Inspection Report

29 and 30 January 2026

Northern Ireland Childrens Hospice

Type of service: Independent Hospital (IH) – Hospice for children
Address: Horizon House, 18 O'Neill Road, Belfast, BT36 6WB
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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 Minimum Care Standards for Independent Healthcare Establishments

1.0 Service information

Organisation/Registered Provider: Northern Ireland Hospice **Responsible Individual:** Mrs Gemma Aspinall	**Registered Manager (Acting):** Ms Sarah Xuereb **Date Acting:** 26 January 2026
Person in charge at the time of inspection: Mrs Gemma Aspinall	**Number of registered places:** Ten
Categories of care: Hospices for children H(C)	**Number of patients accommodated on the day of this inspection:** Six
Brief description of the accommodation/how the service operates: This independent hospital is registered to provide in-patient and community based services for infants, children and young people with life limiting and life threatening illnesses and supports their families both within the in-patient unit and in the community. The Northern Ireland Children's Hospice (NICH) multidisciplinary team support babies, children and their families through a range of children's services. These services include nursing care at home, supported breaks within the in-patient unit, end of life care, family support and bereavement support. NICH also work in partnership with the National Health Service (NHS) to support parents through its antenatal care service, Tiny Horizons.	

2.0 Inspection summary

A short notice announced care inspection was undertaken to the NICH on 29 and 30 January 2026 from 10.00 am to 4.00 pm by three care inspectors. Feedback was provided to Mrs Aspinall and members of the NICH staff team at the conclusion of the inspection.

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; infection prevention and control; the provision of palliative care and the management of the patients' care pathway; clinical and organisational governance; and engagement to enhance the patients experience.

The inspection team found the care provided and delivered in the NICH to be of an excellent standard. The provision of specialist family-centred and palliative care was noted to be of an extremely high standard, both in relation to the range of services provided and the support afforded to children, young people and their families.

It was noted that the governance structures within the NICH 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 service.

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 families, 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 NICH.

This included the following records:

- Notifiable events since the previous care inspection
- The registration status of the NICH
- Written and verbal communication received since the previous care inspection
- The previous care inspection report

The inspection team examined a number of aspects of the NICH services as outlined in section 2.0 of this report. The care team undertook a tour of the premises and met with various staff members, talked with parents, observed care practices and reviewed relevant records and documentation.

4.0 What people told us about the service?

The inspectors had the opportunity to speak with a number of parents during the inspection. Parents reported that they and their families had experienced a high standard of care delivery and expressed their gratitude to the service team for the care and support provided. One relative/carer commended the professionalism of the staff, the quality of the facilities available, and noted that a family centred approach was adopted by all staff working in the service.

Posters were issued to the service by RQIA prior to the inspection inviting children and young people, relatives/carers and staff to complete an electronic questionnaire. Eight completed questionnaires were submitted to RQIA following the inspection.

No responses were received from children, young people or family members.

Eight staff members submitted responses with seven responses providing comments. All eight responses indicated that staff were either satisfied or very satisfied that care was safe, effective, compassionate and well led.

Seven of the staff responses received included positive comments regarding: A skilled, experienced, dedicated and motivated staff team; a child centred focus and the provision of high quality care; team cohesion and a high level of management support and visibility; effective decision making and good communication with management and working in a culture that promotes learning and collaboration with staff.

5.0 The inspection

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

The last inspection to NICH was undertaken on 27 February 2025; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 How does the service ensure that staffing arrangements are in place to meet the needs of children and young people?

Supported short breaks are provided to children and young people under the age of 18 years with life-limiting conditions or those requiring support at the end of life.

Staffing arrangements within the service were reviewed. The multi-professional team includes senior nurses, staff nurses, healthcare assistants, physiotherapists, social workers and a pharmacist with specialist paediatric and palliative care expertise. Additional support is provided by administrative and ancillary staff, as well as a chaplaincy service, all of whom contribute to delivering holistic care.

There is also a team of GPs with an interest in paediatric palliative care who support the NICH to provide medical cover. The team work under Service Level Agreement (SLA) arrangements providing on call cover for daytime, sessional cover 5 days a week and an on call rota cover for the evenings, nights and weekends creating 24 hours a day cover.

Since the last inspection, significant improvements have been made in relation to communication systems within the NICH. Robust and effective systems were both discussed and evidenced during the inspection. Staff spoke positively about these changes and acknowledged improved information sharing and decision making.

They confirmed regular opportunities to attend daily handovers, safety huddles and team meetings, which support the delivery of safe and effective care. Staff also described feeling well supported by management and highlighted an ongoing focus on quality improvement within the NICH.

A review of staff records confirmed effective systems were in place in relation to the oversight of staff training, with further developments underway to strengthen these arrangements. Records confirmed a structured, competency based induction programme. This ensures staff are appropriately equipped with the knowledge and skills required at the outset of their employment. There was also a clear focus on staff development, with processes in place to ensure staff remained skilled, experienced and appropriately trained. Staff spoke positively about their roles and demonstrated a strong sense of commitment and passion for the care they provide.

Systems were further in place in relation to ensuring staff receive regular supervision and an annual appraisal. Records reviewed evidenced that these processes were consistently implemented, providing staff with opportunities to reflect on their practice, identify learning needs, and support their ongoing professional development. Staff reported feeling supported through these processes, which contributed to the delivery of safe and effective care.

Appropriate governance arrangements were also in place to monitor professional registration for staff where required. Oversight mechanisms ensured registrations were current and subject to regular review.

It was determined that staffing arrangements were in place to meet the needs of children and young people.

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

The arrangements in respect of the recruitment and selection of staff were reviewed.

A review of the policy and procedure for the recruitment and selection of staff found that the policy was in accordance with legislation and best practice guidance.

A staff register was available to review, which was up to date and contained the required information as specified within Schedule 3 Part II of the Independent Health Care Regulations (Northern Ireland) 2005. It included details of all current and previous staff employed within the NICH and evidenced that a number of staff had been recruited since the last inspection.

A sample of personnel files for newly recruited staff were reviewed and demonstrated that all required information, as outlined in Regulation 19, Schedule 2 of the Independent Health Care Regulations (NI) 2005, as amended had been sought and retained.

Recruitment is supported by the human resources department which is responsible for gathering and collating the required recruitment documents as outlined in the legislation.

When a new member of staff is recruited, they take part in an induction programme and undertake training commensurate with their roles and responsibilities.

An induction programme had been developed for each new member of staff that is relevant to their roles and responsibilities.

It was determined that appropriate recruitment and selection procedures were in place to ensure compliance with the legislation and best practice guidance.

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. 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 Trust should a safeguarding issue arise.

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

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. The identified safeguarding lead had completed safeguarding training at the level required in keeping with the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2020 – 2023 (July 2021) and the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that a copy of the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (November 2024) and regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for reference.

It was demonstrated that appropriate arrangements were in place to manage a safeguarding issue should it arise.

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

The arrangements for the management of medical emergencies and resuscitation were reviewed. Emergency medicines and equipment were retained as recommended by the Resuscitation Council (UK) guidelines.

Review of training records and discussion with staff confirmed that resuscitation and the management of medical emergencies is included in the induction programme. 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 equipment.

The arrangements for patients with a “do not attempt resuscitation” (DNAR) order were discussed. This decision is taken in conjunction with the child or young person’s relative/carer, multi-disciplinary team and staff. The decision is fully documented and the child or young person’s record includes a date for review.

It was demonstrated that there were arrangements in place to ensure the NICH is fully equipped and staff are trained to manage medical emergencies.

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

The arrangements for infection prevention and control (IPC) procedures throughout the service were reviewed to ensure that the risk of infection transmission to patients, visitors and staff was minimised. It was confirmed that the NICH had 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 throughout the NICH to promote good hand hygiene and handwashing techniques for children and young people, parents, visitors and staff.

NICH has a programme of refurbishment ongoing that includes the refurbishment of bedrooms and the main corridor flooring has been replaced.

Two dedicated IPC lead nurses were available to provide guidance to staff on the management of infection control issues and the completion of IPC audits. Staff confirmed that communication between the NICH team and the IPC lead nurses was effective.

Staff who spoke with us demonstrated a good understanding of the IPC measures in place. A range of audits, including environmental and hand hygiene audits were undertaken in clinical areas. A review of these audits confirmed good compliance and oversight of all IPC practices.

A range of IPC audit scores were displayed to provide assurance to parents, visitors and staff regarding audit compliance and the high standard of environmental cleanliness and IPC practices. This information was displayed on notice boards and discussed at daily safety briefs. Staff described the actions that would be taken should environmental standards fall below the expected level and demonstrated a comprehensive understanding of the steps required to address any areas for improvement.

A policy was in place regarding aseptic non-touch technique (ANTT), and staff had undertaken both training and competency-based assessments. Through discussion, staff demonstrated a good knowledge and understanding of the application of ANTT in clinical practice and the management of invasive devices.

Environmental cleanliness was observed to be of a high standard, with a regular programme of environmental audits, equipment cleaning records, and cleaning schedules in place. Good compliance with IPC practices was observed in relation to hand hygiene, the use of personal protective equipment (PPE) and equipment cleaning. The collaborative approach of all staff in relation to IPC ensured efficiency and consistency in upholding the high standard of IPC practices throughout the NICH.

A review of the current arrangements for IPC practice identified several areas of good practice. It was noted that IPC risks were being assessed and managed appropriately, with robust auditing measures in place within clinical areas.

It was determined that effective governance mechanisms and collaborative working across the service were in place to ensure that staff adhered to IPC best practice guidance.

5.2.6 Does the service adhere to best practice guidance concerning the provision of care supporting children with life limiting complex care needs and palliative care?

The provision of care supporting children with life limiting complex care needs and palliative care was reviewed. Discussion with staff, observations of care practices and a review of documentation confirmed that care is delivered in line with best practice guidance. This included an evaluation of referral pathways for admission and discharge arrangements, care pathways and bereavement support services.

The inspectors found that well-established referral procedures were in place. Referral assessments are completed through the web based referral system, ensuring a standardised and coordinated approach. A multi-disciplinary team (MDT) triage system is used to assess referrals, ensuring that children and young people receive timely and appropriate care. Referrals can be made by hospital consultants, specialist nurses (e.g. palliative care teams, community children's nurses, and neonatal nurses), GPs or any other healthcare professionals involved in a child's care.

On admission, relatives/carers are provided with clear information regarding assessments and available support services, ensuring they understand the care provided by the service. Relatives/carers are also given information in accessible formats where required. Assessments conducted by the MDT included, medical and nursing assessments, social work assessments, physiotherapy as well as spiritual and psychological support.

NICH places great emphasis on holistic family centred care, ensuring both the child/young person and their relatives/carers receive tailored support. Staff reported that the child/young person is given time to settle into the new environment, with relatives/carers encouraged to be involved in all aspects of care.

The NICH promotes a family-centred environment with family friendly accommodation available for relatives/carers to stay, ensuring they can spend as much time as possible with their child throughout their stay in NICH, in line with current guidance. Relatives/carers provided positive feedback about the accommodation and facilities, and staff were observed providing compassionate family centred care and support to the child/young person and their loved ones.

A review of care records confirmed meaningful involvement of children and relatives/carers in care planning, with flexibility in service delivery to meet both family centred and individual needs and preferences. Staff were observed introducing themselves, obtaining consent for care, and providing patient-centred support that was responsive to each child's evolving needs.

The meal service was well coordinated, with children receiving meals tailored to their dietary and medical needs.

Nutritious meal options were available, with staff ensuring that individual preferences and requirements were met. Specialised diets were provided in accordance with the International Dysphagia Diet Standardisation Initiative (IDDSI) guidelines.

Relatives/carers provided positive feedback regarding the quality of food and choices available, highlighting that staff frequently offered food and fluids throughout the day. Relatives/carers also had access to a kitchenette enabling them to prepare food and refreshments as needed, supporting their comfort and involvement in their child's care.

Staff demonstrated a strong commitment to effective pain management, with children's pain levels assessed regularly and prior to clinical interventions. Various pain assessment tools were used to tailor treatment, and discussions with staff confirmed that pain management is reviewed throughout the day and pathways are in place to adjust pain relief when needed. Alternative pain relief methods, including complementary therapies, were available as part of a holistic symptom management approach.

The service employs best practice pressure area care protocols, with staff using recognised assessment tools to monitor and manage skin integrity. A review of patient care records confirmed consistent documentation of wound care assessments, and staff demonstrated strong knowledge of aseptic non-touch techniques in wound management.

The service provides comprehensive bereavement support for relatives/carers before, during, and after the loss of a child. The service offers individual counselling and family counselling support, access to external bereavement support services and ongoing family care and follow-up services for up to two years.

Staff providing bereavement support are appropriately trained and skilled in supporting relatives/carers through grief and loss. The service follows a Breaking Bad News policy aligned with regional Breaking Bad News Guidelines (2003). Staff reported that sensitive conversations are conducted by experienced professionals, and relatives/carers are given time, space and support to process difficult news. Consent is always obtained before sharing information with others, and future care options are clearly documented in the child's care plan.

The engagement of relatives/carers in service development was found to be integral to NICH care, who are encouraged to provide feedback through questionnaires. This feedback is then used to inform ongoing quality improvement initiatives. The results of these questionnaires are collated annually and shared with patients, relatives/carers, and stakeholders. A Parents Advisory Group (PAG) has been established which seeks to further enhance the inclusion of relatives/carers and to raise the voice of children and young people with regards to service delivery. Terms of reference have been established for the group and meetings which take place virtually on a quarterly basis to accommodate attendance. The establishment of this group has been identified as an area of good practice.

Discharge planning was found to be patient and relative/carer centred, ensuring that children and their relatives/carers are supported when transitioning back home or to another care setting. Inspectors found that multi-disciplinary input is central to discharge planning, with daily and weekly team reviews. A comprehensive discharge plan is completed before the child leaves the service. Relatives/carers receive a detailed verbal discharge summary, a letter is sent to the child's GP if the care and treatment received has changed and an electronic discharge summary is completed which can be viewed by relevant professionals. All services involved in the child's ongoing care are notified to ensure a coordinated transition.

The inspection found that specialised paediatric palliative care is of an extremely high standard, with care delivered in accordance with best practice guidance.

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

It was demonstrated that the overall governance structures within the service provide the required level of assurance to the SMT and Board of Trustees. There are defined governance committees in place, each of which have a Board member within its quorum. All Board members are furnished with all minutes of sub-committee meetings and relevant papers that had been prepared for those meetings.

Directorate reports are presented to the Board of Trustees Care Quality Committee (CQC) on a quarterly basis. A sample of CQC reports were reviewed which evidenced monitoring and oversight of incidents (including medicines incidents); investigations; compliance with clinical auditing; complaints; feedback surveys; patient involvement; quality improvement initiatives; actions from other governance meetings and outcomes of regulation 26 visits. The CQC reports identified strategic oversight and networking; action planning in response to learning; dissemination of information/learning to corresponding staff and staff groups; development of policy, procedures and protocols in response to learning; progress regarding new initiatives; and were reflective of time specific matters of importance to staff and relatives/carers.

The management team meets as a clinical leads team once a week. A monthly Quality Indices (QI) report which covers patient experience and safety, and clinical and operational effectiveness is reviewed at the clinical leads meeting.

It was confirmed that organisational and service specific learning is discussed at Board of Trustees and subcommittee meetings and shared with heads of department for dissemination to staff. The service uses a variety of means to share organisational learning with staff including discussion at safety briefs and handovers; emails; and educational events which are delivered during ‘closure days’.

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

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.

A policy and procedure is 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, in a timely manner.

Discussions with staff and review of records demonstrated that all subsequent learning from notifiable events/incidents that occurred were reviewed through the governance structures in a meaningful way. Trends and learning are identified and used to affect change or influence practice.

A multidisciplinary approach is applied to the review of notifiable events/incidents and the service ensures the dissemination of learning to all staff. Staff confirmed that learning from incidents had been communicated to them.

The service has a complaints policy and procedure in place in accordance with the relevant legislation and DoH guidance on complaints handling. A copy of the complaints procedure is made available for patients/and or their representatives.

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. It was demonstrated that information gathered from complaints would be used to improve the quality of services provided.

Where the entity operating a service 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. It was confirmed that the person identified to undertake the visit is not in day to day operational management of the service. It was confirmed that the six monthly monitoring unannounced visits were undertaken in line with the legislation.

Reports of the visits were available for inspection, and a review of the most recent reports evidenced that the unannounced visits were robust, detailed and conducted in a meaningful way. The manager receives a copy of the reports generated for review and sign off.

Overall, the governance structures within the service provided the required level of assurance to the SMT and Board of Trustees.

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

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 Aspinall, Responsible Individual, a number of NICH staff members and other members of the Northern Ireland Hospice senior management team, as part of the inspection process and can be found in the main body of the report.

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