



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment:	Northern Ireland Hospice
Establishment ID No:	10625
Date of Inspection:	29 October 2014
Inspector's Name:	Winnie Maguire
Inspection No:	17391

**The Regulation and Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General Information

Name of hospice:	Northern Ireland Hospice
Address:	Inpatient Unit and Day Hospice Whiteabbey Hospital Grounds Doagh Road Newtownabbey BT37 9RH
Telephone number:	028 9078 1836
Registered organisation/ registered provider:	Northern Ireland Hospice Dame Professor Judith Hill
Registered manager:	Hilary Maguire
Person in charge of the hospice at the time of inspection:	Hilary Maguire
Registration category:	Hospice (Adult) H(A)
Number of registered places:	21
Number of patients accommodated on the day of inspection:	17
Date and time of inspection:	29 October 2014 10.00 - 17.30
Date and type of previous inspection:	Announced 5 November 2013
Name of inspector:	Winnie Maguire

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the regulations and DHSPPS Minimum Care Standards for Independent Healthcare Establishments, July 2014, measured during the inspection were met.

2.1 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and to consider whether the service provided to patients was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of hospice services, and to determine the provider's compliance with the following:

- 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments

Other published standards which guide best practice may also be referenced during the inspection process.

2.2 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning. The self-assessment was forwarded to the provider prior to the inspection and was reviewed by the inspector prior to the inspection. The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information and self assessment
- Discussion with the registered manager Hilary Maguire
- Discussion with Director of Patient Services Loretta Gribben
- Examination of records
- Consultation with patients and/or their representatives
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

The completed self-assessment is appended to this report.

2.3 Consultation Process

During the course of the inspection, the inspector spoke with the following:

Patients	1
Patients' representatives	2
Staff	4

2.4 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Minimum Care Standards for Independent Healthcare Establishments and to assess progress with the issues raised during and since the previous inspection:

- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 9 – Clinical Governance
- Standard 10 – Qualified Practitioners, Staff and Indemnity
- Standard 16 – Management and Control of Operations
- Standard 37 – Arrangements for the Provision of Specialist Palliative Care
- Standard 38 – Discharge Planning

3.0 Profile of Service

Northern Ireland Hospice is situated in a former hospital unit which has been renovated and converted to provide a temporary in-patient and day hospice service. It is located on the Whiteabbey Hospital site, on the outskirts of Whiteabbey, close to public transport and local amenities.

Northern Ireland Hospice is a charitable organisation, registered with the charity commission, which raises funds to support the delivery of specialist palliative care to people with cancer and other life limiting illnesses, along with support their families and significant others.

The hospice provides in-patient and day hospice services from this site. There are 21 in-patient registered places; however the hospice chooses to provide no more than 17 in-patient places and a day hospice service for 12 patients. There are:

- Two single en-suite bedrooms
- One single bedroom
- Four large single sex rooms with three beds
- One two bedded room
- Day area

There are a range of shower and toilet facilities in place. The facilities also include a complimentary therapy room, consulting room, a couple of multi-purpose meeting areas, a room for bereaved relatives and friends, a physiotherapy and occupational therapy room and a range of staff facilities.

The hospice employs a team of health and social care professionals including medical and nursing staff specially trained in pain and symptom control, occupational therapists, physiotherapists, social workers and chaplains.

A free on site car park is available for patients and visitors. The establishment is accessible for patients and visitors.

Hilary Maguire has been the registered manager since 21 October 2014. The previous registered manager Loretta Gribben continues to be the Director of Patient Services for Northern Ireland Hospice and is involved in the day to day management of the hospice.

The hospice is registered as an independent hospital with the hospice adult H(A) category of registration.

4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 29 October 2014 from 10.00 to 17.30. The inspection sought to establish the compliance being achieved with respect to 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, the DHSPPS Minimum Care Standards for Independent Healthcare Establishments and to assess the progress made to address the issues raised during the previous inspection.

There were one requirement and three recommendations made as a result of the previous annual announced inspection on 5 November 2013. The requirement and all of the recommendations have been fully addressed.

The inspection focused on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments outlined in section 2.4 of this report.

Hilary Maguire was available during the inspection and for verbal feedback at the conclusion of the inspection.

During the course of the inspection the inspector discussed operational issues, examined a selection of records and carried out a general inspection of the hospice.

A Statement of Purpose and Patient Guide were in place which reflected legislative and best practice guidance.

There are robust systems in place to obtain the views of patients. The inspector reviewed the completed patient questionnaires, along with the summary reports and found that patients and their representatives were highly satisfied with the quality of care and treatment provided. Comments received from patients can be viewed in the main body of the report. Feedback from patients and their representatives is used by the management of the hospice to improve patient services.

The hospice's complaints policy and procedure is in line with the DHSSPS guidance and legislation. The inspector reviewed complaints management within the hospice and found that complaints were well documented, fully investigated and had outcomes recorded.

There is a defined management structure within the hospice and clear lines of accountability. The registered manager is responsible for the day to day running of the establishment and ensuring compliance with the legislation and standards.

The inspector reviewed the policy and procedures in relation to the absence of the registered manager and whistleblowing. They were found to be in line with legislation and best practice.

The registered manager undertakes ongoing training to ensure that they are up to date in all areas relating to the provision of services.

The hospice has systems in place to audit the quality of service provided.

The inspector reviewed incident management and found that incidents were well documented, fully investigated and had outcomes recorded. Audits of incidents were undertaken as part of the hospice's clinical governance systems. Arrangements were in place to disseminate learning outcomes throughout the organisation.

Systems are in place for dealing with alert letters and managing lack of competency or poor staff performance. This includes the registered manager ensuring that all staff abides by their professional codes of conduct and reporting arrangements to professional bodies if necessary.

The inspector reviewed the insurance arrangements for the establishment and evidence of current insurance policies and certificate were forwarded to the inspector following inspection.

There are well established referral arrangements in place. The inspector reviewed the care records of four patients and them to contain a holistic assessment of the patients' care needs, using validated assessment tools, along with associated care plans and care pathways.

Staff were observed to treat patients and their representatives with dignity and respect. The patient and the patient's representatives who met with the inspector spoke very positively regarding the quality of care, services provided, environment, staff and management. Comments received can be viewed in the main body of the report.

The hospice has robust discharge planning arrangements in place that require full participation of patients and their representatives. A discharge summary and plan is completed prior to the patient leaving the hospice. A discharge letter is provided to the patient's general practitioner and discharge arrangements are recorded and co-ordinated with all services that are involved in the patient's ongoing care and treatment to ensure continuity of care.

There are arrangements in place to review the qualifications and registration status of all professional staff working within the hospice. The inspector reviewed the professional details of fifteen staff and found them to contain all of the information required by legislation.

Overall, on the day of inspection, the hospice was found to be providing a quality, safe and effective service to patients.

The certificate of registration was clearly displayed in reception.

There were no requirements or recommendations made as a result of this inspection.

The inspector would like to thank Hilary Maguire, Loretta Gribben, patients, relatives and staff of Northern Ireland Hospice for their hospitality and contribution to the inspection process.

5.0 Follow Up on Previous Issues

No.	Regulation Ref.	Requirements	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	23	The registered manager must ensure complaints/concerns are robustly managed in line with legislation and NI Hospice procedure.	Complaints management has been reviewed and the inspector noted robust systems are now in place in line with legislation and NI hospice procedure.	One	Compliant

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C5	The registered manager should develop the NI Hospice complaints procedure to include complaints received through social media sites.	The complaints procedure has been reviewed as outlined.	One	Compliant
2	C8	The registered manager should devise a written policy and procedure on delivering bad news to patients and/or their representatives.	A policy and procedure on breaking bad news is in place	One	Compliant
3	C16	The registered manager should reference the Independent Health Care legislative framework within a policy on retention and destruction of health records.	Retention and destruction of health records policy and procedure has been updated in line with legislation.	One	Compliant

6.0 Inspection Findings

STANDARD 5	
Patient and Client Partnerships:	The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care
<p>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.</p> <p>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 and most recently a review of the provision of meals.</p> <p>A summary of the patient satisfaction survey is displayed on information board in the main corridor of the hospice.</p> <p>The inspector reviewed ten completed questionnaires and found that patients and their representatives were highly satisfied with the quality of care and treatment provided by NI Hospice. Some comments received from patients and their representatives included:</p> <ul style="list-style-type: none"> • “Everyone has been great” • “Well cared for in every way” • “Lovely place “ <p>The inspector was informed the hospice is introducing an electronic touchscreen weekly patient survey.</p> <p>The inspector met with one patient and two relatives during the course of the inspection who confirmed that they were able to express their views regarding the care provided; all spoke very positively regarding the hospice and confirmed the staff listen to them and deal with any issues.</p>	

Evidenced by:

Review of patient satisfaction surveys

Review of summary report of patient satisfaction surveys

Summary report made available to patients and other interested parties

Discussion with patients and their representatives

Discussion with staff

STANDARD 7	
Complaints:	All complaints are taken seriously and dealt with appropriately and promptly.
<p>The hospice operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered manager demonstrated a good understanding of complaints management.</p> <p>The complaints procedure is made available to all patients and/or their representatives. The registered manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.</p> <p>Patient and their representatives who spoke with the inspector confirmed that they had been provided with copies of the complaints procedure and would feel able to address any concerns they may have with staff.</p> <p>The inspector reviewed the complaints register and complaints records. All complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation.</p> <p>The registered manager undertakes an audit of complaints regularly as part of the hospice's quality assurance mechanisms. The audit information is used to identify trends and enhance services provided.</p>	

Evidenced by:**Review of complaints procedure****Complaint procedure made available to patients and other interested parties****Discussion with patients and their representatives****Formats available****Discussion with staff****Review of complaints records****Review of the audit of complaints**

STANDARD 9

Clinical Governance:	Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.
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The registered manager ensures the hospice delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.

Discussion with the registered manager and review of training records confirmed that systems are in place to ensure that staff receives appropriate training when new procedures are introduced.

The hospice has systems in place to audit the quality of service provided. The inspector reviewed the following audits as part of the inspection process:

- Care plan audit
- The discharge process audit
- Clinical practice audit
- Infection and control audit
- Safe handling and disposal of sharps audit
- Patient equipment audit
- Bereavement services audit
- SRC(self- retaining catheter) insertion in hospice audit

The hospice has an audit calendar in place which includes all departments and disciplines in the audit programme.

Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the hospice.

The registered person monitors the quality of services and had undertaken a visit to the premises and produced a report of their findings. The most recent report was available for inspection, dated 3 September 2014. The registered provider is stepping down from this role and interim arrangements are in place until a new chief executive is appointed who will then apply to become the registered provider.

Systems are in place to ensure that the quality of services provided by the hospice is evaluated on an ongoing basis and discussed with relevant stakeholders.

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

The inspector reviewed incident management and found that incidents were documented, fully investigated and had outcomes recorded.

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

The registered manager confirmed that two research projects are currently being undertaken within the hospice. The inspector was provided with a research file for each project and confirmed research involving patients had a research proposal prepared which had been approved the appropriate Research Ethics Committee (REC).

Evidenced by:

Review of policies and procedures
Review of training records/competency records
Discussion with registered provider/manager
Review of monitoring reports
Review of audits
Review of incident management
Review of research arrangements

STANDARD 10	
Qualified Practitioners, Staff and Indemnity	Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.
<p>The inspector reviewed the professional details of four medical practitioners and confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of confirmation of identity • There was evidence of current registration with the General Medical Council (GMC) • The medical practitioners are covered by the appropriate professional indemnity insurance • The medical practitioners have provided evidence of experience in palliative care • Evidence of enhanced Access NI disclosure check (registered manager confirmed this information is held in personnel files) • There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC • There was evidence of ongoing annual appraisal by a trained medical appraiser <p>The inspector confirmed that each medical practitioner has an appointed responsible officer.</p> <p>The inspector reviewed the professional details of ten registered nurses and confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of current registration with the Nursing and Midwifery Council • There was evidence of confirmation of identity(held in personnel files) • Evidence of enhanced Access NI disclosure check (held in personnel files) • Evidence of annual appraisal • Clinical Nurse Specialists working in the hospice have a specialist practice qualification or are working towards this, and experience of working in a special palliative care environment • Nurses are covered by the appropriate professional indemnity <p>A review of one social workers' professional details confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of confirmation of identity • Evidence of enhanced Access NI disclosure check(held in personnel files) • Evidence of current Northern Ireland Social Care Council (NISCC) registration • Evidence of at least 3 years post qualifying experience. <p>Arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff and reporting incompetence in line with guidelines issues by the DHSSPS and professional</p>	

regulatory bodies. The inspector reviewed the alert files as part of the inspection process

Discussion with the registered manager and staff confirmed that staff are aware of their responsibilities under the codes of professional conduct for health care professionals.

The hospice has a comprehensive induction programme for all grades of staff and volunteers.

Evidenced by:

Review of staff personnel files for verification of registration status with professional bodies

Review of professional indemnity insurance

Review of specialist qualifications

Review of arrangements for dealing with alert letter/competency

Review of training records

Review of induction programmes

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The hospice has a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy includes the interim management arrangements for the hospice.</p> <p>Review of the training records and discussion with the registered manager confirmed that they undertake training relevant to their role and responsibilities within the organisation.</p> <p>The inspector reviewed the hospice's Patient Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>The inspector confirmed that appropriate meals are provided in line with the assessed needs of the patients. The hospice has undertaken a comprehensive review of the provision of meals.</p> <p>As a result:</p> <ul style="list-style-type: none"> • a patient nutrition working group has been set up involving relevant stakeholders; • menus have been changed ; • training for catering staff on the needs of the patients has taken place ; and • increased monitoring of meals provided to ensure they are in line with patients assessed need. <p>The registered person has arrangements in place to confirm that staff supplied by an agency have been recruited and checked in accordance with recruitment procedures used by the hospice. There is an induction programme in place for agency staff. The inspector reviewed completed agency inductions as part of the inspection process.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the hospice and confirmed current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the reception area of the premises.</p>	

Evidenced by:

Review of policies and procedures
Review of training records
Review of Patient Guide
Review of Statement of Purpose
Review of arrangements for meals
Review of insurance arrangements

STANDARD 37	
Arrangements for Provision of Specialist Palliative Care:	Patients, prospective patients, their families and carers are clear about the arrangements for the provision of specialist palliative care. The needs of patients and carers are appropriately assessed and kept under review.
<p>There are well established referral procedures in place. The hospice uses the Regional Referral Procedure and associated documentation. Patients and 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.</p> <p>Multidisciplinary assessments are provided with the referral information.</p> <p>Patients and/or their representatives can visit the hospice prior to admission to review the services and facilities available.</p> <p>On admission patients and/or their representatives are provided with information regarding the various assessments that may be undertaken by members of the multi-disciplinary team. This includes medical, nursing, physiotherapy, occupational therapy, complimentary therapy and spiritual assessments.</p> <p>Systems are in place to provide patients and/or their representatives with relevant information regarding the services available within the hospice and frequent updates.</p> <p>The inspector reviewed the care records of four patients and found them to be well documented. Patients are assessed using validated assessment tools and 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. The inspector observed part of the weekly multidisciplinary meeting and noted it had patient and family centred discussions with all attendees providing valuable contributions allowing for an individualised approach to the planning of patient care.</p> <p>A member of 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.</p> <p>Information is available on how to access support services for patients and their representatives.</p> <p>Staff were observed to treat patients and their representatives with dignity and respect.</p> <p>The inspector had the opportunity to speak with one patient and two patient's relatives who were very complimentary 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.</p>	

The comments received included:

“Everything is great “

“Very attentive”

“Keep us well informed”

“Very loving caring environment “

“I was worried about something and the staff here took me serious”

Evidenced by:

Review of referral procedures

Review of patient information

Review of patient care records

Discussion with staff, patients and their representatives

STANDARD 38	
Discharge Planning	Patients have a planned programme for discharge from the hospice to ensure continuity of care.
<p>The hospice has a discharge policy and procedure in place.</p> <p>There are well developed discharge planning arrangements in place that require full engagement with patients and/or their representatives.</p> <p>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.</p> <p>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.</p> <p>Relatives spoken to confirmed they were informed about discharge arrangements. One relative outlined that discharge arrangements were changed as the patient's condition changed and ongoing hospice care was required. The relative described this as a very supportive approach.</p>	

Evidenced by:**Review of discharge policy and procedure****Review of patient care records****Review of patient information leaflets****Discussion with staff****Discussion with patients and their representatives**

7.0 Quality Improvement Plan

The details of the inspection were discussed with Hilary Maguire as part of the inspection process

This inspection resulted in no recommendations or requirements being made. The registered manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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.

Enquiries relating to this report should be addressed to:

**Winnie Maguire
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



No requirements or recommendations resulted from the announced inspection of Northern Ireland Hospice which was undertaken on 29 October 2014 and I agree with the content of the report. Return this QIP to Independent.Healthcare@rqia.org.uk.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Hilary Maguire
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Judith Hill

Approved by:	Date
Winifred Maguire	6 January 2015



The Regulation and
Quality Improvement
Authority

Pre-Inspection Self-Assessment Hospice Inpatient - Adult

Name of Establishment:	Northern Ireland Hospice
Establishment ID No:	10625
Date of Inspection:	28 October 2014
Inspector's Name:	Winnie Maguire
Inspection No:	17391

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments. A minimum of one inspection per year is required.

The aim of inspection is to examine the policies, procedures, practices and monitoring arrangements for the provision of a hospice, and to determine the provider's compliance with the following:

- 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments July 2014

Other published standards which guide best practice may also be referenced during the inspection process.

2.0 Self-Assessment

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment.

Where asked in the self-assessment you are required to indicate a yes or no response. You are also asked to provide a brief narrative in the "text box" where applicable.

Following completion of the self-assessment, please return to RQIA by the date specified.

The self-assessment will be appended to the report and made available to the public. No amendments will be made by RQIA to your self-assessment response.

3.0 Self-Assessment Tool

Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		✓
Have any changes been made to the management structure of the hospice since the previous inspection?	✓	
Yes, please comment – <ul style="list-style-type: none"> • A Clinical Services Manager was appointed in June 2014. • The Clinical Services Manager has made an application to become the Registered Manager. • The Statement of Purpose and organisational structure has been updated to reflect this change. 		

Policies and Procedures

	YES	NO
Does the hospice have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	✓	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	✓	
Do all policies and procedures contain the date of issue, date of review and version control?	✓	
Are all policies and procedures ratified by the registered person?	*✓	
No, please comment * <ul style="list-style-type: none"> • The Registered Person sits on the Senior Management Team Governance Committee which ratifies all corporate policies. • The Registered Manager sits on the Nurse Leaders Network NIH which ratifies all clinical policies. 		

Records Management

	YES	NO
Does the hospice have a policy and procedure in place for the creation, storage, transfer, retention and disposal of and access to records in line with the legislation?	✓	
Are care records maintained for each individual patient?	✓	
Do the care records reflect the patient pathway from referral to discharge?	✓	

Are arrangements in place to securely store patient care records?	✓	
No, please comment		

Patient Partnerships

	YES	NO
Does the hospice have systems in place to obtain the views of patients regarding the quality of treatment, care and information provided?	✓ *	
Does the hospice make available a summary report of patient feedback to patients and other interested parties?	✓	
No, please comment * <ul style="list-style-type: none"> • Our patient feedback/views systems are currently being updated to reflect a weekly cycle – work around this is almost complete. • The ongoing quality improvement work associated with our patient/family views and feedback is evidenced in the notes of the weekly IPU Clinical Leaders meetings. This is presented to SMT and Board of Trustees on Dashboard as one of the quality indices. 		

Resuscitation

	YES	NO
Does the hospice have a resuscitation policy and procedure in place which is in line with the Resuscitation Council (UK) guidance?	✓	
Is resuscitation equipment readily accessible in all clinical areas?	✓ *	
Are arrangements in place to ensure resuscitation equipment is checked regularly and restocked to ensure all equipment remains in working order and suitable for use at all times?	✓	
No, please comment * <ul style="list-style-type: none"> • Equipment for manual resuscitation only. 		

Safeguarding

	YES	NO
Does the hospice have a protection of vulnerable adults policy and procedure in place which is in line with the legislation and regional guidance?	✓	
Does the hospice have a safeguarding children policy and procedure in place which is in line with the legislation and regional guidance?	✓	
Does the hospice have a whistle-blowing policy and procedure in place?	✓	
No, please comment		

Complaints

	YES	NO
Does the hospice have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the hospice's complaints policy and procedure?	✓	
No, please comment		

Incidents

	YES	NO
Does the hospice have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the hospice's policy and procedure?	✓	
No, please comment		

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Infection Prevention and Control

	YES	NO
Does the hospice have an infection prevention and control policy and procedure in place?	✓ *	
Are appropriate arrangements in place to decontaminate equipment between patients?	✓	
No, please comment * <ul style="list-style-type: none"> • The Regional online guidance is used. 		

Recruitment of staff

	YES	NO
Does the hospice have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	✓ *	
Have all staff had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	✓	
No, please comment * <ul style="list-style-type: none"> • All relevant documentation/information outlined in schedule 2 of the Independent Health Care Regulation (Northern Ireland) 2005 were submitted to RQIA along with the Clinical Services Managers application to become the Registered Manager. 		

Staffing

	YES	NO
Is there appropriate numbers of suitably qualified, skilled and experienced staff on duty to meet the assessed needs of the patients and the operational requirements of the hospice?	✓	
No, please comment		

Mandatory Training

	YES	NO
Are arrangements in place for all new staff to participate in an induction programme relevant to their roles and responsibilities?	✓	
Are arrangements in place for staff to access continuing professional development opportunities in line with the requirements of their professional bodies?	✓	
Are training records available which confirm that the following mandatory training has been undertaken:		
	YES	NO
Moving and Handling – annually	✓	
Protection of vulnerable adults – every 3 years	✓	
Safeguarding children – every 3 years	✓	
Infection prevention and control training – annually	✓	
Fire safety – annually	✓	
Basic adult life support - annually	✓	
If No, please comment		

Appraisal

	YES	NO
Does the hospice have an appraisal policy and procedure in place?	✓ *	
Are systems in place to provide recorded annual appraisals for staff?	✓	
No, please comment * <ul style="list-style-type: none"> • The annual appraisal system was deferred in April 2014 pending review. The review is completed and training dates for both appraisers and appraises have been arranged. Annual appraisal dates have been arranged to follow staff attendance at training re revised updated systems and processes. • Medical appraisals are carried out in line with the GMC Medical Appraisal systems and processes. • All other staff have a corporate KSF based annual appraisal. 		

Medical Practitioners, Nurses, Social Workers & Allied Health Professionals

	YES	NO
Are systems in place to ensure medical, nursing staff, social workers and allied health professionals have a current registration with their relevant professional bodies?	✓	
Are policies and procedures in place to grant, review and withdraw practising privilege agreements for medical practitioners?	✓ *	
Are practising privileges agreements in place for all medical practitioners? (where applicable)		
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?		
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?		
Are arrangements in place to ensure medical practitioners have a responsible officer?		
No, please comment * <ul style="list-style-type: none"> • This policy/procedure is in draft format and has been submitted to the Corporate Policy Group for ratification before submission to the Senior Management Team Governance Committee and to the CEO for sign off. 		

Palliative Care

	YES	NO
Does the hospice have a referral, admission and discharge policy and procedure in place?	✓	
Is the provision of palliative care in accordance with current best practice and national guidelines?	✓	
Do patients receive all the necessary information about the palliative care services provided by the hospice? (in an alternative language if necessary)	✓	
Are options for treatment and care clearly explained to patients and their representatives, giving sufficient information, time and support to enable them to make decisions, and to give consent to treatment?	✓	
Is an holistic assessment of patients care needs, using validated tools, carried out?	✓	
Are patient centred care plans developed and implemented for each patient and reviewed at least monthly or as changes occur?	✓	
Is there a member of the multi-disciplinary team identified as a principle contact for each patient?	✓	
Are arrangements in place for the multi-disciplinary team, with the patient's consent to provide information and support to families, carers and significant others?	✓	
Is information about carer support services available and how they may be accessed?	✓	
Are arrangements for discharge in place that include consultation with the patient and their representatives?	✓	
Is written information on the patient's treatment and care provided to the patient's general practitioner, other professionals, and services involved in the patient's ongoing care and treatment?	✓	
Does the hospice offer bereavement care services and support to the patient's family and significant others?	✓	
Are arrangements in place for patients and/or significant others to access complementary therapies?	✓	
No, please comment		

4.0 Declaration

To be signed by the registered provider or registered manager for the establishment.

I hereby confirm that the information provided above is, to the best of my knowledge, accurately completed.

Name	Signature	Designation	Date
Mrs Hilary Maguire	Hilary Maguire	Clinical Services Manager	8 October 2014