

Announced Care Inspection Report 10 August 2016



Foyle Hospice

**Type of service: Independent Hospital (IH) - Adult Hospice/Private
Doctor**

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Inspector: Stephen O'Connor

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Foyle Hospice took place on 10 August 2016 from 09:55 to 17:10.

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

Is care safe?

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

Is care effective?

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

Is care compassionate?

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

Is the service well led?

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

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

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Henderson, registered person and Ms Yvonne Martin, registered manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent medicines management inspection

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

2.0 Service details

Registered organisation/registered person: Mr Donall Henderson	Registered manager: Ms Yvonne Martin
Person in charge of the home at the time of inspection: Ms Yvonne Martin	Date manager registered: 17 November 2008
Categories of care: Hospice adult – H(A) Private doctor – PD	Number of registered places: 12

3.0 Methods/processes

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

During the inspection the inspector met with Mr Donall Henderson, registered person, Ms Yvonne Martin, registered manager, two patients and one patient relative, one of the ward managers of the inpatient unit, one doctor and one staff nurse. A tour of some areas of the premises was also undertaken.

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

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 February 2016

The most recent inspection of the hospice was an announced medicines management inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11 August 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 7 Stated: First time	It is recommended that a complaints audit should be established and implemented.	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that a complaints audit has been developed. A complaints audit in relation to complaints received between April 2014 and March 2015 had been completed during November 2015. It was confirmed that if applicable, learning from complaints would be shared with staff.	
Recommendation 2 Ref: Standard 40 Stated: First time	It is recommended that a system for retaining training records should be established to allow ease of access and provide evidence of training.	Met
	Action taken as confirmed during the inspection: A range of training files pertaining to specific training courses have been established. Review of a random sample of training records evidenced that records were up-to-date and that staff had undertaken training relevant to their role and responsibilities.	

4.3 Is care safe?

Discussion with Mr Henderson, Ms Martin and staff and review of completed staff and patient questionnaires evidenced that there was sufficient staff in various roles to fulfil the needs of the hospice and patients. There is a multi-professional team which includes doctors, nurses and nursing assistants 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.

A range of 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.

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 (ECEPS) 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 by the hospice for all hospice staff who undertake the courses.

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

Three 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

It was confirmed that each medical practitioner has an appointed responsible officer.

Recruitment and selection

Ms Martin confirmed that three new medical practitioners and a team leader for the community specialist team have been recruited since the previous inspection. A review of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained. Ms Martin also confirmed that three staff are due to retire at the end of August 2016 and that the hospice is in the process of recruiting their replacements.

It was confirmed that the hospice has a designated person responsible for human resources and administration on the senior management team. It was confirmed that there was a recruitment policy and procedure available and that the policy was comprehensive and reflected best practice guidance.

Safeguarding

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

Review of records demonstrated that all staff in the hospice had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014 during core mandatory training days held during January 2016.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policies 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. A copy of the new regional guidance entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 is 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
- use of ambulatory syringe pump for adult palliative patients
- administration of intravenous biophosphonates
- 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 was 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.

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

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

Comments received included:

- "Hospice is an amazing place"
- "Don't have any complaints"
- "Would not change a thing"

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 2016.

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

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

Infection prevention control and decontamination procedures

There were clear lines of accountability for infection prevention and control (IPC). The hospice has a designated IPC lead nurse 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. IPC training is included in the mandatory annual training day.

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
- 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.

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

A review of documentation evidenced that arrangements are in place for maintaining the environment. A range of certificates were reviewed to include servicing of fire detection system on 26 July 2017, assessment of ignitability of bedding dated 17 December 2014, servicing of canopy extract system in main cooking area dated 25 February 2015, servicing of oil firing central heating burner report dated 7 March 2016, lifting equipment annual weight test certificate dated 7 July 2016, servicing of blood pressure monitors dated 21 June 2016 and summary report for hoists dated 9 June 2016. Records were also available to confirm that the electrical installations are checked every five years with the most recent condition report dated 11 July 2014 was reviewed.

A legionella risk assessment was last undertaken by an external organisation during April 2016 and monthly checks of thermostatic mixing valves are recorded.

A fire risk assessment had been undertaken and review of records confirmed that fire training and fire drills had been completed. 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. Routine checks are undertaken in respect of the emergency break glass points and emergency lighting and records are retained.

Routine checks are also undertaken in respect of the generator.

Patient and staff views

Four patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Patients spoken with during the inspection concurred with this. The following comment was included:

- “Extremely safe and caring with the highest possible professional standards”

All 21 staff submitted questionnaire responses indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “I feel very proud of our team, providing a clean and safe and welcoming place of care at day hospice”.
 - “Staff training/appraisal is taken very seriously as are all aspects of health and safety”
 - “Would like to see more fire drill training”
 - “I believe that care is safe and patients are protected from harm. However I do not believe that one part time consultant (0.5 whole time equivalent) is sufficient cover for the hospice service (inpatients/day hospice/home care) particularly in terms of out of hours backup especially as demand increases, patient complexity increases etc. No AHPs/Social workers working at hospice either. Both these issues are a resource issue”

During the inspection all staff spoken with confirmed that they felt there was sufficient medical cover arrangements in place including our of hours services.

The issues included in the comment were discussed with Mr Henderson and Ms Martin who confirmed that resources are not available to increase the consultant cover and appoint allied health professionals (AHPs). Ms Martin confirmed that business cases have previously been presented to the board of trustees in regards to AHPs and resources are not available at this time. Ms Martin confirmed that should a patient require care from an AHP then referrals are made to the appropriate department in the local trust.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Clinical records

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

The 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.

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

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

Patient and staff views

All four patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. Patients spoken with during the inspection concurred with this. The following comment was included:

- “Without question Yes”

All 21 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. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “We provide and promote skilled and compassionate end of life care, always trying to aim for the highest quality in our day hospice”
- “Care is excellent at all times”
- “Although I am not on the nursing/medical staff I know through my own role that all aspects are given high priority”
- “I think care is effective and timely the majority of the time. However, there are times where we are not able to admit patients for respite due to demands for inpatient beds/limited number of inpatient beds. Occasionally for the same reason we may not be able to accommodate patients for symptom control/end of life care due to resourcing. Their needs are met then as best as possible by home care team/day hospice, clinically advice or through hospital specialist pall care team. I am also concerned that no additional resources have been allocated to Foyle Hospice with the opening of the radiotherapy unit this year. Many palliative care patients will be receiving radiotherapy locally and will need access to pall care professionals re radiotherapy complications”

The issues and concerns expressed by this staff member were discussed with Mr Henderson and Ms Martin who confirmed that the hospice is only partially funded for the services it provides and that they regularly meet with the local commissioning trust to discuss resources, challenges and funding. They also confirmed that they have developed close links with the new radiotherapy unit and will be monitoring the impact it has on the hospice.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Patient/family involvement

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

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

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

Bereavement care service

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

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 medical staff 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 this 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.

The inspector reviewed two care records and confirmed that delivering bad news is fully reflected in care records.

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

Patient consultation

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

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 the senior management team and an action plan is developed and implemented as required. This has led to service improvement.

Comments included:

- “My wife was treated at all times with the upmost care and dignity”
- “Treatment second to none, only praise for the hospice, nursing staff and the facilities for families”
- “Everyone is very kind here”
- “Excellent service”
- “Helps me to come to terms with my second diagnosis of cancer”
- “No improvements as far as I am concerned”
- “Helped enormously with my condition and increased my self-confidence”
- “Fantastic service for our mother, great staff”

Patient and staff views

All four patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Patients spoken with during the inspection concurred with this. The following comment was included:

- “I found all staff within the Foyle Hospice to be the most compassionate and caring, a very safe and dignified environment”

All 21 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. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- “I am so proud to work at Foyle Hospice our holistic approach is excellent and patients and families are treated with upmost care and compassion”
- “We have had very good feedback from patients satisfaction surveys”
- “Foyle hospice provides tremendously compassionate care. The team are very caring and have patients/families needs at the heart of care provision”
- “Upmost respect/dignity given/maintained”
- “Feedback from patients, relatives and friends is excellent and if there are any queries I know they are always taken seriously and actioned promptly”

Areas for improvement

No areas for improvement were identified during the inspection.

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

Management and governance arrangements

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 and Ms Martin are responsible 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 the regional palliative care group, the national council for palliative care and the council of partners for the All Ireland Institute of Hospice and Palliative Care (AIHPC). The Foyle Hospice also collaborates with the other Hospices in Northern Ireland and the directors of nursing meet quarterly.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the hospice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the hospice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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:

- complaints
- satisfaction of breathless support group
- satisfaction with complementary therapies
- falls
- commode
- levels of urgency of referrals
- death certification
- safe use of bed rails
- discharge planning
- accidents and incidents
- hand hygiene
- infection prevention and control
- mattress
- sharps awareness
- controlled drugs
- clinical records

It was confirmed that the community team have introduced a new system to triage all referrals. This system had been audited and an abstract of this new triage referral system was available at the European Association of Palliative Care Conference. As a result of this the Foyle Hospice are in talks with the British Medical Association (BMA) about writing an article for their journal.

A half day evaluation to review new programmes run during 2016 has been planned for February 2017.

A number of awards given to the Foyle Hospice were observed to be on display in the main reception area. These included:

- Derry Journal people of the year award 2015 for charity workers of the year
- Northern Ireland amenity council best kept award for residential facility 2015
- The Queen's Golden Jubilee Award for voluntary service by groups in the community 2016
- Spirit of St Patrick award 2016

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.

Ms Martin outlined the process for granting practising privileges and confirmed medical practitioners meet with the medical director prior to privileges being granted.

Three medical practitioner's personnel files were reviewed and this confirmed that there was a written agreement between each medical practitioner and the hospice setting out the terms and conditions of practising privileges which has been signed by both parties.

There are systems in place to review practising privileges agreements every two years.

The hospice has a policy and procedure in place which outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

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

Mr Donall Henderson, registered person and Ms Yvonne Martin, registered manager demonstrated a clear understanding of their roles and responsibilities 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 four patients who submitted questionnaire responses indicated that they felt that the service is well managed. Patients spoken with during the inspection concurred with this. The following comment was included:

- "I found the Foyle hospice of the highest standard possible in every way"

Twenty of the 21 submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection felt the hospice was well led. Comments provided included the following:

- "My line manager is very supportive and caring. Patient care is her priority and this makes for a happy team. Our director of nursing is outstanding. I could not praise her enough. She is a rock in a constantly evolving service"
- "Our director of nursing is always striving for excellence, hardworking, proactive and I can speak to her if I have any concerns. I am very proud of Foyle Hospice. I feel we all want to deliver an excellent service for our patients"
- "The service is well led, but it would be good if there were more opportunities for board of trustees and front line clinicians to engage with each other as the organisation tries to move forward into the future".
- "Here at the Hospice we have a great team".
- "Yes by Director of Nursing. Poor by XXX and XXX. Autocratic, unsupportive, poor staff rostering"

The last comment was discussed with Mr Henderson and Ms Martin. There were no staffing concerns or staffing issues raised during the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

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



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