



Marie Curie Hospice
RQIA ID: 10623
1a Kensington Road
Belfast
BT5 6NF

Inspectors: Jo Browne & Carmel McKeegan
Inspection ID: IN022128

Tel: 028 9088 2000

**Announced Inspection
of
Marie Curie Hospice
10 November 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An announced care inspection took place on 10 November 2015 from 10.00 to 17.45. On the day of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments 2014.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Eamon O'Kane, Divisional General Manager and Mrs Miriam McKeown, Hospice Manager and can be found in the main body of the report.

2. Service Details.

Registered Organisation/Registered Person: Marie Curie Ms Caroline Hamblett (Registration Pending)	Registered Manager: Mrs Miriam McKeown (Acting)
Person in Charge of the Establishment at the Time of Inspection: Mrs Miriam McKeown	Date Registered: Pending registration
Categories of Care: AH – Adult Hospice	Number of Registered Places: 18

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 Dignity, Respect and Rights
- Standard 5 Patient and Client Partnerships
- Standard 6 Care Pathway
- Standard 37 Arrangements for the Provision of Specialist Palliative Care
- Standard 40 Specialist Palliative Care Team

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information, notification of incidents and complaints return.

During the inspection the inspectors met with the divisional general manager, the hospice manager, two staff nurses and one student nurse.

The inspectors also met with two patients and three patient representatives.

The following records were examined during the inspection:

- Two patient care records
- Patient satisfaction survey
- Summary report of patient satisfaction survey
- Complaints records
- Six personnel files
- Incident/accident records
- Insurance documentation
- Training records
- Policies and procedures
- Certificate of RQIA registration

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the hospice was an announced care inspection dated 12 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 12 November 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 19 (2) (d) Stated: First time	<p>The registered manager should ensure that confirmation of identity is retained for each medical practitioner and social worker, along with confirmation that an Access NI enhanced disclosure had been undertaken for medical practitioners.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of six personnel files confirmed that confirmation of identity had been retained for all staff and an AccessNI enhanced disclosure had been undertaken for medical practitioners.</p>	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.5 Stated: First time	<p>The registered manager should ensure that the registered person monitors the quality of services and undertakes a visit to the premises every six and produces a report of their findings.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered person had undertaken a visit to the premises and produced a report of their findings. The hospice manager confirmed that a further visit is due to be scheduled.</p>	Met

5.3 Standard 4 – Dignity, Respect and Rights

Is Care Safe?

Discussion with patients, their relatives and staff regarding the consultation and treatment process confirmed that patient's modesty and dignity is respected at all times. In-patients are generally accommodated in single rooms with en-suite facilities. There is one double room with shared en-suite facilities within the hospice. Patients are provided with modesty screens and curtains as appropriate.

Patient care records were observed to be stored securely within the nurse's office.

Is Care Effective?

It was confirmed through the above discussion and observation that patients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Patients meet with members of the multi-disciplinary team who are providing their care and are fully involved in decisions regarding their treatment. Patients' wishes are respected and acknowledged by the establishment.

Is Care Compassionate?

Discussion with two patients, three patient representatives, staff and review of two patient care records confirmed that patients are treated and cared for in accordance with legislative requirements for equality and rights.

Staff were observed treating patients and/or their representatives with compassion, dignity and respect. Discussion with patients and their representatives confirmed this. Comments received included:

- "My dignity and privacy is maintained"
- "the staff are amazing and come immediately, its seems like they are just outside the door"
- "Staff can't do enough for us"
- "The difference in the care received here against the hospital is staggering"
- "It's like a 5 star hotel"

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 5 – Patient and Client Partnership

Is Care Safe?

All patients and/or their representatives are asked for their comments in relation to the quality of treatment provided, information and care received. The patient satisfaction questionnaire can be completed using an electronic tablet or in hard copy. The electronic tablet is offered to patients by staff and volunteers and allows them to comment on that day. The hospice manager informed the inspectors that they also plan to make one available in the reception area for families to complete. This provides real time feedback which is monitored and responded to by the ward manager immediately.

The information from the patient comments is collected in an anonymised format, summarised and used by the establishment to make improvements to services.

Is Care Effective?

Marie Curie Hospice obtains the views of patients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

Review of the patient experience reports from June 2015 – September 2015 found that patients and/or their representatives were generally highly satisfied with the quality of treatment, information and care received.

Comments from patients and/or their representatives included:

- “Excellent level of care and support given which has made this difficult period much easier to deal with. The hospice fully recognises how important support to family is as well as what is best for patient care”
- “Everybody is so caring and helpful. You want for nothing and it’s such a pleasant place to get better”
- “All the staff for our loved one treated her with respect and dignity and were the same with the family”
- “Patients and relatives were treated exceptionally”

Patients and/or their representatives also commented on the care provided in letters and cards of appreciation. Some of the comments included:

- “I am so grateful for the special care received here, you are all amazing, kind and caring people”
- “Words cannot describe how kind, caring and thoughtful you have all been during our difficult time. We wouldn’t have got through it without your help.”
- “You made us feel so welcome while caring for xxx in such a dignified manner”
- The care xxx received was above and beyond what we had expected. Staff treated xxx with such dignity and respect”

The information received from the patient feedback questionnaires is collated into monthly summary reports which are made available to patients and other interested parties to read on notice boards throughout the hospice.

Discussion with the hospice manager confirmed that comments received from patients and/or their representatives are reviewed by senior management. An action plan is developed and implemented to address any issues identified and is displayed as “You Said”, “We Did” on the notice boards for patients and/or their representatives to read. The action plan was reviewed as part of the inspection process.

Is Care Compassionate?

Discussion with patients, their representatives and staff confirmed that patients have the opportunity to comment on the quality of care and treatment provided, including their interactions with staff who work within the establishment.

Review of patient care records and discussion with patients and staff confirmed that treatment and care are planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number Recommendations:	0
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5.5 Standard 7 - Complaints

Is Care Safe?

Review of complaint records and found that complaints are investigated and responded to within 28 working days (in line with regulations) or if this is not possible, complainants are kept informed of any delays and the reason for this.

Discussion with the hospice manager confirmed that information from complaints is used to improve the quality of services.

Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the hospice for completion. Review of the complaints records, discussion with staff and the evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

The hospice manager demonstrated a good understanding of complaints management. Discussion with staff evidenced that they know how to receive and deal with complaints.

Review of the complaints register and complaints records evidenced that all complaints were well documented, fully investigated and had outcomes recorded in line with the complaints procedure and legislation. Complaints records were observed to be stored securely in line with data protection legislation.

A complaints audit is undertaken. The audit information is used to identify trends and enhance services provided as part of the establishment's quality assurance arrangements.

The complaints procedure is contained within the patient guide and as a separate leaflet; copies of which are available for patients and/or their representatives to read.

Is Care Compassionate?

A copy of the complaints procedure is provided to patients and to any person acting on their behalf. The procedure is available in a range of formats suited to the patient's age and level of understanding if required. The hospice manager confirmed that information can be provided in an alternative language or format if required and outlined the arrangements for the provision of an interpreter service.

The complainant will be notified of the outcome and action taken by the clinic to address any concerns raised.

Discussion with staff demonstrated that the core values of privacy, dignity, respect and patient choice are understood. Complaints were found to be handled in a sensitive manner.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number Recommendations:	0
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5.6 Standard 37 – Arrangements for the Provision of Specialist Palliative Care

Is Care Safe?

The care records of two patients were reviewed and found to be well documented. Patients are holistically assessed using validated assessment tools and individual care plans are developed in conjunction with the patient and/or their representatives. There was evidence of ongoing review and a daily statement of the patients' health and well-being was recorded.

Multidisciplinary meetings are held weekly to discuss the patient's progress and multidisciplinary records are retained within the patient's care records.

Is Care Effective?

There are well established regional referral procedures in place. Patients and/or their representatives are given information in relation to the hospice which is available in different formats if necessary. Referrals can be received from the palliative care team, hospital consultant, nurse specialist or general practitioners. Multidisciplinary assessments are provided with the referral information.

Patients and/or their representatives can visit the hospice prior to admission to review the services and facilities available.

A member of the multidisciplinary team is identified as the principle contact for each patient and/or their representative. The multidisciplinary team, with the patient's consent, provides information and support to the patient's representatives.

Discussion took place with two patients and three patient representatives regarding the quality of care, environment, staff and management. They all felt that they were kept informed regarding their care and could discuss any concerns they had with the staff. Comments received included:

"A weight has lifted since my admission"

"Very good"

"Food is beautiful"

"Staff come and clean my room twice a day"

"The staff are great and the volunteers"

" I had a foot massage with the lights dimmed and music playing, heaven"

Is Care Compassionate?

On admission patients and/or their representatives are provided with information regarding the various assessments that may be undertaken by members of the multi-professional team. This includes medical, nursing, physiotherapy, occupational therapy, complimentary therapy and spiritual assessments.

The hospice manager discussed an ongoing pilot scheme in another Marie Curie Hospice which is reviewing how patients and/or their representatives can evidence that their care plan has been discussed and agreed with them. This is due to be rolled out across all the hospices in the UK along with the implementation of electronic care records.

Systems are in place to provide patients and/or their representatives with relevant information regarding the services available within the hospice and frequent updates.

Information is available on how to access support services for patients and their representatives.

Staff were observed to treat patients and/or their representatives with dignity and respect.

Areas for Improvement

No areas for improvement were identified during the inspection.

5.7 Standard 40 – Specialist Palliative Care Team

Is Care Safe?

There is a multi-professional team which includes medical practitioners, nursing staff and social workers with specialist palliative care expertise. Review of the duty rota confirmed that there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection.

Is Care Effective?

The provision of specialist palliative care was found to be in line with best practice guidelines. A range of policies and procedures are in place to promote safe practice by the multi-professional team.

Is Care Compassionate?

Discussion with staff confirmed that multi-professional meetings take place weekly to review each individual patient's care. Arrangements are in place for ethical decision making and patient advocacy where this is indicated or required.

Staff confirmed that the needs and wishes of patients and/or their representatives are taken into account in the decision making process of the multi-professional team.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number Recommendations:	0
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5.8 Additional Areas Examined

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Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

Discussion with the hospice manager and review of incident management found that incidents were well documented, fully investigated and had outcomes recorded.

Audits of incidents are undertaken and learning outcomes are identified and disseminated throughout the organisation.

RQIA Registration and Insurance Arrangements

Discussion with the hospice manager regarding the insurance arrangements and observation of the insurance documentation within the establishment confirmed that current insurance policies were in place. The RQIA certificate of registration was clearly displayed in the reception area of the premises.

Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements:	0	Number Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Marian McKern</i>	Date Completed	25/11/15
Registered Person	<i>[Signature]</i>	Date Approved	25-11-15
RQIA Inspector Assessing Response	<i>Jo Braune</i>	Date Approved	02/12/15

Please provide any additional comments or observations you may wish to make below:

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.