

Announced Care Inspection Report 25 January 2018



St Johns House

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

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 25 January 2018 from 09.00 to 15.30.

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, Social Services and Public Safety (DHSSPS) 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 staff recruitment; 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.

There were no areas of improvement identified during this inspection.

Patients who submitted patient questionnaire responses to RQIA indicated they were very satisfied with all aspects of care in the St Johns House. 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

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Elizabeth Cuddy, registered person, Mrs Carmel Campbell, registered manager; and a ward 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.

4.2 Action/enforcement taken following the most recent care inspection dated 26 January 2017

No further actions were required to be taken following the most recent inspection on 26 January 2017.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed patient questionnaires were also analysed prior to the inspection. Staff and management confirmed that they had completed electronic staff questionnaires and had attempted to submit them to RQIA. However, RQIA received only one partially completed questionnaire. It is acknowledged that some difficulties have been experienced with the introduction of the electronic staff questionnaires and RQIA continue to work to resolve the matter.

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; a general practitioner; two clinical sisters and a staff nurse. The inspector also had the opportunity to speak with one in-patient, two patients attending day hospice and two members of a patient's family. 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 was examined during the inspection in relation to the following areas:

- staffing

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

The findings of the inspection were provided to Mrs Elizabeth Cuddy, registered person and Mrs Carmel Campbell, registered manager and a ward manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 January 2017

The most recent inspection of the hospice 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 26 January 2017

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

Discussion with staff and completed staff and patient questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the hospice and patients. There is a multi-professional team which includes doctors, nurses and nursing auxiliaries 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.

A lengthy discussion took place on staffing and it was confirmed the complexity of patient needs and over all co-morbidity of patients had been increasingly challenging. Management work closely with staff on this matter to ensure staffing and skill mix meets the needs of the

patients. Staff confirmed they felt able to approach management on the matter and management had been responsive to any issues raised. It was confirmed there is ongoing consideration of the staffing model and levels within the hospice.

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

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

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

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

It was 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.

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

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

Recruitment and selection

It was confirmed that three 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. 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 champion 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. It was confirmed adult safeguarding level 2 training, had been arranged for staff in February 2018.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. They had been reviewed in January 2018. 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.

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, allied health professionals, 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. Taking time to explain what was happening, actively listening to patients and demonstrating genuine kindness and compassion. Staff and patient interactions were overwhelming positive.

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 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. Patients and family members confirmed doctors carry out a daily ward round when care is discussed with the patient and the family and are on hand throughout the day for further patient management.

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. A multi-professional huddle meeting is held daily and a formal multi-professional weekly meeting to discuss the patients' progress is held on a Monday. Multi-professional records are retained within the patient's care records. Separate medical records are held however remain accessible to other professional colleagues. Arrangements were in place for ethical decision making and patient advocacy where this is indicated or required.

The multi-professional 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:

- "Very safe, always prompt at attending my xxx needs."
- "Kept my xxx pain free and comfortable."
- "Doctors have been exceptional in keeping us all informed and really listening to us."
- "The emotional support has been incredible."
- "Feel very safe and protected. Not frightened anymore."
- "Very calm, love it here"
- "Staff are all lovely."
- "Everyone here has been hand-picked; they are professional yet very caring."

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.

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. Discussion with staff confirmed they had a good knowledge and understanding of IPC measures. 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 was undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken 9 November 2017 and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire. A new fire alarm system had been installed and emergency lighting had been inspected in November 2017.

Patient and staff views

Nine patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

As previously stated, staff and management confirmed they had completed electronic staff questionnaires and had attempted to submit them to RQIA. However, RQIA received only one partially completed questionnaire. It indicated that they felt that patients are safe and protected from harm and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in the submitted questionnaire response.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of 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

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.

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 and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

The submitted staff questionnaire response indicated that they felt that patients get the right care, at the right time and with the best outcome for them and were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. No comments were included in the submitted questionnaire response.

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
Total number of 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.

One relative stated, "Sometimes just knowing what was happening and staff taking time to explain things helped us cope."

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. Mrs Campbell and 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

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.

The inspector spoke with staff including a medical practitioner who confirmed that bad news is delivered to patients and/or their representatives by professionals who have experience in

communication skills and act in accordance with the hospice’s policy and procedure. Where bad news is shared with others, staff confirmed that consent must be obtained from the patient and is documented in patient records. Following a patient receiving bad news, future treatment options are discussed fully with the patient and documented within their individual care records.

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

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 action plan is developed and implemented as required to effect service improvement. The results of the most recent survey were on display.

Comments included:

- “His final hours were pain free and comfortable and for this, I and my family are forever grateful.”
- “He was cared for in such a calm and tranquil surrounding by such dedicated people.”
- “A truly magnificent service, filled with such special people doing an amazing job.”
- “Hospice is a great asset to all.”
- “We cannot speak highly enough of the entire staff.”

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, and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

The submitted staff questionnaire response indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care, and indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

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
Total number of 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. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Mrs Campbell has 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. 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 complaints questionnaire was forwarded by RQIA to the hospice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

Mrs Campbell 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
- re-audit of blood transfusion
- opioids in palliative care
- dignity
- non-clinical accident
- incidents
- controlled drug (three times)
- hand hygiene
- infection prevention and control
- do not resuscitate orders
- medicine kardex

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 with 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 Campbell and Mrs Cuddy 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.

Patient and staff views

All patients who submitted questionnaire responses indicated that they felt that the service is well led and indicated they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

The submitted staff questionnaire response did not have this section of the questionnaire completed.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required nor included as part of this inspection report.



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