

# **Announced Care Inspection Report 8 December 2017**



## **Foyle Hospice**

**Type of Service: Independent Hospital (IH) – Adult Hospice/Private  
Doctor**

**Address: 61 Culmore Road, Londonderry, BT48 8JE**

**Tel No: 02871351010**

**Inspector: Stephen O'Connor**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered independent hospital providing in-patient hospice services to adults with palliative care needs.

### 3.0 Service details

<b>Organisation/Registered Person:</b> Mr Donall Henderson	<b>Registered Manager:</b> Ms Yvonne Martin
<b>Person in charge at the time of inspection:</b> Ms Yvonne Martin	<b>Date manager registered:</b> 17 November 2008
<b>Categories of care:</b> Independent Hospital (IH) – Hospice Adult – H(A) Private Doctor - PD	<b>Number of registered places:</b> 12

### 4.0 Inspection summary

An announced inspection took place on 08 December 2017 from 09:45 to 17:30.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the hospice was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of staff recruitment, supervision and performance review; the specialist palliative care team and multidisciplinary working; the care pathway; the management of medical emergencies and resuscitation; infection prevention control arrangements and the general environment. Other examples included: admission and discharge arrangements; the provision of information to patients; bereavement care services; governance arrangements; and the provision of a supportive learning environment for staff.

Two areas requiring improvement were identified against the standards. These relate to developing and maintaining a staff register and the further development of the practising privileges policy and issuing of practising privileges agreements.

Patients who submitted patient questionnaire responses to RQIA indicated they were very satisfied with all aspects of care in the Foyle Hospice. A patient and relatives spoken to during the inspection expressed very positive views of their experience of care provided in the Foyle Hospice.

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

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Yvonne Martin, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 10 August 2016

No further actions were required to be taken following the most recent inspection on 10 August 2016.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection. A letter penned by the relative of a patient was also submitted to RQIA prior to the inspection. This is discussed further under patient feedback in section 6.4 of this report.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with one patient, three sets of patient relatives, Ms Yvonne Martin, registered manager, the medical director, a ward sister of the inpatient unit, the Human Resources (HR) and admin services manager, a registered nurse, a nursing assistant and a member of the housekeeping staff. A tour of some areas of the premises was also undertaken.

A sample of 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
- management and governance arrangements
- maintenance arrangements

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 17 February 2017**

The most recent inspection of the practice was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

### **6.2 Review of areas for improvement from the last care inspection dated 10 August 2016**

There were no areas for improvement made as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

## **Staffing**

Discussion with Ms Martin and 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. One staff member indicated on a submitted questionnaire response that at times due to the complexity of patients care needs additional staff would be required. This was discussed with Ms Martin who provided assurances that the inpatient ward sisters have the authority to roster additional staff when required.

There is a multi-professional team which includes doctors, nurses and nursing assistants with specialist palliative care expertise. Discussion with the inpatient ward sister evidenced that there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection. Ms Martin confirmed that Macmillan Cancer Support have funded a number of allied health professionals to include a social worker, dietician, occupational therapist, physiotherapist and a speech and language therapist for a five year period. Foyle

Hospice can make referrals to these staff and avail of services offered by them to include staff education and development.

Induction programme templates were in place relevant to specific roles within the hospice. A sample of one 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 one 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 Martin confirmed that a robust system was in place to review the professional indemnity status of all staff who require individual indemnity cover. Review of personnel files confirmed that medical practitioners had appropriate professional indemnity insurance in place and received the required annual appraisals.

The hospice affords staff opportunities to undertake specialist qualifications such as the European Certificate in Essential Palliative Care (ECEPC) and the European Certificate in Holistic Dementia Care (ECHDC). The hospice acts as an examination centre for these qualifications and Ms Martin and the inpatient ward sister are approved examiners. It was confirmed that the fees for these courses are paid for by the hospice for all hospice staff who undertake the courses. Ms Martin confirmed that it is envisaged that recently recruited staff nurses will commence the ECEPC during 2018.

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

Two 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**

Ms Martin confirmed that three new medical practitioners, seven staff nurses, two nursing assistants and three support services staff have been recruited since the previous inspection. A review of the personnel files for four 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. On review of the files it was noted that the staff recruitment checklist had not been completed and the initial start date was not immediately identifiable. These issues were discussed with Ms Martin and it was suggested that a review of staff personnel files should be undertaken to include identifying the individual responsible for completing the recruitment checklist, a review of the recruitment checklist by a second staff member to provide assurances that all recruitment documentation has been sought and retained and that the initial start date is immediately identifiable.

As the initial staff date was not immediately identifiable the staff register was requested. Ms Martin and the HR and admin manager confirmed that information in respect of staff is recorded on the Personnel Administration Management System (PAMS). On discussion it was evidenced that PAMS does not include all information required to be included in a staff register. An area for improvement against the standards has been made to address this.

There was a recruitment policy and procedure available.

## **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 during core mandatory training days held in January and February 2017. It was confirmed that Ms Martin, adult safeguarding champion, has completed part one of a three part course entitled 'Keeping Adults Safe: Adult Safeguarding Champion and Appointed Person Training' facilitated by Volunteer Now. Ms Martin has also joined the Local Adult Safeguarding Partnership (LASP) group.

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. Ms Martin confirmed that the adult safeguarding policy has been further developed to ensure it fully reflects the best practice guidance documents listed below.

It was confirmed that copies of the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Adult Safeguarding Operational Procedures Adults at Risk of Harm and Adults in Need of Protection' (September 2016) were both available for staff reference.

## **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.

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

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
- medical cover policy
- verification of life extinct policy
- care after death

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 two 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 recorded. Multidisciplinary meetings are held daily and weekly to discuss the patient's progress and multidisciplinary 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.

It was confirmed that the Hospice are in the process of reviewing and developing their care records. This process was discussed with the inpatient ward sister who confirmed that the care records will be separated into two separate sections; one section will be retained in the office and one section will be retained at the patient's bedside. The proposed care records were reviewed. It was advised that the proposed records should be in keeping with 'The Northern Ireland Practice and Education Council for Nursing and Midwifery Standards for person centred nursing and midwifery record keeping practice' (December 2016).

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

Discussion took place with a patient and three sets of patient 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:

- "staff are very attentive"
- "very high standard of care"
- "hospice is very accommodating to families"



- “great place”
- “my brother is getting great care”
- “no complaints”
- “mum and family fully informed and involved in decision making”
- “mum is being treated as an individual”
- “strong emphasis on holistic care”
- “could not commend them enough”

## **Resuscitation and management of medical emergencies**

A review of medical emergency arrangements evidenced that stock supplies of medicines 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. Basic life support was included in the mandatory training days held during January and February 2017.

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

## **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 who has established links with the local health and social care trust.

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
- post treatment infection
- mattress
- commode

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. It was confirmed that the HR and admin manager is responsible for estates and Health and Safety. A local company has been appointed to undertake maintenance and repairs as necessary.

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

It was confirmed that arrangements are in place for maintaining the environment to include the routine servicing and maintenance of the oil fired central heating burners, fire detection system and firefighting equipment, hoists, bedpan washer, arjo bath, beds and mattresses and the intruder alarm in the fund raising building. The HR and admin manager maintains a master calendar to include the servicing and maintenance of equipment.

It was confirmed that the legionella risk assessment was undertaken by an external organisation and that legionella control measures to include monitoring of water temperatures, flushing of infrequently used outlets, disinfection of shower heads and checks in respect of the thermostatic mixing valves are in place.

It was confirmed that the fire risk assessment was undertaken by an external person and that routine checks are undertaken in respect of the fire detection system to include break glass points, fire doors and emergency lighting. Arrangements are in place to ensure the fire risk assessment is reviewed annually. Staff demonstrated that they were aware of the action to take in the event of a fire.

It was observed that a close circuit television system is in operation. The HR and admin manager confirmed that the RQIA guidance document entitled 'Guidance on the use of Overt Close Circuit Televisions (CCTV) for the Purpose of Surveillance in Regulated Establishments and Agencies' has been reviewed.

## **Patient and staff views**

Seven patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and indicated they were very satisfied with this aspect of care. Comments provided included the following:

- "The most amazing, professional, compassionate staff I have ever worked with - the highest standards."
- "Staff took so much time to ensure care provided to a very high standard."
- "XXXX room is always immaculate; staff always demonstrated appropriate infection control."

Twenty two staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Twenty staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “At times, complex patients care needs another nurse or nurse assistant rostered from 5-9pm is needed to be pre-booked.”
- “Excellent skill mix of staff.”
- “Yes as all staff are well trained.”

The comments above were discussed with Ms Martin who confirmed that staffing levels are reviewed and increased when patient dependency levels increase. Ms Martin confirmed that the inpatient ward sisters have the authority to roster additional staff when required.

### Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, supervision and appraisal, safeguarding, the specialist palliative care team and multidisciplinary working, resuscitation and management of medical emergencies, infection prevention control and decontamination, and the general environment.

### Areas for improvement

A staff register in keeping with Schedule 3 Part II (6) of The Independent Health Care Regulations (Northern Ireland) 2005 should be developed.

	Regulations	Standards
Total number of areas for improvement	0	1

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

### Clinical records

Two patient care records were reviewed. The hospice retain hard copy care records which are supplemented with an electronic record system. The electronic record system does not contain care records and is used for statistical purposes only. It was confirmed that the hospice have access to the Northern Ireland Care Record (NIECR) computer system. The patient care records were well documented, contemporaneous and clearly outlined the patient journey.

The 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 hospices 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. When required, multidisciplinary discharge planning meetings are held.

A discharge summary and plan is completed prior to the patient leaving the hospice. The medical practitioner prepares a letter that is provided to the patient's general practitioner to outline the care and treatment provided within the hospice. A nurse will prepare a letter to community services if a referral has been made.

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 seven patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them and indicated they were very satisfied with this aspect of care. Comments provided included the following:

- “Mum was so fortunate to have this care provided for her, a blessing that she rested there.”
- “Every small interaction was planned, explained and delivered in an exemplary way and was effective care.”
- “XXXX receives excellent care, nurses discuss care with family.”

All 22 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. Twenty staff indicated they were very satisfied with this aspect of care and two indicated they were satisfied. Staff spoken with during the inspection concurred with this. The following comment was included in a submitted questionnaire response:

- “All staff are committed to delivering a high standard of patient centred care”.

### Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the care pathway including admission and discharge arrangements, and the provision of information to patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

### 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.

Ms Martin outlined the bereavement services available as follows:

- Forget-Me-Not Bereavement Support group meets twice a year usually in February/March and October/November. All families who have had hospice care 12 weeks prior to the date of commencement will receive a letter from the support group inviting them to attend the six week programme.
- Healing Hearts delivers workshops and one to one support to all bereaved children, before, during and after the death of a loved one. This is not limited to patients referred to the hospice; services are provided and offered to children who are bereaved, irrespective of cause of death, right across the North West.

In addition the hospice can access individual counselling services for patients, families and staff if required.

Ms Martin confirmed that the staff delivering 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 staff including the medical director 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.

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.

It was confirmed that the patient notes include a communication sheet to record when breaking bad news discussions are undertaken with patients and/or their representatives.

## 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.

Patients are assisted by a volunteer to complete a patient/relative survey in the hospice. A number of postal surveys are issued to inpatients following discharge and to patients who attend the day hospice or are supported by the community specialist team. The results of completed surveys are collated into summary reports, inpatient and day patient results are collated in one report and community patient results are collated in a separate report. Reports are reviewed by the senior management team and an action plan is developed and implemented as required. This has led to service improvement.

Comments included:

- “The hospice is just a fantastic place with fantastic staff.”
- “Well done and thank you for the care you gave to my wife.”
- “All good at all times.”

It was observed that copies of the patient satisfaction reports are available in the reception area of the hospice.

## Patient and staff views

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

- “The hallmark of Foyle Hospice, everyone from admin to medical same high standards of care and compassion.”
- “Everything was explained to my mum and to all the family members who were present. Family spoken to in a private room allowing privacy, dignity and respect for the decisions to be made.”
- “XXXX is consistently treated with dignity and respect.”

Twenty one of the 22 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, one questionnaire did not include a response. All 21 staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was included in a submitted questionnaire response:

- “High standard individualised patient care is the ethos of the Foyle Hospice.”

## Areas of good practice

There were examples of good practice found in relation to meaningful patient/family involvement in their care, bereavement care services and obtaining patient’s views about the services provided.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

## Management and governance arrangements

There was a clear organisational structure within the hospice and 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 there were good working relationships and that management were responsive to any suggestions or concerns raised. Mr Henderson, registered person and Ms Martin, registered manager are the individuals with overall responsibility for the day to day management of the hospice.

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.

The hospice is represented on a number of palliative care organisations to include Hospice UK (Ms Martin is the Hospice UK representative for all four hospices in Northern Ireland) and the council of partners for the All Ireland Institute of Hospice and Palliative Care (AIHPC).

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 displayed in the hospice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the hospice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

Ms Martin 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. A range of audits are routinely undertaken to include the following:

- documentation
- incidents/accidents
- controlled drugs
- mattress
- commode
- hand hygiene
- out of hours advice calls
- use of incontinence tool



- national comparative audit of red blood cell transfusions in Hospices

It was confirmed that staff nurses on the inpatient unit have recently completed a number of audits to include:

- completion of patient identification in notes
- completion of falls risk assessments
- bed availability/occupancy

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.

It was confirmed that the medical director has responsibility for practising privileges. A review of the practising privileges policy and discussion with the medical director, evidenced that the policy requires further development to ensure it fully reflects best practice guidance. It was also established that the locum medical practitioners who provide out of hours medical cover do not have practising privileges agreements in place.

The medical director was advised that the policy should outline the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges and that a written agreement between each medical practitioner and the hospice setting out the terms and conditions of practising privileges, signed by both parties should be retained. It was also advised that a system to review practising privileges agreements every two years should be in place. This has been identified as an area for improvement against the standards. Following the inspection best practice guidance documentation in respect of practising privileges agreements was forwarded to the medical director by email.

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 Martin, registered person, evidenced 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 seven patients who submitted questionnaire responses indicated that they felt that the service is well led and indicated they were very satisfied with this aspect of the service. Comments provided included the following:

- As above, the managerial side took as much care and effort to get to know every one of the family personally as the medical team who are angels themselves.”
- “At all times family and patient aware of the unit sister, the director of nursing and medicine. The nurses caring for mum on each shift took time to meet her at the start and end of shift so family would know who would be there.”
- “I wish to add that it was a privilege to observe the standard of care that nurses and doctors can deliver to gravely ill patients. The care, compassion and respect offered to the patient and family is exceptional.”
- “Staff are lovely with XXXX, provide good quality care every day. They are lovely with her.”

All 22 submitted staff questionnaire responses indicated that they felt that the service is well led. Twenty staff indicated they were very satisfied with this aspect of the service and two indicated they were satisfied. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “I feel fully supported and any issues/complaints are dealt with to a high standard”.
- “Our director of nursing is a great manager. Works very hard to keep Foyle Hospice as a place recognised for its great care. We are very proud of our Hospice.”
- “Occasional communication difficulties.”

All staff spoken with during the inspection indicated that they felt communication with senior management and the board of trustees had improved since the previous inspection.

As discussed, one relative of a patient submitted a letter to RQIA prior to the inspection. The letter detailed a very high level of satisfaction with the standard of care and treatment provided at Foyle Hospice. Extracts from the letter are detailed below:

- “Mum received outstanding care and attention from day one.”
- “The people who work in the Foyle Hospice are very special, unique. They exude compassion, when it is required, medical excellence when necessary and a great calmness”
- “Foyle Hospice is a little piece of heaven on earth and that ethos and environment is created by the people who work within it.”
- “If ever there was an example of outstanding pastoral and medical care which achieves the highest standards, it is to be found at the Foyle Hospice.”

Ms Martin confirmed that the hospice received a copy of the letter and that it is displayed on the staff notice board.

### **Areas of good practice**

There were examples of good practice found in relation to governance arrangements, management of complaints, incidents and alerts, quality improvement and maintaining good working relationships.

### **Areas for improvement**

The practising privileges policy should be further updated to ensure it fully reflects best practice guidance and all locum medical practitioners should have a practising privilege agreement.

	Regulations	Standards
Total number of areas for improvement	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Yvonne Martin, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the hospice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12.5  <b>Stated:</b> First time	The registered person should ensure that a staff register is developed and maintained in keeping with Schedule 3 Part II (6) of The Independent Health Care Regulations (Northern Ireland) 2005.  Ref: 6.4
<b>To be completed by:</b>	<b>Response by registered person detailing the actions taken:</b>

08 January 2018	Relevant HR staff have now drawn up a staff register as per legislation requirements, electronic and hard copy format.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time  <b>To be completed by:</b> 08 February 2018	The registered person should ensure that the practising privileges policy is further developed to detail the process for application, granting, maintenance and withdrawal of practising privileges. All locum medical practitioners should have a practising privileges agreement in keeping with the policy and records retained.
	Ref: 6.7
	<b>Response by registered person detailing the actions taken:</b> A practising privileges policy has been further developed by the Medical Director as above, and an agreement with locum doctors is being completed and will be stored in their personnel files once signed and returned to the HR department.

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



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