



The Regulation and  
Quality Improvement  
Authority

St John's House  
Southern Area Hospice  
RQIA ID: 10667  
Courtenay Hill  
Newry  
BT34 2EB

Inspectors: Winnie Maguire & Emily Campbell  
Inspection ID: IN022109

Tel: 028 3026 7711

**Announced Inspection of**  
**St John's House, Southern Area Hospice**  
**11February 2016**



The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An announced care inspection took place on 11 February 2016 from 10.00 to 16.00. On the day of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

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

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Anne Cooney, registered person, Mrs Carmel Campbell, registered manager and Mrs Eilish Courtney, clinical services manager and can be found in the main body of the report.

## 2. Service Details.

<b>Registered Organisation/Registered Person:</b> Southern Area Hospice Services Mrs Anne Cooney	<b>Registered Manager:</b> Mrs Carmel Campbell
<b>Person in Charge of the Establishment at the Time of Inspection:</b> Mrs Carmel Campbell	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> AH – Adult Hospice	<b>Number of Registered Places:</b> 14

### 3. Inspection Focus

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

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

The inspector reviewed the following additional areas:

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

### 4. Methods/Process

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

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

During the inspection the inspectors met with Mrs Carmel Campbell, registered manager, Mrs Anne Cooney, registered person, Mrs Eilish Courtney, clinical services manager, one ward sister, two staff nurses, one of whom was a management of lymphoedema specialist, a social worker and a chaplain.

During the inspection the inspectors met with four patients and one set of patient's relatives.

The following records were examined during the inspection:

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

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 20 January 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 37.4 Stated: First time	The registered manager should ensure that the format of the mouth care assessment form is updated to enable the signature of the nurse completing the review assessment to be recorded. Nurses should sign beside their assessment until the form is adapted.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of completed mouth care assessment forms found nurse signatures were in place.	

## 5.3 Standard 4 – Dignity, Respect and Rights

### Is Care Safe?

Discussion with management and staff regarding the consultation and treatment process confirmed that patient's modesty and dignity is respected at all times. In-patients are accommodated in single rooms.

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

### Is Care Effective?

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

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

### Is Care Compassionate?

Discussion with four patients, one set of relatives and staff and review of five patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

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

- "Always kind and considerate"
- "Absolute angels"
- "Explain everything to me ,make me feel I've some control"
- "Couldn't speak highly enough of the staff "
- "lovely relaxing place never rushing you always take time to treat you as a person"
- "I couldn't compliment them enough. The staff are excellent. What I want I get"
- "We are able to stay with xx he likes someone nearby"

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Standard 5 – Patient and Client Partnership

### Is Care Safe?

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

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

### Is Care Effective?

St Johns House Southern Area Hospice obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

The hospice issued feedback questionnaires for the Summer to Winter 2015 to patients and their representatives and 27 were returned and completed. Review of the completed questionnaires found that patients and their representatives were highly satisfied with the quality of treatment, information and care received. Comments from patients included:

- 'Staff are been fantastic'
- 'Staff have been exceptional and the level of care, respect and sympathy for our mum has been superb'
- 'Felt safe at all times, homely, well cared for "
- "Always willing to go above and beyond the call of duty, everyone including the office staff are excellent'
- 'Thankyou everyone for making the journey I am on less frightening'
- 'I feel I am surrounded with love and understanding by a beautiful caring staff – that is very comforting'
- 'My sister was treated with the utmost respect and dignity'

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

Discussion with Mrs Campbell registered manager confirmed that comments received from patients and/or their representatives are reviewed by senior management as part of the governance arrangements. An action plan is developed and implemented to address any issues identified. The action plan was reviewed as part of the inspection process and as a result of patient and their representative feedback a written complaints procedure is included in the individual information packs available in each patient's room.

### **Is Care Compassionate?**

Discussion with patients and one set of 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 establishment.

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

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## **5.5 Standard 7 - Complaints**

### **Is Care Safe?**

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

Discussion with management and staff confirmed that information from complaints is used to improve the quality of services.

### **Is Care Effective?**

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

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the hospice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

Mrs Campbell, registered manager, demonstrated an excellent understanding of complaints management. Discussion with staff evidenced that they know how to receive and deal with complaints.

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

A complaints audit is undertaken as part of the hospices quality assurance mechanisms. The audit information is used to identify trends and enhance services provided as part of the establishment's quality assurance arrangements.

The complaints procedure is contained within the Patient Guide and a hospice information pack; copies of which are available in each patient's room.

### **Is Care Compassionate?**

Patients who spoke with the inspectors confirmed that they had been provided with information on how to make a complaint and would feel able to address any concerns they may have with staff. However, no concerns or issues were raised and patients spoke highly of the quality of care and treatment they received.

Mrs Campbell confirmed that information can be provided in an alternative language or format if required and outlined the arrangements for the provision of an interpreter service.

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

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

### **Areas for Improvement**

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## **5.6 Standard 37 – Arrangements for the Provision of Specialist Palliative Care**

### **Is Care Safe?**

The care records of five patients were reviewed and found to be well documented. Patients are holistically assessed using validated assessment tools and individual care plans are developed in conjunction with the patient and/or their representatives. There was evidence of ongoing review and a daily statement of the patients' health and well-being was recorded.

Multidisciplinary meetings are held weekly to discuss the patient's progress and multidisciplinary records are retained within the patient's care records.

### Is Care Effective?

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

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

A member of the medical 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.

Discussion took place with four patients and one set of relatives regarding the quality of care, environment, staff and management. All felt that they were kept informed regarding their care and could discuss any concerns they had with the staff. Comments received included:

- 'I was very sick when I came in and they have managed my symptoms very well , I'm a different person as a result'
- 'I was uneasy about coming into the hospice but it has been a remarkable experience completely changed my perception and to be honest I will be genuinely sorry to leave it, it has been a true haven for me'
- 'Overwhelmed by the staff kindness and their expertise'
- 'My pain has been constantly monitored and I am much more comfortable now'
- 'The doctors and nurses always let me know what they are doing and why they are doing it and they do things at my pace'

### Is Care Compassionate?

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

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

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

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

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.7 Standard 40 – Specialist Palliative Care Team

### Is Care Safe?

There is a multi-professional team which includes medical, nursing, social worker, physiotherapist and chaplains with specialist palliative care expertise. Review of a range of staff personnel records confirmed most staff have specialist palliative care/medicine qualifications and all undertake regular training on the provision of palliative care.

Review of the duty rota confirmed that there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection.

### Is Care Effective?

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

- Care for patients with a tracheostomy
- Policy and procedure for the use of CME McKinley T34 ambulatory syringe pump for adult palliative care patients
- Management of intra-spinal catheterisation in the Southern Area hospice services and community
- Guidelines for communicating bad news to patients and their families
- Guidelines for the management of oncology /haematology patients with neutropenic sepsis

### Is Care Compassionate?

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

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

### Areas for Improvement

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.8 Additional Areas Examined

### 5.8.1. Management of Incidents

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

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

Audits of incidents are undertaken as part of the hospices quality assurance mechanisms and learning outcomes are identified and disseminated throughout the organisation.

## 8.2. RQIA Registration and Insurance Arrangements

Discussion with Mrs Anne Cooney, registered person, regarding the insurance arrangements and observation of the insurance documentation within the hospice confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the reception area of the premises.

### Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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## 6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Cameron Campbell</i>	Date Completed	29/2/2016
Registered Person	<i>A. Cooney</i>	Date Approved	29 Feb. 16
RQIA Inspector Assessing Response	<i>[Signature]</i>	Date Approved	7/3/16

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.