



The **Regulation** and
Quality Improvement
Authority

Northern Ireland Hospice
RQIA ID: 10625
Inpatient Unit and Day Hospice
Whiteabbey Hospital Grounds
Doagh Road
Newtownabbey
BT37 9RH

Inspectors : Winnie Maguire
Carmel McKeegan
Inspection ID: IN023736

Tel: 02890781836

Announced Inspection of Northern Ireland Hospice

21 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 21 January 2016 from 9.50 to 16.10. On the day of inspection the standards inspected were found to be largely safe, effective and compassionate. A recommendation was made in relation to completion of incident forms. The area for improvement identified is set out in the Quality Improvement Plan (QIP) within this report.

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's (DHSPSS) Minimum Care Standards for Healthcare Establishments 2014.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Mrs Loretta Gribben registered manager, Mrs Hilary Maguire clinical services manager and Ms Karen Lilly ward manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details.

Registered Organisation/Registered Person: Northern Ireland (NI) Hospice Mrs Heather Weir	Registered Manager: Mrs Loretta Gribben
Person in Charge of the Establishment at the Time of Inspection: Mrs Loretta Gribben	Date Manager Registered: 10 October 2013
Categories of Care: AH – Adult Hospice	Number of Registered Places: 21

3. Inspection Focus

The inspection sought to determine if the following standards have been met:

- Standard 4: Dignity, Respect and Rights**
Standard 5: - Patient and Client Partnerships
Standard 6: - Care Pathway
Standard 37: Arrangements for the Provision of Specialist Palliative Care
Standard 40: Specialist Palliative Care Team

The inspector reviewed the following additional areas:

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information, notification of incidents and complaints return.

During the inspection the inspectors met with Mrs Loretta Gribben registered manager, Mrs Hilary Maguire clinical services manager, Ms Karen Lilly a ward manager, a deputy inpatient unit manager and a staff nurse.

During the inspection the inspectors met with three patients and three patients' relatives.

The following records were examined during the inspection:

- Four patient care records
- Patient satisfaction survey
- Summary report of patient satisfaction survey
- Complaints records
- Incident/accident records
- Insurance documentation
- Training records
- Policies and procedures
- Certificate of RQIA registration

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an unannounced pharmacy inspection dated 12 January 2016. The pharmacy inspector confirmed it was a very positive inspection and is following up on the QIP issued.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

There were no requirements or recommendations from the last care inspection dated 29 October 2014.

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion with staff regarding the consultation and treatment process confirmed that patient's modesty and dignity is respected at all times. Patients are provided with modesty screens and curtains as appropriate.

Patient care records were observed to be stored securely at the nurse's station.

Is Care Effective?

It was confirmed through the above discussion and observation that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Patients meet with members of the multi-disciplinary team who are providing their care and are fully involved in decisions regarding their treatment. Patients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with three patients, three patients' relatives, staff and review of four patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

The hospice has devised a Patient's Rights Guide which defined very clearly patient's rights while they are in the hospice. It included:

- Staff will be professional, sensitive, skilled, caring and honest;
- Patients will be treated with courtesy and respect;
- Things will be explained tactfully with sensitivity;
- Referred to health professional you consider acceptable and seek a second opinion ; and
- You will not be left die alone unless you request to do so.

Staff were observed treating patients and their relatives with compassion, dignity and respect. Discussion with patients and their relatives confirmed this. Comments received included:

- "They respect my wishes"
- "Always show me respect in a caring way"
- "Let me know what they are planning ,getting my input "
- "Shown nothing but kindness "
- "I was upset in pain last night a nurse sat holding my hand until I settled and pain was under control and it was away after her shift ended. That made all the difference in the world to me".

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 5 – Patient and Client Partnership

Is Care Safe?

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

The information from the patient comments is collected in an anonymised format, summarised and used by the hospice to make improvements to services.

Is Care Effective?

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

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

Comments included:

- “Derived a great benefit and peace of mind for patients and relatives”
- “Greatest place on this planet”
- “Hospice has been life-saving”
- “Family had a great rest, can’t get over the kindness”
- “Relaxed my symptoms”
- “Sometimes food a little cold when served”
- “TV somewhat noisy at times”

The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties to read by displaying on the wall in the inpatient unit.

Is Care Compassionate?

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 are planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.5 Standard 7 - Complaints

Is Care Safe?

Review of complaint records found that complaints are investigated and responded to within 28 working days (in line with regulations) or if this is not possible, complainants are kept informed of any delays and the reason for this.

Discussion with Mrs Loretta Gribben and Mrs Hilary Maguire confirmed that information from complaints is used to improve the quality of services.

Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the hospice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

Mrs Loretta Gribben and Mrs Hilary Maguire demonstrated a good understanding of complaints management. Discussion with staff evidenced that they know how to receive and deal with complaints.

Review of the complaints register and complaints records evidenced that all complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation. Complaints records were observed to be stored securely in line with data protection legislation.

A complaints audit is undertaken bi-monthly. The audit information is used to identify trends and enhance services provided as part of the establishment's quality assurance arrangements.

Copies of the complaints procedure are available in the corridor of the inpatient unit for patients and other interested parties to read.

Is Care Compassionate?

A copy of the complaints procedure is provided to patients and to any person acting on their behalf. The procedure can be made available in a range of formats suited to the patient's age and level of understanding if required. Mrs Gribben confirmed that information can be provided in an alternative language or format if required and outlined the arrangements for the provision of an interpreter service.

The complainant will be notified of the outcome and action taken by the hospice to address any concerns raised.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood. Complaints were found to be handled in a sensitive manner.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.6 Standard 37 – Arrangements for the Provision of Specialist Palliative Care

Is Care Safe?

The care records of four patients were reviewed and found to be well documented. Patients are holistically assessed using validated assessment tools and individual care plans are developed in conjunction with the patient and/or their representatives. There was evidence of ongoing review and a daily statement of the patients' health and well-being was recorded.

Multidisciplinary meetings are held weekly to discuss the patient's progress and multidisciplinary records are retained within the patient's care records.

Is Care Effective?

There are 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.

Patients and/or their representatives can visit the hospice prior to admission to review the services and facilities available.

A member of the medical team is identified as the principle contact for each patient and/or their representative. The multidisciplinary team, with the patient's consent, provides information and support to the patient's representatives.

Discussion took place with three patients and three relatives 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:

- "Very happy with care"
- "Go over and above what is expected"
- "They always respect my wishes"
- "Not at all what I thought it was going to be ,I didn't want to come in but now more than happy to spend the rest of my days here"
- "Can't believe how wonderful it has been, staff second to none"
- "Staff busy but always have time for you"
- "Staff very approachable if I have any concerns"
- "For the first time in a long time I feel safe and at peace"

Is Care Compassionate?

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.

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

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

Staff were observed to treat patients and/or their representatives with dignity and respect.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.7 Standard 40 – Specialist Palliative Care Team**Is Care Safe?**

There is a multi-professional team which includes doctors, nurses, social workers, physiotherapists, occupational therapists and chaplains with specialist palliative care expertise. 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.

Is Care Effective?

The provision of specialist palliative care was found to be in line with best practice guidelines. A range of policies and procedures are in place to promote safe practice by the multi-professional team. These are presently under review.

Is Care Compassionate?

Discussion with staff confirmed that multi-professional meetings take place weekly to review each individual patient's care. Arrangements are in place for ethical decision making and patient advocacy where this is indicated or required.

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.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.8 Additional Areas Examined

5.8.1. Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

Discussion with staff and review of incident management found that incidents were documented, fully investigated and had outcomes recorded.

A proforma is used to record incidents. On examination it was noted on a number of occasions not all parts of the record were completed.

A recommendation was made to fully complete incident records and to audit the completion of incident records.

Audits of the management of incidents are undertaken and learning outcomes are identified and disseminated throughout the organisation.

5.8.2. RQIA Registration and Insurance Arrangements

Discussion with Mrs Loretta Gribben and Mrs Hilary Maguire regarding the insurance arrangements and observation of the insurance documentation within the establishment confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the reception area of the premises.

Areas for Improvement

A recommendation was made to fully complete incident records and to audit the completion of incident records.

Number of Requirements	0	Number Recommendations:	1
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6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Loretta Gribben registered manager; Mrs Hilary Maguire clinical services manager and Ms Karen Lilly ward manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (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.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to independent.healthcare@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 9 Stated: First time To be Completed by: 21 February 2016	It is recommended to fully complete incident records and to audit the completion of incident records		
	Response by Registered Manager Detailing the Actions Taken: Memo circulated to all staff in IPU on 22/1/16 and attached to IR1 books to remind all staff to complete all sections including immediate action box. NIH IR1 form is undergoing ongoing review at Corporate Safety Committee and feed through to Corporate Governance Committee. IPU ward manager auditing IR1 forms at point and time of completion, first QA by CSM/Chair of Safety Governance Committee, second QA by Director of Nursing and Patient Services/ Corporate Governance Committee Member		
Registered Manager Completing QIP	Loretta Gribben	Date Completed	2/2/16
Registered Person Approving QIP	Heather Weir	Date Approved	02.02.16
RQIA Inspector Assessing Response	Winnie Maguire	Date Approved	02/02/16

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address