



CHKS Assurance and Accreditation

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Confidential Report for: **Galway Hospice Foundation**

Surveyed: Monday 16th May to Thursday 19th May 2022

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SECTION 1:

Introduction

The Galway Hospice Foundation was established in 1986 and provides palliative care services for Galway, Mayo and the Islands. 18 inpatient beds are provided on the Galway site, supported by a Home Care service.

A brand-new hospice opened in Mayo in 2021 and became part of the Galway Hospice Foundation. There are 14 inpatient beds provided on the Mayo site and the local community palliative care nursing service is planned to join the Foundation later in 2022.

Both sites are supported by Physiotherapy, Occupational Therapy, Aromatherapy, Art Therapy, Chiropody, Medical Social Work, Pastoral Care, Dog Therapy, Hairdressing, and a Bereavement and Remembrance Service.

Galway Hospice Foundation 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 120 WTE staff at Galway Hospice, and 112 volunteers. The new hospice at Mayo has approximately 57 WTE and currently 50 volunteers, although the number continues to grow as services gradually expand. Funding for the services provided is obtained from charitable donations with full funding from the Health Service Executive for the in-patient beds.

Day care is provided over two days a week at both Galway and Mayo. The Day Care services were suspended during the pandemic and reopened in March 2022.

The Foundation remains a consultant-led, patient-focused, staff-supported service which provides quality care to people in the local area.

There are plans to build a new replacement hospice in Galway and a suitable site is currently being sought.

The Galway Hospice Foundation was surveyed over four days from 16th to 19th May 2022 by the following survey team.

- **Andrew Knight, Independent Consultant and CHKS Surveyor.** Andrew is a Specialist Advisor to the CQC End of Life Care, Schwartz Round Mentor to seven hospices and NHS Trusts and is a bereavement counsellor at his local hospice and undertakes clinical supervision for nurses there. Formerly, Director of Nursing at St Christopher's Hospice in London, Director of In-Patient Care, Quality and Evaluation at Princess Alice Hospice and Senior Staff Nurse at St Catherine's Hospice in Crawley.

- **Judith Knight, Independent Consultant and CHKS Surveyor.** Judith was a senior nurse manager with extensive experience in health care management, nursing and midwifery, education and teaching and service improvement through quality initiatives. She has lectured at Coventry University in management and leadership, change management in public services and health promotion, quality and health care management. She is also a trustee for three charities.
- **Liz McLean, Independent Consultant and CHKS Surveyor.** Liz has over 30 years' experience in the NHS where she originally practised as a diagnostic radiographer and subsequently as a manager and then Acute Trust Executive Director of Operations. For the last fifteen years she worked as an independent health consultant focussing mainly on NHS contracting, strategy and service redesign and COVID-19 recovery planning.
- **Jackie Rayner – Standards Development Manager/Quality Lead Auditor, CHKS**

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 2021, 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.

SECTION 2: Report Findings

Executive summary

Organisational leadership and management

There is strong leadership from the Chief Executive Officer, supported by the Board and Executive Team and a team of committed and enthusiastic staff. The Executive Team is supported by two committees: Integrated Safety and Quality and Medication Safety.

The organisation has recently reviewed its Mission, Vision and Values, which was an organisation wide event with full staff engagement.

Recent engagement with an external facilitator to help drive the strategic direction of the organisation has proved very useful and a new five-year strategy is being implemented. The external facilitator is to continue to provide development to drive staff engagement, to support implementation of the new strategy.

Defined structures are in place from Board level down through the organisation, with clear reporting mechanisms, and defined responsibilities and accountabilities. Individual roles are defined in job descriptions across all areas of the organisation.

With the addition of the Mayo site, which came on board in 2021, communication and cross fertilisation of skills is key to this success and the organisation has embraced this challenge and this is working well.

There are good communication channels through the organisational structure up to Board level. The organisation could look to improve the way information is shared from the Board level, down through the organisation.

The organisation is keen to engage with all stakeholders and has a positive outward looking approach to developing and improving services, through knowledge and education. Relationships with local organisations in Mayo are developing as the hospice settles into its new location and these continue to embed.

A number of policies and procedures were identified as being past their review date and it is recommended that a system be implemented to ensure all policies and procedures are reviewed within a three-year timeframe or in accordance with local protocols.

It is recognised that the IT and technology agenda will be an important part of the organisation going forward. This may require review and additional investment to ensure its management and structure reflect the growing needs of the organisation.

Safety and risk and management

The organisation has embedded a culture of continuous learning, patient centred, safe care.

There is an obvious senior management commitment to the risk, clinical governance and health and safety agendas which is supported by sound operational policies and procedures. Clinical and non-clinical areas work together for the joint benefit of the organisation.

The leadership exhibited by the senior leadership team has resulted in the development of the clinical governance plan. This has transferred to staff at all levels demonstrating that this is embedded in the hospices.

There is an evident commitment to safety, and risk assessment and risk management across the organisation. The emphasis that the organisation places on incident reporting is particularly impressive, with staff going above and beyond just reporting incidents that occur to reporting anything that could potentially provide a learning opportunity. Q pulse is used to report incidents and there is evidence of active reporting in all areas of the organisation with action plans and learning outcomes implemented and shared where required. There is an open culture of trust that ensures transparency and confidence in reporting issues.

There is evidence of audit activity across services.

There is an evident partnership between clinical and non-clinical services, with patient centred care at the heart of the process, and evidence of robust infection prevention and control measures in place.

There is a safe and sensitive approach to the management of medicines and close working with the pharmacy team and care giving staff.

The organisation has embraced the internationally recognised Palliative Care Outcomes Collaboration (Australia) programme which came into effect in 2021. It is already being embedded into clinical practices and will be very useful in identifying risks and areas for service development and improvement.

Security is well managed and there are good relations with the local Gardaí and other services in the vicinity to ensure patient, carer and staff safety is not compromised.

Staff experience and training

There is an integrated team of well qualified, committed and enthusiastic staff. The commitment from senior leadership to support the educational development of staff is evident and training and educational development is seen as a key part of the future organisational strategy. There is an

outward looking approach to engaging with other organisations on how to inform and provide education on end-of-life care, embracing the whole community in support to address the needs of the local population.

There is clear appreciation that as the service develops and evolves, staff across all disciplines are required to obtain higher grade qualifications and this is supported with a budgetary commitment from the board and executive team.

With the new hospice coming on board in 2021, all new staff have a period of their induction spent at Galway Hospice and there is evidence of cross-fertilisation of skills. The appointment of the Director of HR has helped to achieve cohesion between staff on both sites, with policy review now being undertaken jointly between the two sites. Some staff work across both sites on a weekly basis, and members of the executive team are at the Mayo site on a daily basis.

There is a comprehensive system of appraisal and performance review with opportunities for staff to discuss their training needs and own personal development goals and opportunities. Staff are supported to achieve their personal development objectives. External clinical supervision and managerial supervision is noted and the survey team support plans to expand this service.

Plans to move the volunteer management system online are commended as well as the programme of volunteer training across the two sites.

The employee assist programme recently introduced is also noted and will be appreciated by staff. The organisation supports the wellbeing of their staff.

Meetings between the two sites are held via Teams, which may be further improved with enhancements to the sound and visual technology.

The organisation clearly understands the direct link between investment in their staff and good patient care and carer support.

Patient centred care

The whole ethos of the organisation is patient centred with all staff going above and beyond to ensure that the patient and the carer's needs and requirements are met wherever possible. This is evidenced across all services, from going to collect a specific chair from home, or addressing and planning dietary needs before admission.

All staff, across all services and across the two sites are evidently committed to doing the best for the patient, and carers and this is at the heart of how the Foundation functions. The service is fully integrated to ensure seamless transfer between services.

The new 6–8-week flexible Day Care programme which started in May is highly patient focused and tailored to individual needs, to allow for patient delays due to ongoing treatment.

The adoption of the national safety pause initiative in 2020 has been well received by staff. It has helped to improve communication and prioritised patient safety and experience whilst embedding quality improvement into daily practice.

The organisation is looking forward to the joining of the Community Palliative Care Team in Mayo, to support service delivery and fill the complement at the new Mayo site.

Patients are treated with dignity and respect by compassionate and caring staff.

The artwork, photographs and sculptures displayed throughout the two sites, helps greatly to create a feeling of calmness, tranquillity, reflection and wellbeing.

Plans to roll out the i-care electronic record system are noted. Regular record audits were evidenced, together with follow up and repeated sharing of learning outcomes at MDT meetings.

Environment, facilities and equipment

There is a welcoming and patient focused environment. Working areas for all levels of staff are maintained for the work undertaken and continue to be reviewed and adapted to make the most of changing situations.

The estates team is doing a great job to ensure that all maintenance and estates management issues are dealt with in the most cost-effective manner for the benefit of the organisation, staff and patients, with many opportunities for improvement being identified. This is in fact evident across the organisation and all staff.

The building at Mayo is very impressive, light and airy and while there have been teething issues in settling into a new build, all is in hand to work to make the most from the fabric and infrastructure.

There are plans for a replacement hospice in Galway. Whilst many aspects of the current design help with good staff communication between disciplines, with lots of cross over points around the building and spacious grounds, space and storage is a challenge. Despite this, the housekeeping and general maintenance is outstanding, and the estates team are rising to the challenge.

The food and nutritional support provided by the catering services are exceptional. No request is too much for the team. The service is highly responsive to the needs and wishes of patients, striving to ensure that individuality is maintained whenever possible, and requirements are assessed and planned for in advance.

The survey team were impressed with the knowledge of individual staff, across all areas of the organisation, with a commitment to delivery high quality patient care, and a drive for continuous quality improvement.

Survey timetable:

Day	TIME	Liz McLean	TIME	Judith Knight	TIME	Andrew Knight	TIME	Jackie Rayner				
Scope - CHKS General & Specialist Standards 2021 & ISO 9001:2015 QMS												
Day 1 Mon 16th May 2022 - GALWAY	0915 - 0930	Arrive & settle										
	0930 - 1030	Opening meeting										
	1030 - 1130	Tour of facility										
	1130 - 1200	Team working break to reflect and prepare										
	1200 - 1330	STANDARD 1: Leadership and service management (63)	1200 - 1315	STANDARD 10: Clinical risk management and patient safety (61)	1200 - 1315	STANDARD 5: Education, training and development of staff (52)	1200 - 1330	Surveyor assessments				
			1315 - 1330	AO inputting	1315 - 1330				AO inputting			
	1330 - 1430	WORKING LUNCH BREAK										
	1430 - 1500	STANDARD 3: Financial management (25)	1430 - 1500	STANDARD 6: Risk management (24)	1430 - 1615	STANDARD 4: Human resources (87)	1430 - 1615	Surveyor assessments, evidence review & team support				
									1510 - 1630	STANDARD 2: Quality and governance (57)	1505 - 1525	STANDARD 7: Health and safety (15)
											1530 - 1600	STANDARD 8: Fire safety (28)
											1605 - 1625	STANDARD 9: Waste management (15)
	1615 - 1715	AO inputting once completed interviews										
	1715 - 1730	Final check for tomorrow and depart										

Day 2 Tue 17th May 2022 - Castlebar	0815 - 0930	Travel Galway to Castlebar						
	0930 - 1100	Arrive, settle, meet team & site tour						
	1100 - 1130	STANDARD 36: Day care and ambulatory services (24)	1100 - 1135	STANDARD 50: Care of the deceased (27)	1100 - 1140	STANDARD 14: Infection prevention and control (29)	1100 - 1130	STANDARD 26: Service governance - non-clinical team reps (23)
	1135 - 1210	STANDARD 16: Patient pathway (32)	1145 - 1240	AO inputting	1150 - 1210	STANDARD 19: Information for patients (15)	1130 - 1250	AO inputting & team support
	1220 - 1250	STANDARD 26: Service governance - clinical team reps (23)			1220 - 1250	STANDARD 59: Supporting carers (13)		
	1250 - 1330	AO inputting and prepare for afternoon						
	1330 - 1430	WORKING LUNCH BREAK						
	1430 - 1545	STANDARD 39: End of life care (61)	1430 - 1530	STANDARD 21: Environment, equipment (non-medical), and facilities management (51)	1430 - 1450	STANDARD 11: Resuscitation (18)	1430 - 1500	STANDARD 52: Complementary therapy service (19)
					1500 - 1530	STANDARD 61: Transport and fleet services (22)		
	1530 - 1645	Return to Galway						

Day 3 Wed 18th May 2022 - GALWAY	0900 - 0915	Arrive & settle						
	0915 - 1030	STANDARD 17: Person centred care (61)	0915 - 1115	STANDARD 12: Management of medicines and pharmacy service (106)	0915 - 0955	STANDARD 13: Medical devices, medical equipment and decontamination (28)	0915 - 1000	Evidence review & team support
					1000 - 1040	STANDARD 15: Information technology and governance (34)	1000 - 1025	STANDARD 20: Clinical records (21)
	1030 - 1130	AO inputting			1040 - 1110	AO inputting	1025 - 1040	AO inputting
	1130 - 1200	STANDARD 26: Service governance - clinical team reps (23)	1115 - 1200	AO inputting	1110 - 1145	STANDARD 18: Patient rights and needs (33)	1040 - 1200	Evidence review & team support
	1145 - 1300	AO inputting once completed interviews						
	1300 - 1400	WORKING LUNCH BREAK						
	1400 - 1500	STANDARD 23: Catering services (45)	1400 - 1430	STANDARD 24: Housekeeping (22)	1400 - 1425	STANDARD 22: Security (17)	1400 - 1530	Evidence review & team support
			1440 - 1500	STANDARD 25: Reception and telecommunications (15)	1435 - 1530	STANDARD 51: Community palliative care (41)		
	1510 - 1630	STANDARD 39: End of life care (61)	1510 - 1540	STANDARD 36: Day care and ambulatory services (24)	1535 - 1630	STANDARD 29: Blood transfusion and haemovigilance service (44)	1530 - 1600	STANDARD 26: Service governance - non-clinical team reps (23)
	1600 - 1715	AO inputting once completed interviews						
	1715 - 1730	Review & reflect for tomorrow's interviews - depart 1730 to hotel						

Day 4 Thur 19th May 2022 - GALWAY	0915 - 0930	Arrive & settle						
	0930 - 0950	STANDARD 59: Supporting carers (13)	0930 - 1030	STANDARD 33: Children and young people's hospice service (46)	0930 - 1000	STANDARD 61: Transport and fleet services (22)	0930 -	AO inputting & team support
	0950 - 1025	AO inputting						
	1025 - 1200	AO inputting and feedback preparation						
	1200 - 12.20	Feedback						
	12.3	Farewells & depart to Galway Bus Station for 13.15 coach						

Attendees at opening meeting:

Mary Nash	CEO
Mairead Carr	Director of Nursing and Therapy Services
Dr. Ita Harnett	Clinical Director
Niamh McKeon	Quality and Safety Manager
Vanessa Butler	Senior Occupational Therapist and Quality Assurance Co-Ordinator (Galway)
Michelle Scarry	Quality Assurance Co-Ordinator (Mayo) and Infection Prevention and Control CNM (Galway and Mayo).
Donna Lynott	CNM2 Mayo IPU
Annmarie McNicholas	CNM2 Galway IPU
Dan Keane	Director of Education
Ann Dolan	Director of HR
Colette Dodd	Finance Manager
Caroline Cunningham	Accounts Assistant
Joe Burke	Maintenance Co-Ordinator - Mayo
Brian Nally	Maintenance and Facilities Manager
Fiona Wall	CNM1 Mayo
Brian Kenny	Head Chef
Kathy Hyland	Art Therapist
Geraldine Cooley	CNM3 Community
Aisling Kearney	Principal Medical Social Worker
Maria Alvarez	Physiotherapist Galway
Dave Cribbin	Pastoral Care Chaplin
Trudy Fallon	Administration
Joan Kelly	Secretary to DON
Amy Coy	Communications Co-Ordinator
Dr. Jennifer Brennock	Medical Consultant - Mayo
Mary Marsden	Assistant Director of Nursing
Miriam Morris	CNM Daycare - Mayo
Pauline McDonagh	Volunteer Co-Ordinator
Ruth Brennon	Communications Team
Trudy Fallon	Administration
Lisa Gillin	CNSp. Community
Karen McKee	Chief Pharmacist

Attendees at closing meeting:

Mary Nash	CEO
Mairead Carr	Director of Nursing and Therapy Services
Dr. Ita Harnett	Clinical Director
Niamh McKeon	Quality and Safety Manager
Vanessa Butler	Senior Occupational Therapist and Quality Assurance Co-Ordinator (Galway)
Michelle Scarry	Quality Assurance Co-Ordinator (Mayo) and Infection Prevention and Control CNM (Galway and Mayo).
Donna Lynott	CNM2 Mayo IPU
Annmarie McNicholas	CNM2 Galway IPU
Dan Keane	Director of Education
Ann Dolan	Director of HR
Colette Dodd	Finance Manager
Caroline Cunningham	Accounts Assistant
Joe Burke	Maintenance Co-Ordinator - Mayo
Brian Nally	Maintenance and Facilities Manager
Fiona Wall	CNM1 Mayo
Brian Kenny	Head Chef
Kathy Hyland	Art Therapist
Geraldine Cooley	CNM3 Community
Aisling Kearney	Principle social worker
Maria Alvarez	Physiotherapist Galway
Dave Cribbin	Pastoral Care Chaplin
Trudy Fallon	Administration
Joan Kelly	Secretary to DON
Amy Coy	Communications Co-Ordinator
Dr. Jennifer Brennock	Medical Doctor
Mary Marsden	Assistant Director of Nursing
Miriam Morris	CNM Daycare
Pauline McDonagh	Volunteer Co-Ordinator
Ruth Brennon	Communications Team
Trudy Fallon	Administration
Lisa Gillin	CNSp. Community

Karen McKee	Chief Pharmacist
Caroline Quinn	Principal Medical Social Worker
Peter Joyce	Pastoral Care Chaplin
Breda Cryan	CNS Community Team
Charlene Hurley	Director of Fundraising
Keith Finnegan	Chair of the Board
David Howley	Senior Chef - Mayo
Nicola Isherwood	Physiotherapist
Sarah Noone	CNSp. Community
Olivia Buckley	Pharmacist
Annmarie Butler	Administration Community

Standards Met

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

Within survey area Galway/Mayo Survey 2022:

Standard 1: Leadership and service management
Standard 4: Human resources
Standard 6: Risk management
Standard 8: Fire safety
Standard 9: Waste management
Standard 11: Resuscitation:
Standard 12: Management of medicines and pharmacy service
Standard 13: Medical devices, medical equipment and decontamination
Standard 14: Infection prevention and control
Standard 15: Information technology and governance
Standard 16: Patient pathway
Standard 19: Information for patients
Standard 20: Clinical records
Standard 21: Environment, equipment (non-medical), and facilities management
Standard 22: Security
Standard 23: Catering services

Standard 25: Reception and telecommunications services
Standard 39: End of life care
Standard 50: Care of the deceased
Standard 52: Complementary therapy service
Standard 61: Transport and fleet services

Within survey area Specialist Standards for Galway 2022:

Standard 26: Service governance
Standard 29: Blood transfusion service
Standard 36: Day care and ambulatory services
Standard 33: Children and young people's hospice service
Standard 59: Supporting carers

Within survey area Specialist Standards for Mayo 2022:

Standard 26: Service governance
Standard 36: Day care and ambulatory services
Standard 59: Supporting carers

Commendations

The organisation is to be commended for the following:

- Volunteers are well managed, and the organisation is commended for keeping in touch with volunteers during the pandemic. (Criterion: 4.79)
- The training passport is indicative of the positive, hands-on approach to training. (Criterion: 5.10)
- Investing in additional training to ensure that 50% of staff becoming trained fire marshals in Galway and developing the same systems at Mayo. (Criterion: 8.5)
- Plans to introduce a Green Team to raise awareness to environmental issues, to further develop this agenda and improve on environmental and sustainability issues. (Criterion: 9.7)
- A system which allows clinical reviews to take place when staff feel that things could be improved. This not only improves clinical care but helps with staff well-being. (Criterion: 10.22)
- The online system to allow staff immediate access to updated current evidence based online information for the administration of all intravenous infusions. (Criterion: 12.110)
- Risk assessments have identified changes to the location of the pharmacy service to ensure an even safer service is provided. (Criterion: 12.28)
- The multidisciplinary approach to infection prevention and control and the overall management of and on-going resourceful nature and acquisition of resources in this area is impressive. (Criterion: 14.6)
- Impressive and comprehensive management and use of the MEG system to identify and correct all infection control and related instances. (Criterion: 14.13)
- The introduction of the Getting to Know Me document has been an excellent way of recording specifics which are important for the safety and comfort of the new patient; and has helped the team rapidly respond to individual need and is easily shared across the members of the MDT. (Criterion: 17.5)
- The recent introduction and addition of photographic evidence has improved the ability to monitor pressure ulcers. (Criterion: 17.55)
- The introduction of the new skin bundle approach is looking at not just the skin care but also mattresses, continence approach, movement, and repositioning. (Criterion: 17.56)
- The approach to Advanced Care Planning supports enabling patients to change their views as they come to terms with their condition and its progression. (Criterion: 17.65)
- The leaflets describing the acupuncture service are very clear and comprehensive. (Criterion: 19.18)

- The introduction of the PCOC measurement and outcomes programme is notably valued by the team and has the potential to lead to greater delivery improvements. (Criterion: 20.22)
- Health records audits are documented on the Q pulse system, which allows for the documented management, follow-up and repeat of audit where indicated. Lessons learned are recorded and shared at relevant team meetings. (Criterion: 20.21/22)
- All consideration is given to try to ensure that the individual patients need can be met with dignity and where possible in a homely and comfortable manner (Criterion: 21.12)
- The catering service is highly responsive to the needs and wishes of patients, striving to ensure that individuality is maintained whenever possible, and working beyond the planned menu to offer patients any foods they wish for, particularly in their last days of life. (Criterion: 23.7)
- The MDT reviews those who have died in the last period and hold a minute's silence in respect for those individuals at the MDT meeting. (Criterion: 26.1)
- The recent appointment of a new consultant in cardiology is facilitating greater joint working with the hospice community team and with the CNS in Cardiology. (Criterion: 26.8)
- The developing links with cardiology services are to be commended in adding further support and resilience for patients with such conditions. (Criterion: 26.8)
- The service is commended for the care being taken in starting and gradually increasing the day care service so as to not overstretch the team and to ensure all the new facilities and staff meet the patient's needs. (Criterion: 36.3)
- The excellent resource folder prepared by staff, index linked and with comprehensive detail signposting both patients, carers and staff to other support services. (Criterion: 36.10)
- The new day care area at the new Mayo Hospice is highly effective in providing space for day visits and is bright and airy. It is well positioned within the building for patients to reach easily. (Criterion: 36.20)
- As a new service staff go out of their way to ensure integration and responsiveness is in place between all disciplines. As the service is not responsible for the community provision in Mayo this is of particular importance. (Criterion: 39.4)
- The clinical team are well connected to national and local initiatives through representation in all disciplines. (Criterion: 39.11)
- The introduction of the on-line remembrance services is an innovative approach to enabling families, including those who are geographically separated, to engage in reflection and remembrance and reaching many more people than previous on-site services. (Criterion: 39.54)
- The art therapy service is very well valued and used. The art therapy patient and client work are exceptional and is this is recognised. (Criterion: 52.19)
- The superb virtual tour of the hospice available on the website helps to alleviate any fears and is available to carers prior to admission. (Criterion: 59.6)

- The initiative to provide virtual support sessions for adolescents is an innovative way to engage a particular client group. (Criterion: 59.10)
- Transport management policies are thorough and of a very high standard. (Criterion: 61.4)
- The transport management system is very comprehensive and supports the effective management of the transport service. (Criterion: 61.4)

Actions for Quality Improvement

	ACTION To be completed by the service	Timescale	Responsibility
Issues on which the organisation may choose to act.			
It is suggested that:			
<ul style="list-style-type: none"> In respect of the approach to ethics it may be helpful to work with other organisations within an area wide ethics committee such that wider issues may be discussed to develop a more generalised approach/response and also to identify rising issues and causes for concern that may need preparation in response and possibly some additional training. (Criterion: 1.11) 			
<ul style="list-style-type: none"> The organisation may wish to consider the impact of the expanding IT and virtual approaches to service delivery on the current management arrangements and whether this requires additional senior support. (Criterion: 1.20) 			
<ul style="list-style-type: none"> The Terms of Reference for the Quality and Audit Committee 2021 might be reviewed. They state that the Chairman of the Committee is the Chairman of the Board. It is advisable to have segregation of duties so that this does not present areas of conflict and difficulty going forward. (Criterion: 1.32) 			
<ul style="list-style-type: none"> In relation to a storage area in Galway, there is concern regarding use of the eaves along an internal corridor. It is not considered a safe storage area due to uneven flooring and hard to access storage shelves. It is noted it has been assessed in relation to fire risk but needs to be reviewed in relation to health and safety and alternative arrangements identified if possible. (Criterion: 21.12) 			
<ul style="list-style-type: none"> The service may wish to consider the expansion of the virtual provision in the light of the general expansion of such offers during COVID; such areas might include the provision of 			

<p>wellbeing group sessions such as meditation or perhaps Pilates or other such gentle exercising that are safe to provide through a virtual platform. (Criterion: 26.8)</p>			
<ul style="list-style-type: none"> It may be appropriate to consider the use of technology to provide opportunities for group sessions in support of exercise and relaxation techniques to reach more people or for identified use in-between visit days. (Criterion: 36.22) 			
<ul style="list-style-type: none"> The Care of the Deceased policy could be improved by direct reference to the national review on processes for different faiths which may vary the requirements. Health Services Intercultural Guide (Criterion: 39.49) 			
<ul style="list-style-type: none"> The policy on returning valuables to the family needs to reflect or at least cross reference the national document on processes for various religious customs where this may impact on the general policy. Health Services Intercultural Guide (Criterion: 39.49) 			
<ul style="list-style-type: none"> That the service continues to provide a virtual meeting for the teenage / adolescent group. Although a small number have attended in the past this was a valued addition to the service. (Criterion: 59.10) 			

Report area:

Galway and Mayo Services

	STANDARD 2: Quality and governance			Findings	Compliance
	Audit (clinical and non-clinical)				
2.27	There is an annual audit plan which details priorities for clinical and non-clinical audit.	A & ISO	CQC HIQA	The yearly audit calendar is created by the departments. Whilst the clinical audit schedule is managed well, with the use of patient tracer audits commenced in 2022, it is not clear how non-clinical audit is managed. It is recommended that non-clinical audit activities are developed, planned and documented.	Part Met
	STANDARD 3: Financial management			Findings	Compliance
	Budget management				
3.11	There is a policy in place which details timeframes, acceptable levels of credit/debt and directs actions as required.	A & ISO	CQC	Whilst there is a policy in place, it does not provide sufficient detail in areas such as value of discrepancies and does not always identify the levels of staff responsible for actions.	Part Met
	STANDARD 5: Education, training and development of staff			Findings	Compliance
	Health and safety				
5.30	There is a robust induction programme for all staff, including temporary workers which includes all relevant areas of health and safety awareness related to the role and responsibilities.	A & ISO	CQC HIQA	The policy PP-HR-053 on Induction, Orientation, Probation and Continual Assessment of Volunteers is just out of date (review due 23 rd April 2022). It is recommended that this is reviewed.	Part Met

	STANDARD 7: Health and safety			Findings	Compliance
	Health and safety assessment				
7.12	There is a system in place by which health and safety risk assessments are used to inform the planning of investment and control measures across the organisation.	A & ISO	CQC HIQA	Whilst all risk registers are reviewed by Executive team and the Board of Directors, and staff inform SMT of issues, the process to use health and safety risk assessments to inform planning is not completely formalised. It is recommended the organisation considers undertaking this as a formal part of their business planning process.	Part Met
	STANDARD 10: Clinical risk management and patient safety			Findings	Compliance
	Patient, site and procedure identification				
10.21	There is a current policy with accompanying procedures to provide verification of correct connections for patient cannulae, catheters and tubings.	A & ISO		The policy PP-CS-025 on Management of Central Venous Catheters is just out of date (review due 8th April 2022). It is recommended that this is reviewed.	Part Met
	STANDARD 12: Management of medicines and pharmacy service			Findings	Compliance
	Pharmacy service management				
12.18	There is a Pharmacy Operational Policy and Procedures Manual for the provision of pharmaceutical services during normal working hours and out of hours.	A & ISO		The policy PP-CS-127 is actively under review (dated 3 rd April 2019). The draft is ready for formal approval. This needs to be progressed.	Part Met
	STANDARD 17: Person centred care			Findings	Compliance
	Dementia care				
17.34	Toilet seats within the care environment are a different colour to that of the walls and toilet.	A & ISO		Use of colour schemes conducive to caring for patients with dementia is part of the Quality Improvement project planned for Quarter 3, 2022.	Not Met

	STANDARD 39: End of life care			Findings	Compliance
	Following a bereavement				
39.46	There is a current policy with supporting procedures for preparing and presenting the deceased for viewing.	A & ISO		Policy PP-CS-166 Care of the Deceased needs to refer more explicitly to the requirements to remove or cover certain objects from the viewing room for religious reasons.	Part Met
39.51	There is a current procedure on preparing and transporting the deceased before being taken to the mortuary/cold storage or removal offsite.	A & ISO	CQC	Policy PP-CS-166 Care of the Deceased needs to refer more explicitly to the requirements to leave certain jewellery on the body . National professional guidance should be referenced. Health Services Intercultural Guide	Part Met

Report ends.