

# Announced Care Inspection Report 21 February 2019



## Foyle Hospice

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

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

**Tel No: 02871351010**

**Inspector: Stephen O'Connor**

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

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

Foyle hospice is registered as an independent hospital with an adult hospice and private doctor categories of care. The hospice is registered for 12 inpatient beds; the hospice also operates a day hospice and provides specialist palliative care to patients living in the community.

### 3.0 Service details

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

### 4.0 Inspection summary

An announced inspection took place on 21 February 2019 from 09:45 to 17:40.

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

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

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

Three areas requiring improvement were identified against the standards. These relate to the responsible individual or their nominated representative undertaking unannounced quality monitoring visits, developing clinical quality indicators to audit the quality and standard of services provided and ensuring notifications are submitted to RQIA in keeping with The Independent Health Care Regulations (Northern Ireland) 2005.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Details of the quality improvement plan (QIP) were discussed with Mr Donall Henderson, responsible individual and Ms Yvonne Martin, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 8 December 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 December 2017.

## 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to patients following the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were analysed following the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. Returned completed staff questionnaires were analysed prior to and following the inspection.

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

During the inspection the inspector met with Mr Henderson, responsible individual, Ms Martin, registered manager, the medical director, two locum doctors, a staff nurse who is the infection prevention and control lead and was in charge of the inpatient unit, a staff nurse, two nursing assistants, a kitchen assistant and the Human Resources (HR) and administration services manager. The inspector also met with two patients and had the opportunity to meet briefly with the board of trustees who were meeting to review the corporate risk register.

A sample of records was 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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr Henderson, responsible individual and Ms Martin, registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 8 December 2017

The most recent inspection of Foyle Hospice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 8 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12.5 <b>Stated:</b> First time	The registered person should ensure that a staff register is developed and maintained in keeping with Schedule 3 Part II (6) of The Independent Health Care Regulations (Northern Ireland) 2005.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that a staff register in keeping with Schedule 3 Part II (6) of The Independent Health Care Regulations (Northern Ireland) 2005 has been established. During discussion the HR and administration services manager confirmed that the staff register is considered to be a live document and will be reviewed and amended as and when necessary.	

	<p>A discussion took place in regards to establishing arrangements to review the status of doctors with practising privileges agreements to determine if they are a private doctor or not. Additional information in this regard can be found in section 6.4 of this report.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that the practising privileges policy is further developed to detail the process for application, granting, maintenance and withdrawal of practising privileges. All locum medical practitioners should have a practising privileges agreement in keeping with the policy and records retained.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The medical director confirmed that following the previous inspection the practising privileges policy was further developed. Review of the updated practising privileges policy evidenced that it included all of the information included in the area for improvement above.</p> <p>Review of personnel files for the locum medical practitioners evidenced that practising privileges agreements were in place.</p>	<p><b>Met</b></p>

## 6.3 Inspection findings

### 6.4 Is care safe?

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

#### Staffing

Discussion with Ms Martin and staff and review of completed staff and patient questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the hospice and patients.

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

Induction programme templates were in place relevant to specific roles within the hospice. A sample of three evidenced that induction programmes had been completed when new staff join the hospice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed they felt supported and involved in discussions about their personal development. Review of a sample of three evidenced that appraisals had been completed on an annual basis.

There were systems in place for recording and monitoring all aspects of staff ongoing professional development, including specialist qualifications and training.

Arrangements were in place to ensure that all health and social care professionals are aware that they are accountable for their individual practice and adherence to professional codes of conduct.

Ms Martin confirmed that a robust system was in place to review the professional indemnity status of all staff who require individual indemnity cover. Review of personnel files confirmed that medical practitioners had appropriate professional indemnity insurance in place and had received the required annual appraisals.

Historically the hospice acted as an examination centre and afforded staff opportunities to undertake specialist qualifications such as the European Certificate in Essential Palliative Care (ECEPC) and the European Certificate in Holistic Dementia Care (ECHDC). The provision of these courses ceased during 2018. Ms Martin confirmed that a business case has been developed for an independent education facilitator. If approved, once appointed the education facilitator will review the provision of the aforementioned courses and further develop educational and training programmes.

Ms Martin confirmed that the hospice deliver 'master classes' for allied health professionals and that various 'master classes' on topics such as polypharmacy and motor neurone disease were delivered during 2018. It is envisaged that a 'master class' will be delivered every four months.

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

The inspector confirmed that each medical practitioner has an appointed responsible officer.

One private doctor had a practising privileges agreement with Foyle hospice. Ms Martin confirmed that this private doctor had retired during the latter part of 2018. It was not immediately clear if any of the medical practitioners with practising privileges agreements were a private doctor or not. A private doctor is a doctor who does not have a substantive post in the National Health Service (NHS) in Northern Ireland or who is not on the GP performers list in Northern Ireland. The inspector met with two locum doctors and confirmed that one of them did not have a substantive post in the NHS and was not on the GP performers list in Northern Ireland and was therefore a private doctor. As discussed in section 6.2 of this report, the need to establish arrangements to review the status of doctors with practising privileges agreements to determine if they are a private doctor or not was discussed with Ms Martin and the HR and administration services manager. They readily agreed to incorporate this into their annual procedure to review professional indemnity and GMC checks.

### **Recruitment and selection**

Ms Martin confirmed that two new medical practitioners have been recruited since the previous inspection. A review of the personnel files for these medical practitioners 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 confirmed that the hospice has recently appointed an external organisation to provide occupational health services.

There was a recruitment policy and procedure available.



## **Safeguarding**

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

Review of records demonstrated that all staff in the hospice had received training in safeguarding children and adults, as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014, during core mandatory training days held in January and February 2018. It was confirmed that Ms Martin, adult safeguarding champion, has completed Adult Safeguarding Champion and Appointed Person Training provided by Volunteer Now during April 2018. In addition a number of other key staff have completed the Adult Safeguarding Champion and Appointed Person Training during July 2018. Ms Martin has also joined the Local Adult Safeguarding Partnership (LASP) group.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The 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.

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

## **Specialist palliative care team**

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

Patients and/or their representatives can visit the hospice prior to admission to review the services and facilities available. On admission patients and/or their representatives are provided with information regarding the various assessments that may be undertaken by members of the multi-professional team. This includes medical, nursing, complimentary therapy and spiritual assessments.

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

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

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

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

- admission/referral/discharge
- medical cover policy
- verification of life extinct policy
- care after death

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

The care records of two patients were reviewed and found to be well documented. Patients are holistically assessed using validated assessment tools and individual care plans are developed in conjunction with the patient and/or their representatives. There was evidence of ongoing review and a daily statement of the patients' health and well-being recorded. Multidisciplinary meetings are held daily and weekly to discuss the patient's progress and multidisciplinary records are retained within the patient's care records. Arrangements were in place for ethical decision making and patient advocacy where this is indicated or required.

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

Discussion took place with two patients 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.

Comments received included:

- "It's great, a lovely place."
- "Staff very good, treated with dignity and respect."
- "I have been involved in my discharge plans."
- "No complaints."

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

A review of medical emergency arrangements evidenced that stock supplies of medicines that could be used in the event of a medical emergency are available in the hospice. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that resuscitation and the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. Basic life support was included in the mandatory training days held during January and February 2018.

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

## **Infection prevention control and decontamination procedures**

There were clear lines of accountability for infection prevention and control (IPC). The hospice has a designated IPC lead nurse who attends IPC link nurse meetings in the local Trust. The IPC lead nurse confirmed that she had protected time to focus on IPC and that she delivers IPC training to staff during the annual mandatory training days.

There was a range of information for patients and staff regarding hand washing techniques.

Arrangements were in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice. Staff confirmed single use equipment is used where possible.

The hospice was found to be clean, tidy and well maintained. Detailed cleaning schedules were in place and completed records of cleaning were displayed in various areas.

Staff have been provided with IPC training commensurate with their role.

Discussion with staff confirmed they had a good knowledge and understanding of IPC measures.

A range of IPC audits are carried out including:

- environmental
- hand hygiene
- post treatment infection
- mattress
- commode

The compliance rate was noted to be very high and an action plan was in place for areas of non-compliance.

A discussion took place with the lead IPC nurse in regards to the further development of the audit programme in respect of the introduction of specific Aseptic Non Touch Technique (ANTT) and catheter care audits.

There were a range of IPC policies and procedures in place which are held within an IPC manual.

A review of infection prevention and control arrangements indicated very good infection control practices are embedded in the hospice.

## **Environment**

The environment was maintained to a high standard of maintenance and décor. It was confirmed that the HR and administration manager is responsible for estates and Health and Safety. An external company has been appointed to undertake maintenance and repairs as necessary.

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

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

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

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

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

Ms Martin confirmed that the hospice's three year strategy includes the construction of an extension that will house an additional two ensuite bedrooms. The realisation of this will be dependent on capital funding. Representatives from the hospice have visited a project within the North West Regional College to explore ideas in respect of design and technology.

Since the previous inspection some doors have been replaced and some areas have been redecorated. Ms Martin confirmed that plans are in place to refurbish the reception.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	0	0

## 6.5 Is care effective?

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

### Clinical records

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

Ms Martin confirmed that the hospice is participating in the 'Systems 4 Hospice' project. This project is considering the introduction of electronic care records. The medical director and HR and administration services manager are representing the hospice on this project.

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 in keeping with the General Data Protection Regulations that came into effect during May 2018.

The hospice is registered with the Information Commissioner's Office (ICO).

Discussion with staff confirmed they had a good knowledge of effective records management.

The management of records within the hospice was found to be in line with legislation and best practice.

The hospice has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

The hospice also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with the General Medical Council (GMC) guidance and Good Medical Practice.

### **Care pathway**

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

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

### **Discharge planning**

The hospice has a discharge policy and procedure in place.

There are well developed discharge planning arrangements in place that require full engagement with patients and/or their representatives. When required, multidisciplinary discharge planning meetings are held.

A discharge summary and plan is completed prior to the patient leaving the hospice. The medical practitioner prepares a letter that is provided to the patient's general practitioner to outline the care and treatment provided within the hospice. Discharge letters are uploaded to NIECR computer system.

A nurse will prepare a letter to community services if a referral has been made.

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

A community pharmacist prepares discharge medications and will meet with patients and/or their representatives to discuss any issues around medication.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	0	0

## 6.6 Is care compassionate?

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

### Patient/family involvement

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

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

Review of patient care records and discussion with patients 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.

The hospice facilitates a carer support programme. This programme is a five week programme that runs twice a year in the day hospice. During 2018 the hospice organised and facilitated a carers conference in a local hotel.

### 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.

In respect of staff, Ms Martin confirmed that following the death of a patient staff, meet to debrief and staff can refer themselves to a volunteer counsellor at any time. Consideration is also being given to facilitating a monthly staff debriefing session as a means of providing support to staff. On occasion pamper evenings are held for staff.

## **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. During admission the patient's wishes in respect of breaking bad news are explored and records retained in respect of the level of detail patient want to be informed about and who bad news can be shared with.

The inspector spoke with staff including the medical director who confirmed that bad news is delivered to patients and/or their representatives by professionals who have experience in communication skills and act in accordance with the hospice's policy and procedure.

Where bad news is shared with others, staff confirmed that consent must be obtained from the patient and is documented in patient records.

Following a patient receiving bad news, future treatment options are discussed fully with the patient and documented within their individual care records.

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

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

## **Patient consultation**

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

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

Comments included:

- "A big thanks to all the staff, could not have done a better job."
- "Thank God for Foyle Hospice, it's made a sad tough situation easier and the care was excellent. Thank you all very much."
- "An outstanding place with special people."
- "Service for use was excellent."

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



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 6.7 Is the service well led?

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

## Management and governance arrangements

There was a clear organisational structure within the hospice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mr Henderson, responsible individual and Ms Martin, registered manager, are the individuals with overall responsibility for the day to day management of the hospice.

In keeping with Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, where the registered provider is a limited company, an unannounced quality monitoring visit should be undertaken at least six monthly. Although records were available in respect of visits undertaken by a trustee, the records did not incorporate all components as outlined in Regulation 26. An area for improvement against the standards has been made in this regard. Following the inspection a template that could be used to document the outcome of Regulation 26 visits and the corresponding guidance documents was forwarded to Ms Martin by email. This template if adopted would require further development to ensure it fully reflects the nature of services provided.

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 that includes the palliative care locality board, regional palliative care meetings, the clinical engagement group (in relation to workforce planning) and the Executive Clinical Leads in Hospice and Palliative Care (ECLiHP). Ms Martin represents the four hospices in Northern Ireland in respect of ECLiHP.

Ms Martin confirmed that four staff from the hospice attended the Hospice UK conference during 2018 and also presented a case study during the conference. Ms Martin also confirmed that two abstracts have been prepared and submitted to the international conference in dementia care for consideration.

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

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the hospice. Staff demonstrated a good awareness of complaints management. Records pertaining to two complaints were reviewed which evidenced that the complaints had been managed in keeping with best practice guidance.

Ms Martin confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. A range of audits are routinely undertaken to include the following:

- documentation
- incidents/accidents
- controlled drugs
- mattress
- commode
- hand hygiene
- out of hours advice calls
- use of incontinence tool
- national comparative audit of red blood cell transfusions in Hospices

A discussion took place with Ms Martin in respect of developing a range of clinical quality indicators and using these to audit the quality and standard of care. A number of clinical quality indicators were suggested to include; transfer of patient to Trust hospitals, incidence of infection and opioid toxicity. An area for improvement against the standards has been made in this regard.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. During discussion Ms Martin confirmed that a patient was transferred to the local Trust hospital due to an issue with their percutaneous endoscopic gastrostomy (PEG) tube. This had not been reported to RQIA in keeping with Regulation 28 of the 2005 Order. An area for improvement was made to ensure all notifications are submitted to RQIA in keeping with the RQIA guidance document entitled Statutory notification of incidents and deaths (September 2017). Following the inspection notifications in respect of transfers to the local Trust hospital were submitted to RQIA.

A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

The hospice has arrangements in place to monitor the competency and performance of all staff and report to the relevant professional regulatory bodies in accordance to guidance.

There are systems in place to check the registration status of the health care professionals with their appropriate professional bodies on an annual basis.

It was confirmed that the medical director has responsibility for practising privileges. As discussed the practising privileges policy outlines the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

Three medical practitioner's personnel files were reviewed and 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.

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

Ms Martin, registered manager, evidenced a clear understanding of her role and responsibility in accordance with legislation. 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.

### Areas of good practice

There were examples of good practice found in relation to management of complaints, alerts, the arrangements for managing practising privileges, quality improvement and maintaining good working relationships.

### Areas for improvement

Six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended should be carried out. Written reports of the unannounced visits should be available for inspection.

Develop a range of clinical quality indicators; undertake audits in respect of these to provide assurances in respect of the standard and quality of services provided.

All notifications must be submitted to RQIA in keeping with the RQIA guidance document entitled 'Statutory notification of incidents and deaths' (September 2017).

	Regulations	Standards
Areas for improvement	0	3

## 6.8 Equality data

### Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms Martin.

## 6.9 Patient and staff views

Ten patients submitted questionnaire responses to RQIA. All 10 indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients also indicated that they were very satisfied with each of these areas of their care. Comments included in submitted patient questionnaire responses are as follows:

- “Could not ask for better.”
- “It really is first class care.”
- “Everything is met and my mother is well looked after and kept free from pain. Really lovely place.”

Fourteen staff submitted questionnaire responses to RQIA. In the main all indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. In respect of is care safe, 10 staff indicated they were very satisfied; three indicated they were satisfied and one indicated they were very unsatisfied. In respect of is care effective, 10 staff indicated they were very satisfied; two indicated they were satisfied and two indicated they were very unsatisfied. In respect of is care compassionate, 10 indicated they were very satisfied, one indicated they were satisfied; one indicated they were undecided and one indicated they were very unsatisfied. In respect of is the service well led, six staff indicated they were very satisfied, three indicated they were satisfied, two indicated they were undecided, two indicated they were unsatisfied and one indicated they were very unsatisfied. The following comments were included in submitted staff questionnaires:

- “Very proud of the service I work for at Foyle Hospice.”
- “Well run professional service.”

The patient and staff questionnaires were discussed with Mr Henderson and Ms Martin. All staff spoken with during the inspection spoke about the hospice in positive terms.

## 7.0 Quality improvement plan

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

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

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

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 9.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 March 2019</p>	<p>The responsible individual shall ensure that six monthly unannounced visits by the responsible individual or their nominated representative, as outlined in Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are carried out.</p> <p>Written reports of the unannounced visits should be available for inspection.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Provider is on site at Foyle Hospice on a day to day basis and there is already regular engagement with staff, volunteers, patients and visitors. Any issues that are identified are generally raised and addressed by the appropriate personnel. However, it has now been agreed that formal six monthly unannounced visits will commence in April 2019. Details from these visits will be recorded on a prescribed form which has been recently developed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 9.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 March 2019</p>	<p>The responsible individual shall ensure that a range of clinical quality indicators is developed and audits undertaken to provide assurances in respect of the standard and quality of services provided.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Clinical indicators are measures of elements of clinical care which may, when assessed over time, provide a method of assessing the quality, standard and safety of care at a system/organisational level.</p> <p>The Registered Manager, in collaboration with members of the Clinical</p>

Governance team, has finalised an in-house Incident Reporting Form (IR1, attached) which is operational since 1st April 2019, whereby staff will now have to complete this form for all clinical incidents, including those that RQIA have to be notified about, so we can action any concerns identified, promote learning from same and cascade learning to the clinical teams within the hospice, hence improving practice and outcomes. It is planned that we will discuss and question the completed IR1 forms at the 6 weekly Clinical Governance meeting and see if we can identify why the incidents are occurring. Are there any triggers that may have resulted in the incident that we need to look at to prevent recurrence? Was the incident beyond our control/not our fault, or could it have been avoided? By looking at our practice more closely we can identify areas of concern which might require further review or development. It is anticipated that the clinical indicators highlighted in the IR1 forms, whilst not totally exhaustive, will help us identify rates of occurrences which are either under or over expected levels within the hospice setting. It will also identify areas where more audits need to be carried out and may allow clinical care to be followed over a period of time, or to be benchmarked against other hospices.

The literature advises that any clinical indicator programme must have been considered and developed with the involvement of the senior doctors involved in the delivery of care, hence the rationale for approaching this area of improvement through the Clinical Governance meeting which is chaired by the Medical Director in Foyle Hospice.

Alongside the above, the Infection Control & Prevention Lead (IPC Lead) has been working on areas where clinical quality indicators and audits can be added to her already well developed IPC audit programme, in an attempt to keep infection levels at their lowest possible in the hospice, bearing in mind the immune compromised patients cared for in a hospice setting. The IPC Lead has been researching the possibility of introducing the use of High Impact Interventions (HIIs), which the Infection Prevention Society (IPS) have identified and state that patient outcomes can be systematically improved when all elements of the HIIs are performed correctly and consistently. These tools have been developed by IPS to facilitate a way of regular auditing of the HII actions and will support cycles of review and continuous improvement in care settings like the hospice. Whilst still in its' infancy this work will be progressed by the IPC Lead over the coming months and will also be further discussed at the Clinical Governance meetings.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 17.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 February 2019</p>	<p>The responsible individual shall ensure that all notifications are submitted to RQIA in keeping with the RQIA guidance document entitled 'Statutory notification of incidents and deaths' (September 2017).</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Notifications discussed on the day of inspection have now been completed by the Registered Manager and forwarded to RQIA as requested on Friday 22<sup>nd</sup> February 2019. All relevant staff have been informed by the Registered Manager to ensure that in the future, all notifications are submitted to RQIA in keeping with the RQIA guidance document entitled 'Statutory notification of incidents and deaths' (September 2017).</p>

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



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