

Care Inspection Report

14 February 2017



St Johns House

Type of Service: Independent Hospital (IH) – Adult Hospice
Address: Courtenay Hill, Newry, BT34 2EB
Tel No: 0283026 7711
Inspector: Emily Campbell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of St Johns House, adult hospice service, took place on 14 February 2017 from 9:50 to 16:15.

The inspection sought to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mrs Carmel Campbell, registered manager and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, the specialist palliative care team, resuscitation and management of medical emergencies, infection prevention control and decontamination, and the general environment. No requirements or recommendations have been made.

Is care effective?

Observations made, review of documentation and discussion with Mrs Campbell and staff demonstrated that systems and processes were in place to ensure that care provided in the hospice was effective. Areas reviewed included clinical records, the care pathway, patient information and decision making and discharge planning. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mrs Campbell and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. Areas reviewed included patient/family involvement, bereavement care services and patient consultation. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements, the arrangements for managing practising privileges and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

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 (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Anne Cooney, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection on 11 February 2016.

2.0 Service details

Registered organisation/registered person: Southern Area Hospice Services Mrs Anne Cooney	Registered manager: Mrs Carmel Campbell
Person in charge of the hospice 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

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the hospice on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mrs Campbell, registered manager, Mrs Cooney, registered person, the support services manager, a ward sister, the community liaison sister, a chaplain, a social worker, a general practitioner, three staff nurses, two nursing auxiliaries and an administrator. The inspector also had the opportunity to speak with two patients and the family members of two patients. A tour of the premises was also undertaken.

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
- practising privileges arrangements
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 January 2017

The most recent inspection of the hospice was an announced premises inspection. The premises inspection report had not been issued at the time of this inspection. On submission, the completed QIP will be reviewed by the estates inspector and will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 11 February 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

Discussion with staff demonstrated that there was sufficient staff in various roles to fulfil the needs of the hospice and patients. However, Mrs Campbell and staff advised that the hospice have had difficulty recruiting nursing staff which has presented challenges to ensure that appropriate staffing levels are retained and they have had to rely on the good will of staff working additional hours. This is kept under review on a continual basis. There is a multi-professional team which includes doctors, nurses, nursing auxiliaries, social workers, physiotherapists, chaplains and complimentary therapists, with specialist palliative care expertise. Review of the duty rota confirmed that there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection. The service is supported by housekeeping, maintenance, catering and administration staff.

Induction programme templates were in place relevant to specific roles within the hospice. A sample of two 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.

Mrs Campbell 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 received the required annual appraisals.

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.

Recruitment and selection

Mrs Campbell confirmed that four staff have been recruited since the previous inspection. A review of the personnel files for 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.

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.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The safeguarding adults policy has been updated to reflect the regional guidance Adult Safeguarding Prevention and Protection in Partnership (July 2015). The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details for onward referral to the Adult Protection Gateway Service should a safeguarding issue arise was included. Mrs Cooney and Mrs Campbell advised that the child protection policy is currently under review.

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, social, physiotherapy, occupational therapy, complimentary therapy and spiritual assessments.

Information packs are provided on admission regarding various aspects of the service including complaints, the palliative care team, social work, community liaison sister, counselling and therapy centre, adult bereavement counselling, and day hospices.

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.

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 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 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 get any better if you were staying in the Ritz.'
- 'They are absolutely excellent here right from the domestics through to the doctors.'
- 'The staff explain everything they are doing with my mum, even though she can't respond to them.'
- 'The staff are excellent. We can come and go – there is no restriction on visiting.'
- 'We are kept fully informed.'
- 'My mum decided when the time came she wanted to come here. We can have quality time with her which is what she and we wanted.'
- 'The pastoral care is excellent.'
- 'This place is great. I just knew when I came through the doors I felt safe.'

Resuscitation and management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. 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' (DNR) 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 a designated IPC lead nurse.

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
- patient infection

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

There were a range of IPC policies and procedures in place.

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

Environment

The environment was maintained to a high 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. Spot checks are carried out by the support services manager as part of the quality assurance process.

The arrangements in place for maintaining the environment were reviewed by an estates inspector on 26 January 2017. The findings of the premises inspection are issued under separate cover.

Patient and staff views

Four patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

Twelve staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. The following comment was provided:

- 'One more floating staff nurse would be good.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Clinical records

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

The multi –professional care records reviewed contained the following:

- a range of validated assessments
- medical notes
- care plans
- nursing notes
- multi-disciplinary review
- results of investigations/tests
- correspondence relating to the patient
- reports by allied health professionals
- 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.

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, social, 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.

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.

Patient and staff views

All patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Comments provided included the following:

- 'In as far as possible.'
- 'I am not directly involved in entering or monitoring clinical records, apart from medical records filing but the ones I deal with are maintained professionally and up to date.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

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, 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.

Bereavement care service

The social worker outlined the bereavement care services which included; twice monthly walking group, monthly drop-in sessions and bi-annual six week bereavement course. Services are available to both adults and children and plans are being developed to further enhance the services provided to children who have been bereaved. Bereavement services are facilitated by the hospice social work team with the help of bereavement volunteers and chaplains.

In addition the hospice can provide individual counselling services for patients and families. Management confirmed counselling services are also available for staff.

Discussion with staff confirmed that the staff who deliver 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 services and Mass services can be provided in the Hospice's Chapel and a number of books are available to patients and families, free of charge, on various aspects of life philosophy.

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.

Staff 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 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 results of completed surveys are collated on a six monthly basis into a summary report which is reviewed by senior management team and an action plan is developed and implemented as required to effect service improvement. The results of the most recent satisfaction survey was on display.

Comments provided included:

- ‘Excellent care and attention given whilst in Hospice. I was made to feel welcome and comfortable by very friendly staff.’
- ‘I was pleased with all the care and kindness I received.’
- ‘Everything first class.’
- ‘I will never forget the attention I got; everything was excellent from coming in through the doors until going home.’
- ‘I can’t say how highly efficiently the staff carry out their daily routines. They are so friendly, caring, courteous and a joy to have around.’
- ‘Thank you doctors, nurses, cleaners and everyone else for sharing dignity love and caring in your attitude; may God bless you.’

A number of thank you cards/letters were also observed which included the following comments:

- ‘I have never been used to such caring and kindness. This came as a shock. I will be telling everyone about the care and love I received.’
- ‘To all staff for making our Xmas Day so special.’
- ‘Sincere appreciation for the professional care and kindness given to my mum during her short stay.’
- ‘We would like to express our heartfelt thanks for all the help and comfort shown to our mummy during her time in Newry Hospice.’
- ‘Thank you for everything you did for dad. It was very much appreciated and your care was outstanding.’

Patient and staff views

All patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided in a submitted questionnaire:

- ‘I think the nurses work very hard and do long hours and can be very short of staff.’

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- ‘Data protection with regard to patients’ records is taken very seriously – all staff are briefed on their roles and responsibilities.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

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. There was a nominated individual with overall responsibility for the day to day management of the hospice.

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 or more frequently if required. 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 available in the hospice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the hospice for completion. The evidence provided in the returned questionnaire and review of documentation indicated that complaints have been managed in accordance with best practice.

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. This included:

- clinical records
- informed consent
- DNR decisions
- pressure risk
- infection rates
- accidents and incident
- hand hygiene
- infection prevention and control
- falls
- risk audit and assessment re blood transfusion
- chaplaincy standards

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 Cooney 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 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.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well led. Comments provided included the following:

- 'The nurses work hard and do a good job.'
- 'As regards the cleaners they do a great job and keep the hospice so clean and well cared for.'

Three of the four submitted staff questionnaire responses indicated that they felt that the service is well led. One staff member indicated that the service was not well led. Comments provided included the following:

- 'The last year has been very difficult and has impacted good staff not patient care.'
- 'No Issues.'
- 'Service well led, policies and procedures up to date.'

The results of the patient and staff questionnaires were discussed with Mrs Campbell on 14 March 2017. Mrs Campbell confirmed that since the inspection, four permanent staff nurses have been appointed and it is anticipated that when staff are inducted into their roles, staffing issues will be addressed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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