

Announced Care Inspection Report 27 March 2019



St Johns House

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

Address: Courtenay Hill, Newry BT34 2EB

Tel No: 028 3026 7711

Inspector: Emily Campbell

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

This is a registered independent hospital providing in-patient, day hospice and outreach services to adults with palliative care needs.

3.0 Service details

Organisation/Registered Provider: Southern Area Hospice Services Responsible Individual: Mrs Elizabeth Cuddy	Registered Manager: Mrs Carmel Campbell
Person in charge at the time of inspection: Mrs Carmel Campbell	Date manager registered: 1 April 2005
Categories of care: Independent Hospital (IH) – Adult Hospice	Number of registered places: 14 inpatients, day hospice services and outreach services

4.0 Inspection summary

An announced inspection took place on 27 March 2019 from 9:05 to 18:35.

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 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 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.

No areas for improvement were identified during this inspection.

Patients and relatives spoken to during the inspection expressed very positive views of their experience of care provided in the St John's Hospice.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Elizabeth Cuddy, registered person and Mrs Carmel Campbell, registered manager, as part of the inspection process and can be found in the main body of the report.

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

	Regulations	Standards
Total number of areas for improvement	0	0

4.2 Action/enforcement taken following the most recent care inspection dated 25 January 2018

No further actions were required to be taken following the most recent inspection on 25 January 2018.

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
- submitted complaints return for 2017/18

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were analysed prior to 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 Mrs Cuddy, registered person; Mrs Campbell, registered manager; the ward manager, a clinical sister, the community liaison sister, a staff nurse, a chaplain, a physiotherapist and an administrator. The inspector also had the opportunity to speak with two in-patients and family members of three patients. A 20 minute period of observation of staff and patient interactions was undertaken in the dining room of the day hospice whilst lunch was being served. A tour of the premises was also undertaken.

A sample of records were examined during the inspection in relation to the following areas:

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

The findings of the inspection were provided to Mrs Elizabeth Cuddy, registered person and Mrs Carmel Campbell, 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 25 January 2018

The most recent inspection of the practice was an announced care inspection. There were no areas for improvement made as a result of the inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 January 2018

There were no areas for improvement made as a result of the last care inspection.

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

There is a multi-professional team which includes doctors, nurses and nursing auxiliaries with specialist palliative care expertise. The service is also supported by social workers, physiotherapists, chaplains, complimentary therapists, housekeeping, maintenance, catering, administration and volunteer staff.

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. However, discussion with staff and completed staff questionnaire responses indicated that some staff felt that staffing levels were not sufficient at times. Staff spoken with cited the recruitment of suitably qualified staff, the complexity of patient and representative's needs and over all co-morbidity of patients as being increasingly challenging. Despite this, discussion with staff, patients and representatives demonstrated that the professionalism of staff ensured that the conflicts identified did not impact on the delivery of care to patients

A lengthy discussion took place with Mrs Cuddy and Mrs Campbell on this matter and they confirmed that they were aware of these issues and were taking steps to address them. Staffing levels are kept on continual review and it was confirmed that in response to this the number of beds available was reduced to nine for a period of time, to ensure safe levels of care. Recruitment drives have been undertaken and one is currently ongoing.

Mrs Cuddy discussed the 'Focus on our Future' - Organisation Transformation Action Plan which focuses on how the Hospice services can be built on to ensure it continues to deliver high quality services. Within this a skilled and valued multi-disciplinary workforce is a key component. In addition the Hospice sought assistance from the Northern Ireland Practice and Education Council (NIPEC), who undertook an initiative in April 2018 to purposely engage with staff so that their contribution would inform and shape a shared vision for nursing practice and the wider organisation. A number of recommendations were made by NIPEC as a result of this which is being actioned. However, despite this, some staff spoken with discussed low morale and not feeling valued, in particular within the nursing team. It is important to ensure that staff are actively involved and kept informed throughout this change process.

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

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed they felt supported and involved in discussions about their personal development.

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

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

It was confirmed that a robust system was in place to review the professional indemnity status of all staff who require individual indemnity cover.

The hospice affords staff opportunities to undertake specialist qualifications such as the Princess Alice Certificate in Essential Palliative Care and the Diploma of Palliative Medicine.

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

Two 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
- an appointed responsible officer

Mrs Campbell confirmed that each medical practitioner has an appointed responsible officer.

Recruitment and selection

Mrs Campbell confirmed that eight staff had been recruited since the previous inspection. A review of the personnel files for four of these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

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

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy 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 policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) 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, physiotherapy, social work, 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 was reviewed and included:

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

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

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

Comments received included:

- “You couldn’t book into a hotel in London and get any better.”
- “Can’t fault it.”
- “It’s like a home from home.”
- “I can’t fault this place. My only thing to say is that that sign (a how to make a complaint sign on display in the room) should say how to make a compliment, not complaint – it’s very negative.”
- “All staff from the doctors to the kitchen staff to cleaners are excellent. I have had great support.”

Resuscitation and management of medical emergencies

Due to the type of service provided, the hospice reviewed and revised the resuscitation policy in March 2019. The resuscitation equipment and medicines provided consists of an automated external defibrillator (AED), a pocket mask and an anaphylaxis kit. An anaphylaxis policy is also available. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

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.

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

It was confirmed ‘do not resuscitate’ decisions are taken in line with the hospice’s policy and procedures on the matter. The decision is fully documented outlining the reason and a date for review in the patient’s record.

Infection prevention control and decontamination procedures

There were clear lines of accountability for infection prevention and control (IPC). The hospice has designated IPC lead nurses, who have links with the Southern Health and Social Care Trust and attend regular liaison meetings.

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. A range of IPC audits is carried out using the Hospice UK accredited tools including:

- environmental
- hand hygiene
- patient infection

The compliance rate was noted to be very high and an action plan was in place for areas of non-compliance. There were a range of IPC policies and procedures in place which are held within an IPC manual. A review of infection prevention and control arrangements indicated very good infection control practices are embedded in the hospice.

Environment

The environment was maintained to a good standard of maintenance and décor. Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

A review of documentation and discussion with management demonstrated that arrangements are in place for maintaining the environment.

A legionella risk assessment and a fire risk assessment were in place.

Areas of good practice

There were examples of good practice found in relation to 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.

	Regulations	Standards
Areas for improvement	0	0

6.5 Is care effective?

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

Clinical records

Four patient care records were reviewed. The hospice retained hard copy care records which were well documented, contemporaneous and clearly outlined the patient journey.

The multi- professional care records reviewed contained the following:

- an index
- signature sheet
- a range of validated assessments
- care plans
- nursing notes
- multi-professional review
- results of investigations/tests
- correspondence relating to the patient
- reports by allied health professionals
- do not resuscitate statement
- 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. Information was available for patients on how to access their health records, under the Data Protection Act 1998.

The hospice is registered with the Information Commissioner's Office (ICO). Discussion with staff confirmed they had a good knowledge of effective records management.

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

The hospice has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. The hospice also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with the General Medical Council (GMC) guidance and Good Medical Practice.

Care pathway

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

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

Discharge planning

The hospice has a discharge policy and procedure in place.

There are well developed discharge planning arrangements in place that require full engagement with patients and/or their representatives.

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

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

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.

	Regulations	Standards
Areas for improvement	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 their representatives are asked for their comments in relation to the quality of treatment provided, information and care received. Discussion with patients and relatives confirmed they have the opportunity to comment on the quality of care and treatment provided, including their interactions with staff who work within the hospice.

Review of patient care records and discussion with patients, relatives and staff confirmed that treatment and care is planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient. Patients and family members spoken to confirmed that they felt involved in their care and treatment. Information was provided in a way that they could understand allowing them to make real informed decisions. Staff always encouraged questions and provided answers where possible.

Bereavement care service

The hospice has a range of information available regarding the provision of bereavement care services. The bereavement service is facilitated by the hospice social work team with the help of volunteers and chaplains. Staff outlined the bereavement services available as follows:

- informal monthly bereavement group meeting, run on a drop-in basis
- twice monthly walking group
- six monthly, six week bereavement course
- annual bereavement service

In addition the hospice can access individual counselling services for patients, families and staff if required.

It was confirmed that staff delivering bereavement care services are appropriately skilled. The chaplaincy service provide pastoral care to patients and families who wish to avail of this and arrangements are in place for referral to patients own spiritual support clergy as appropriate. Reflection and mass services can be provided in the hospice's chapel.

Breaking bad news

The hospice has a policy and procedure for delivering bad news to patients and/or their representatives which is 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.

It was 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.

Patient consultation

The hospice requests the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver. The results of completed surveys are collated on a six monthly basis into a summary report which is reviewed by senior management team and action plan is developed and implemented as required to effect service improvement. Currently a pilot study is being carried of obtaining patient/representative views electronically. Patients are assisted by a volunteer to complete a patient/relative survey in the hospice, if required.

The results of the most recent survey were on display, which indicated a high level of satisfaction. Comments included:

- "Words cannot express the heartfelt gratitude we have for the amazing staff at the Hospice. Dad was treated with such dignity and kindness in his final days"
- "The food is perfect"
- "Our Dad passed away in Hospice so we had 100% confidence when our Mom came here. To say you made a difference is an understatement. This is a privilege in today's society."
- "Thank you for your care of our auntie and for facilitating a peaceful and dignified passing."
- "The food is excellent, I really enjoyed it"
- "We would like to thank you for looking after our Mom, you all did an amazing job, and she was very comfortable during her time there. We appreciate it greatly."
- "The food is lovely, home cooked; I wouldn't change anything."

Areas of good practice

There were examples of good practice found in relation to meaningful patient/family involvement in their care, bereavement care services and obtaining patient's views about the services provided.

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 whom to speak to if they had a concern. Mrs Campbell has overall responsibility for the day to day management of the hospice.

Staff confirmed that there were good working relationships, however, as discussed in section 6.4 some staff spoken with discussed low morale and not feeling valued, in particular within the nursing team.

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. A number of sub-groups are in place to monitor various aspects of service delivery. These include the health and safety team, the audit group and the clinical quality review group.

Staff meetings are held across the various staff groups on a regular basis and minutes of meetings are retained.

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. A random review of complaints records evidenced a robust standard of complaints management including investigation, recording and response to the complainant.

Mrs Campbell and staff 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. An annual audit programme is in place and includes:

- inpatient controlled drug
- blood transfusion
- discharge summary
- non-clinical accident
- incidents
- medicine kardex
- inappropriate missed drugs
- DNR status documentation
- hand hygiene
- infection prevention and control
- nutritional assessment
- nutrition and hydration
- urethral catheterisation

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

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

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

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

Mrs Cuddy and Mrs Campbell demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately. Observation of insurance documentation confirmed that current insurance policies were in place.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints, incidents and alerts, and quality improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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 Mrs Cuddy and Mrs Campbell.

6.9 Patient and staff views

Five patients submitted questionnaire responses to RQIA. Four patients indicated they were very satisfied that their care was safe; one patient indicated a neutral response. Four patients indicated they were very satisfied that their care was safe; one patient indicated they were satisfied. All patients indicated they were very satisfied that they were treated with compassion and that the service was well led. The following comments were provided in submitted questionnaires:

- “Care and treatment is first class. Staff could not do more.”
- “More staff.”
- “I have received excellent care at this setting. No complaints.”

Thirty-one staff submitted electronic questionnaire responses to RQIA, however, three staff omitted responses against each domain in the questionnaire. Of the 28 responses, 22 staff indicated they were very satisfied or satisfied that patient care was safe; one indicated a neutral response and four indicated they were unsatisfied or very unsatisfied. Twenty-four staff indicated they were very satisfied or satisfied that patient care was effective and patients were treated with compassion; one indicated a neutral response and three indicated they were unsatisfied or very unsatisfied. Fifteen staff were very satisfied or satisfied that the service was well led; six indicated a neutral response and seven indicated they were unsatisfied or very unsatisfied. Comments included in submitted questionnaire responses are as follows:

- “Staff shortages is having a big impact on the organisation.”
- “Much needed service in the area.”
- “Short staffed and undertaking multiple roles.”
- “We are currently short staffed throughout the organisation.”

As previously stated the issues raised by staff members, including staffing provision, were discussed with Mrs Cuddy and Mrs Campbell who confirmed that they were aware of these issues and provided assurances they were actively taking steps to address them.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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