



CHKS Assurance and Accreditation

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Confidential Report for: The Galway Hospice Foundation

Surveyed: Monday 29th April to Wednesday 1st May 2019

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SECTION 1:

Introduction

The Galway Hospice Foundation was established in 1986 and provides hospice services and support to the population of Galway and the Islands, with home care and in-patient services for Mayo, Galway, Roscommon and the Islands.

Galway Hospice is governed by a Board of voluntary non-executive directors with two key committees – Governance and Audit and Quality and Patient Safety in place to support integrated governance.

There are approximately 130 WTE staff and a similar number of volunteers who are trained to provide a high standard of care within the three key service areas - in-patients, day care and home care. Funding for the services provided is obtained principally from charitable donations with full funding from the Health Service Executive for the in-patient beds.

The 18 in-patient beds are running at 95% capacity; a new hospice is shortly to open in Castlebar, Co. Mayo which will hopefully assist patients especially as the proposed new local build at the Merlin Park site across the road is no longer an option due to planning objections.

Day care is provided over three days. The Fatigue and Breathlessness (FAB) Clinic is running well and in great demand as are the day care services however the present financial limitations continue to restrict the possibility of extending the service at this time.

Similarly the demands on the home care teams continue to increase and there are now 14 clinical nurse specialists providing services across the county and out to the Islands.

Three new key posts are now filled to support the expanding services and demands – Director of Human Resources, Director of Fundraising and Communications and Assistant Director of Nursing.

The Foundation remains a consultant-led, patient-focused, staff-supported service which provides quality care to, and support for patients and their family or carer.

The Galway Hospice Foundation was surveyed over three days between 29th April through to the 1st May 2019 by the following survey team.

- Andrew Knight - currently Senior Staff Nurse at St. Catherine's Hospice, Crawley and recently retired Director of Patient Care, Quality and Evaluation.
- Aine Donovan – Head of Quality, Safety and Risk, Centric Health
- John Wilson – Independent Health Consultant; retired Chief Executive of NHS Fife
- Geraldine Reynolds – CHKS Client Manager and survey lead

The following report is based on the survey of the organisation in relation to specific standards and criteria within the CHKS General, Specialist and Support Standards 2018, and working now to achieve CHKS accreditation and ISO 9001:2015 certification.

Prior to the survey, the Galway Hospice Foundation management and staff completed the self-assessment on the Accreditation Online system. This information, together with any uploaded documentary evidence, was used as the basis for the interviews and observation of working practices carried out by the CHKS survey team, and this report reflects the findings of the survey team at that time. The report comprises an executive summary, which outlines the organisational themes that were covered in the feedback session at the end of the survey, commendations for good practice, suggested actions for quality improvement, which may fall outside the scope of the CHKS standards, and detailed findings for each standard, referenced to the specific criteria for which surveyors found partial or non-compliance.

The report against the standards is presented in an action plan format, which is intended to provide an agenda for ongoing development within the organisation.

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SECTION 2: Report Findings

Executive summary

Organisational leadership and management

The Chief Executive Officer and the Board can be reassured that they have a competent and well trained team from management, client facing staff to the volunteers.

The Board were seen to be involved and interested, bringing beneficial expertise to the Galway Hospice Foundation. Roles and responsibilities are clearly allocated and documented to ensure clear lines of responsibility and accountability for the business.

Being a small organisation it is noted that individuals hold a number of responsibilities and it is positive to see the robust evaluation and review being undertaken to ensure succession planning and as an active agenda item. The decision to engage a director for Human Resources (HR) was a well-advised. This position-holder has streamlined all HR processes, identified bespoke key performance indicators and thereby, created efficiencies across the hospice areas of operation. The team comment positively on the staff mandatory and training passport, a new idea, which gives ownership to the individual team members.

All of the clinical and supporting services provided, for example the aromatherapy and art therapy, are in demand. Indeed there would be additional benefits for patients if there were more examples such as music therapy and other such services available. There would be huge benefit to patients, their families and carers if all services and supports could be increased however the finances available are limited. The Health Service Executive may in the future consider the longer term benefits and efficiencies created by increasing the scope of these complementary services and identify ways to generate or protect funding to enable this investment.

Risk and safety

The organisation is risk aware and this is demonstrated from the top down as seen in the board minutes through to the proactive risk management observed on the ground. The risk management and health and safety systems are embedded and the staff demonstrate a proactive approach to risk.

There is perhaps an opportunity now to streamline the process through a greater use of the hospice specific risk management system which would reduce duplication and make risk management a more efficient process.

The risk management process extends from the systematic application of management policies, procedures and practices to the activities of communicating, consulting, establishing the context, and identifying, analysing, evaluating, treating, monitoring and reviewing risk. The current software system is well populated but under-utilised. Risk management and quality improvement are integrated processes. They provide a framework for considering everything an organisation does, how it is done, and to identify ways to make it even better – before problems are identified.

Implementing the systems and processes that assist an organisation to become a safe and accountable healthcare environment for consumers / patients, staff and healthcare providers requires ongoing attention. A range of tools that can be used for quality improvement also apply to analysing risk issues. These risk assessment tools available on the software system should populate specific healthcare, financial, security, safety, human resource, etc. risk assessments and allow for the process of continual assessment and therefore improvement.

There is an evident culture of continuous improvement, open, clear communication channels and it is important that the good hard work is documented. There is a document control system with a supporting policy and it is suggested that the system is reviewed and updated to create more efficiencies in documentation change control.

Infection prevention and control represents limited risk to the organisation due to the type of services provided. The associated policies are seen to be adhered to and competent advice is accessed as necessary. The entire premises and grounds are immaculate.

There is a comprehensive medicines management policy and staff are trained and competent in medicines management. The work done by the pharmacy is noted and they have achieved a lot despite the limitations of space to ensure safe storage and practices.

Security is well managed; there are large, open grounds and there is a good rapport at each with local Gardaí and other such support services.

Patient centred care

From the moment we arrived we were treated with a warm, welcoming and professional manner, which we have observed is how all patients, their families, carers and visitors alike are treated and attended to at the Galway Hospice Foundation.

The survey team found that treatment and care is provided by truly genuine and considerate individuals; each trained, experienced and qualified staff as well as the volunteers who are each trained for their specific roles. Patients are treated with dignity and respect in an environment which is safe and secure for both patients, staff and volunteers with risks both clinical and non-clinical monitored and managed effectively to ensure minimal levels of risk.

The team have observed over the three days here that there is a special empathy and calmness across the facility which is phenomenal, mindful of the many stresses faced by the nature of the hospice services provided. Indeed, the whole environ is that of a 'home from home'.

The forest feelings area and general art work on display greatly helps to contribute to the overall feeling of wellbeing.

Clinical records have been reviewed and overall they are in line with both national and Galway Hospice Foundation policy. The team note that the truly contemporaneous clinical notes process used in day care might be of benefit to home care and in-patient charts. This would ensure that the clinical notation relating to the delivery of care for each individual is accurate, concurrent with no gaps so better facilitating MDT working. The plans to commence a pilot for EPR has been mentioned and this would certainly benefit the organisation.

The facilities and site services

Galway Hospice Foundation comprises of the one facility in Renmore. The recent upgrades are excellent; the facilities and grounds are spacious, comfortable, homely and bright with well-maintained gardens. This first impression is of an environment which is conducive to the provision of quality and safe care for very vulnerable patients and their families and friends.

The housekeeping and general maintenance is exceptional. The buildings and grounds are clean and tidy and very well maintained. Contracts management is now in the hands of the recently appointed facilities manager.

The catering services are an essential element of the holistic care provided at Galway Hospice Foundation. Good quality nutritious meals play a vital part in patients' care and it is commendable that the catering team also provide for families and visitors in times of grief and loss. There is minimal waste volumes produced. Cost control is managed without compromise to quality with the utilisation of primarily local suppliers. The recent upgrade afforded through the generous donation from a family has brightened the area and created a calm and wonderful space for everyone to use. The dining area is particularly amazing.

Space is tight now with capacity at almost 100% in both the in-patient and day care areas. Likewise office and storage space is at a premium. There is good evidence to demonstrate that privacy, storage and space in general is now a challenge and the hospice requires new or additional premises as the number of patients and service users continues to increase. The board, management and staff are praised for their prudent and creative use of space that is available.

Support services and service governance

There are clear admission protocols to each of the three services available which are employed daily as demand outstrips availability. Without doubt the hospice is a victim of its own success and a beacon to other health care services in demonstrating 'how it should be done'. The services provide holistic support to the patients and their families.

The support provided to and for carers is commendable. Staff and volunteers alike go above and beyond to encourage and assist carers through what must be as hard and challenging a journey for them as it is for their loved one.

The survey team hope that the Board and management teams are successful in the identification of a site for either a new build or additional facilities in the near future as it is obvious from the throughput, occupancy rates, waiting list numbers and ability to provide private, confidential spaces for patients and families that the present facility can no longer cope – albeit they are doing so currently, and that is to be commended. In the interim there also remains the financial restrictions which impede the availability of extra days in day care, increased hours for home care services due to the demand for the provision of extra staffing, additional assets and equipment. That all noted everyone at the hospice works and communicates to endeavour to get as much as they can from the limited resources available.

The team also noted the camaraderie between staff and volunteers, the various staff groups, service areas and so forth. In many organisations there are clear divides between the many professional, allied healthcare professionals and support services – this is not the case at the Galway Hospice Foundation. We have observed remarkable levels of patience and perseverance in staff who are observant to everyone's needs and a demonstrate a real 'can do' attitude. Colleague support and recognition of potential support was evident among our discussion groups.

Survey timetable:

Day 1	Time	Andrew Knight	Time	Aine Donovan	Time	John Wilson	Time	CM Lead
SCOPE: CHKS General, Speciality and Support Standards V1 2018 and ISO 9001:2015.								
SERVICES: Galway Hospice Foundation at the Old Dublin Road site - In-patient, Day Care and Home Care services								
	0915-0930	Arrive and settle						
	0930-1015	Introductions and opening meeting						
	1015-1100	Tour of premises						
	1100-1230	Review of evidence in team room						
	1230-1300	Working lunch in team room						
	1300-1410	Standard 1: Leadership and service management (64)	1300-1330	Standard 6: Risk management (24)	1300-1445	Standard 4: Human resources (88)	1300-1400	Surveyor assessment
	1415-1500	Standard 3: Financial management (30)	1335-1355	Standard 7: Health and safety (20)	1450-1600	Standard 5: Education, training and development of staff (61)	1405-1500	Surveyor assessment
	1505-1540	Standard 8: Fire safety (30)	1400-1500	Standard 2: Quality and Governance (50)			1500-1600	Surveyor assessment
	1545-1605	Standard 18: Information for patients (15)	1505-1615	Standard 10: Clinical risk management and patient safety (63)	1600-1615	AO inputting	1600-1700	Evidence review
	1615-1700	AO inputting						
Day 2	Time	Andrew Knight	Time	Aine Donovan	Time	John Wilson	Time	CM Lead
	0915-0930	Arrive and settle						
	0930-0950	Standard 15: Information technology and governance (40)	0930-1130	Standard 12: Management of medicines and pharmacy service (100)	0930-0950	Standard 9: Waste management (19)	0930-1000	Standard 19: Clinical records (22)
	0955-1035	Standard 17: Patient rights and needs (33)			0955-1020	Standard 13: Management of medical equipment (20)	1000-1030	AO inputting and evidence review
	1040-1110	Standard 11: Resuscitation (27)			1025-1125	Standard 14: Infection prevention and control (50)	1030-1130	Standard 28: Blood transfusion service (50)
	1110-1130	AO inputting			Break			
	1130-1145	Break						
	1145-1330		1145-1210	Standard 21: Security (18)	1145-1215	Standard 23 Housekeeping (28)	1145-1330	

		Standard 16: Patient pathway (97)	1215-1235	Standard 24: Reception and administrative services (15)	1220-1310	Standard 20: Access, environments and facilities management (38)		AO inputting and evidence review
			1240-1255	Standard 60: Supporting carers (13)				
			1300-1330	Standard 62: Transport service (21)	1310-1330	AO inputting		
	1330-1415	Lunch						
	1415-1515	AO inputting					1415-1515	Standard 32: Children and young people's hospice service (52)
	1515-1620	Standard 40: End of life care (61)	1515-1615	Standard 22: Catering services (48)	1515-1615	Standard 51: Community palliative care (41)	1515-1615	AO inputting and evidence review
	1615-1700	Standard 35: Day Care - Interventional (25)	1615-1700 AO inputting					
Day 3	Time	Andrew Knight	Time	Aine Donovan	Time	John Wilson	Time	CM Lead
	0915-0930	Arrive and settle						
	0930-1015	AO Inputting	0930-1015	Standard 37: Dementia care (29)	0930-1015	Standard 52: Complementary therapy service	0930-1015	AO inputting and evidence review
	1015-1045	Working break - AO inputting, prep for Std 25 interviews						
	1045-1230	Standard 25: Service Governance Day Care Staff Members (64)	1045-1230	Standard 25: Service Governance Inpatient Unit Staff Members (64)	1045-1230	Standard 25: Service Governance Home Care Staff Members (64)	1045-1230	With surveyors in service areas
	1230-1330	AO inputting and final checks						
	1330-1400	Working lunch						
	1400-1500	AO review and feedback prep						
	1500-1520	Feedback						
	1520-1530	Farewells and depart						

Based on the evidence of the survey, the findings of the CHKS team demonstrate that the following standards were met at the time of survey.

Within survey area Survey 2019:

Standard 1: Leadership and service management
Standard 2: Quality and governance
Standard 3: Financial management
Standard 4: Human resources
Standard 8: Fire safety
Standard 9: Waste management
Standard 10: Clinical risk management and patient safety
Standard 11: Resuscitation
Standard 12: Management of medicines and pharmacy service
Standard 13: Management of medical equipment
Standard 14: Infection prevention and control
Standard 15: Information technology and governance
Standard 17: Patient rights and needs
Standard 19: Clinical records
Standard 21: Security
Standard 22: Catering services
Standard 23 Housekeeping
Standard 24: Reception and administrative services
Standard 28: Blood transfusion service
Standard 32: Children and young people's hospice service
Standard 35: Day Care - Interventional
Standard 37: Dementia care
Standard 40: End of life care
Standard 51: Community palliative care
Standard 52: Complementary therapy service
Standard 60: Supporting carers
Standard 62: Transport service
Within survey area Std 25 Service Governance - IPU:
Standard 25: Service governance

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Commendations

The organisation is to be commended for:

- The bespoke and comprehensive system of key performance indicators that have been developed covering all the important HR standards providing the basis for regular reports to the Board. (Criterion: 4.49)
- The 'Training Passport' for staff which provides a comprehensive record of training as well as giving staff ownership of ensuring that their training is up to date. (Criterion: 5.31)
- The discrete signs placed on the doors to the patient's bedroom which maintains patient privacy and dignity while at the same time ensuring staff take appropriate precautions in the clinical areas where there is potential for infected material which requires collection to be flagged and dealt with. (Criterion: 9.7)
- The Keeping in Touch card created to better and simply inform patients and families in all matters pertaining to GDPR. (Criterion:15.6)
- The grounds which are attractive and well maintained, mainly by the efforts of volunteers. The requirement for car parking on site has been achieved without detracting from the provision of a pleasant outdoor environment for patients. There are a number of areas where patients have direct access outside including areas where they can be taken out in their beds. This greatly improves the patient experience. (Criterion: 20.16)
- The innovative and excellent FAB programme. (Criterion: 35.15)
- The programme of study days provided for staff working in care homes which supports these staff in becoming more confident in the treatment and care of residents requiring palliation. This also reduces disruption to the residents by minimising the need to transfer from the care home facility. Given that 20% of the hospice patients reside in care homes this is not insignificant and demonstrates a real commitment to delivering person centred care. (Criterion: 51.1)
- The programme of active engagement with family members which continues after the patient's death, and the on-going provision for bereavement support and remembrance events. (Criterion: 51.3)

Actions for Quality Improvement

	ACTION To be completed by the service	Timescale	Responsibility
Issues on which the organisation may choose to take action. It is suggested that:			
<ul style="list-style-type: none"> It is important to ensure that all documents are fully completed with signatures in place and no blank spaces. (Criterion: 1.38) 	•		
<ul style="list-style-type: none"> As noted for 1.38 that individuals completing forms ensure all the relevant information is completed, no blank spaces are left and documents are signed and dated by the individual. (Criterion: 4.26) 	•		
<ul style="list-style-type: none"> A formal documented note is maintained for food eaten by in-patients at each meal time. Whilst it is noted that the health care assistant monitors the amount of food eaten this is not documented for each meal and therefore any trend may be overlooked. (Criterion 16.64) 	•		
<ul style="list-style-type: none"> The new integrated clinical record in day care is adapted for use in the in-patient and home care services. (Criterion: 19.4) 	•		
<ul style="list-style-type: none"> The Ordering, Transport and Receipt of Medication policy (PP-CS-074) referred to at interview in relation to the transport of blood and blood products, when required, would be updated to specifically note 'blood products' as these are a wholly different entity to medicines and medicinal products. (Criterion: 28.44) 	•		

SECTION 3: Report area

Survey 2019

	Standard 5: Education, training and development of staff			Findings	Compliance
5.8	There is a programme of clinical supervision in place to ensure that all clinical staff working in the service have supervision, which is given at defined intervals and is monitored.	A	ISO CQC	The current arrangements need to be developed to ensure all clinical staff are included and that records verify this.	Partial compliance
5.34	All staff who handle food receive initial and update training in food handling, food hygiene practices, including hand washing procedures and links to infection control measures.	A	ISO	This is presently an ongoing process. The new head chef has recently completed a HACCP trainer's course and is in the process of delivering HACCP training to all food-handling staff and volunteers to cover all staff.	Partial compliance
	Standard 6: Risk management			Findings	Compliance
6.22	The organisation tests the major incident plan at least every three years to ensure the efficacy of the plan.	A	ISO	It is noted that the plan was revised in Q1 2019 by senior management however there was no evidence of actual testing of the plan seen.	Partial compliance
	Standard 7: Health and safety			Findings	Compliance
7.11	Health and safety risk assessments are undertaken across the organisation in accordance with the overall health and safety plan.	A	ISO CQC HIQA	Some examples of risk assessments seen however there are not risk assessments available against all of the risks noted in the safety statement presented.	Partial compliance
7.12	Health and safety risk assessment findings are collated and used to plan organisation-wide prioritisation and implementation of control measures.	A	ISO CQC HIQA	As noted for 7.11	Partial compliance
7.16	There is a procedure on the ergonomic assessment of workstations.	A	ISO	There is a procedure for ergonomic assessments presented but will not solely satisfy legislation which requires a one to one ergonomic assessment per person; even if a person moves to a new office/location within the same building.	Partial compliance
	Standard 16: Patient pathway			Findings	Compliance
16.74	Up-to-date, evidenced based information about pain management is readily available for patients, service users, relatives and carers.	A	CQC	This is provided however there are no formal leaflets or written information available. It is expected that the information on managing pain is provided in advance	Partial compliance

				in a suitable format and plain language in advance of any care or treatment where there is anticipated pain.	
16.76	There is a current procedure on advanced care planning (ACP).	A	CQC	There is no concern in relation to advanced care planning however at the time of survey there was no formal documented procedure in place but care planning is seen to be in the process of discussion and reflection about goals, values and preferences for future treatment in the context of an anticipated deterioration in the patient's conditions with loss of capacity to make decisions and communicate these to others.	Partial compliance
Standard 18: Information for patients				Findings	Compliance
18.5	Any inspection reports about the organisation are available to patients and their families/carers.	A	ISO CQC	Were a patient or carer to ask/ request, inspection reports would be available and there is currently work in hand to investigate the option of making the inspection reports available to view on the organisation's website.	Partial compliance
Standard 20: Access, environments and facilities management				Findings	Compliance
20.10	The organisation has a current energy policy which reflect the targets and goals of the environmental management plan.	A	ISO	The current policy PP-EF-019 provides a good foundation but would benefit from the inclusion of some specific quantifiable targets for example a percentage reduction in water or energy consumption, or staff travel over a defined period.	Partial compliance

Std 25 Service Governance - Day care

	Standard 25: Service governance			Findings	Compliance
25.11	Competency based assessments are in place to ensure staff are fully trained and competent in all areas of care and have the necessary skills to provide a safe service. Records of assessments are kept.	A	CQC HIQA	Use of competency based assessments is in early stages in the organisation and the day care staff note they have not yet received such assessments.	Non compliance
25.47	To facilitate orientation, key areas are clearly marked/identified using large pictures/graphics and clear fonts and colours.	A	ISO CQC	This is a work in progress.	Partial compliance

Std 25 Service Governance - Home care

	Standard 25: Service governance			Findings	Compliance
25.11	Competency based assessments are in place to ensure staff are fully trained and competent in all areas of care and have the necessary skills to provide a safe service. Records of assessments are kept.	A	CQC HIQA	This is work in progress.	Partial compliance

---- REPORT ENDS ----