



The Regulation and
Quality Improvement
Authority

Announced Inspection

Name of Establishment: St John's House, Southern Area Hospice
Establishment ID No: 10667
Date of Inspection: 20 January 2015
Inspector's Name: Jo Browne
Inspection No: 18586

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

1.0 General Information

Name of hospice:	Southern Area Hospice St John's House
Address:	Courtenay Hill Newry BT34 2EB
Telephone number:	028 3026 7711
Registered organisation/ registered provider:	Mrs Anne Bernadette Cooney
Registered manager:	Mrs Carmel Teresa Campbell
Person in charge of the hospice at the time of inspection:	Mrs Carmel Campbell
Registration category:	H(A) – Hospice Adult
Number of registered places:	14
Number of patients accommodated on the day of inspection:	11
Date and time of inspection:	20 January 2015 10.10 – 16.15
Date and type of previous inspection:	Announced 4 February 2014
Name of inspector:	Jo Browne

2.0 Introduction

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

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

2.1 Purpose of the Inspection

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

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

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

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

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

2.2 Methods/Process

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

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

- Analysis of pre-inspection information and self-assessment
- Discussion with the responsible individual, Mrs Anne Cooney
- Discussion with the registered manager, Mrs Carmel Campbell
- Examination of records
- Consultation with patients and/or their representatives where applicable
- Tour of the premises
- Evaluation and feedback

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

The completed self-assessment is appended to this report.

2.3 Consultation Process

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

Patients	2
Patients' representatives	4
Staff	3
Other Professionals	1

2.4 Inspection Focus

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

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

3.0 Profile of Service

Southern Area Hospice, St Johns House, was founded in 1989 as a 6 bedded unit and has since expanded to become a 14 bedded in patient unit, which serves the entire Southern Health and Social Care Trust region.

Southern Area Hospice Services is a charitable organisation, which raises funds to support the delivery of specialist palliative care to people with cancer and other life-limiting illnesses, along with providing support to their families and significant others.

The hospice provides inpatient, day and outpatient care. There are 14 inpatient beds, lounge areas, kitchens, toilets and bathrooms, offices, storage and staff facilities. There are quiet rooms available for patients and/or their families to use. The Donaldson Centre is located on the top floor of the building and provides counselling and therapy to patients and their families or significant others.

The hospice employs a team of health and social care professionals, including medical and nursing staff, occupational therapists, physiotherapists, chaplains and social workers.

Private car parking is available for patients and visitors.

The establishment is accessible for patients with a disability.

The hospice is registered as an independent hospital with the Hospice Adult – H(A) category of registration.

4.0 Summary of Inspection

An announced inspection was undertaken by Jo Browne on 20 January 2015 from 10.10 to 16.15. The inspection sought to establish the compliance being achieved with respect to The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, the DHSPPS Minimum Care Standards for Independent Healthcare Establishments and to assess the progress made to address the issues raised during the previous inspection.

There were two recommendations made as a result of the previous annual announced inspection on 4 February 2014. Both recommendations have been fully addressed.

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

Mrs Carmel Campbell was available during the inspection and for verbal feedback at the conclusion of the inspection. Mrs Anne Cooney was available for part of the verbal feedback.

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

A Statement of Purpose and Patient Guide were in place which reflected legislative and best practice guidance. A revised version of the Patient Guide was submitted to RQIA following the inspection on 23 January 2015.

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

The hospice's complaints policy and procedure was amended during the inspection to ensure that it was in line with the DHSSPS guidance and legislation. The inspector reviewed complaints management within the hospice and found that complaints were well documented, fully investigated and had outcomes recorded.

There is a defined management structure within the hospice and clear lines of accountability. The registered manager is responsible for the day to day

running of the establishment and ensuring compliance with the legislation and standards.

The inspector reviewed the policy and procedures in relation to the absence of the registered manager and whistleblowing. They were found to be in line with legislation and best practice.

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

The hospice has systems in place to audit the quality of service provided as outlined in the main body of the report.

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

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

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

There are well established referral arrangements in place. The inspector reviewed the care records of four patients and them to contain a holistic assessment of the patients' care needs, using validated assessment tools, along with associated care plans and care pathways. A recommendation was made in relation updating the format of the mouth care assessment form to include the signature of the nurse completing the review assessment.

Staff were observed to treat patients and/or their representatives with dignity and respect. Patients and/or their representatives who met with the inspector spoke very positively regarding the quality of care, services provided, environment, staff and management.

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

There are arrangements in place to review the qualifications and registration status of all professional staff working within the hospice. The inspector reviewed the personnel files of two medical practitioners, two nurses, two

social workers and two care staff and found them to contain all of the information required by legislation.

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

The certificate of registration was clearly displayed in the reception area of the hospice.

There was one recommendation made as result of this inspection. This is discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspector would like to thank Mrs Cooney, Mrs Campbell, patients, relatives and staff of Southern Area Hospice for their hospitality and contribution to the inspection process.

5.0 Follow Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action taken as confirmed during this inspection	Number of times stated	Inspector's validation of compliance
1	C10.8	The registered manager should ensure that the patient guide contains all of the information outlined in the legislation.	The patient guide was submitted to RQIA following the inspection on 23 January 2015 and contained all of the information outlined in the legislation.	One	Compliant
2	C5.2	The registered manager should ensure that the complaints policy is available and the complaints procedure is amended to reflect the role of RQIA as the regulator and not as a referral route for stage two complaints,	The complaints policy was reviewed and found to be in line with the DHSSPS guidance and the legislation.	One	Compliant

6.0 Inspection Findings

STANDARD 5	
Patient and Client Partnerships:	The views of patients and clients, carers and family members are obtained and acted on in the evaluation of treatment, information and care
<p>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.</p> <p>An annual hospice user service survey is undertaken using the Help the Hospice national audit tool. A summary of the audit findings are displayed on notice boards within the hospice for patients and other interested parties to read. In addition, the hospice also undertakes an in-house patient satisfaction questionnaire which can be completed and submitted anonymously. These findings are also made available to read.</p> <p>The inspector reviewed the most recent Help the Hospice audit, comments received from relatives and the completed satisfaction questionnaires and found that patients and/or their representatives were highly satisfied with the quality of treatment, information and care received. Comments received included:</p> <ul style="list-style-type: none"> • “I can’t begin to express how impressed I was with the care I received while staying there” • “Doing things for others is a special art and it deserves a thank you directly from my heart” • “Thank you so much for your expert guidance through a difficult and yet so rewarding time” • “Your teamwork with the nurses of the hospice was superb. My heart overflows with my entire family thank you” • “I would not forgive myself if I didn’t try to write and thank you. But I don’t think any words could possibly be adequate to express my feelings of gratitude to you” • “On behalf of my family and friends we want to thank you for all your loving care and support over these past few weeks much appreciated” • “Words cannot express the gratitude I feel for the staff at this hospice” • “The staff here is knowledgeable and very experienced” • “We couldn’t find fault the food was superb” • “We are very thankful and pleased with the service and treatment we received here at hospice. Thank you very, very, very much” <p>The feedback from patients and/or their representatives are reviewed by the management team within of the hospice and an action plan is developed and implemented if any issues are identified. However no issues were identified as requiring to be addressed.</p> <p>The hospice has a patient and staff committee who are involved in developing and</p>	

shaping the strategy of the hospice.

Trustees of the hospice who are not directly responsible for the management of the facility undertake a visit and complete a report. They meet with patients and relatives and feed this information back to the management team.

The inspector also met with two patients and four patient representatives who spoke extremely positively regarding their experiences of the hospice. Comments included:

- “They are unbelievable”
- “Go out of their way for everything”
- “Food was excellent”
- “It was an extension of home for the family”
- “Lovely dedicated people”
- “The doctors and nurses are such special people, they are precious people to be valued”
- “Made to feel safe”
- “We have seen the level of care and compassion”

Evidenced by:

Review of patient and their representative satisfaction surveys

Review of Help the Hospice national audit tool results

Review of summary report of patient satisfaction surveys/audit tool

Summary report made available to patients and other interested parties

Discussion with patients and/or their representatives

Discussion with staff

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

Evidenced by:**Review of complaints procedure****Complaint procedure made available to patients and other interested parties****Discussion with patients and/or their representatives****Formats available****Discussion with staff****Review of complaints records****Review of the audit of complaints**

STANDARD 9**Clinical Governance:**

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

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

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

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

- Infection prevention and control audit (IPC)
- Stock of controlled drugs audit
- Medical Gases audit
- General medicines audit
- Nutrition/dehydration audit
- Reflexology audit
- Documentation audit
- Patient satisfaction audit
- Help the Hospice national audit
- Bereavement standards audit
- MUST tool audit
- Incident/accident audit
- Complaints audit

The responsible person is involved in the day to day running of the hospice and met with the inspector during the inspection.

Systems are in place to ensure that the quality of services provided by the hospice is evaluated on an ongoing basis and discussed with relevant stakeholders. The inspector reviewed the minutes from the following meetings as part of the inspection process:

- Clinical quality review meeting
- IPC meeting
- Managers meeting with Nurse Director
- Learning and Development forum
- Audit group meeting
- Senior management team meeting
- Board meeting

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

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

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

The registered manager confirmed that no research is currently being undertaken within the hospice.

Evidenced by:

Review of policies and procedures

Review of training records/competency records

Discussion with registered manager

Review of monitoring reports

Review of audits

Review of incident management

Review of research arrangements

STANDARD 10	
Qualified Practitioners, Staff and Indemnity	Staff are educated, trained and qualified for their role and responsibilities and maintain their training and qualifications.
<p>The inspector reviewed the personnel files of two medical practitioners and confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of confirmation of identity • There was evidence of current registration with the General Medical Council (GMC) • The medical practitioners are covered by the appropriate professional indemnity insurance • The medical practitioners have provided evidence of experience in palliative care • Evidence of enhanced Access NI disclosure check • There was evidence of ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC • There was evidence of ongoing annual appraisal by a trained medical appraiser <p>The inspector also confirmed that each medical practitioner has an appointed responsible officer.</p> <p>The inspector reviewed the personnel files of two registered nurses and confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of current registration with the Nursing and Midwifery Council • There was evidence of confirmation of identity • Evidence of enhanced Access NI disclosure check • Evidence of annual appraisal • Clinical Nurse Specialists working in the hospice have a specialist practice qualification or are working towards this, and experience of working in a special palliative care environment • Nurses are covered by the appropriate professional indemnity <p>A review of two care staff personnel files confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of confirmation of identity • Evidence of enhanced Access NI disclosure check • Care staff have attended palliative care training relevant to their roles and responsibilities <p>A review of two social workers' personnel files confirmed that:</p> <ul style="list-style-type: none"> • There was evidence of confirmation of identity • Evidence of enhanced Access NI disclosure check • Evidence of current Northern Ireland Social Care Council (NISCC) registration 	

- Evidence of at least 3 years post qualifying experience.

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

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

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

Evidenced by:

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

Review of professional indemnity insurance

Review of specialist qualifications

Review of arrangements for dealing with alert letter/competency

Review of training records

Review of induction programmes

STANDARD 16	
Management and Control of Operations:	Management systems and arrangements are in place that ensure the delivery of quality treatment and care.
<p>There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities for all areas of the service.</p> <p>The hospice has a policy and procedure in place to ensure that RQIA is notified if the registered manager is absence for more than 28 days. The policy includes the interim management arrangements for the hospice.</p> <p>Review of the training records and discussion with the registered manager confirmed that they undertake training relevant to their role and responsibilities within the organisation. The registered manager informed the inspector that she had recently completed a leadership course.</p> <p>The inspector reviewed the hospice's Patient Guide and Statement of Purpose and found them to be in line with the legislation. A revised Patient Guide was submitted to RQIA following the inspection on 23 January 2015.</p> <p>The inspector confirmed that appropriate meals are provided in line with the assessed needs of the patients. Patients are offered a choice of meals and confirmed that the food provided was of an excellent standard.</p> <p>The registered manager confirmed that no agency staff are currently employed within the hospice.</p> <p>There is a written policy on "Whistle Blowing" and written procedures that identify to whom staff report concerns about poor practice and the support mechanisms available to those staff.</p> <p>The inspector discussed the insurance arrangements within the hospice and confirmed current insurance policies were in place. The certificates of registration and insurance were clearly displayed in the reception area of the premises.</p>	

Evidenced by:

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

STANDARD 37	
Arrangements for Provision of Specialist Palliative Care:	Patients, prospective patients, their families and carers are clear about the arrangements for the provision of specialist palliative care. The needs of patients and carers are appropriately assessed and kept under review.
<p>There are well established referral procedures in place. Patients and/or their representatives are given information in relation to the hospice which is available in different formats if necessary. Referrals can be received from the palliative care team, hospital consultant, nurse specialist or general practitioners. Multidisciplinary assessments are provided with the referral information.</p> <p>Patients and/or their representatives can visit the hospice prior to admission to review the services and facilities available.</p> <p>On admission patients and/or their representatives are provided with information regarding the various assessments that may be undertaken by members of the multi-disciplinary team. This includes medical, nursing, physiotherapy, occupational therapy, complimentary therapy and spiritual assessments.</p> <p>Patients and their relatives confirmed that systems are in place to provide relevant information regarding the services available within the hospice and frequent updates in relation to ongoing care and treatment.</p> <p>The inspector reviewed the care records of four patients and found them to be well documented. Patients are assessed using validated assessment tools and care plans are developed in conjunction with the patient and/or their representatives. There was evidence of ongoing review and a daily statement of the patients' health and well-being was recorded.</p> <p>The inspector observed that mouth care assessments and review assessments had been undertaken for patients. However there was no signature of the nurse completing the review assessment as space had not been provided for this on the form; a recommendation was made to address this. The inspector advised the registered manager to inform nursing staff to sign the form beside their review until the form has been adapted.</p> <p>Multidisciplinary meetings are held weekly to discuss the patient's progress and multidisciplinary records are retained within the patient's care records.</p> <p>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.</p> <p>Information is available on how to access support services for patients and their representatives.</p> <p>The inspector observed staff treating patients and/or their representatives with dignity and respect during the inspection.</p>	

The inspector had the opportunity to speak with two patients and four relatives who were very complimentary regarding the quality of care, environment, staff and management. They felt that they were kept informed regarding their care and could discuss any concerns they had with the staff.

Evidenced by:

Review of referral procedures

Review of patient information

Review of patient care records

Discussion with staff, patients and/or their representatives

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

Evidenced by:

Review of discharge policy and procedure

Review of patient care records

Review of patient information leaflets

Discussion with staff

Discussion with patients and/or their representatives

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Carmel Campbell and Mrs Anne Cooney as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

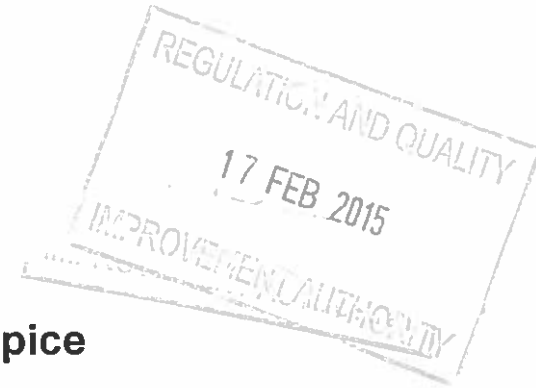
Jo Browne
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Quality Improvement Plan

Announced Inspection

St John's House, Southern Area Hospice

20 January 2015



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

The specific actions set out in the Quality Improvement Plan were discussed with Carmel Campbell and Mrs Anne Cooney either during or after the inspection visit.

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

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

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


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

RECOMMENDATION

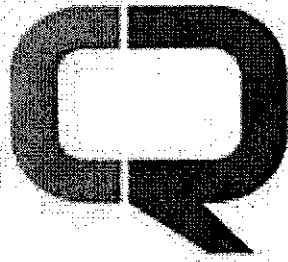
This recommendation is based on the DHSPPS Minimum Care Standards for Independent Healthcare Establishments, research or recognised sources. It promotes current good practice and if adopted by the registered person/manager may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37.4	<p>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.</p> <p>Ref: Standard 37</p>	One	Mouth care Assessment chart now includes a space for nurses signature	Within two months

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

Name of Registered Manager Completing QIP	CARMOL Gimpfely
Name of Responsible Person / Identified Responsible Person Approving QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	J. Browne	17/2/15
Further information requested from provider			



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Pre-Inspection Self-Assessment Hospice Inpatient - Adult

Name of Establishment: St Johns House, Southern Area Hospice
Establishment ID No: 10667
Date of Inspection: 9 December 2014 20th Jan 2015
Inspector's Name: Jo Browne
Inspection No: 18586

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

1.0 Introduction

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

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
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- The Department of Health, Social Services and Public Safety's (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments July 2014

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

2.0 Self-Assessment

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

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

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

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

3.0 Self-Assessment Tool

Management of Operations

	YES	NO
Has any structural change been made to the premises since the previous inspection?		✓
Have any changes been made to the management structure of the hospital since the previous inspection?		✓
Yes, please comment <i>Bathroom refurbished</i> <i>Senior Social worker reports to CEO - NO other changes to management structure.</i>		

Policies and Procedures

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

Records Management

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

Patient Partnerships

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

Resuscitation

	YES	NO
Does the hospice have a resuscitation policy and procedure in place which is in line with the Resuscitation Council (UK) guidance?	✓	
Is resuscitation equipment readily accessible in all clinical areas?	✓	
Are arrangements in place to ensure resuscitation equipment is checked regularly and restocked to ensure all equipment remains in working order and suitable for use at all times?	✓	
No, please comment		

Safeguarding

	YES	NO
Does the hospice have a protection of vulnerable adults policy and procedure in place which is in line with the legislation and regional guidance?	✓	
Does the hospice have a safeguarding children policy and procedure in place which is in line with the legislation and regional guidance?	✓	
Does the hospice have a whistle-blowing policy and procedure in place?	✓	
No, please comment		

Complaints

	YES	NO
Does the hospice have a complaints policy and procedure in place which is in line with the legislation and the DHSSPS guidance on complaints handling in regulated establishments and agencies April 2009?	✓	
Are all complaints documented, fully investigated and have outcomes recorded in line with the legislation and the hospice's complaints policy and procedure?	✓	
No, please comment		

Incidents

	YES	NO
Does the hospice have an incident policy and procedure in place which complies with the legislation and RQIA guidance?	✓	
Are all incidents reported, documented, fully investigated and have outcomes recorded in line the legislation, RQIA guidance and the hospice's policy and procedure?	✓	
No, please comment		

Infection Prevention and Control

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

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Recruitment of staff

	YES	NO
Does the hospice have a recruitment and selection policy and procedure in place?	✓	
Is all information outlined in Schedule 2 of the Independent Health Care Regulations (Northern Ireland) 2005 retained and available for inspection?	✓	
Have all staff had an enhanced AccessNI disclosure undertaken, prior to commencing employment?		✓
No, please comment All staff who have commenced employment since the introduction of Access NI Enhanced Access Disclosures have had pre employment checks done.		

Staffing

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

Mandatory Training

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

Fire safety – annually	✓	
Basic adult life support - annually	✓	
If No, please comment		

Appraisal

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

Medical Practitioners, Nurses, Social Workers & Allied Health Professionals

	YES	NO
Are systems in place to ensure medical, nursing staff, social workers and allied health professionals have a current registration with their relevant professional bodies?	✓	
Are policies and procedures in place to grant, review and withdraw practising privilege agreements for medical practitioners?	✓	
Are practising privileges agreements in place for all medical practitioners? (where applicable)	✓	
Are systems in place to ensure that medical practitioners have up to date professional indemnity insurance?	✓	
Are systems in place to ensure that medical practitioners have an annual appraisal undertaken with a trained medical appraiser?	✓	
Are arrangements in place to ensure medical practitioners have a responsible officer?	✓	
No, please comment		

Palliative Care

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

4.0 Declaration

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

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

Name	Signature	Designation	Date
Carmel Conynghen	Carmel Conynghen	Nursing Director	9 Dec 2014

