

Announced Variation of Registration Care Inspection Report 09 May 2018



Northern Ireland Hospice Adult Community and Day Hospice Services

Type of service: Adult Hospice

Address: Somerton House, 74 Somerton Road, Belfast, BT15 3LH

Tel no: 028 9078 1836

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 day hospice and community based hospice service for adults with palliative care needs.

The community hospice services consists of eight specialist palliative care teams which operate within the Northern, Belfast and South Eastern Health and Social Care Trusts and the southern sector of the Western Trust. In addition there is a Hospice at Home service which operates within the Northern, Belfast and South Eastern Health and Social Care Trusts.

The day hospice has the capacity to care for 15 patients in Somerton House, Belfast, which is operational four days a week, of which, one day focuses on the care and support of patients with dementia. A day hospice service is also provided for up to seven patients one day a week in the Robinson Hub, Ballymoney. A variation of registration application has been received by RQIA to increase the capacity to care for 30 patients within the day hospice in Somerton House, Belfast.

3.0 Service details

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| Organisation/Registered Provider: Northern Ireland Hospice Ltd | Registered Manager: Ms Barbara Watson |
| Responsible Individual: Mrs Heather Weir | |
| Person in charge at the time of inspection: Ms Barbara Watson | Date manager registered: 26 April 2017 |
| Categories of care: Independent Hospital (IH) – Adult Hospice | Number of registered places: Day hospice , Belfast site- 15 Day hospice , Ballymoney site - 7 |

4.0 Inspection summary

An announced variation to registration inspection took place on 09 May 2018 from 10.00 to 13.00. Mr Gavin Doherty, estates inspector, undertook a premises inspection on the same day. The report and findings of the premises inspection will be issued under separate cover.

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 the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

RQIA received an application for variation of registration from the Northern Ireland Hospice Adult Community and Day Hospice Services, to increase the registered places from 15 to 30 in the day hospice service based in Somerton House, Belfast. The application included the change of the use of rooms to provide an enhanced range of treatments and procedures to meet the needs of patients in line with the regional strategy of palliative care. The day hospice service, to be known as the day hub, is undergoing extensive development and will be remodelled to offer a wider range of patient focused services provided by a multi-professional team. This includes providing multi-professional clinics such as, a nurse led clinic, a medical led clinic, a social work led clinic, a physiotherapist and occupational therapist led clinic, on a Wednesday and Thursday from 9.00 to 17.00. The day hub will provide specific treatments such as blood and blood products transfusions, bio-phosphates infusions and abdominal paracentesis. A well-being clinic will also be provided from 10.00 to 15.00 based on the assessment of patient's specific needs. On Fridays a dementia day service will be offered.

Through discussion it was apparent that the new approaches to delivering day hub services were under still consideration and development. Therefore seven areas for improvement were identified against the standards to provide guidance and support to management to assist in the service development. The areas of improvement included, confirming designated rooms for treatment and clinical procedures; involving an infection prevention control advisor in the development of the service; establishing arrangements for provision of sterile instruments and equipment; reviewing medical emergency arrangements; ensuring staff training and competency are in line with purposed enhanced roles; provision of best practice treatment and clinical protocols; and devising clear governance arrangements for the provision of day hub services.

It was agreed it would not be possible to approve the variation of registration at this point and a further inspection would be conducted.

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 | 7 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Barbara Watson, registered manager and Ms Fiona Flynn, hospice hub manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 06 March 2018

No further actions were required to be taken following the most recent inspection on 06 March 2018

5.0 How we inspect

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

- review of the submitted variation to registration application
- the previous care inspection report

During the inspection the inspector met with Ms Barbara Watson, registered manager and Ms Fiona Flynn, hospice hub manager. A tour of the premises was also undertaken.

The findings of the inspection were provided to Ms Watson and Ms Flynn at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 06 March 2018

The most recent inspection of the practice was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 06 March 2018

There were no areas for improvement identified during this inspection, and a QIP was not required or included, as part of this inspection report.

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 management confirmed that there was sufficient staff in various roles to fulfil the needs of the hospice and patients. It was confirmed there continues to be ongoing development and remodelling of the hospice services to meet the needs of patients and staffing was an important component of this development.

The day hospice known as the hospice hub is a nurse led service, supported by members of a multidisciplinary team of doctors, physiotherapists, occupational therapists, social workers, a complementary therapy nurse and chaplains who are based in the inpatient unit. The service is also supported by volunteers. As referred to previously, multi-professional clinics such as, a nurse led clinic, a medical led clinic, a social work led clinic, a physiotherapist and occupational therapist led clinic, will be provided on a Wednesday and Thursday from 9.00 to 17.00. It was confirmed hospice nurse specialists will facilitate the nurse led clinics. The day hub will provide specific treatments such as blood and blood products transfusions, bio-phosphates infusions and abdominal paracentesis. A well-being clinic will also be provided from 10.00 to 15.00 based on a holistic assessment of patient's specific needs. A complimentary therapist has been employed to enhance the holistic approach to care. On Fridays a dementia day service will be provided by appropriately skilled staff.

There were systems in place for recording and monitoring all aspects of staff ongoing professional development, including specialist qualifications and training. With the range and complexity of treatments and procedures being expanded, an area of improvement was identified against the standards to ensure staff undertaking enhanced roles have evidence of training and competency commensurate with their role.

Specialist palliative care team

The well established referral procedures in place will be reviewed to reflect the enhanced and flexible approach to service delivery. Patients and/or their representatives are given information in relation to the hospice services 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 day hospice prior to attendance to review the services and facilities available. On admission, patients are provided with information regarding the various assessments that may be undertaken by members of the multi-professional team. This includes medical, nursing, 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.

The specialist palliative care team will be providing treatments and procedures such as blood and blood products transfusions, bio-phosphates infusions and abdominal paracentesis. An area of improvement was identified against the standards in relation to ensuring that there are best practice treatment and clinical protocols in place, which are fully complied with by staff.

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. The emergency trolley is located in the inpatient unit and consideration is being given to purchasing and stocking an emergency trolley for the day hub. An area of improvement was identified against the standards to review arrangements for dealing with medical emergencies, in light of the enhanced range of treatments and procedures to be provided in the day hub.

It was 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.

It was confirmed 'do not resuscitate' decisions are taken in line with the hospice's relevant policy and procedures by a consultant in palliative medicine. The decision is fully documented outlining the reason and a date for review in the patient's record.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

There were clear lines of accountability for infection prevention and control (IPC). The hospice has a designated IPC lead nurse.

An enhanced range of treatments and procedures are to be delivered in the day hub and it was confirmed a designated area for such procedures has yet to be confirmed. An area of improvement was identified against the standards to involve an infection prevention control advisor in the development of the services from an IPC perspective. The IPC advisor's report must be made available for inspection and evidence that all recommendations made have been addressed.

An area of improvement was identified against the standards to submit floor plans to RQIA confirming the designated rooms that will be used to provide clinical treatments and procedures.

The provision of sterile instruments and equipment in line with the clinical procedures to be undertaken was discussed and it was confirmed these would most likely be supplied through the in-patient unit. An area of improvement was identified against the standards to ensure robust formalised arrangements are in place for the provision of sterile instruments and equipment.

The day 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.

Environment

The environment was maintained to a high standard of maintenance and décor.

A review of documentation and discussion with Ms Watson demonstrated that arrangements are in place for maintaining the environment.

The RQIA estate's officer carried out a premises inspection and is liaising with the Northern Ireland Hospice's head of business operations, on the estates issues.

Areas of good practice

There were examples of good practice found in relation the specialist palliative care team and multidisciplinary working and the general environment.

Areas for improvement

Ensure staff undertaking enhanced roles have evidence of training and competency commensurate with their role.

Ensure that there are best practice treatment and clinical protocols in place, which are fully complied with by staff.

Review arrangements for medical emergencies, in light of the enhanced range of treatments and procedures to be provided in the day hub.

Involve an infection prevention control advisor in the development of the services from an IPC perspective. The IPC advisor's report must be made available for inspection and evidence that all recommendations made have been addressed.

Ensure that there are robust formalised arrangements in place for the provision of sterile instruments and equipment.

Submit floor plans to RQIA confirming the designated room/s that will be used to provide clinical treatments and procedures.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 6 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

It was confirmed new clinical records are being developed in line with the evolution of a patient focused individualised service.

Systems will be in place to audit the new patient care records.

It was confirmed the hospice specialist nurses have access to Northern Ireland Electronic Care Record (NIECR) for patients; which has been invaluable in allowing for continuity of care.

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).

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.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, and the care pathway including admission and discharge arrangements

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.

It was confirmed the privacy and dignity of patients will feature in the decision making process on the development of the hospice service.

The hospice service will continue to obtain the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

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

Ms Watson, registered manager, is the nominated individual with overall responsibility for the day to day management of the day hospice and community hospice services. Mrs Heather Weir, registered person, is based in the Northern Ireland Hospice and works closely with the management team on a daily basis. It was confirmed Mrs Weir monitors the quality of services.

The hospice has a robust clinical governance committee involving all areas of the hospice service.

However an area of improvement was identified against the standards to devise clear governance arrangements for the provision of the evolving day hub services. This should include arrangements to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals.

The statement of purpose and patient's guide were not reviewed however it was advised to ensure they are kept under review, revised and updated as necessary to reflect the current service provision and are made available on request.

It was advised to develop an action plan to consolidate the areas for improvement identified together with the advice and guidance given. Ms Watson and Ms Flynn were very responsive to all the matters raised and confirmed they both found the inspection valuable in offering meaningful advice and support.

They confirmed they would ensure the service was in a state of readiness prior to the next inspection being scheduled in relation to the variation of registration application.

The RQIA certificate of registration was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found in relation maintaining good working relationships.

Areas for improvement

Devise clear governance arrangements for the provision of the evolving day hub services.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

7.0 Quality improvement plan

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014) | |
| <p>Area for improvement 1</p> <p>Ref: Standard 10.3</p> <p>Stated: First time</p> <p>To be completed by: 09 July 2018</p> | <p>The registered person shall ensure that staff undertaking enhanced roles have evidence of training and competency commensurate with their role.</p> <p>Ref 6.4</p> |
| | <p>Response by registered person detailing the actions taken: A register of all clinical staff education training and competencies (where relevant) has been developed and maintained by the HUB Manager. Performance Development Reviews' (PDRs) are completed annually for each person working within the HUB (current completion for 2018 is 100%). All PDRs for those professionals working within the HUB and the IPU reflect objectives related to both environments. The HUB Manager maintains copies of PDRs and has access to a data base determining review dates etc. An electronic Data base of staff mandatory training is also maintained.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 9.2 and 9.3</p> <p>Stated: First time</p> <p>To be completed by: 09 July 2018</p> | <p>The registered person shall ensure that there are best practice treatment and clinical protocols in place, which are fully complied with by staff.</p> <p>Ref :6.4</p> |
| | <p>Response by registered person detailing the actions taken: Best practice treatment protocols have been developed by the Medical Consultants to support the delivery of an enhanced range of treatments e.g. paracentesis. These protocols are guided by best practice guidelines. A hard copy of the Royal Marsden Procedure Manual is available and we are currently setting up annual subscription to attain the electronic version. Equipment required for each proposed treatment is currently being collated by the multidisciplinary clinical team using the best practice guidelines and procedures, this will be used to inform the required sterile equipment stock.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> | <p>The registered person shall ensure that arrangements for dealing with medical emergencies are reviewed, in light of the enhanced range of treatments and procedures to be provided in the day hub.</p> <p>Ref :6.4</p> |

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| To be completed by: 09 July 2018 | Response by registered person detailing the actions taken: Potential medical emergencies have been identified by the Consultants and management protocols agreed by the multidisciplinary team. Protocols have been guided by expert resources e.g. the Resuscitation Council UK.. A procedure has been developed to support the management of medical emergencies; an emergency trolley is available with the required contents set out by the Resuscitation Council UK. Training updates regarding the use of the emergency trolley equipment are being arranged for all staff. Furthermore a policy has been developed to support the safe transfer of ill patients. |
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| <p>Area for improvement 4</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 09 July 2018</p> | <p>The registered person shall ensure that an infection prevention control advisor is involved in the development of the services from an IPC perspective. The IPC advisor's report must be made available for inspection and evidence that all recommendations made have been addressed.</p> <p>Ref :6.4</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 21.1 and 21.2</p> <p>Stated: First time</p> <p>To be completed by: 09 July 2018</p> | <p>Response by registered person detailing the actions taken: An external Infection Prevention Advisor has been commissioned to complete an assessment of the HUB in light of the planned enhanced interventions and the variation of use of the Day Hospice building. He will submit a report to the Registered Manager who will supported by the HUB Manager to implement the associated recommendations. The Advisor will complete the assessment of the HUB on the 26th July. The shower room in the HUB is included in the weekly schedule for water run through, the Head of Facilities maintains these records and will make them available for inspection. Ventilation requirements in the treatment room are to be included in the independent assessment by the Infection Prevention Advisor on the 26th July and will be included in his formal report and recommendations. A specific room for completing treatments has been identified and is evidenced on the accompanying floor map of the HUB.</p> <p>Ref :6.4</p> <p>Response by registered person detailing the actions taken: All sterile instruments will be disposable for single use and stored in a designated clinical store at the HUB. They will be monitored on a weekly basis for stock levels, expiry dates and outer package condition. A record of checks will be maintained. Equipment required for each proposed treatment is currently being collated by the multidisciplinary clinical team using the best practice guidelines and procedures, this will be used to inform the required sterile equipment stock.</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 09 July 2018</p> | <p>The registered person shall ensure that floor plans are submitted to RQIA , confirming the designated room/s that will be used to provide clinical treatments and procedures.</p> <p>Ref :6.4</p> <p>Response by registered person detailing the actions taken: A floor plan has been submitted to RQIA. It will be uploaded with this report and submitted via the Portal. If this proves difficult it will be hand delivered before 17.00 on Friday 13th July for the attention of Liam Norris.</p> |

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| <p>Area for improvement 7</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: 09 July 2018</p> | <p>The registered person shall ensure that clear governance arrangements are devised for the provision of the evolving day hub services.</p> <p>Ref:6.7</p> <p>Response by registered person detailing the actions taken: Clear Governance structures are in place: the HUB Manager sits on the NIH Drugs and Therapeutics Group and other staff represent the HUB on the NIH PPI, Mouthcare, Infection Control and Research Groups. The HUB Manager maintains a Risk Register for the HUB. A continuous patient satisfaction survey is completed and an audit cycle is maintained. The HUB team present audits at the NIH Adult Audit Presentations. A monthly Quality Indices report for the HUB is currently being developed, it will include: Patient Experience (satisfaction survey and complaints/compliments); Patient Safety; Divisional Risk Register; Safeguarding; Clinical effectiveness; Workforce and Operational Effectiveness.</p> |
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