Inspection Report

26 May 2021

SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST

Neonatal Unit
Ulster Hospital
Upper Newtownards Road
Dundonald
BT16 1RH
Telephone number: 028 9048 4511

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

1.0 Service information

Organisation/Registered Provider: South Eastern Health and Social Care Trust	**Responsible Individual:** Ms Roisin Coulter ,Chief Executive Officer, South Eastern Health and Social Care Trust (SEHSCT)
Person in charge at the time of inspection: Ms. Alison Bartlett, Ward Manager	**Number of commissioned cots:** 13
Categories of care: Augmented Care	**Number of cots accommodated in the Neonatal Unit on the day of this inspection:** 13
Brief description of the accommodation/how the service operates: The neonatal unit consists of 13 cots, two of which are intensive care (level 1); two are high dependency (level 2); and nine are, special care (level 3). The neonatal unit cares for premature babies born after 27 weeks gestation and for sick babies who require support. The unit is staffed by neonatal nurses, medical staff, advanced neonatal nurse practitioners (ANNP) and allied health professionals (AHP), including a developmental physiotherapist.	

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 (NNNI) works with HSC Trusts to provide a platform for regional sharing of good practice and learning. RQIA have worked collaboratively with the NNNI and agreed the protocol for the return of twice yearly submission of HSC Trust self-assessments and updated action plans from the NNNI 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 Ulster Hospital commenced on 26 May 2021, at 09.30 and concluded at 16:30 with feedback to the senior management team.

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 SEHSCT (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 of Level of Compliance July 2020

Inspection Tools	**Self-assessment**
Regional Augmented Care Infection Prevention and Control Audit Tool.	**99**
Regional Infection Prevention and Control Clinical Practices Audit Tool.	**99**
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool.	**97**

This inspection focused on five key themes: the unit's layout and design; Infection Prevention and Control (IPC) and environmental cleaning; anti-microbial prescribing; enteral feeding; and quality improvement initiatives.

The neonatal unit was in good decorative order creating a friendly and welcoming environment for patients, visitors and staff.

Staff demonstrated good practice in the management of sharps and the disposal of waste. Patient equipment was clean and in a good state of repair. Overall, staff had good knowledge and awareness of how to manage infections.

Local IPC screening policies were in place and staff told us that patients can be isolated when appropriate to reduce the risk of the transmission of infection. The Trust IPC team were available to provide support and advice as required.

This inspection identified that there were deficits in relation to two aspects of the completion of audits. The first aspect related to the inaccurate completion of the self-assessment tools. The Trust acknowledged the discrepancies we identified and plan to establish robust mechanisms to ensure accurate completion of further self-assessments which will include the participation of other team members such as estates staff and the IPC team. The second aspect related to the absence of an action plan to address the low scores which were noted during recent line labelling auditing. This was highlighted to senior staff during the inspection.

Patients were observed being supported by compassionate staff. Staff advised that they would be happy for a close family member to be cared within this unit.

There was a culture of quality improvement evident through the unit's work with The Bliss Baby Charter and other quality improvement initiatives**.**

Two areas for improvement were identified one in relation to the completion of audits and self-assessments. The second in relation to the competency assessments for the insertion of orogastric or nasogastric feeding tubes and administration of enteral feeding records.

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

Parents told us they were treated with dignity and respect and felt that staff actively listened to them and attended to their needs. Parents felt they had access to good facilities in the unit and described excellent collaborative working within the neonatal team.

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 26 July 2017 by care inspectors; no areas for improvement were identified. The overall year three compliance target of 95 % had been achieved.

5.2 Inspection findings

This inspection focused on five 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.

- Layout and design;
- Infection Prevention and Control and Environmental Cleaning;
- Anti-microbial prescribing;
- Enteral feeding; and
- Quality improvement initiatives.

The unit was busy during our inspection, however, staff were observed working in a calm and organised way. It was evident that staff have developed therapeutic relationships with patients and their families, whilst promoting an effective and efficient service.

5.2.1 Layout and Design

The unit is funded for 13 incubator/cot spaces and we identified that space and facilities available within the unit were limited. In the intensive care, high dependency and special care baby areas the core clinical space around the incubator/cot area for the delivery of care, was not within 80 per cent of the minimum dimensions recommended by the Department of Health. Despite this issue with the core clinical space the Trust's self-assessment indicated a score of 100 per cent for layout and design. The audit tool was reviewed and the score was discussed with the ward manager. It was noted the audit tool was incomplete and therefore the score was inaccurate.

We noted a number of clinical hand wash sinks were not positioned to allow for optimal workflow and prevent splashing of patients, incubators/cots and equipment. This was identified as an area which required improvement during previous inspections. Following a review and consideration by the Trust estates department it has been determined that the sinks cannot be repositioned. The ward manager and staff mitigate the risk of splashing by limiting the use of these sinks and position incubators/cots as far as possible from these sinks.

There were separate clean and dirty utility rooms and clean storage areas which allowed for clean to dirty workflow.

A room was available which allows for the isolation of patients identified with an infection control risk.

5.2.2 Infection Prevention and Control and Environmental Cleaning

The unit was in good decorative order. A hand decontamination station and supply of personal protective equipment (PPE) was available for visitors on entry to the unit. There was clear signage which provided guidance on the use of PPE and social distancing measures in accordance with Covid-19 regulations. There was good signage displayed about maximum room capacity to maintain appropriate social distancing throughout the unit. A range of IPC audit scores were displayed within a covered notice board for visitors to provide assurance of good cleaning and IPC practices. Information about hand hygiene practices for visitors was also on display at the entrance to the unit.

Environmental cleanliness was of a high standard and there was a regular programme of environmental auditing and equipment cleaning schedules in place. Staff were observed to be compliant with the Trust's dress code policy. Staff were knowledgeable about IPC practices and good compliance with IPC practices was observed in relation to hand hygiene, equipment cleaning, and use of personal protective equipment.

There was a dedicated infection control nurse who attended regular multidisciplinary meetings within the unit and had oversight of hand hygiene, clinical practices, environmental and equipment cleanliness auditing.

There was limited storage facilities in the unit which we acknowledged will only be addressed by a new building. New furniture and computer equipment was being stored along the main reception and corridor areas in the unit. The ward manager told us the equipment had just been delivered and plans were in place to move the equipment to an appropriate storage location. Some storage areas were found to be disorganised and tightly packed with equipment. The ward manager told us plans were in place for newly appointed staff to assume responsibility for assessing stock levels and reorganising storage areas. A regular programme of routine re organisation and de cluttering of storage areas was planned.

5.2.3 Anti-microbial Prescribing

Regional neonatal prescribing guidance was available for staff to access and an online application was available as part of the Trust's Neonatal Unit micro guide which provided prescribing guidance for staff. The antimicrobial pharmacy team provide therapeutic drug monitoring training to doctors during their induction to the Trust.

We were told that a pharmacist was the lead for the Trust's Neonatal and Paediatric Services which included all inpatients and community patients within the Trust. The pharmacist's job plan did not specify how much time should be allocated to the neonatal unit. However, it did include the weekly attendance at the antimicrobial/microbiology ward round. The Trust has submitted a funding request to the Health and Social Care Board (HSCB) for funding of an additional pharmacy post.

Anti-microbic usage is monitored at unit level, however, electronic, computer aided prescribing tools were not available to assist with this. Regional work is underway to develop an electronic prescribing and administration record system as part of the Encompass project. The Trust requires the completion of the regional work in order to facilitate an electronic system to monitor anti-microbic usage.

Antimicrobial prevalence audits were carried out and the results were shared with staff. There was a Trust wide multidisciplinary antimicrobial stewardship team who reviewed audits and analysed data to identify risk factors in prescribing and antimicrobial resistance. It was noted audits did not include assessment of multidisciplinary information provided to parents on antimicrobial usage. This was brought to the attention of the pharmacist who agreed to include this in future audits.

5.2.4 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. Compliance in line with enteral feeding procedures was observed.

Patient's care records relating to enteral feeding were reviewed. The required documentation was fully completed and included detail about insertion set up and care of the enteral feeding system. There was evidence that monthly feeding chart auditing is in place which monitors infection control compliance and documentation of new feeding tube insertion and feeding administration. Staff demonstrated good knowledge about enteral feeding and the appropriate infection prevention control procedures. The administration of gravity feeding through an orogastric feeding tube was observed and staff demonstrated the appropriate technique, checks and documentation of the procedure.

Staff told us they complete annual competency based assessment on the insertion of orogastric or nasogastric feeding tubes, and on the administration of enteral feeding, although records of completed yearly based assessments were not available. Whilst compliance with feeding tube line labelling was observed on review of the monthly auditing records to monitor compliance, low scores were noted for January and March 2021 and action plans to address these findings were not available. This was brought to the attention of senior staff who provided assurance this would be reviewed and an appropriate action plan would be completed. An area for improvement has been made in relation to the completion of audits and yearly competency based assessment recording.

The Trust has a robust mechanism in place for reporting and monitoring prescription related incidents to ensure appropriate actions are taken to drive improvement. This mechanism had highlighted an increase in total parenteral nutrition (TPN) prescription incidents in the absence of an ANNP. We were informed that the ANNP provision had been significantly depleted due to leave and training. We were told that all rotating medical staff receives training on TPN prescribing as part of their induction. Prescription related incidents were identified and corrected at the point of pharmacy prescription review. The Trust should continue to monitor and take appropriate action to address any emerging issues relating to TPN prescription incidents.

5.2.5 Quality Improvement Initiatives

Since our previous inspection the neonatal unit had focused on a number of quality improvement (QI) initiatives.

The unit was working towards achieving The Bliss Baby Charter accreditation. This involves working towards achieving a set of standards including parental access, psychological support and feeding. To receive accreditation the unit must be assessed and rated by Bliss representatives. This accreditation recognises and celebrates excellence in quality of family-centred care within neonatal units.

Other initiatives included the establishment of QI teams whose focus was on key areas such as breast feeding, RQIA inspections and improvement plans. The occupational therapy lead had introduced a programme called Solar Siblings, to support siblings of patients and promote their involvement. Prior to Covid-19 sibling visits to the unit were facilitated and there are no current plans to recommence these visits due to the ongoing risk of Covid-19.

6.0 Conclusion

During the inspection we found evidence of effective leadership at ward and senior management level which has enabled the Trust to deliver a safe and compassionate service and embed a culture of quality improvement.

We found the self-assessments were generally well completed and in the main action plans had been developed to address any issues identified by the Trust. Some minor discrepancies were identified and these were discussed with staff, who agreed to address these when completing future self-assessments. Staff appreciated the benefits of completing the self-assessments but commented that completion of the self-assessment tools was time consuming for the ward manager. This was discussed with the senior management team during feedback who agreed to review the process of completing the tools to ensure completion is not reliant on one individual and will ensure involvement from estates and IPC team members.

We identified two areas for improvement that will further support the Trust to deliver improved outcomes for patients and staff.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).

	Standards
Total number of Areas for Improvement	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the senior management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006).	
Area for improvement 1 **Ref:** Standard 5.1 Criteria: 5.3.1 **Stated:** First time **To be completed by:** 26 June 2021	The Trust should ensure that all audits and self-assessments are accurately completed and action plans are developed to address compliance issues identified as part of the audit process. Ref: 5.2.1 and 5.2.4
	Response by registered person detailing the actions taken: Self assessment audit completed for 2021- previous error adressed and audit includes score for cot spacing and sink position. These were not counted in previous audit as new build would only enable compliance.Inclusion now reflected in score of 87.5%.
Area for improvement 2 **Ref:** Standard 5.1 Criteria: 5.3.1 **Stated:** First time **To be completed by:** 26 June 2021	The Trust should ensure that staff yearly competency assessments for the insertion of orogastric or nasogastric feeding tubes and administration of enteral feeding are recorded Ref: 5.2.1 and 5.2.4
	Response by registered person detailing the actions taken: Yearly competence forms are already included in unit mandatory training- Neonatal team leaders to enure staff complete yearly.

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews