



The Regulation and  
Quality Improvement  
Authority

## **Announced Inspection**

**Name of Establishment:** Foyle Hospice  
**Establishment ID No:** 10627  
**Date of Inspection:** 12 August 2014  
**Inspector's Name:** Winnie Maguire  
**Inspection No:** 17375

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

## 1.0 General Information

<b>Name of hospice:</b>	Foyle Hospice
<b>Address:</b>	61 Culmore Road Londonderry BT48 8JE
<b>Telephone number:</b>	028 7135 1010
<b>Registered organisation/ registered provider:</b>	Charles Keith Munro
<b>Registered manager:</b>	Yvonne Anne Martin
<b>Person in charge of the hospice at the time of inspection:</b>	Yvonne Martin
<b>Registration categories:</b>	Hospice Adult (A), Private Doctor PD
<b>Number of registered places:</b>	12
<b>Number of patients accommodated on the day of inspection:</b>	8
<b>Date and time of inspection:</b>	12 August 2014 10.30am - 17.30pm
<b>Date and type of previous inspection:</b>	Announced 30 October 2013
<b>Name of inspector:</b>	Winnie Maguire

## 2.0 Introduction

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

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

## 2.1 Purpose of the Inspection

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

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

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments

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

## 2.2 Methods/Process

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

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

- Analysis of pre-inspection information and self assessment
- Discussion with Yvonne Martin, registered manager and Dr Keith Munro, registered person
- Examination of records
- Consultation with patients and/or their representatives where applicable
- Tour of the premises
- Evaluation and feedback

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

The completed self-assessment is appended to this report.

### 2.3 Consultation Process

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

Patients	2
Staff	3

### 2.4 Inspection Focus

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

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

### **3.0 Profile of Service**

Foyle Hospice is a purpose built building located in the suburbs of Derry city close to public transport routes and local amenities. Foyle Hospice is a charitable organisation registered with the charity commission which raises funds to support the delivery of specialist palliative care to people with cancer and other life limiting illnesses, along with providing support to their families and significant others.

The hospice provides in-patient services, day hospice and outreach care. The inpatient facility consists of 12 in-patient beds, lounge rooms, a kitchen, toilets, bathrooms, consultation rooms, religious service room, family accommodation rooms, offices, storage space and staff facilities. There is also a day hospice facility on site.

The hospice has undergone renovations, completed October 2013, which has enhanced in-patient accommodation by creating additional single room accommodation with en-suites.

The hospice employs a team of care professionals including medical and nursing staff specially trained in pain and symptom control management. The hospice can arrange allied health care professional visits as required.

Yvonne Martin is the long standing registered manager and Dr Keith Munro has been the registered person for two years.

Private car parking is available for patients and visitors.

The establishment is accessible for patients with a disability.

The hospice is registered as an independent hospital with the hospice adult H(A) and private doctor (PD) categories of registration.

## 4.0 Summary of Inspection

An announced inspection was undertaken by Winnie Maguire on 12 August 2014 from 10.30am to 17.30pm. The inspection sought to establish the compliance being achieved with respect to The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, the DHSPPS Minimum Care Standards for Independent Healthcare Establishments and to assess the progress made to address the issues raised during the previous inspection.

There was one recommendation made as a result of the previous annual announced inspection on 30 October 2013. This recommendation has been fully addressed.

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

Yvonne Martin was available during the inspection and for verbal feedback at the conclusion of the inspection. Dr Keith Munro, the registered person, also spoke with the inspector during the course of the inspection.

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

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

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

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

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

The inspector reviewed the policy and procedures in relation to whistleblowing. It was found to be in line with legislation and best practice.

A recommendation was made to devise a written policy on the absence of the registered manager.

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

The hospice has systems in place to audit the quality of service provided. The inspector advised devising an annual quality of services report reflecting the findings of the audits carried out.

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

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

The inspector reviewed the insurance arrangements for the establishment and found that current insurance policies were in place.

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

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

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

There are arrangements in place to review the qualifications and registration status of all professional staff working within the hospice. The inspector reviewed the personnel files of four nursing staff, four care staff and six medical practitioners. They were found to contain some of the information required by legislation.

A requirement was made to ensure newly appointed medical practitioners have an AccessNI check carried out prior to commencing work in the hospice. A recommendation was also made to ensure details of AccessNI checks are retained in line with good practice; advice was given on this matter.

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

The certificates of registration and insurance were clearly displayed in the foyer area of the hospice.

There was one requirement and two recommendations made as result of this inspection. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspector would like to thank Yvonne Martin, Dr Keith Munro, patients, relatives and staff of Foyle Hospice for their hospitality and contribution to the inspection process.



## 5.0 Follow Up on Previous Issues

No.	Minimum Standard Ref.	Recommendation	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C16.2	The registered manager should devise a management of records policy and procedure as outlined in main body of the report.	A management of records policy has been devised.	One	Compliant

## 6.0 Inspection Findings

<b>STANDARD 5</b>	
<b>Patient and Client Partnerships:</b>	<b>The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care</b>
<p>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.</p> <p>The hospice had completed a patient satisfaction survey of eighteen patients and/or their representatives in March 2014. The inspector reviewed the completed feedback survey and found that patients and/or their representatives were highly satisfied with the quality of care and treatment provided by Foyle Hospice. Some comments received from patients and/or their representatives included:</p> <ul style="list-style-type: none"> <li>• “Good emotional support”</li> <li>• “Hospice staff not only helpful to me but to my family also”</li> <li>• “Hospice is a haven, holistic support care”</li> <li>• “Pain relief - excellent “</li> </ul> <p>The results of the patient and/or their representatives’ satisfaction questionnaires are reviewed by the management team within of the hospice and an action plan is developed and implemented if any issues are identified. However no issues were identified as requiring to be addressed.</p> <p>The information received from the satisfaction 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.</p> <p>The inspector met with two patients during the course of the inspection and the following comments were received:</p> <ul style="list-style-type: none"> <li>• “I have been amazed at the kindness shown by everyone”</li> <li>• “Nothing but praise for all the staff”</li> <li>• “The care is wonderful you just feel so at ease here”</li> <li>• “They are so attentive and explain things to me about what’s happening”</li> </ul>	

### **Evidenced by:**

**Review of patient satisfaction surveys**

**Review of summary report of patient satisfaction surveys**

**Summary report made available to patients and other interested parties**

**Discussion with patients and/or their representatives**

**Discussion with staff**

<b>STANDARD 7</b>	
<b>Complaints:</b>	<b>All complaints are taken seriously and dealt with appropriately and promptly.</b>
<p>The hospice operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation. The registered manager demonstrated a good understanding of complaints management.</p> <p>The complaints procedure is made available to all patients and/or their representatives. The registered manager confirmed that the complaints procedure could be made available in alternative formats and languages if required.</p> <p>Patients who spoke with the inspector confirmed that they had been provided with copies of the complaints procedure and would feel able to address any concerns they may have with staff. However, no concerns or issues were raised and patients/and or their representatives spoke highly of the quality of care and treatment received.</p> <p>The inspector reviewed the complaints register and complaints records. All complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation.</p>	

**Evidenced by:**

- Review of complaints procedure**
- Complaint procedure made available to patients and other interested parties**
- Discussion with patients and/or their representatives**
- Formats available**
- Discussion with staff**
- Review of complaints records**

**STANDARD 9****Clinical Governance:**

**Patients and clients are provided with safe and effective treatment and care based on best practice guidance, demonstrated by procedures for recording and audit.**

The registered manager ensures the hospice delivers a safe and effective service in line with the legislation, other professional guidance and minimum standards.

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

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

- Safe use of bed rails audit
- Discharge planning audit
- Accidents and incident audit
- Hand hygiene audit
- Infection prevention and control audit
- Mattress audit
- Sharps awareness audit
- Controlled drugs audit
- Documentation audit
- Medical staff participate in surveys and audits conducted by Regional Palliative care group.

Systems are in place to ensure that the registered provider is kept informed regarding the day to day running of the hospice. There is excellent communication between the registered manager and the registered person who makes regular visits to the hospice.

Systems are 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 inspector advised the hospice devise an annual quality of services report reflecting the findings of the audits carried out and the initiatives in place.

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

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

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

The registered manager confirmed that no research is currently being undertaken within the hospice. Yvonne Martin also confirmed before any research involving patients would be considered a research proposal would be prepared and approval obtained from the appropriate Research Ethics Committee (REC).

**Evidenced by:**

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

<b>STANDARD 10</b>	
<b>Qualified Practitioners, Staff and Indemnity</b>	<b>Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.</b>
<p>The inspector reviewed six personnel files of medical practitioners and confirmed that:</p> <ul style="list-style-type: none"> <li>• There was evidence of confirmation of identity</li> <li>• There was evidence of current registration with the General Medical Council (GMC)</li> <li>• The medical practitioners are covered by the appropriate professional indemnity insurance</li> <li>• The medical practitioners have provided evidence of experience in palliative care</li> <li>• There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC</li> <li>• There was evidence of ongoing annual appraisal by a trained medical appraiser</li> </ul> <p>The inspector confirmed that each medical practitioner has an appointed responsible officer. A requirement was made to ensure newly appointed medical practitioners have AccessNI checks undertaken prior to the commencement of providing medical services in the hospice.</p> <p>The inspector reviewed the personnel files of four registered nurses and confirmed that:</p> <ul style="list-style-type: none"> <li>• There was evidence of current registration with the Nursing and Midwifery Council</li> <li>• There was evidence of confirmation of identity</li> <li>• Evidence of annual appraisal</li> <li>• Clinical Nurse Specialists working in the hospice have a specialist practice qualification or are working towards this, and experience of working in a special palliative care environment</li> <li>• Nurses are covered by the appropriate professional indemnity</li> </ul> <p>A review of four care staff personnel files confirmed that:</p> <ul style="list-style-type: none"> <li>• There was evidence of confirmation of identity</li> <li>• Care staff have attended palliative care training relevant to their roles and responsibilities</li> </ul> <p>A recommendation was made to retain evidence of AccessNI checks in line with best practice; advice was given on this matter.</p>	

Arrangements are in place for dealing with professional alert letters, managing identified lack of competence and poor performance for all staff and reporting incompetence in line with guidelines issues by the DHSSPS and professional regulatory bodies. The inspector reviewed the alert files as part of the inspection process.

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

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

**Evidenced by:**

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

**Review of professional indemnity insurance**

**Review of specialist qualifications**

**Review of arrangements for dealing with alert letter/competency**

**Review of training records**

**Review of induction programmes**

<b>STANDARD 16</b>	
<b>Management and Control of Operations:</b>	<b>Management systems and arrangements are in place that ensure the delivery of quality treatment and care.</b>
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The hospice did not have a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days which includes the interim management arrangements for the hospice. A recommendation was made on this matter.</p> <p>Review of the training records and discussion with the registered manager confirmed that she undertakes training relevant to her role and responsibilities within the organisation.</p> <p>The inspector reviewed the hospice's Patient Guide and Statement of Purpose and found them to be in line with the legislation.</p> <p>The inspector confirmed that appropriate meals are provided in line with the assessed needs of the patients. Patients are offered a choice of meals and patients confirmed that the food provided was of an excellent standard.</p> <p>The registered manager confirmed that no agency staff are currently used within the hospice.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the hospice and confirmed current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the foyer area of the premises.</p>	

**Evidenced by:**

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



<b>STANDARD 37</b>	
<b>Arrangements for Provision of Specialist Palliative Care:</b>	<b>Patients, prospective patients, their families and carers are clear about the arrangements for the provision of specialist palliative care. The needs of patients and carers are appropriately assessed and kept under review.</b>
<p>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.</p> <p>Patients and/or their representatives can visit the hospice prior to admission to review the services and facilities available.</p> <p>On admission patients and/or their representatives are provided with information regarding the various assessments that may be undertaken by members of the multi-disciplinary team. This includes medical and nursing. The registered manager confirmed referrals are made to as necessary to Health and Social Care Trusts for such services as physiotherapy and occupational therapy.</p> <p>Systems are in place to provide patients and/or their representatives with relevant information regarding the services available within the hospice and frequent updates.</p> <p>The inspector reviewed the care records of eight patients and found them to be well documented. Patients are assessed using validated assessment tools and care plans are developed in conjunction with the patient and/or their representatives. There was evidence of ongoing review and a daily statement of the patients' health and well-being was recorded. Multidisciplinary meetings are held twice daily to discuss the patient's progress and multidisciplinary records are retained within the patient's care records.</p> <p>A member of the multidisciplinary team is identified as the principle contact for each patient and/or their representative. The multidisciplinary team, with the patient's consent, provides information and support to the patient's representatives.</p> <p>Information is available on how to access support services for patients and their representatives.</p> <p>Staff were observed to treat patients and/or their representatives with dignity and respect.</p> <p>The inspector had the opportunity to speak with two patients who were very complimentary regarding the quality of care, environment, staff and management. Both patients felt that they were kept informed regarding their care and could discuss any concerns they had with the staff.</p>	

**Evidenced by:**

**Review of referral procedures**

**Review of patient information**

**Review of patient care records**

**Discussion with staff, patients and/or their representatives**

<b>STANDARD 38</b>	
<b>Discharge Planning</b>	<b>Patients have a planned programme for discharge from the hospice to ensure continuity of care.</b>
<p>The hospice has a discharge policy and procedure in place.</p> <p>There are well developed discharge planning arrangements in place that require full engagement with patients and/or their representatives.</p> <p>A discharge summary and plan is completed prior to the patient leaving the hospice. A letter is provided to the patient's general practitioner to outline the care and treatment provided within the hospice.</p> <p>There are robust systems in place to ensure that agreed discharge arrangements are recorded and co-ordinated with all services that are involved in the patient's ongoing care and treatment.</p>	

**Evidenced by:**

- Review of discharge policy and procedure**
- Review of patient care records**
- Review of patient information leaflets**
- Discussion with staff**
- Discussion with patients and/or their representatives**

## **7.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Yvonne Martin as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/ manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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

## Quality Improvement Plan

### Announced Inspection

#### Foyle Hospice

**12 August 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Yvonne Martin either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**STATUTORY REQUIREMENT**

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 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	19(2)	The registered person must ensure AccessNI checks are undertaken on newly appointed medical practitioners prior to providing medical services in the hospice.  <b>Ref: Standard 10</b>	One	The Registered Manager has liaised with the HR Manager and this requirement has been actioned immediately following inspection and is ongoing.	Immediate and Ongoing

**RECOMMENDATIONS**

These recommendations are based on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments, research or recognised sources. They promote current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

<b>NO.</b>	<b>MINIMUM STANDARD REFERENCE</b>	<b>RECOMMENDATIONS</b>	<b>NUMBER OF TIMES STATED</b>	<b>DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)</b>	<b>TIMESCALE</b>
1	10	The registered person should ensure evidence of AccessNI checks is retained in line with best practice.  <b>Ref: Standard 10</b>	One	The Registered Manager has liaised with the HR Manager who has actioned the recording of Access NI checks in staff files as recommended by RQIA Inspector.	Immediate and ongoing
2	16	The registered person should ensure an absence of manager policy and procedure is devised as outlined in the main body of the report.  <b>Ref: Standard 16</b>	One	The Registered Manager is in the process of compiling an absence of manager policy and procedure in line with RQIA requirements and standards will be completed within the 3 month time frame.	Three months

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk)

<b>Name of Registered Manager Completing QIP</b>	Yvonne Martin
<b>Name of Responsible Person / Identified Responsible Person Approving QIP</b>	Dr Keith Munro

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	x	Winifred Maguire	07/10/2014
Further information requested from provider			

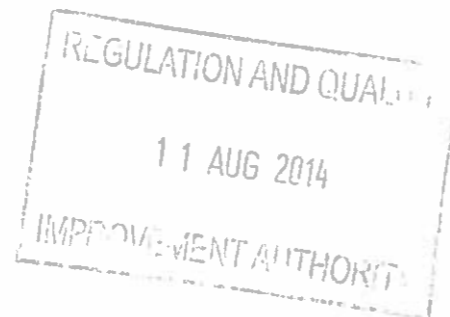




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**Pre-Inspection Self-Assessment  
Hospice Inpatient - Adult**

Name of Establishment: Foyle Hospice  
Establishment ID No: 10627  
Date of Inspection: 12 August 2014  
Inspector's Name: Winnie Maguire  
Inspection No: 17375



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

## **1.0 Introduction**

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

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011
- The Department of Health, Social Services and Public Safety's (DHSSPS) draft Independent Health Care Minimum Standards for Hospices.

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

## **2.0 Self-Assessment**

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

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

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

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

### 3.0 Self-Assessment Tool

#### Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		✓
Have any changes been made to the management structure of the hospital since the previous inspection?		✓
<b>Yes, please comment</b>		

#### Policies and Procedures

	YES	NO
Does the hospice have a policy and procedure manual in place which is reviewed at least every 3 years or as changes occur?	✓	
Are the policies and procedures for all operational areas in line with legislation and best practice guidelines?	✓	
Do all policies and procedures contain the date of issue, date of review and version control?	✓	
Are all policies and procedures ratified by the registered person?	✓	
<b>No, please comment</b>		

#### Records Management

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

**Patient Partnerships**

	YES	NO
Does the hospice have systems in place to obtain the views of patients regarding the quality of treatment, care and information provided?	✓	
Does the hospice make available a summary report of patient feedback to patients and other interested parties?	✓	
<b>No, please comment</b>		

**Resuscitation**

	YES	NO
Does the hospice have a resuscitation policy and procedure in place which is in line with the Resuscitation Council (UK) guidance?	✓	
Is resuscitation equipment readily accessible in all clinical areas?		✓
Are arrangements in place to ensure resuscitation equipment is checked regularly and restocked to ensure all equipment remains in working order and suitable for use at all times?		
<b>No, please comment</b>		
<p>We do not store resuscitation equipment in Foyle Hospice as most of our patients have a DNACPR in place. Staff are trained for basic life support for all other cases until an emergency ambulance comes and then transports people in need of resuscitation to Altnagelvin Area Hospital.</p>		

**Safeguarding**

	YES	NO
Does the hospice have a protection of vulnerable adults policy and procedure in place which is in line with the legislation and regional guidance?	✓	
Does the hospice have a safeguarding children policy and procedure in place which is in line with the legislation and regional guidance?		✓
Does the hospice have a whistle-blowing policy and procedure in place?	✓	
<b>No, please comment</b>		
<p>Foyle Hospice have a policy in place for the "Safety of Children" who visit relatives in the Inpatient Unit. This is due review at the end of August 2014</p>		

### Complaints

	YES	NO
Does the hospice have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the hospice's complaints policy and procedure?	✓	
<b>No, please comment</b> <i>This policy is due review at the end of August 2014</i>		

### Incidents

	YES	NO
Does the hospice have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the hospice's policy and procedure?	✓	
<b>No, please comment</b> <i>This policy is due review at the end of August 2014</i>		

### Infection Prevention and Control

	YES	NO
Does the hospice have an infection prevention and control policy and procedure in place?	✓	
Are appropriate arrangements in place to decontaminate equipment between patients?	✓	
<b>No, please comment</b>		

**Recruitment of staff**

	YES	NO
Does the hospice have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	✓	
Have all staff had an enhanced AccessNI disclosure undertaken, prior to commencing employment?	✓	
<b>No, please comment</b>		

**Staffing**

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

**Mandatory Training**

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

Fire safety – annually	✓	
Basic adult life support - annually	✓	
<b>If No, please comment</b> Foyle Hospice is an adult hospice and we do not provide care/treatment to children. There is a 'Safety of Children Policy' for children who visit relatives in Foyle Hospice Inpatient Unit		

**Appraisal**

	YES	NO
Does the hospice have an appraisal policy and procedure in place?	✓	
Are systems in place to provide recorded annual appraisals for staff?	✓	
<b>No, please comment</b> 		

**Medical Practitioners, Nurses, Social Workers & Allied Health Professionals**

	YES	NO
Are systems in place to ensure medical, nursing staff, social workers and allied health professionals have a current registration with their relevant professional bodies?	✓	
Are policies and procedures in place to grant, review and withdraw practising privilege agreements for medical practitioners?		✓
Are practising privileges agreements in place for all medical practitioners? (where applicable)	✓	
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?	✓	
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?	✓	
Are arrangements in place to ensure medical practitioners have a responsible officer?	✓	
<b>No, please comment</b> At present Foyle Hospice has procedures in place to grant, review and withdraw practising privilege agreement for medical practitioners as per GMC guidelines. There is no written policy but the Medical Director is in the process of devising a policy suitable for Foyle Hospice		

**Palliative Care**

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



**4.0 Declaration**

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

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

Name	Signature	Designation	Date
YVONNE MARTIN	<i>Yvonne A. Martin</i>	Director of Nursing/ Registered Manager	03/08/14