CHKS Assurance and Accreditation

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Confidential Report for:

Galway Hospice Governed Services, Ireland

Surveyed: 19th May – 22nd May 2025

Final Report

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Section 1

Introduction

Galway Hospice Governed Services, operating in partnership with the Health Service Executive (HSE), provide specialist palliative care services to people with life limiting illnesses within Galway, Mayo and Roscommon, on the west coast of Ireland.

Galway Hospice Governed Services is overseen by a Board of Directors, with a new Chair appointed in 2024 and five new members over the past three years. The three committees which oversee the operation of the organisation and feed into the Board are the Quality and Patient Safety Committee, Governance and Audit Committee and the Nominations and Renumeration Committee. The service is led by the executive team and manager leads.

The service provides 18 inpatient beds, day care and community palliative care services serving Galway and the Islands, and 14 inpatient beds and day care services provided in Mayo. The Mayo Hospice opened in 2021, providing a brand-new facility to the area. There are plans to integrate the community services in Mayo in due course.

Both sites are supported by physiotherapy, occupational therapy, aromatherapy, art therapy, chiropody, medical social work, pastoral care, dog therapy, music therapy, a hairdressing service and a bereavement and remembrance service.

The community service based in Galway is available 365 days a year between 0830 and 1700 hrs. Physiotherapy and occupational therapy teams have recently extended their service into the community providing a valuable service for those patients being treated at home.

Day care provision is provided two days a week at both Galway and Mayo sites and there are approximately 150 whole time equivalent staff across the two sites. There are approximately 600 active volunteers who are now engaged and working with the new volunteer app which was rolled out in 2024.

A business plan for development of the new hospice in Galway is under development, with a site identified. It is anticipated that the contract will be put out to tender later this year.

In accordance with the contract between Galway Hospice Foundation CHKS, a survey took place over four days between 19th May and 22nd May 2025. The survey team comprised:

Paul Barnett, Independent Consultant, CHKS Surveyor
Elizabeth McLean, Independent Consultant, CHKS Surveyor
Tabasom Ghaus, Radiotherapy Service Manager, CHKS Surveyor
Jackie Rayner, Head of Quality and Development/CHKS Quality Lead Auditor

This report is based on the survey of the organisation in relation to agreed standards and criteria within the 2024 CHKS Standards for Health and Care Organisations. The client is working towards CHKS reaccreditation and ISO 9001:2015. The report is confidential to the organisation and CHKS. It does not refer to the accreditation status of the organisation as this will be determined in due course by the CHKS Awards Panel which operates independently of the survey team.

Prior to the survey, a self-assessment was completed, designed to give an accurate reflection of compliance with the standards and criteria. The documentary evidence and commentary uploaded to Accreditation Online (AO) was used to inform lines of enquiry for the survey interviews.

The organisation engaged fully in the process and is commended in completing AO to a high standard with a good level of documentary evidence provided.

The report comprises an introduction, details of the team findings, suggestions for quality improvement, made where the CHKS standard has been met, but reflecting suggestions from the team regarding potential enhancement, and commendations made to highlight areas of exceptional practice.

The surveyors have the option to rate their findings as fully met, partially met, not met or not applicable as shown below. The report includes more detailed findings for each standard, referenced to the specific criterion for which surveyors found partial or non-compliance and identifying reasons for the applied rating. The report against these elements is presented in the form of an action plan format which is intended to provide a framework for on-going development within the organisation.

Section 2

Executive summary

The CHKS survey programme is built individually in collaboration with the project team to reflect the nature, service provision and size of each organisation. The General Standards used are sub-divided into the following sections: Organisation Leadership and Management, Risk and Safety, Patient Centred Care and Facilities/Site Services. These are supplemented by additional specialist standards relating to specific areas of service as provided by the organisation.

The survey team undertook a review of evidence supplied during the pre-survey period. This, combined with information gained during survey interviews, observation of practice, and opportunistic discussion was used to assess the service provision and allocate a rating against each criterion. Survey team discussion and triangulation of findings ensure the report reflects the confirmed findings of the survey team.

This report is an exception report and will only detail those criteria, which are rated partially or not met. However, some general comments are given here.

In February 2024, Galway Hospice Governed Service was designated as a Section 38 organisation, along with three other hospices in Ireland, recognising them as state funded providers of care under the Health Service Executive of Ireland. This significant transition has provided financial security and opened up additional opportunities in terms of access to training, networking and efficiencies.

In Galway, storage continues to be an issue within the confines of the current environment. Management and staff need to think creatively to address these requirements and provide solutions in the interim as it will be some time before the new hospice is operational.

The organisation is committed to training, supporting and developing staff, demonstrated through the multiple courses available to staff. Consideration is given to the developing strategy and the skill set required to meet the changing needs of the population. Staff are actively encouraged to participate in external networking and external conferences to share innovative projects and learning.

The commitment of all staff to the sustainability agenda is evidenced through the range of initiatives and projects underway throughout the organisation.

Management and the fundraising team continue to raise the profile of the organisation in the local community to generate charitable donations in this challenging economic environment and this is commended.

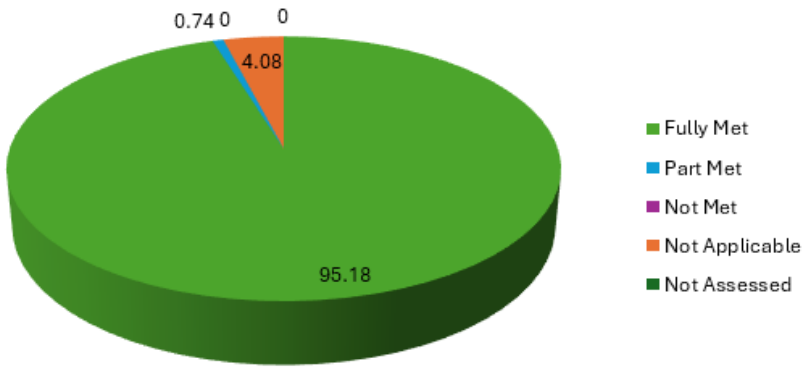
The table at Appendix A (page 18) gives guidance as to how ratings are assessed. The survey for the Galway Hospice Governed Service was against criteria from the standards as detailed in the survey timetable at Appendix B on page 19.

The findings of the survey team during the survey were as follows:

Data analysis summary for all assessed criteria

	Total criteria	%
Fully Met	770	95.18%
Part Met	6	00.74%
Not Met	0	00.00%
Not Applicable	33	04.08%
Not Assessed	0	00.00%
	% Full compliance (excl. N/A)	**99.26%**

Pie Chart for All Assessed Criteria



CHKS Green Award criteria

The 2024 Standards introduced the CHKS Green Award. The CHKS Green Award seeks to recognise those organisations that are making a visible commitment to environmental sustainability, through introducing sustainable working practices, products, procurement and innovations into everyday practice.

Throughout the 2024 General Standards, twenty criteria were identified as having sustainable elements. Compliance with the sustainable element of the criterion will contribute to the achievement of the CHKS Green Award, when all relevant green criteria are achieved. The guidance for each criterion includes a specific paragraph relating to the requirements to achieve compliance.

This survey to Galway Hospice Governed Service included nineteen criteria with a sustainable element. Following review on site, two criteria were identified as not being applicable to this service.

Commendations are provided where each of the green criteria have been achieved, recognising the organisation's commitment to the sustainability agenda.

	Total Green Criteria	%
Fully Met	17	89.48%
Part Met	0	00.00%
Not Met	0	00.00%
Not Applicable	2	10.52%
	% Full compliance (excl. N/A)	**100.00%**

In accordance with CHKS programme and standards this report has been confirmed by the surveyors as an accurate reflection of the survey and is now forwarded to the Accreditation Services Manager who will determine the next steps. This may include a requirement for more evidence, gathered either through a focused resurvey when there are significant numbers of criteria not fully met at the time of completion of the survey or when fewer criteria are not fully met through submission of additional documentary evidence in the form of an action plan. It is usual practice for clients to receive an action plan at this stage of the process.

The action plan will address areas of partial or non-compliance. To respond to the action plan, the client will be required to review the identified criteria and demonstrate through submission of additional evidence, as suggested by the surveyor, that appropriate corrective actions have been taken and implemented.

To pursue accreditation the client must demonstrate that all outstanding actions are completed within 12 months of the CHKS survey and within nine months for ISO 9001 certification. The CHKS Accreditation Services Manager will send a report of those criteria that require further actions and details of the timescales for completion.

Standards met

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

Within survey area: Galway Hospice Foundation

STANDARD 1: Leadership and service management
STANDARD 3: Human resources
STANDARD 4: Education, training and development of staff
STANDARD 7: Fire safety
STANDARD 8: Waste management
STANDARD 9: Clinical risk management and patient safety
STANDARD 10: Resuscitation
STANDARD 11: Management of medicines
STANDARD 12: Medical devices, medical equipment and decontamination
STANDARD 13: Infection prevention and control
STANDARD 14: Information management and governance
STANDARD 15: Patient pathway
STANDARD 16: Person centred care
STANDARD 17: Patient rights and needs
STANDARD 18: Information for patients
STANDARD 19: Clinical records
STANDARD 20: Environment, equipment (non-medical), and facilities management
STANDARD 23: Housekeeping
STANDARD 26: Transport and fleet services
STANDARD 33: Day care and ambulatory services
STANDARD 36: End of life care and bereavement support
STANDARD 50: Complementary therapy service
STANDARD 55: Supporting carers

Within survey area: Galway Hospice

STANDARD 28: Blood transfusion service
STANDARD 40: Paediatric and young adult services
STANDARD 49: Community palliative care

Within survey area: Mayo Hospice

STANDARD 28: Blood transfusion service

Commendations

The organisation is to be commended for:

- The comprehensive completion of AO with clear and concise documentary evidence uploaded.
- The positive contribution and commitment of the Board, as unpaid volunteers providing expertise and support in potentially difficult circumstances. (Criterion: 1.14)
- The establishment of the Patient Council. Developed over the past two years, the Patient's Council seeks to provide a patient's voice on all aspects of the organisation's work. Nine members have been recruited representing Galway and members are being recruited for Mayo. Members of the Patient's Council will be taking up positions on the organisation's committees and work groups. (Criterion: 2.13)
- It's evident commitment to quality improvement which is demonstrated through the shortlisting of the hospice in six separate categories at the Irish Healthcare Centre Awards in Dublin. The wide range of nominations demonstrates the commitment to quality improvement and innovation across the board. (Criterion: 2.13)
- The appointment of a fully funded research post. The organisation has numerous research projects ongoing which is commendable in this sector and demonstrates the commitment to staff development and quality improvement. (Criterion: 4.6)
- The commitment to staff education and training, demonstrated through the application of a leadership training programme, in which over 30 staff have participated. (Criterion 4.12)
- It's clear strategy which has been agreed with the Board. Effort has been made to assure the organisation that systems are appropriate for the services being delivered and that the strategy ensures better data protection and accessibility, and confidentiality is maintained should an emergency arise. Expertise is available to the organisation both in terms of data protection and also in system management. (Criterion: 14.5)
- It's nursing leadership which is reflected in the organisation's patient centred delivery of care, including the MDT discussion of any referral. The MDT discussion includes both social work and pastoral care approaches to provide support for the patient and their family. (Criterion: 15.3)
- The well landscaped grounds, reducing background noise, with accessible and frequent seating - with water features providing a restful and calming backdrop. (Criterion: 20.29)
- The introduction of the grab kits for blood transfusion containing all required documentation. (Criterion: 28.14)
- The holistic approach to patient management, which is exemplary, with assessment carried out on every occasion to be responsive to the changing needs of the patient. (Criterion: 33.12)
- The contribution of the Hospice to the ECHO project in developing care home expertise. (Criterion: 36.6)
- It's holistic approach to the well-being of the patient and of their family and in the way the assessment of need allows staff to navigate them most appropriately to ensure the best support can be given and the comprehensive therapy provision. (Criterion: 36.13)

- The use of the Australian programme for Palliative Care Outcomes Collaboration (PCOC) is highly commended allowing very flexible and rapid responses to changing patient need and tailoring of clinical focus to maximise capacity and streamline workloads. (Criterion: 36.17)
- The establishment in 2024 of the monthly off-site Bereavement Cafe which is open to anyone (even those without a connection to the Hospice). (Criterion: 36.25)
- The leadership shown in the 'Walk and Talk' initiative by sharing the knowledge, design, planning and resources with other hospices who have also now taken up this initiative. (Criterion: 36.26)
- The extension of the aromatherapy and massage training to other therapists. This has been short listed in the Healthcare Initiative section of the Irish Healthcare Awards 2025. (Criterion: 50.6)

Evidence and commendations for achievement of the CHKS Green Criteria

The organisation is to be commended for:

- The strategic plan with defined sustainability objectives which the organisation is working through (Criterion: 1.1)
- The Galway Hospice Governed Service code of ethics which includes its commitment to green issues and sustainability. (Criterion: 1.2)
- The Energy and Environmental Sustainability Policy, implemented through the Green Team. (Criterion: 1.7)
- The CEO taking the lead on green issues and investigating sustainability solutions. (Criterion: 1.8)
- Contracts being awarded with net zero in mind, where appropriate. (Criterion: 1.19)
- The sustainability agenda which is embedded in the strategic plan with various innovations and green changes in practice. (Criterion: 2.13)
- The organisation's commitment to segregate and reduce waste. Reports are generated showing types of waste and amount in weight produced (Criterion: 8.1)
- Recycle bins seen through the organisation, with targets set to achieve 1% reduction and to be added to operational plan. (Criterion: 8.6)
- The organisation's commitment to paper light systems, minimising risk and supporting environmental sustainability. (14.14)
- The improvements in reducing potential areas of risk and allowing service development to utilise the systems to their full potential. (Criterion: 14.5)
- The organisation's use of Microsoft teams and streaming services in its operations where it is appropriate to do so without any compromise to patient care. (Criterion: 15.3)
- Its commitment to paper light systems and directing those requiring information to digital sources where appropriate. (Criterion 18.1)

- The recent installation of 320 solar panels on the roof at Mayo Hospice. This is a commendable initiative and investment, demonstrating a strong commitment to the environmental agenda as well as having a clear impact on cost reduction. (Criterion: 20.7)
- Being highly proactive in taking steps to reduce its carbon emissions using hybrid vehicles and tracking and monitoring vehicle utilisation and all aspects of maintenance to ensure vehicles are operating at an optimal level. (Criterion: 20.26)
- The installation of electric vehicles charging points on each of the sites is a welcome addition. (Criterion: 20.26)
- Seeking to use locally sourced food and beverages where possible. (Criterion 22.15)
- Requiring the housekeeping contract be provided by a supplier with environmental credentials. (Criterion 23.9)
- Requiring the management of linen and laundry to be outsourced to a company with environmental credentials. (Criterion: 23.14)

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 noted that investigators have appropriate on the job training and are fully competent to analyse complaints, however, the organisation could consider a formal training programme for attendees to further develop their expertise in this area. (Criterion: 2.38)			
• Storage is an issue on the Galway site and improvements have already been made which improve security and risk, for example, the amalgamation of the IPU and daycare pharmacy areas. However, some areas could be better organised to ensure that the space is optimised, for example, making use of under stair voids. (Criterion: 20.10)			
• It has been noted that the yellow hatched area opposite the reception at Galway which clearly states no parking and is a fire gathering point is frequently parked on and also used for school drop-offs. A simple solution to keeping this area clear might be to put cones at the front of the area if bollards are not acceptable or affordable. (Criterion: 20.27)			
• The external waste bins could be replaced with environmentally friendly multi-bins which allow segregation of items to support the effort to increase recycling. (Criterion: 20.29)			
• A regular and routine walkaround to tidy up minor areas and note items requiring replacement would be beneficial. For example, clear items caught in hedges, left on external			

windowsills, or replacement of uneven external ramps. (Criterion: 20.29)			
• It would be helpful to review the instruction for responding to fire alarms to ensure that people with hearing impairment were more properly offered guidance or support to ensure they reach a safe appropriate place rather than giving directions to exits. (Criterion: 20.5)			
• The relevant security and staff safety policies could be enhanced with further detail on managing incidents related to the threat or use of weapons of any type. (Criterion: 21.4)			
• Environmental health officer reports are currently stored within catering services. It is suggested that reports could usefully be held centrally on Q-Pulse and actions documented. This would enable accessibility by the wider team for monitoring and reporting. (Criterion: 22.5)			
• Whilst the first aid kit in the kitchen has equipment available for burns, and splatters, it is suggested that this is supported by risk assessment, with step by step procedures and instruction should the need arise. (Criterion: 22.14)			
• The store cupboard for housekeeping could be better organised to maximise the use of the facility provided and possibly a shelf above the chemicals cabinet to segregate files and cups away from the supplies themselves. (Criterion: 23.12)			
• The document uploaded does not use the same reference as stated in the response (PI DC 26 v 142783 Galway Mayo Hospice Day Care Leaflet). It would be helpful if this was aligned consistently. (Criterion: 33.9)			

• The flowchart in the Care of the Deceased Policy (PP-CS-166) should be amended in respect of the Health Services Intercultural Guide as this is considered as part of the patient assessment and the requirements discussed and documented during care. (Criterion: 36.21)			
• The percentage of staff being supported to take non-mandatory training should be recorded to show the organisation's commitment to staff education. (Criterion: 4.4)			
• The Integrated Safety and Quality Terms of Reference (RF-GHF-ISQC Terms of Reverence Rev 7) would benefit from an organogram to demonstrate the reporting lines described. The 'CNM' titles could also be given in full. (Criterion: 5.4)			
• The Management of Clinical Handover Policy (PP-CS-111) could be clearer about nurse-to-nurse handover under emergency transfer to hospital. (Criterion: 9.16)			

Section 3

Criteria not fully met at survey

	STANDARD 5: Risk management		Findings	Compliance
5.1	What is the rate of incidents (all grades including near misses) reported during the past 12 months? Please indicate the metric used.	DESIRABLE	Raw data for the number of incidents recorded was provided. It is understood that the Hospice is working towards developing a system which will be in terms of rates.	Part Met
5.17	The organisation has a current major incident, all-hazards policy and action plan.	A & ISO	The policy is current and is fairly comprehensive. However, it would benefit from consideration in relation to extended periods of disruption, and particularly within the community setting such as power and internet outage and in relation to cyber- attacks.	Part Met
	STANDARD 6: Health and safety			
6.10	Health and safety risk assessments are undertaken across the organisation and its services in accordance with the objectives of the health and safety programme.	A & ISO	In relation to Galway Hospice, there was concern regarding the use of eaves for storage, accessible and used by facility staff. It is recommended that this is reassessed in relation to health and safety and manual handling and alternative arrangements for storage are identified.	Part Met
	STANDARD 21: Security			
21.10	Relevant to the size of the organisation, there is an on-going crime prevention programme.	A	There is no specific on going crime prevention programme but staff are aware that they can report concerns and are supported overnight by security personnel. It is recommended that the organisation takes a proactive approach to crime prevention and implements systems and training as appropriate.	Part Met

	STANDARD 24: Reception and telecommunications			
24.2	There is a procedure for receiving visitors to the organisation and service areas.	A & ISO	Whilst there is a policy on Contractors/Business Visitor Sign in Requirements (PP-CO-021), the survey team were not required to sign the visitors register but were provided with visitor badges. Should a fire or issue arise, a straightforward procedure would be to review the central record of visitors rather than tally badges allocated.	Part Met
	STANDARD 48: Care of the deceased			
48.23	Vehicle access to the mortuary/cold storage facility is shielded from public view.	A	The vehicle access to the facility at Galway is overlooked by a new house with a tall roof and multiple windows. Funeral directors reverse to the rear access of the building, but consideration should be made of how to make this more protected from view such as increasing the existing canopy or constructing a side panel to it.	Part Met
48.23	Vehicle access to the mortuary/cold storage facility is shielded from public view.	A	The vehicle access can be restricted due to parked vehicles preventing the funeral director's vehicle reversing down to the exit door. It is recommended that this area has yellow restricted parking paint in order to prevent obstruction, otherwise shielding is compromised.	Part Met

Appendices

Appendix A – Table to show application of compliance ratings

Surveyor Rating	Interpretation of the finding
Fully met	There is evidence to demonstrate the intent of the criterion statement is met and the evidence is suitable to the context of the organisation/service. Practice is confirmed through observation Staff are knowledgeable about how the criterion statement is met
Partially met	Elements of the criterion statement have been met but there are some outstanding elements which require implementation before full compliance is achieved. There is evidence of planning, resource allocation and/or schedules to address the outstanding elements of the criterion Existing polices may be in draft form following review but are yet to be formally ratified. Existing policies may be out of date, but a schedule for their timely review and update is planned
Not met	Policies do not exist or may be new and in draft form but are not yet ratified There is no evidence of planning or progress towards meeting the criterion statement
Not applicable	The organisation does not provide the service The criterion is not relevant to the service The criterion is not reflective of the type of provision in this organisation/service

Appendix B - Survey Timetable

CHKS Accreditation Survey Timetable May 2025

Day 1: Monday 19th May

TIME	Schedule
09:00 09:15	**Arrive at Galway Hospice Foundation** **Meet Project Manager at Main Reception and set up surveyor base** **Confirm IT and internet access** **Surveyor Base Location: Doctors office upstairs**
09:15 10:15	**Opening meeting with Senior Leadership and project team/Introductions** **GHF to present an overview of the organisation, current context, background information** **Location: Education room** **Members of the Senior Leadership Team and Project Manager** **List individuals with job titles here: Executive Team :CEO Mary Nash ,Director of HR Ann Dolan, Director of Nursing and Allied Therapy Mairead Carr, Director of Quality Niamh Mc Keon, Clinical Director Ita Harnett, All Line Managers and inclusion of teams link to all staff who are available to login.**
10:15 11:00	**Tour of Galway Hospice**

Day 1 continued …….

	Paul Barnett	Liz McLean	Tabasom Ghaus	Jackie Rayner
11:00 11:30	**Coffee: document review/interview preparation**			
Session 1 11:30 12:15	Standard 1: Leadership and service management (including Marketing) (21 criteria) **Location: Library Interviewees: Mary Nash CEO, plus Board Member**	Standard 9 – Clinical risk management and patient safety (35 criteria) **Location: : Education Room + Teams Interviewees: Dr Ita Harnett, Mairead Carr, Donna Lynott, Vanessa Butler, Niamh McKeon, Joan Boult, Caroline Quinn**	Standard 6: Health and safety (13 criteria) **Location: Day care + Teams Interviewees: Mairead Murrihy, Michelle Scarry, Brian Nally, Joe Burke**	
12:15 13:00		Standard 5 – Risk management (18 criteria) **Location: Education Room Interviewees: Niamh Mc Keon, Mairead Murrihy, Vanessa Butler, Mairead Carr**	Standard 7: Fire safety (23 criteria) Standard 8: Waste management (11 criteria) **Walk and talk Day care + Teams Interviewees: Michelle Scarry Brian Nally Joe Burke , Nuala Logue**	
13:00 14:00	**Working lunch: report writing /interview preparation/AO input**			
14:00 14:30	**AO input and interview preparation**	**AO input and interview preparation**	**AO input and interview preparation**	

Day 1 continued …….

Session 2 **14:30** **15:15**	Standard 2: Quality and governance (45 criteria) **Location: Day Care** **Interviewees: Mary Nash, QPS Chair, Niamh Mc Keon, Vanessa Butler, Mairead Murrihy**	Standard 15 Patient pathway (31 criteria) **Location: Education Room + Teams** **Dr Alison Cran, Michelle Scarry, Annmarie Mc Nicholas, Fiona Wall, Geraldine Cooley, Miriam Morris, Lesley Carroll, Joan Boult, Sarah Noone, Jessica Duggan, Dave Cribbin, Michelle Campbell, Holly Sheeran, Margaret Fitzgibbon.**	Standard 3: Human resources (40 criteria) **Location: Library** **Interviewees: Ann Dolan, Pauline Mc Donagh, Judy Tierney**	**Competency Assessment Surveyor 1**
15:15 **16:00**	Standard 19: Clinical records (17 criteria) **Location: Day Care** **Interviewees: Mary Nash Assumpta Burke, Niamh Mc Keon, Mairead Murrihy**		Standard 4: Education, training and development of staff (19 criteria) **Location: Library** **Interviewees: Ann Dolan, Nuala Logue, Vanessa Butler, Deirdre Munroe, Niall Manktelow Donna Lynott**	
16:00 **16:15**	**Coffee/ FLEX Break**			
Session 3 **16:15** **16.45**	**AO input**	**AO input**	**AO input**	
16:45 **17:00**	**Survey team review of days activity**			
17.00	**Depart for the hotel and evening meal**			

Day 2: Tuesday 20th May – Mayo Hospice, Castlebar

	Paul Barnett	Liz McLean	Tabasom Ghaus	Jackie Rayner
TIME **08:15** **09:30**	**Survey team travel to Castlebar and arrive at Mayo Hospice**			
09:30 **11:00**	**Arrive, settle, meet team and site tour** **Surveyor Base Room Location:**			
Session 1 **11:00** **11:45**	Standard 28: Blood transfusion and haemovigilance service (Mayo service) (20 criteria) **Location: Education room** **Interviewees: Fiona Wall, Donna Lynott Niamh Mc Keon, Sinead McHale**	Standard 20: Environment, equipment (non-medical) and facilities management (30 criteria) (To include check of the mortuary) Standard 26: Ambulance, transport and fleet services (11 criteria) Standard 21: Security (17 criteria) **Location: Start @ OT Room Walk and Talk** **Interviewees: Brian Nally, Michelle Scarry, Joe Burke, Miriam Morris, Mary Nash**	Standard 18: Information for patients (17 criteria) **Location: MDT Room IPU** **Interviewees: Mairead Carr, Emer Regan Vanessa Butler, Mairead Murrihy, Lorraine Gallagher, Nicola Purcell, Laura Prados, Agnes Hoban**	**Competency Assessment Surveyor 2**

Day 2 continued …….

	Paul Barnett	Liz McLean	Tabasom Ghaus	Jackie Rayner
11:45 12:30	Standard 17: Patient's rights and needs (including spiritual care) (33 criteria) **Location: Education room + Teams Interviewees: Niamh O Connor, David Cribbin, Derek Gormley, Peter Joyce, Caroline Quinn, Aisling Kearney, Donna Lynott, Vanessa Butler, Ailish Grimes, Deborah Sweeney, Mairead Murrihy**		Standard 10: Resuscitation (7 criteria) **Location: MDT Room IPU + Teams Interviewees: Dr Leona Reilly, Dr.Laura Healy, Dr. Ita Harnett, Annmarie Mc Nicholas, Fiona Wall, Michelle Scarry, Mairead Carr**	
12:30 14:00	**Working lunch/AO input/interview preparation**			
Session 2 14:00 14:45	Standard 55: Supporting carers (9 criteria) **Location: Education room Interviewees: Caroline Quinn, Dave Cribbin, Derek Gormley, Mairead Murrihy, Margaret McGuire, Agnes Hoban, Deirdre Dever**	Standard 33: Day care and ambulatory services (Galway and Mayo services) (23 criteria) **Location: OT Room + Teams Interviewees: Lesley Carroll, Miriam Morris, Donna Lynott, Joan Boult, Catherine Carney, Alana Kelly, Margaret Fitzgibbon, Kathy Hyland, Donna Toughey, Derek Gormley, Deirdre Dever, Noelle Gallagher, Mairead Carr, Vanessa Butler**	Standard 12: Medical devices, medical equipment and decontamination (26 criteria) **Location: MDT room IPU Interviewees: Joe Burke, Brain Nally, Michelle Scarry, Niamh Mc Keon**	

Day 2 continued …….

14:45 **15:30**			Standard 13: Infection prevention and control (15 criteria) To include check of Catering service **Location: MDT Room IPU** **Interviewees: Michelle Scarry, Niamh Mc Keon, Fiona Wall, Annmarie Mc Nicholas**	
15:30 **17:00**	**Return to Galway**			

Day 3: Wednesday 21st May

	Paul Barnett	Liz McLean	Tabasom Ghaus	Jackie Rayner
TIME **09:00**	**Survey team arrive at Galway Hospice**			
09:00 **10:00**	**AO completion /feedback preparation**	**AO completion /feedback preparation**	**AO completion /feedback preparation**	**Cross check AO & Report Preparation**
Session 1 **10:00** **10:45**	Standard 16: Person centred care (49 criteria) **Location: Education Room and Teams** **Interviewees:** **Dr Alison Cran, Fiona Wall, Geraldine Cooley, Miriam Morris, Lesley Carroll, Joan Boult, Sarah Noone, Donna Lynott, Shona Coyne, Pauline Lennon, Christina Warnock, Deborah Sweeney, Dr Orla Geeney, Dr Laura Healy, Annmarie Mc Nicholas**	Standard 14: Information management and governance (22 criteria) **Location: Quality Office** **Interviewees:** **Mary Nash, Niamh Mc Keon, Assumpta Burke,**	Standard 11: Management of medicines (48 criteria) **Location: Library and Teams** **Interviewees: Niall Manktelow, Karen Mc Kee, Olivia Buckley, Mairead Murrihy, Mairead Carr, Dr. Camilla Murtagh Margaret McGuire**	
10:45 **11:30**		Standard 28: Blood transfusion and haemovigilance service (Galway service) (20 criteria) **Location: Quality Office and Teams** **Interviewees: Niamh Mc Keon, Michelle Scarry, Deirdre Munroe Donna Lynott**		

Day 3 continued …….

	Paul Barnett	Liz McLean	Tabasom Ghaus	Jackie Rayner
11:30 12.30	**AO input and interview preparation**	**AO input and interview preparation**	**AO input and interview preparation**	
12:30 14:00	**Working lunch/interview preparation**			
Session 2 14:00 15:30	Standard 49: Community Palliative Care (24 criteria) Standard 40: Paediatric and young adult services (14 criteria) **Location: Education Room Interviewees: Geraldine Cooley, Mairead Carr, Joan Boult, Jessica Duggan, Aisling Kearney, Medical Dr CPC, Sarah Noone, Mairead Murrihy, Peter McGuire, Lorraine Mernagh, Karen Kearney, Una O'Kane.**	Standard 36: End of life care and Bereavement Services (Galway and Mayo services) (29 criteria) Standard 48: Care of the deceased (Galway and Mayo services) (24 criteria) **Location: Library and Teams Interviewees: Agnes Hoban, Hazel Greene, Dave Cribbin, Nicola Purcell, Donna Lynott, Fiona Wall, Derek Gormley, Vanessa Butler**	Standard 22: Catering service (46 criteria) **Location: Quality Office - Teams Interviewees: Brian Kenny, David Howley, Niamh Mc Keon, Michelle Scarry, Mary Nash**	**Competency Assessment Surveyor 3**
15:30 15:45	**Coffee/ FLEX Break**			
Session 3 15:45 16.45	**AO input and interview preparation**	**AO input and interview preparation**	**AO input and interview preparation**	
16:45 17:00	**Survey team review of days activity**			
17.00	**Depart for the hotel and evening meal**			

Day 4: Thursday 22nd May

	Paul Barnett	Liz McLean	Tabasom Ghaus	Jackie Rayner
TIME **09:00**	**Survey team arrive at Galway Hospice**			
Session 1 **09:00** **09:15**	**AO completion /feedback preparation**	**AO completion /feedback preparation**	**AO completion /feedback preparation**	**Cross check AO & Report Preparation**
Session 2 **09:15** **10:00**	Standard 50: Complementary therapy service (21 criteria) **Location: Education Room** **Interviewees: Donna Toughey, Joan Boult, Annmarie Mc Grath, Nuala Logue, Vanessa Butler, Nicola Isherwood, Maria Alvaez, Kathy Hyland**	Standard 23: Housekeeping services (23 criteria) **Location: Quality Office** **Interviewees: Michelle Scarry, Niamh Mc Keon**	Standard 24: Reception and telecommunications (15 criteria) **Location: Library** **Interviewees: Judy Tierney, Pauline Mc Donagh, Ann Dolan, Mairead Murrihy, Caoimhe Donohue, Alan Deegan**	**Cross check AO & Report Preparation**
10:00 **11:30**	**AO input/cross check and feedback preparation**			
11:30 **12:00**	**Closing meeting**			
12:00	**Farewells and depart for Galway Bus Station for coach to Dublin @ 12.45**			

Report ends