



The Regulation and
Quality Improvement
Authority

Foyle Hospice
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Inspectors: Winifred Maguire &
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Inspection ID: IN021610

Tel: 028 71351010

Announced Inspection of Foyle Hospice

11 August 2015

The Regulation and Quality Improvement Authority
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Summary of Inspection

An announced care inspection took place on 11 August 2015 from 10.00 to 17.00. Overall on the day of inspection the standards inspected were found to be generally safe, effective and compassionate. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection on 12 August 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with Yvonne Martin, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Donall Henderson	Registered Manager: Ms Yvonne Martin
Person in Charge of the Establishment at the Time of Inspection: Ms Yvonne Martin	Date Registered: 17 November 2008
Categories of Care: Hospice adult – H(A) Private doctor – PD	Number of Registered Places: 12

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

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

The inspectors reviewed the following additional areas: Incidents, insurance arrangements and RQIA registration.

4. Methods/Process

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

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

During the inspection the inspectors met with Yvonne Martin, registered manager, Donall Henderson, registered person, one staff nurse, one nursing auxiliary and briefly with the medical director and ward manager.

During the inspection the inspectors met with three patients, two sets of patient's relatives and/or representatives. The inspectors also received two letters from patient's relatives.

The following records were examined during the inspection:

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

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 12 August 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 19(2) Stated: First time	<p>The registered person must ensure AccessNI checks are undertaken on newly appointed medical practitioners prior to providing medical services in the hospice.</p> <p>Action taken as confirmed during the inspection: Two newly appointed medical practitioners files were reviewed in relation to AccessNI checks; one was in place and evidence the other had been undertaken was forwarded to the inspectors following inspection.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10 Stated: First time	<p>The registered person should ensure evidence of AccessNI checks is retained in line with best practice.</p> <p>Action taken as confirmed during the inspection: AccessNI checks are held in line with best practice.</p>	Met
Recommendation 2 Ref: Standard 10 Stated: First time	<p>The registered person should ensure an absence of manager policy and procedure is devised as outlined in the main body of the report.</p> <p>An absence of manager policy and procedure has been devised and was reviewed on inspection.</p>	Met

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion with patients, patients relatives and staff regarding the consultation and treatment process confirmed that patient's modesty and dignity is respected at all times. In-patients can be accommodated in single rooms with en-suite facilities. Patients accommodated in two or three bedded rooms are provided with modesty screens and curtains as appropriate.

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

Is Care Effective?

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

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

Is Care Compassionate?

Discussion with three patients and two sets of their representatives, staff and review of five patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

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

- "Staff very attentive."
- "So kind and caring each and every member of staff."
- "Outstanding with their spiritual care."
- "The care and love they received was second to none."
- "Whenever there were choices to made things were explained clearly to her and to us."
- "Staff were kind attentive clear and responsive."
- "Staff are always courteous and polite."
- "They provided us with outstanding care when we needed it most."

Areas for Improvement

No areas for improvement were identified during the inspection.

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

Is Care Safe?

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

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

Is Care Effective?

Foyle 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.

The hospice issued feedback questionnaires to patients receiving inpatient care and eight were returned and completed. Review of the completed questionnaires found that patients were highly satisfied with the quality of treatment, information and care received. Comments from patients included:

- “Be very proud, all staff excellent.”
- “Excellent, no complaints.”
- “Very attentive and helpful.”
- “Cannot speak highly enough about the facility and the care given.”
- “Staff, doctors, food all excellent.”
- “Patient information leaflet about the hospice was very informative, easy to read and understand.”
- “My dad received outstanding care and the family were more than grateful and satisfied with his treatment during his illness.”
- “Staff at all times treated the patient and family with dignity, respect and compassion.”

The information received from the patient feedback questionnaires is collated into an annual summary report which is made available to patients and other interested parties to read in the foyer area of the hospice.

It was confirmed through discussion and review of minutes that comments received from patients and/or their representatives are reviewed by senior management as part of the clinical governance arrangements of the hospice. An action plan is developed and implemented to address any issues identified; this was reviewed as part of the inspection process.

Is Care Compassionate?

Discussion with patients and their representatives 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 and/or their representatives confirmed that treatment and care are planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

Areas for Improvement

No areas for improvement were identified during the inspection.

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

Is Care Safe?

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

Discussion with the registered manager confirmed that information from complaints is used to improve the quality of services.

Is Care Effective?

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

A complaints questionnaire was forwarded by RQIA to the hospice for completion. The evidence provided in the returned questionnaire, discussion with the registered manager and review of complaints documentation indicated that complaints have been managed in accordance with best practice.

The registered manager demonstrated a good understanding of complaints management.

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

A complaints audit is not formally undertaken and advice was given on the matter on how the audit information could be used to identify trends and enhance services provided as part of the establishment's quality assurance arrangements.

The complaints procedure is contained within the Patient Guide; copies of which are available in foyer area and patient rooms for patients to read.

Is Care Compassionate?

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

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

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

Areas for Improvement

An audit of complaints should be established and implemented.

Number of Requirements	0	Number Recommendations:	1
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5.6 Standard 37 – Arrangements for the Provision of Specialist Palliative Care

Is Care Safe?

The care records of five 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.

Is Care Effective?

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

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

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, along with a review of the letters received by RQIA. All felt that they were kept informed regarding their care and could discuss any concerns they had with the staff.

Comments received included:

- "Kept well informed."
- "Always discreetly spoke to us about --- condition."
- "Gave us time to ask questions and very informative."
- "They always explain what they want to do making sure I'm happy to continue."
- "The nurses and doctors took time to chat to us as well as talking to us about ---- expected progress and anticipated symptoms."

Is Care Compassionate?

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

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

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

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

Areas for Improvement

No areas for improvement were identified during this inspection.

Number of Requirements	0	Number Recommendations:	0
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5.7 Standard 40 – Specialist Palliative Care Team

Is Care Safe?

There is a multi-professional team which includes doctors, nurses and nursing auxiliaries 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. Whilst reviewing training records it was noted training records were held in several areas making it difficult to access these records. A recommendation was made to implement a system of retaining training records to allow for ease of access and evidencing training.

Is Care Effective?

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

- Admission/referral/discharge policy and procedure;
- Management of hypercalcaemia;
- Management of syringe driver; and
- Management of death.

Is Care Compassionate?

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

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

Areas for Improvement

A recommendation was made to implement a system of retaining training records to allow for ease of access and evidencing of training.

Number of Requirements	0	Number Recommendations:	1
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5.10 Additional Areas Examined

Management of Incidents

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

Discussion with the registered manager and review of incident management found that incidents were well documented, fully investigated and had outcomes recorded.

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

RQIA registration and Insurance Arrangements

Discussion with the registered manager regarding the insurance arrangements and observation of the insurance documentation within the establishment confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the foyer of the premises.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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6.0 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Donall Henderson, registered person, and Ms Yvonne Martin, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 7 Stated: First time To be Completed by: 11 November 2015	It is recommended that a complaints audit should be established and implemented.		
	Response by Registered Manager Detailing the Actions Taken: The Registered Manager has researched templates for auditing of complaints from her colleagues in other regional hospices and from the internet and is in the process of completing a complaints audit as recommended. This audit will also be discussed at our next Clinical Governance meeting on on 29 th October 2015 before it is finalised by 11 th November 2015. This audit will then be carried out annually.		
Recommendation 2 Ref: Standard 40 Stated: First time To be Completed by: 11 October 2015	It is recommended that a system for retaining training records should be established to allow ease of access and provide evidence of training.		
	Response by Registered Manager Detailing the Actions Taken: The Registered Manager has now sourced suitable storage files and has commenced the process of storing staff training records in one file per nursing department, ie, Inpatient Unit, Day Hospice and Community Specialist Nursing Team. Notices will be displayed through the hospice requesting that all staff are responsible for ensuring records of their training are kept in the aforementioned files. This will be monitored regularly by the Registered Manager and the line managers in each department.		
Registered Manager Completing QIP	Yvonne Martin	Date Completed	1 st October 2015
Registered Person Approving QIP	Donall Henderson	Date Approved	1 st October 2015
RQIA Inspector Assessing Response	Winnie Maguire	Date Approved	05/10/15

**Please ensure the QIP is completed in full and returned to independent.healthcare@rqia.org.uk*