilst the hospice has been through a period of uncertainty from their perspective; there were good working relationships and that management were responsive to any suggestions or concerns raised. It was suggested to consolidate communication with staff in the coming months to overcome some of the staff members’ feeling of uncertainty.

Ms Maguire has overall responsibility for the day to day management of the hospice. Mrs Heather Weir, registered person is based in the NI Hospice and works closely with the management team on a daily basis. It was confirmed she monitors the quality of services and undertakes an inspection of the hospice at least six monthly. Reports of the monitoring visits were available for inspection.

Systems were in place to ensure that the quality of services provided by the hospice is evaluated on an annual basis and discussed with relevant stakeholders. The hospice has a robust clinical governance committee involving all areas of the hospice service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the hospice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the hospice for completion. The evidence provided in the returned questionnaire and review of complaint's records indicated that complaints have been managed in accordance with best practice.

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

- aseptic non-touch technique (ANTT)
- accidents and incident
- hand hygiene
- infection prevention and control
- pain assessment
- control charts for falls
- mouth care
- clinical placement evaluation

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

The hospice has arrangements in place to monitor the competency and performance of all staff and report to the relevant professional regulatory bodies in accordance to guidance.

There are systems in place to check the registration status of the health care professionals with their appropriate professional bodies on an annual basis.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Ms Maguire demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

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

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

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well led. Comments provided included the following:

- “First class.”
- “Staff work as a team and go above and beyond their allotted duties.”
- “Care and attention could not be better.”
- “I have never met such a caring, well run and compassionate group of people committed to helping people. I completed this form in consultation with my mother, a patient. No words can describe what this organisation has done for her and my family. From first contact with their community nursing team, a weight was lifted. We had the support from people who really cared. Their treatment of my mum’s condition has been second to none and the compassion of every member of the hospice team is evident every time I visit. The access to medical staff from xxx the consultant to all the team is amazing. Amazing angels, God sent, truly humbling experience for us throughout. Frankly they saved a family and I will forever be indebted.”

All submitted staff questionnaire responses indicated that they felt that the service is well led. Comments provided included the following

- “There is a very supportive management structure in place.”
- “The restructuring of senior management positions means the current line managers will have to take on additional tasks and may be less accessible to staff.”
- “Currently undergoing a management review which has led to some instability.”
- “General concern about restructuring being introduced.”

The above comments were discussed with Ms Maguire and she provided assurances that the issues raised would be reviewed by the hospice management team.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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