

Announced Follow-up Care Inspection Report 18 September 2018



Northern Ireland Hospice Adult Community Services

Type of Service: Independent Hospital
Address: Somerton House, 74 Somerton Road, Belfast
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Tel No: 028 9078 1836
Inspector: Carmel McKeegan

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Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 additional 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

Organisation/Registered Provider: Northern Ireland Hospice Ltd Responsible Individual: Mrs Heather Weir	Registered Manager: Mrs Gemma Aspinall (Acting)
Person in charge at the time of inspection: Mrs Gemma Aspinall	Date manager registered:
Categories of care: Independent Hospital (IH) – Adult Hospice	Number of registered places: Day hospice, Belfast site - 15 (increasing to 30 following this inspection) Day hospice, Ballymoney site – 7

4.0 Inspection summary

An announced follow-up variation to registration care inspection took place on 18 September 2018 from 10.00 to 13.00.

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, has undergone extensive development and remodelling 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 patients' specific needs. On Fridays a dementia day service will be offered.

Announced variation of registration care and premises inspections were undertaken on 9 May 2018, at which time, the variation application was approved from an estates perspective. However, it was apparent that the new approaches to delivering hospice hub services were under still consideration and development. Therefore seven areas for improvement were identified, from a care perspective, 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 that point and a further inspection would be conducted.

An announced follow-up care inspection was undertaken to Northern Ireland Hospice Adult Community and Day Hospice Services in Somerton House, Belfast, on 18 September 2018 to ascertain the progress made to address the areas of improvement identified during the inspection on 9 May 2018. During this inspection it was identified that a significant amount of progress has been made to address the areas of improvement and the variation of registration was approved.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, and enhance practice and patient experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Gemma Aspinall, acting manager; Ms Fiona Flynn, day hub manager; and Ms Sarah Eames, project nurse; as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 9 May 2018

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 9 May 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

- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

During the inspection the inspector met with Mrs Gemma Aspinall, acting manager; Ms Fiona Flynn, day hub manager; and Ms Sarah Eames, project nurse. A tour of the premises was also undertaken.

The findings of the inspection were provided to Mrs Aspinall, Ms Flynn and Ms Eames at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspections dated 9 May 2018

The most recent inspections of the establishment were announced variation to registration care and premises inspections. No areas for improvement were made during the premises inspection. The completed quality improvement plan (QIP) for the care inspection was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 9 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 10.3 Stated: First time	The registered person shall ensure that staff undertaking enhanced roles have evidence of training and competency commensurate with their role.	Met
	Action taken as confirmed during the inspection: Discussion with Mrs Aspinall and staff and review of relevant records confirmed that a register of all clinical staff education training and competencies (where relevant) has been developed and maintained by the day hub manager.	
	A Performance Development Review (PDR) is completed annually for each person working within the day hub and the current completion rate for 2018 is 100%. The hospice hub	

	<p>manager ensures that all PDR reflective objectives, for those professionals working within the day hub, are relative to the environment. It was confirmed that identified staff have completed further training to undertake additional tasks in respect of their enhanced role; e.g. venepuncture training.</p> <p>The day hub manager maintains copies of PDRs and has access to a data base determining review dates etc.</p> <p>An electronic data base of staff mandatory training is also maintained.</p> <p>It was also confirmed that staffing provision in the hospice hub remains under continuous review by the day hub manager.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 9.2 and 9.3</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Treatment protocols have been developed by the medical consultants guided by best practice guidelines, to support the delivery of an enhanced range of treatments e.g. paracentesis, blood transfusion and the management of hypercalcaemia.</p> <p>The equipment required for each proposed treatment as outlined in the best practice guidelines and procedures, is provided and stored in the designated treatment room. A check list of this equipment is maintained and monitored to ensure any items used are replaced and expiry dates checked.</p> <p>Policies and procedures are also provided to support the treatment protocols.</p>	<p style="text-align: center;">Met</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Potential medical emergencies have been identified by the medical consultants and management protocols agreed by the multidisciplinary team have been put in place. The emergency management protocols have been guided by the Resuscitation Council (UK).</p> <p>Procedures have been developed to support the management of medical emergencies and an emergency trolley is provided in the designated treatment room which contained the required contents as set out by the Resuscitation Council (UK).</p> <p>The emergency trolley is not locked, following discussion it was agreed that the emergency trolley will be fitted with a tamper-evident device or if this is not possible the emergency medicines will be stored in a tamper-evident container within the emergency trolley.</p> <p>The day hub manager confirmed that the emergency protocols will be updated in this regard and all staff will be informed.</p> <p>A protocol was in place to ensure that the emergency trolley and emergency medicines are checked daily and a record is retained in this regard.</p> <p>A policy and procedure was also provided to support the safe transfer of ill patients from the day hub to an acute hospital setting. The day hub manager agreed to further develop this policy to include the need to notify RQIA should such an event occur.</p> <p>Training updates regarding the use of the emergency trolley equipment and emergency medicines has been completed for all staff with a record retained in this regard.</p>		

<p>Area for improvement 4</p> <p>Ref: Standard 20</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>An external infection prevention advisor was commissioned and completed an assessment of the day hub which took into account the planned enhanced interventions and the variation of use of the day hub building.</p> <p>The external infection prevention advisor provided a report which identified areas to be addressed. It was confirmed that all the recommendations made within this report had been fully addressed.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 21.1 and 21.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there are robust formalised arrangements in place for the provision of sterile instruments and equipment.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>As stated above, the equipment required for each proposed treatment as outlined in the best practice guidelines and procedures, is provided and stored in the dedicated treatment room.</p> <p>It was confirmed that all sterile instruments are disposable and for single patient use only.</p> <p>A check list of this equipment is maintained to ensure any items used are replaced. A weekly check is undertaken to review stock levels, expiry dates and outer packaging and records will be retained in this regard.</p>		

<p>Area for improvement 6</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: A floor plan had been submitted to RQIA with the previous returned QIP. The plans clearly outlined the designated room dedicated for the provision of clinical treatments and procedures.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that clear governance arrangements are devised for the provision of the evolving day hub services.</p> <hr/> <p>Action taken as confirmed during the inspection: Mrs Aspinall, Ms Flynn, and Ms Eames, project nurse outlined the governance arrangements for the day hub.</p> <p>The day hub sits under the umbrella of community services within the care directorate of the Northern Ireland Hospice.</p> <p>It was confirmed that structures and mechanisms have been established to ensure that day hub representatives are closely involved in the many steering groups within the Northern Ireland Hospice in patient unit, for example, the drugs and therapeutics group, the mouth care group, infection control group and the rehabilitative palliative care working group.</p> <p>A monthly quality indices report will be completed to review the effectiveness and quality of care delivered to patients and will include the patient experience (satisfaction survey and complaints/compliments); patient safety; divisional risk register; safeguarding; clinical effectiveness; and workforce and operational effectiveness.</p> <p>The day hub steering group meetings take place every two weeks and involve all members of the multidisciplinary team.</p>	<p>Met</p>

6.3 Inspection findings

No areas further areas for improvement were identified during the inspection. As stated issues identified were addressed during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Conclusion

The variation of registration application 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 is granted from a care and premises perspective.

7.0 Quality improvement plan

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



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