The Regulation and Quality Improvement Authority

Inspection Report

5 and 19 February 2026

Marie Curie Hospice

Type of Service: Independent Hospital (IH) – Adult Hospice
Address: 1a Kensington Road, Belfast, BT5 6NF
Tel No: 028 9088 2000

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/ The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Care Standards for Independent Healthcare Establishments (July 2014)

1.0 Service information

Organisation/Registered Provider: Marie Curie **Responsible Individual:** Mrs Paula Heneghan	**Registered Manager:** Mr Thomas Hughes **Date registered:** 3 October 2025
Person in charge at the time of inspection: Mr Thomas Hughes	
Categories of care: Independent Hospital (IH) Hospice Adult – H(A) Private Doctor - PD	
Brief description of how the service operates: Marie Curie Hospice is a registered independent hospital providing in-patient hospice services for up to 18 adults with life-limiting, life-threatening illnesses and palliative care needs. The Marie Curie community and outpatient's facility operates Monday to Friday 9.00 am to 5.00 pm providing patients and their families with a full range of multi-disciplinary services including visits to patient's own homes by team members. The Marie Curie community services include Urgent Hospice Care at Home and Hospice Care at Home; these are generalist palliative nursing services which are commissioned in all five Northern Ireland Health and Social Care Trusts. The services provide care and support to adults over the age of 18 years, facilitating patient choice in where they wish to be cared for at the end of life. The services operate over a 24-hour period with care being delivered by both registered nurses and healthcare assistants who have enhanced training and skills in palliative and end of life care. The Marie Curie community and outpatient services are consultant led, providing physical and psychological support including symptom management to patients with palliative care needs from diagnosis to end of life. Since the previous inspection the outpatient service has been further enhanced to facilitate blood transfusion and infusion services for symptom management. The community and outpatient service is provided by a team of palliative care consultants, speciality doctors, physiotherapy, occupational therapy, social work and nursing support and is commissioned for the Belfast and South Eastern Health and Social Care Trust areas.	

2.0 Inspection summary

An announced care inspection was undertaken to the Marie Curie Hospice on 5 February 2026 from 10.00 am to 5.00 pm by four care inspectors. An announced medicines management inspection was subsequently undertaken by two pharmacy inspectors on 19 February 2026 from 10.25 am to 4.25 pm.

The purpose of the inspection was to assess compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and the Minimum Care Standards for Independent Healthcare Establishments (July 2014).

Examples of good practice were evidenced in respect of: staffing; staff training; recruitment and selection of staff; safeguarding; management of medicines; infection prevention and control; adherence to best practice guidance in relation to minimising the transmission of respiratory illnesses; the provision of palliative care and the management of the patients' care pathway; engagement to enhance the patients' experience; the management of medicines; the maintenance of the environment and clinical and organisational governance.

The inspection team found the care provided and delivered in the hospice to be of an excellent standard. The provision of specialist palliative care was noted to be of an extremely high standard in respect of the services offered and the support provided to patients and relatives. It was noted that the governance structures within the hospice continue to provide the required level of assurance to the senior management team (SMT) and the Board of Trustees.

No immediate concerns were identified in relation to patient safety and the inspection team noted multiple areas of strength, particularly in relation to the delivery of front line care in the hospice.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

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

- notifiable events since the previous care inspection
- the registration status of the hospice
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the onsite inspection the team undertook a tour of the premises and met with various staff members, observed care practices and reviewed relevant records and documentation.

4.0 What people told us about the service?

Posters were provided to the hospice by RQIA prior to the inspection inviting patients and staff to complete an electronic questionnaire.

Five responses from relatives of patients were received following the inspection. One patient submitted a response. The respondents indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The respondents also indicated that they were very satisfied with each of these areas of patient care and included positive comments pertaining to their appreciation and gratitude for the service and the care, compassion and support shown by staff.

No completed staff questionnaires were submitted following the inspection.

Within the hospice patients and/or their representatives are offered the opportunity to provide feedback through a questionnaire and if required, assistance can be provided to complete this. Marie Curie has a national patient experience team that gathers feedback about all services offered. The hospice's patient satisfaction feedback was reviewed which evidenced that patients indicated very positively on the high standard of care; the quality of the food; the friendliness of staff and being involved in decisions about their care.

During the inspection the inspectors had the opportunity to speak with a number of patients who shared how they had experienced a very high standard of care delivery and were very pleased with all aspects of the services they received. The patients described the care as excellent, praised the high level of care provided by the staff and described staff as being very prompt to respond to their needs. They also stated that they felt safe in the hospice environment.

Staff spoken with during the inspection spoke about the hospice in very positive terms and indicated that they felt patient care was safe, effective, and that patients were treated with compassion.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

There were no areas for improvement identified at the last inspection undertaken on 27 March 2025.

5.2 Inspection outcomes

5.2.1 How does the hospice ensure that safe staffing arrangements are in place to meet the needs of patients?

The staffing arrangements in respect of the inpatient unit (IPU), community and outpatients and the Hospice Care at Home services were reviewed.

The community and outpatient services are staffed by a multi-disciplinary team consisting of specialist doctors, nurses and healthcare assistants who are supported by occupational therapists, physiotherapists and social workers with specialist palliative care expertise.

Referrals for the service are accepted from general practitioners (GP), hospital palliative care teams, district nurses and other relevant nursing / hospital teams.

A multi-disciplinary team works in the IPU of the hospice and comprises consultants, doctors, nurses, healthcare assistants, occupational therapists, a rehabilitation assistant, physiotherapists, complimentary therapists and social workers with specialist palliative care expertise. In addition, there is a team of ancillary staff, administrative staff and a chaplaincy team. The IPU is supported by volunteers in providing a variety of services.

Discussions with staff and a review of the duty rotas confirmed that there was sufficient staff in various roles to meet the assessed needs of patients.

Evidence demonstrated that all members of the multi-disciplinary teams have the opportunity to attend weekly multi-disciplinary meetings, daily handovers, staff de-briefs, team meetings, supervisions and appraisals.

A review of records and discussion with staff confirmed that systems were in place to ensure all staff had received appropriate training to fulfil the duties of their role in keeping with the RQIA training guidance and the Marie Curie training and development programme. The hospice also provides staff with opportunities to undertake specialist qualifications in palliative care.

There is an online learning and development platform offering a range of training modules. This system enables hospice staff and their line managers to monitor training progress. Review of records and discussion with staff confirmed arrangements are in place to monitor compliance with mandatory training. Advice and guidance was provided to Mr Hughes in relation to the recording of mandatory training in respect of medical staff. Mr Hughes was receptive to this advice.

An induction programme is in place for all newly appointed staff and was role specific. Systems were in place to ensure that staff receive regular supervision and an annual appraisal.

Documentation available during the inspection and discussion with staff confirmed that there was appropriate governance oversight of supervision, revalidation and annual appraisal for medical staff. Arrangements were also in place to ensure that the professional body registration status of all relevant staff is appropriately monitored and maintained.

Staff who spoke with us reported that they enjoyed working in the hospice, demonstrated a strong passion for their roles and felt well supported. They also confirmed that they were fully involved in discussions relating to their personal and professional development.

It was determined that there was sufficient staff in various roles to meet the assessed needs of patients throughout the hospice services.

5.2.2 How does the hospice ensure that recruitment and selection procedures are safe?

The arrangements for the recruitment and selection of staff were reviewed. A policy and procedure was in place in keeping with legislation and best practice.

A staff register was available to review however it required further development in keeping with legislation. Mr Hughes was receptive to the advice and guidance provided in this regard. The staff register confirmed that a number of staff had been recruited since the previous inspection. A review of a sample of personnel files of newly recruited staff evidenced that all relevant information as listed in Regulation 19, Schedule 2 of the Independent Health Care Regulations (NI) 2005, as amended, had been sought and retained. It was confirmed that medical practitioners are directly employed by the hospice.

Recruitment and selection for the hospice is managed centrally by the Marie Curie Human Resources Department who are based at a different location.

New members of staff take part in an induction programme and undertake training commensurate with their roles and responsibilities.

It was determined that the recruitment and selection of staff is in compliance with legislation and best practice guidance to ensure suitably skilled and qualified staff work in the practice.

5.2.3 Are the arrangements in place for safeguarding in accordance with current regional guidance?

The arrangements in respect of the safeguarding of adults and children were reviewed.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm that fully reflected the regional policies and guidance documents. The policies 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 were included for onward referral to the local Health and Social Care (HSC) Trust should a safeguarding issue arise.

Review of records demonstrated that all staff had received training in safeguarding adults and children as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

There was a nominated safeguarding lead. All staff spoken with were knowledgeable about adult and child safeguarding, the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

It was confirmed that a copy of the regional guidance document, Adult Safeguarding: Prevention and Protection in Partnership policy (July 2015) was available for staff reference, and that the hospice's policies and procedures are in line with this guidance.

It was determined that the hospice had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 Is the hospice fully equipped and are the staff trained to manage medical emergencies?

The arrangements for the management of medical emergencies and resuscitation were reviewed.

The hospice had undertaken a risk assessment to determine the emergency medication and equipment to be retained on site.
An up to date policy for the management of medical emergencies and resuscitation was in place.

Review of training records and discussion with staff confirmed that resuscitation and the management of medical emergencies is included in the induction programme. Staff received basic life support training on an annual basis. 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.

An emergency trolley for the storage of emergency equipment and medicines was provided in the IPU. Checklists were available and kept with the emergency medicines and equipment. Staff were designated responsibility for completing these checklists to ensure that emergency equipment and medicines are always stored in sufficient quantities and within expiry dates. The emergency equipment in place was noted to be readily available and in good working order.

It was determined that satisfactory arrangements are in place to manage a medical emergency in line with legislation and best practice guidance.

5.2.5 Does the hospice adhere to infection prevention and control (IPC) best practice guidance?

The arrangements for IPC procedures throughout the hospice were reviewed to ensure the risk of infection transmission to patients, visitors and staff was minimised. The hospice have an overarching IPC policy and associated procedures in place.

During a tour of the premises all areas were found to be clean, tidy and well maintained. Hand hygiene posters were displayed for patients, visitors and staff.

A dedicated IPC lead is available to advise staff and oversee the IPC audits. Areas identified during audits are promptly addressed. Arrangements are in place to ensure that all staff adhere to IPC best practice guidance. A review of records confirmed that staff compliance with mandatory IPC training was monitored and kept up to date. Staff who spoke with us demonstrated a good understanding of the IPC measures in place.

Policies regarding aseptic non-touch technique (ANTT) were in place, and staff had completed training in this area.

Environmental cleanliness was consistently high, supported by a regular programme of environmental auditing and established cleaning schedules. A range of IPC audits undertaken in clinical areas, including hand hygiene and PPE audits, were reviewed and demonstrated good compliance with IPC practices. Staff were also able to describe the actions they would take to address any areas requiring improvement.

Good compliance with IPC practices, including hand hygiene, PPE use and equipment cleaning was observed. The collaborative approach of all staff ensured efficiency and consistency, supporting a high standard of IPC practice across the hospice. Robust auditing systems ensured that IPC risks were appropriately assessed and managed.

It was determined that effective governance mechanisms and collaborative working across the hospice is in place to ensure that staff adhere to IPC best practice guidance.

5.2.6 Does the hospice adhere to best practice guidance concerning the provision of palliative care?

The provision of palliative care delivered in the hospice was reviewed. Discussion with staff, observation of care practices and a review of documentation evidenced that palliative care was delivered in accordance with best practice guidance. This included a review of referral pathways, the arrangements for admission and discharge, the care pathway, and the provision of bereavement services.

Discussion with staff confirmed that there was a robust multi-disciplinary system for review of referrals and triage/assessment of cases referred to the IPU, the community and outpatient team, the Urgent Hospice Care at Home and Hospice Care at Home teams. Referrals can be received from healthcare professions including the palliative care team, hospital consultant, nurse specialist or GP through the routine or urgent pathway. Discussions with staff provided assurances that the referrer is kept up to date with the progress of the referral and the referral is continually reassessed while the patient remains on the waiting list. Patients and/or their representatives are given information in relation to all of the services provided by the hospice which are available in alternative formats, if necessary. Multi-disciplinary assessments are completed with the referral information through the regional referral arrangements. These systems were found to be robust.

Staff spoken with in the IPU confirmed they always receive relevant information about the patient prior to their admission. On admission to the IPU, patients and/or their representatives are provided with information regarding the various assessments that may be undertaken by members of the multi-disciplinary team. Staff told us that patients are given time to settle in and opportunities are provided for family members to be involved in the holistic care of the patient. Assessments are undertaken to include medical, nursing, psychosocial, physiotherapy, occupational therapy, complimentary therapy and spiritual assessments.

A review of two patients' care records evidenced meaningful patient involvement in planning care and treatments which were flexible and met the expressed wishes and assessed needs of individual patients and their families.

Staff confirmed that care was patient-centred with ongoing review to ensure care is adapted according to assessed need. It was noted that facilities were accessible and visiting arrangements enabled patients and their family to spend as much time together as possible.

Staff were observed to be compassionate and positive interactions were observed between staff and patients as staff entered and exited patients' rooms. Staff introduced themselves to patients and requested permission to enter the patient's room and then went on to explain why they were there in a kind and caring manner. During observation of care practices and discussion with staff it was evident that patients' needs were being attended to in a timely manner.

Discussion with staff and patients evidenced a wide choice of nutritious meals being offered that included specific meals for patients requiring specialised diets, and meal times that were flexible and individually tailored according to the patient's wishes and needs. Patients were extremely complimentary of the quality of food provided and the selection on offer. The International Dysphagia Diet Standardisation Initiative (IDDSI) was displayed for nursing and catering staff reference.

The inspection team observed evidence of good pain management and control. Patients confirmed that when they experienced pain, staff responded in a compassionate and timely manner and were also provided with pain management advice to ensure pain was controlled. Patients also confirmed that symptoms were well managed. Discussion with staff confirmed that pain was assessed daily and prior to routine practices being performed for example: wound dressing and movement. It was also confirmed that the pain management of each patient was a priority and that medical staff were readily available if further pain relief prescriptions were required. Discussion with staff confirmed that pain medication is administered as prescribed in the medicine Kardex and arrangements are in place for pain relief to be prescribed out of hours, if required. Staff confirmed they are adequately trained in medicines management and are competent in the administration of controlled drugs.

There was evidence of good practice in the management of syringe drivers and discussion with staff confirmed that there was an adequate number of syringe drivers in place to meet the needs of patients. Discussion with staff confirmed there is a system in place to manage the availability and return of syringe drivers when a patient was discharged. Staff also confirmed that alternative methods of pain relief were available to patients in the form of various complementary therapies and pressure relieving devices.

The management of pressure area care was discussed and it was confirmed that various pressure area care assessment tools were in place. A review of a sample of patient care records noted that these assessment tools were completed consistently. Staff had a sound knowledge of wound management and the use of aseptic non-touch technique (ANTT). It was also confirmed that there was an adequate supply of pressure relieving equipment.

Staff also discussed the process for sourcing expert tissue viability advice and dietetics from the local HSC Trust when required for patients.

The provision of bereavement care was reviewed and it was confirmed that a range of information and support services were available. The hospice can provide internal individual counselling services for patients and families or a link with external providers. Ongoing bereavement care is available for families and children coping with the loss of a loved one.

Discussion with staff confirmed that staff who deliver bereavement care services are appropriately trained and skilled in this area.

Discussion with staff confirmed there is procedure for delivering bad news to patients and/or their representatives. Conversations with staff confirmed that this procedure was in accordance with the Breaking Bad News Regional Guidelines (2003).

Staff told us that bad news is delivered to patients and/or their representatives by professionals who are well informed and who act in accordance with the hospice's policy and procedure.

Where this news is shared with others, staff confirmed that consent must be obtained from the patient and would be documented in the patient's care record. Following receipt of bad news, future treatment options are discussed fully with the patient and documented within their individual care records.

Staff spoken with were aware of the importance of being available to provide support to the patient and/or their representatives to help them to process the information shared.

The arrangements concerning discharge planning were reviewed and this evidenced that there was full engagement with patients and/or their representatives. Discussion with staff demonstrated that there was multi-disciplinary involvement. Daily and weekly meetings take place to ensure the patient's needs are at the centre of discharge planning. A comprehensive discharge summary and plan is completed prior to the patient leaving the hospice. A letter is provided to the patient's GP outlining the care and treatment which has been provided. Robust systems were in place ensuring that agreed discharge arrangements are recorded and co-ordinated with all services that are involved in the patient's ongoing care and treatment.

The current arrangements with respect to specialist palliative care were noted to be of an extremely high standard and adhered to current best practice guidance. There were examples of good practice found in relation to care delivery; the care pathway including admission and discharge arrangements; and patient engagement.

It was determined that systems are in place to ensure that staff adhere to best practice guidance concerning the provision of palliative care.

5.2.7 How does the hospice ensure that record keeping is in line with legislation and best practice guidance?

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

Staff confirmed that the hospice maintains both electronic and paper records. The hospice has access to the Electronic Care Record (ECR) which will enhance communication between the hospice and the rest of the HSC sector leading to better continuity of care for patients.

A sample of patient notes completed by medical staff and nursing staff were reviewed. There was evidence of an up to date review of each patient, as well as clear decision making by the multi-disciplinary team involved in the delivery of the patient's care. A multi-disciplinary, holistic and empathetic approach to patients' care was evident.

The multi-disciplinary care records reviewed contained the following:

- an admission profile
- a range of validated assessments
- medical notes
- care plans
- nursing notes
- results of investigations/tests
- correspondence relating to the patient
- reports by allied health professionals
- advance decisions
- do not attempt resuscitate (DNAR) orders

It was confirmed that systems were in place to audit the patient care records as outlined in the hospice's quality assurance programme.

There was 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 which were comprehensive and reflected best practice guidance.

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.

Patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations and, where appropriate, Information Commissioner's Office (ICO) regulations and Freedom of Information legislation. The hospice is registered with the ICO.

Staff who spoke with us demonstrated that 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.

It was determined that systems are in place to ensure that staff adhere to best practice guidance concerning all aspects of record keeping.

5.2.8 Medicines management

The management team were asked to prepare a range of documents to support the inspection. These documents were reviewed by the RQIA pharmacist inspectors.

Medicines management policies and procedures were reviewed on a three yearly basis or following any policy changes or changes to legislation. Systems were in place to ensure that any updates were communicated to the nursing, pharmacist and medical staff, for example, at Medicines Management Committee meetings and staff meetings. Pharmacists are available onsite from Monday to Friday.

Nurses received a comprehensive induction, which included the management of medicines and syringe drivers. Competency assessments were completed following induction. Refresher training was completed on a three yearly basis or more frequently if required and competencies were reassessed following training, any medication related incidents or if a need was identified. Nursing staff were not permitted to administer medicines via single nurse administration until a competency assessment had been completed. Medical staff have an induction programme, which includes the relevant policies and procedures. This also includes meeting the pharmacist to discuss roles and processes regarding medicines management.

Robust arrangements were in place to ensure the safe management of medicines when a patient was admitted to the hospice. Medicines were reconciled by the pharmacist or admitting doctor using the Northern Ireland Electronic Care Record (NIECR), information provided by the patient or their family and the patient's supply of medicines.
Medicine kardex were written by a doctor and checked by the pharmacist to ensure accuracy. The medicine kardex were reviewed by the medical consultants each day and by the pharmacists at intervals throughout the week.

Satisfactory records for the ordering and receipt of stock medicines were in place.
Medicine related records were well maintained. A medicine kardex was in place for each patient; this is a record that details the medicines prescribed for each patient.

Medicine administration records were accurately completed and medicines were available for administration when patients required them. Two nurses were involved in the administration of medicines administered IV or via syringe driver. There was evidence that syringe driver pumps were checked regularly during administration.

Medicines were stored safely and securely. Controlled drug cabinets and a medicine refrigerator were available for use as needed. Temperatures of the medicine refrigerator and storage areas were monitored and recorded daily.

Standard operating procedures were in place for the management of controlled drugs and satisfactory arrangements for their management were observed. The accountable officer is responsible for the safe management of controlled drugs and related governance issues; the accountable officer for Marie Curie Hospice is the registered manager.

Robust systems were in place to ensure that patients were given advice about their medicines and were provided with a continuous supply of their medicines at discharge. Relevant information was shared with other health care professionals as necessary. The disposal of medicines was managed appropriately. Records of medicine disposal were signed by the two members of staff involved.

A range of audits was completed to ensure the safe and effective management of medicines, including medication administration record audits throughout the day, clinical audits and a quarterly controlled drugs audit completed by the pharmacists, and an accountable officer controlled drug audit. Antibiotic prescribing audits had also been undertaken to ensure compliance with policy and procedures.

An effective incident reporting system was in place to identify, record, report and share learning from any medicine related incidents. Medication incidents were reviewed at weekly incident meetings and at monthly medicines management meetings. Relevant incidents are reported to RQIA and any that involve controlled drugs are reported to the Local Intelligence Network (LIN).

Systems were in place for the management of drug and medical device alerts. A record of all alerts received and the actions taken in response was maintained.

5.2.9 Are robust arrangements in place regarding clinical and organisation governance?

The organisational governance structures of the hospice were reviewed. The hospice is part of a well-established UK wide organisation, Marie Curie, and has clear organisational structures in place and benefits from the support of robust local, regional and national governance structures.

There is a clinical governance framework which details how Marie Curie manages clinical governance and defines executive accountabilities and other responsibilities for leading and managing clinical governance. This framework maps out the key governance meetings operating at Board and senior leadership level.

It was confirmed that an organisational structure was in place with clear lines of accountability, defined structures and visible leadership and staff were aware of these. Staff reported there were good working relationships and that management were responsive to any suggestions or concerns raised.

Staff who spoke with us were able to describe their roles and responsibilities and how they fitted into the overarching governance structures and committees.

The active risk register was reviewed and there was evidence of risks being reviewed with the overarching risk grading being amended following mitigations being put in place. The risk register is discussed during the SMT meetings.

The arrangements concerning medical governance were reviewed. The terms of reference for the Medical Advisory Committee (MAC) were reviewed and these have been developed in accordance with the Minimum Standards for Independent Healthcare Establishments (July 2014). The MAC has an identified quorum and MAC meetings are minuted. The minutes of a MAC meeting held during January 2026 were reviewed and noted to be a detailed account of the topics discussed and decisions made.

In accordance with the GMC all doctors must revalidate every five years. The revalidation process requires doctors to collect examples of their work to understand what they are doing well and how they can improve. Experienced senior doctors,called an Responsible Officer (RO) work with the GMC to make sure doctors are reviewing their work. As part of the revalidation process, RO's make revalidation recommendations to the GMC. Where concerns are raised regarding a doctor's practice, information must be shared with their RO who then has the responsibility to share this information with all relevant stakeholders in the areas of the doctor's work. All medical practitioners working within the hospice must have a designated RO.

It was confirmed that all medical practitioners working in the hospice have a designated RO. We discussed how concerns would be raised regarding a doctor's practice with the MAC and within the wider HSC sector and found that good internal arrangements were in place and the hospice was linked to the wider RO network.

Debrief meetings known as multi-disciplinary morbidity and mortality (M&M) meetings are held regularly and are formally documented. It was confirmed that any learning from the M&M meetings would be shared with relevant staff and the SMT through the governance structures at a local and regional level. M&M meetings provide a unique opportunity for health professionals to improve the quality of care offered through the review of case studies. They also provide clinicians and members of the healthcare team with a routine forum for the open examination of individual events surrounding a patient's death, with a view to sharing any learning and improving practice. Feedback received from staff regarding these meetings was very positive.

The arrangements for the provision of medical practitioners within the hospice were reviewed to ensure that patients had access to appropriate medical intervention as and when required. This evidenced that robust arrangements were in place to meet the needs of the patients. A rota of medical practitioners was easily accessible to inform staff of the doctors working in the hospice and also arrangements for out of hours cover.

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care and treatment delivered to patients at appropriate intervals. There is a rolling audit programme in place and the hospice is linked into the national audit programme.

It was confirmed that the results of audits are analysed and action plans developed to address any areas for improvement, including the name of the person responsible for implementing the action plan and the timeframe. It is commendable that all grades of staff including medical staff are involved in the completion of audits as this increases ownership and accountability amongst staff. Timeframes had been updated to show when actions had been completed. Staff told us that the SMT use this information to drive quality improvement within the hospice.

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 a policy and procedure in place for the management of notifiable events/incidents which includes reporting arrangements to RQIA. Notifications submitted to RQIA since the previous inspection were reviewed. It was confirmed that all notifiable events/incidents were recorded, investigated and reported to RQIA or other relevant bodies, as appropriate and in a timely manner.

It was confirmed that any learning from notifiable events/incidents that occurred were reviewed through the governance structures of the hospice, in a meaningful way, to identify trends and learning that could be used to affect change or influence practice at both local and national levels. A trend analysis report is generated on a quarterly basis. A multi-disciplinary approach is applied to the review of notifiable events/incidents and the hospice ensures the dissemination of learning to all staff. Staff described to us that the reporting of incidents is encouraged in an open and transparent way which leads to a no blame culture within the organisation and enhanced learning outcomes.

The hospice has a complaints policy and procedure in place in accordance with the relevant legislation and Northern Ireland Public Ombudsman (NIPSO) Model Complaints Handling Process guidance on complaints. A copy of the complaints procedure is made available for patients and/or their representatives.

The management of complaints within the hospice was reviewed. It was evidenced that systems were in place to ensure that any complaints received would be fully investigated and responded to appropriately. Records are kept of all complaints and include details of all communications with complainants; the result of any investigation; the outcome and any action taken. Information gathered from complaints would be used to improve the quality of services provided, if applicable. Staff who spoke with us demonstrated good awareness of how to deal with a complaint, if received.

Where the entity operating a hospice is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Mrs Heneghan, Responsible Individual, was in day to day control of the hospice therefore Regulation 26 visits are not required.

It was confirmed that the statement of purpose and patient's guide were kept under review, revised and updated when necessary and made available for all interested parties to read.

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

Overall, the governance structures within the hospice provided the required level of assurance to the SMT and Marie Curie UK Board of Trustees.

We would like to recognise the work undertaken by the Board of Trustees, the SMT and staff of the hospice to continue to strengthen the governance structures to promote the delivery of safe, effective and compassionate palliative care to patients and their families.

5.3 Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Paula Heneghan, Responsible Individual; Mr Thomas Hughes, Registered Manager and other members of the senior management team, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews