

# Inspection Report

## 30 September 2021



### **NORTHERN HEALTH AND SOCIAL CARE TRUST**

**Neonatal Unit  
Antrim Area Hospital  
45 Bush Road  
Antrim  
BT41 2PX**

**Telephone number: 028 94 424000**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust	<b>Responsible Person:</b> Ms Jennifer Welsh Chief Executive Officer Health and Social Care Trust (NHSCT)
<b>Person in charge at the time of inspection:</b> Ms Karen Devlin, Ward Manager	<b>Number of commissioned beds:</b> 16
<b>Categories of care:</b> Augmented Care	<b>Number of beds occupied in the wards on the day of this inspection:</b> 12
<b>Brief description of the accommodation/how the service operates:</b>  The neonatal unit consists of 16 cots, four of which are intensive care (level 1); two are high dependency (level 2); and ten are, special care (level 3). The neonatal unit cares for premature babies and for sick babies who require support.	

## 2.0 Inspection summary

The Chief Medical Officer endorsed the use of the Regional Infection Prevention and Control Audit Tools for Augmented Care Settings by all health and social care (HSC) Trusts in Northern Ireland in the relevant clinical areas in 2013. An improvement programme of unannounced inspections to augmented care areas commenced on 28 May 2013 and continued until 2018. Within the programme there was an expectation that compliance levels would improve year on year until all HSC Trust areas had achieved a compliance rate of 95%. A compliance level of 95% is now the expected standard.

Following on from this in 2018 the future approach to assurance of infection prevention and control practices within neonatal intensive care wards and special care baby units moved from compliance dominant to a collaboration-based model in assuring good practice.

This approach required HSC Trusts to undertake regular self-assessment of the care delivered in their augmented care settings with the agreed overall compliance target scores of 95%. The Neonatal Network Northern Ireland (NINI) works with HSC Trusts to provide a platform for regional sharing of good practice and learning. RQIA have worked collaboratively with the NINI and agreed the protocol for the return of twice yearly submission of HSC Trust self-assessments and updated action plans from the NINI to RQIA. Inspection visits to a selection of neonatal units are undertaken by RQIA to randomly sample aspects of the Regional Infection Prevention and Control Audit Tools for Augmented Care Settings to maintain a watching brief on systems and processes of care, while reserving the right to independently assess/inspect any neonatal unit at any stage should a particular circumstance require this.

An unannounced inspection of the neonatal unit at the Antrim Area Hospital commenced on 30 September 2021, at 09.30 and concluded at 16:00 with feedback to the ward manager and lead neonatal nurse.

The inspection was carried out by two care inspectors from the Hospital Programme Team.

The purpose of this inspection was to validate the findings and actions taken by the NHSCT (the Trust) following their self-assessment with the three regionally agreed inspection tools for augmented care areas. (Regional Infection Prevention and Control Audit Tool for Augmented Care Settings in Northern Ireland, (HSS MD 5/2013), Regional Infection Prevention and Control Clinical Practices Audit Tool for Augmented Care Areas and the DHSSPS Regional Healthcare Hygiene and Cleanliness Audit Tool). Table 1 below sets out agreed regional compliance targets and table 2 sets out the Trust's self-assessment compliance levels.

**Table 1: Regional Level of Compliance**

Compliant	95% or above
Partial Compliance	86 to 94%
Minimal Compliance	85% or below

**Table 2: Self-assessment Level of Compliance July 2020**

### Inspection Tools

Inspection Tools	Self-assessment
Regional Augmented Care Infection Prevention and Control Audit Tool.	98.75%
Regional Infection Prevention and Control Clinical Practices Audit Tool.	100%
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool.	98.75%

This inspection focused on four key themes: the unit's infection prevention control (IPC) and environmental cleanliness; antimicrobial prescribing; enteral feeding; and quality improvement initiatives.

Environmental cleaning and IPC were both found to be of a high standard. There were good antimicrobial stewardship mechanisms in place and staff displayed good knowledge on the management of enteral tube feeding systems. There was a culture of quality improvement evident throughout the unit with a focus on the wellbeing of staff, parents and wider family members.

Babies were observed being supported compassionately by staff. Staff told us they were happy working in the unit and it gave them great job satisfaction. They reported being well supported by the ward manager. A nurse who was part of the student cohort drafted during COVID-19

described her excellent induction, which included combined support from the deputy ward managers and the wider team including the unit's clinical educator.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. To do this, we review the information we hold about the service, examine a variety of relevant records, speak with visitors, staff and management and observe staff practices throughout the inspection.

The information obtained is then considered before a determination is made on whether the service is operating in accordance with the relevant legislation and quality standards.

This report reflects how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the Trust to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

### **4.0 What people told us about the service**

We spoke with parents and they described staff as helpful and supportive, and they felt there was a positive team atmosphere within the unit. Parents told us they were very satisfied with the care, environment, communication and parent education provided by staff. We observed parent information displayed throughout the unit which included information on the facilities within the hospital, and discharge planning classes. Written information was provided for parents on Covid-19 precautions and how psychological support can be accessed from the Paediatric and Neonatal Clinical Psychology Service.

Staff told us they were proud to have successfully implemented precautions that have maintained parental access to the unit and use of the parental facilities throughout the Covid-19 pandemic. The unit has recently received a number of funded I-pads which have been used to facilitate virtual visits on the unit.

### **5.0 The inspection**

#### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to the neonatal unit was undertaken on 15 August 2017 by care inspectors; no areas for improvement were identified during this inspection.

## 5.2 Inspection findings

This inspection focused on four key themes. Each theme was assessed by inspectors to validate the findings and actions taken by the Trust following their self-assessment with the three regionally agreed inspection tools for augmented care areas.

- Infection Prevention and Control and Environmental Cleaning;
- Antimicrobial prescribing;
- Enteral feeding; and
- Quality improvement initiatives.

### 5.2.1 Infection prevention Control and Environment Cleaning

The unit was found to be in good decorative order, with bright, calm surroundings. Environmental cleaning in clinical and non-clinical areas was of a high standard, with a regular programme of environmental audits and equipment cleaning schedules in place. Staff told us there is a six monthly programme of deep cleaning on the unit and although there are limited storage facilities on the unit all areas were observed to be clean and clutter free.

It was noted there were good mechanisms in place for the governance of IPC and environmental cleaning. The IPC team visit the unit daily and are accessible via telephone outside of these visits for support and advice. Examination of records indicated good attendance at mandatory IPC training, and monthly IPC audits were evidenced with accompanying action plans to support any areas for improvement. The ward manager reported good oversight of these audits.

At the beginning of the COVID -19 pandemic a Red Zone, for those babies isolating due to COVID-19, had been partitioned off within the unit. This area had clear signage to indicate it was a Red Zone. Donning and doffing of personal protective equipment (PPE) takes place within an outer area prior to entry of the Red Zone and waste bins, clinical hand washing facilities and information posters were all noted to be in place.

Equipment in use and within stored areas was noted to be clean and well maintained. The use of trigger tape was observed which indicated when the equipment was last cleaned and ready for use. Equipment cleaning schedules were evident and up to date.

The management of waste and sharps was in line with Trust policy. Staff displayed good knowledge in respect of the appropriate management following acquiring a needle stick injury. There were some gaps in staff knowledge regarding the correct symbol for single use equipment; this was highlighted to the ward manager during inspection feedback.

We spoke with staff and observed practices which evidenced excellent compliance with hand hygiene from staff and visitors. Hand decontamination stations and a good supply of personal PPE were available throughout the unit. Clinical hand washing sinks were clean and located near the point of care. A daily flushing regime was in place for all sinks, and a programme of six monthly water testing is carried out by the Trusts Estates Team.

## 5.2.2 Enteral Feeding

For Trusts to comply with this section of the audit tool they must ensure guidance is available to inform practice and to assist in the prevention of infection associated with enteral nutrition. Enteral feed must be stored, used and disposed of in accordance with Trust policy and administration and maintenance of the enteral feeding system should be carried out in accordance with evidence based practice.

Patient care records relating to enteral feeding were reviewed. The required documentation was fully completed and included detail about the insertion set up, and care of the enteral feeding system. The administration of gravity feeding through a nasogastric feeding tube was observed and staff demonstrated appropriate aseptic non-touch technique principles, the appropriate checks were carried out and documentation of the procedure was completed.

Staff demonstrated good knowledge surrounding enteral feeding and the appropriate infection prevention control procedures. It was noted that all nasogastric feeding tubes viewed had the appropriate line labelling in place. The ward manager told us compliance with this practice is strengthened by a process of random safety checks within the unit which include checking line labelling of enteral feeding tubes.

The ward manager told us that all staff complete competency based training on the insertion of orogastric or nasogastric feeding tubes, and on the administration of enteral nutrition on induction. A programme of continuous competency based training is then completed by staff three yearly. It was reported that 70% of staff were currently up to date with this training and on discussion with the ward manager this was due to some staff returning from long term leave. The ward manager provided assurance that any gaps in training would be addressed as a priority.

During the last inspection to the unit in 2017 an auditing process to monitor staff compliance with infection prevention control standards relating to enteral tube feeding had been introduced with assistance from the Trust IPC team. It was noted that this specific auditing was not up to date. On discussion with staff it was acknowledged that the Covid-19 pandemic had impacted on the completion of this auditing. The ward manager provided assurances that this gap in auditing had already been identified and a plan was in place to address this deficit. It was noted that two staff members are now allocated the responsibility of regular audit completion in this area and the ward manager will have ongoing oversight of this process.

## 5.2.3 Antimicrobial Prescribing

Antibiotic prescribing should be carried out in line with evidence-based antimicrobial guidelines. This should improve and reduce the progression of antibiotic resistance and optimise patient outcomes. For organisations to comply with this section they must ensure that there are systems and process in place to ensure a standardised and consistent approach by staff to prescribing. Prescribing should be monitored and reviewed.

Regional neonatal prescribing guidance was available for staff to access on the Trust internet and digital applications which staff can access on their mobile phones. A member of the pharmacy team provides information to medical staff during their induction advising them on the prescribing guidance and how to access relevant antibiotic prescribing policies.

Electronic, computer aided prescribing tools were not available to assist with monitoring of antimicrobial usage in the unit. We were advised that the Trust requires the completion of regional work in order to facilitate an electronic system to monitor antimicrobial usage. Regional work is currently in progress to develop an electronic prescribing and administration record system as part of the Encompass project.

Weekly antimicrobial ward rounds have been stood down as a result of the Covid-19 pandemic to help reduce footfall within the unit. Microbiology, Pharmacy and the IPC team continue to maintain close links with the unit to provide ongoing support and advice. Staff told us they have used virtual methods of communication with the Microbiology Team to optimise this communication link.

Antimicrobial usage is audited in line with antimicrobial prescribing guidance and results along with any actions are shared with staff. A quarterly report is produced by the pharmacy team and The IPC Environmental Committee review audit results centrally to identify any risk factors in prescribing and antimicrobial resistance.

#### **5.2.4 Quality Improvement Initiatives**

Since our previous inspection on 15 August 2017, the neonatal unit had focused on a number of quality improvement initiatives.

The neonatal unit was the first in Northern Ireland to achieve the UNICEF Baby Friendly Accreditation and the unit is currently progressing with the BLISS silver award which focuses on family centred care and developmental care of premature babies.

Staff are progressing the development of a virtual video tour of the unit, 'My Journey'. This video is for parents, siblings, family members and will be available for other professionals via the trust internet. Simulated practice education sessions are currently under development by the units Practice Education Lead and a neonatal newsletter is produced monthly and shared with all staff. This provides a platform for information sharing, learning and celebrating achievements.

Other projects include, 'Kilos and Cuddles', which aims to promote kangaroo care with babies in special care enhancing the bonding between parent and baby. There is plan for a buccal colostrum project which will be developed in partnership with the Neonatal Breastfeeding Lead, the neonatal unit and maternity staff. This will focus on babies receiving colostrum within 2 hours of birth and is underpinned through the evidence based benefits to both mother and baby.

## **6.0 Conclusion**

We found a culture of quality improvement was embedded within the neonatal unit to drive improved outcomes for babies and staff.

Environmental cleanliness was of a high standard and service user feedback was positive and highly complementary of the care provided. We noted there had been considerable work carried out within the unit to support the appropriate IPC measures throughout the Covid-19 pandemic to maintain the safety of babies, parents and staff.

We found antimicrobial usage within the unit was monitored and audited in line with evidence based antimicrobial guidelines. Assurance was provided by the ward manager that a plan was in place to re-establish the regular completion of enteral tube feeding audits. Staff did not report any concerns in relation to completion of the self-assessment tools.

## **7.0 Quality Improvement Plan/Areas for Improvement**

No areas for improvement have been made following this inspection.





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