



Unannounced Augmented Care Inspection

Craigavon Area Hospital Neonatal Unit Year 3 Inspection

28 June 2017

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Profile of Service

The three year improvement programme of unannounced inspections to augmented care areas commenced in Craigavon Area Hospital Neonatal unit on 30 July 2013.

The unit cares for premature and sick babies, any baby requiring special care and those babies who may need special attention during the first days of life.

Service Details

| | |
|---|---|
| Responsible Person: Mr. Francis Rice | Position: Chief Executive of the Southern Health and Social Care Trust |
|---|---|

What We Look for

Inspection Audit Tools

During a three year cycle all neonatal units were initially assessed against the following regionally agreed standards and audit tools:

- Regional Neonatal Infection Prevention and Control Audit Tool
- Regional Infection Prevention and Control Clinical Practices Audit Tool
- Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool

These Inspection tools are available on the RQIA website www.rqia.org.uk.

2.0 Inspection Summary

This is the third inspection of a three year inspection cycle undertaken within neonatal care units. Initially, in year one of this inspection cycle all neonatal units were assessed against all three audit tools: the regional neonatal infection prevention and control audit tool, the regional infection prevention and control clinical practices audit tool and the regional healthcare hygiene and cleanliness standards and audit tool. Compliance was assessed in each separate area by taking an average score of all elements of each tool. The agreed overall compliance target scores were 85 per cent in the first year, rising to 90 per cent in the second year and 95 per cent in year three. The table below sets out agreed compliance targets.

| | Year 1 | Year 2 | Year 3 |
|--------------------|--------------|--------------|--------------|
| Compliant | 85% or above | 90% or above | 95% or above |
| Partial Compliance | 76% to 84% | 81 to 89% | 86 to 94% |
| Minimal Compliance | 75% or below | 80% or below | 85% or below |

In this neonatal unit (Craigavon Area Hospital), the overall year three compliance target of 95 per cent had already been achieved in in all three audit tools. Year three compliance was achieved in 2013/14 for the regional healthcare hygiene and cleanliness standards and audit tool (year one of the inspection cycle). The regional infection prevention and control clinical practices and the regional healthcare hygiene and cleanliness standards achieved year three compliance in 2015/16 (year two of the inspection cycle).

The focus of this inspection was to review the neonatal unit's improvement (current and/or previous) and discuss any quality improvement initiatives established and in place since the unit's last inspection visit.

The findings of this unannounced inspection were discussed with a trust representative, as part of the inspection process and can be found in the main body of this report.

This report can be read in conjunction with year one and two inspection reports which are available www.rqia.org.uk.

<https://www.rqia.org.uk/inspections/view-inspections-as/map/craigavon-area-hospital/>

This inspection team found evidence that the neonatal unit in Craigavon Area Hospital has continued to improve and implement regionally agreed standards.

After reviewing improvement plans with the unit lead nurse, we were satisfied that all necessary actions had and continue to be progressed. Details of these can be found in section 6.

We were informed of some positive improvement initiatives within the unit that have been included within the body of this report.

Escalation procedures were not required for this inspection. Our escalation policies and procedures are available on the RQIA website.

The RQIA inspection team would like to thank the Southern Health and Social Care Trust and in particular all staff at Craigavon Area Hospital for their assistance during the inspection.

Please note: this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with all relevant legislation, standards and best practice.

3.0 Inspection Findings

Quality Improvement Initiatives

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

We were informed of plans for the new neonatal unit being built on the Craigavon area hospital site. The completion date of this unit is still to be determined. In order to comply with current design specifications and standards the size of the new unit is of significant increase from the existing unit; increasing from 253 m² (square metres) to 869.50m². This increase will provide additional work space for staff around the neonate and it is hoped that the modern design of the unit will improve the overall experience for families and parents.

Neonatal sepsis is a significant cause of morbidity and mortality of hospitalised new-borns and premature infants. To reduce the risk of early onset sepsis it is essential that staff recognise the early signs and symptoms of neonatal infection so appropriate treatment can commence. To reduce any unnecessary delays in recognising and treating sick babies, unit staff have developed a sepsis risk assessment tool. Each baby admitted to the unit will be assessed with this tool. This tool includes the key priorities which are set in NICE clinical guidelines: Neonatal infection (early onset): Antibiotics for prevention and treatment (2012).

During our inspection to the unit in 2015, we were informed of a blood culture contamination rate of 5.4 per cent. A trust multidisciplinary team meeting was set up in response to increased levels of blood culture contamination rates and actions for improvement were identified in staff training, practices and assessment. Improvement with these factors was critical in a reduction of blood culture contamination rates within the unit. The most recent figures highlight a zero per cent blood culture contamination rate within the unit from January to March 2017.

Unit staff are engaged in initiatives to improve the percentage of mothers' breastfeeding at discharge and also an initiative aimed at ensuring normothermic temperatures of new-borns are taken on admission to the neonatal unit. This ensures the neonate is maintaining the correct temperature to maintain physiological processes essential for survival with minimum energy use and oxygen consumption.

The trust has launched a new Care Pathway for the Management of Blood and Body Fluid Exposure. The aim of this pathway is to provide clear guidance for all staff to enable the efficient management of blood and body fluid exposure.

The inspection team observed that staff within the neonatal unit are engaged and committed to quality initiatives and collaborative working in order to drive forward improvement in the delivery of care.

4.0 Key Personnel and Information

Members of the RQIA Inspection Team

Mr T Hughes Inspector, Healthcare Team

Trust Representative Attending local Feedback Session

The key findings of the inspection were outlined to the following trust representative:

Ms U Toland Lead Nurse Neonatal Intensive Care Unit

5.0 Improvement Plan – Year 3 (2017/18)

This improvement plan should be completed detailing the actions planned and returned to Healthcare.Team@rqia.org.uk for assessment by the inspector. The responsible person should note that failure to comply with the findings of this inspection may lead to further action. The responsible person should ensure that all actions for improvement are progressed within the specified timescales.

| Improvement Plan – Year 3 (2017/18) | | | | |
|--|-------------------------|--------------------|------------------|--------------------------------|
| Reference number | Actions for Improvement | Responsible Person | Action/ Required | Date for completion/ timescale |
| Regional Augmented Care Infection Prevention and Control Audit Tool | | | | |
| None Required | | | | |
| Regional Infection Prevention and Control Clinical Practices Audit Tool | | | | |
| None Required | | | | |
| Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool | | | | |
| None Required | | | | |

6.0 Improvement Plan – Year 2 and Year 1 (Updated by the Trust)

These improvement plans should be completed detailing the actions planned/progressed and returned to Healthcare.Team@rqia.org.uk for assessment by the inspector. The responsible person should note that failure to comply with the findings of this inspection may lead to further action. The responsible person should ensure that all actions for improvement are progressed within the specified timescales.

Year 2 (2015/16)

The Regional Neonatal Care Audit Tool

The Regional Clinical Practices Audit Tool

| Improvement Plan – Year 2 (2015/16) | | | | | |
|---|--|--------------------|--|---|--|
| Reference number | Actions for Improvement | Responsible Person | Action/ Required | Date for completion/ timescale | Updated by Trust 2017 |
| Regional Neonatal Care Infection Prevention and Control Audit Tool | | | | | |
| 1. | Until the new unit opens in 2017, the layout and design of the unit should be keep under review for maximum space utilisation. | | <p>An initial scoping exercise has been carried out 20/04/15 in relation to plans for future neonatal service provision. As per the schedule issued by the design team the future accommodation will increase in size to comply with current design standards for neonatal units and to address the current issues with functional space and the absence of specific accommodation within the current unit.</p> <p>It is anticipated that the floor space will increase from current</p> | Trust programme of phased redevelopment over next number of years with progression of neonatal development from 2017 onwards. | Due to current financial status and interim arrangements regarding governmental position this is still in the discussion phase and has not progressed. |

| Improvement Plan – Year 2 (2015/16) | | | | | |
|--|--|--------------------|---|--|---|
| Reference number | Actions for Improvement | Responsible Person | Action/ Required | Date for completion/ timescale | Updated by Trust 2017 |
| | | | 253square metres to 869square metres. In the interim the Trust reviewed accommodation in line with infection control and BAPAM standards 2 years ago developing an Estates' plan to make the best use of the available space. Work was completed and the Trust will continue to review space utilisation within the unit whilst plans for a new unit are being developed and progressed. | | |
| Regional Infection Prevention and Control Clinical Practices Audit Tool | | | | | |
| 2. | Staff should ensure the out of date neonatal ICU Antibiotic guidelines are reviewed. | | The Northern Ireland neonatal network NNNI of which the Southern Trust is a partner have already established a task and finish group to review Antimicrobial guidelines. Representatives from across the service in NI to include neonatologists, microbiologists and pharmacists have been actively involved in the work of this group. The final draft is nearing completion | Dissemination to Neonatal Units throughout NI anticipated early 2016 | Regional antimicrobial guidance approved by the Neonatal network and issued and operational 20 January 2017 |

| Improvement Plan – Year 2 (2015/16) | | | | | |
|-------------------------------------|---|--------------------|--|---|--|
| Reference number | Actions for Improvement | Responsible Person | Action/ Required | Date for completion/ timescale | Updated by Trust 2017 |
| 3. | Electronic/computer aided tools should be available to assist with antimicrobial prescribing. | | The ability to use electronic /computer aided tools is being considered by the Trust | The electronic prescribing project is in its infancy and if and when rolled out in NI, there will be the ability to link lab results and Trust guidelines to aid prescribing. | The electronic prescribing project has not been rolled out regionally however when it is implemented the Trust will embrace developments to improve antimicrobial prescribing. |

Year 1 (2013/14)

Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool

| Improvement Plan – Year 1 (2013/14) | | | | | |
|--|--|-------------------------------------|--|-------------------------------------|--|
| Reference number | Actions for Improvement | Responsible Person | Action/ Required | Date for completion/ timescale | Updated by Trust 2017 |
| Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool | | | | | |
| Standard 2: Environment | | | | | |
| 1. | Staff should ensure all surfaces are clean and free from dust and dirt. | Domestic services | All surfaces have been cleaned and are included in departmental audits. | Complete and ongoing on daily basis | Ongoing on daily basis with enhanced frequency of cleaning when IPC issues pertinent. |
| 2. | A maintenance programme should be in place to ensure minor repairs are carried out to walls and doors. | Estates Facilities Ward staff | Weekly ward managerial environmental cleanliness audits will continue and minor areas for repair will be reported and actioned. | On going | Ward managerial environmental cleanliness audits I continue to identify minor areas for repair which are reported and actioned as minor works. |
| 3. | Staff should ensure drugs' fridges are locked and temperature checks consistently recorded. | Ward staff | Key pad lock has since been fitted on outer preparation room door Staff reminded to continue to check temperatures daily and record on sheet available. | Ongoing twice daily | All cupboards in drug preparation room locked and nurse in charge holds keys. Ongoing records of twice daily temperature checks available for |

| Improvement Plan – Year 1 (2013/14) | | | | | |
|-------------------------------------|--|------------------------|--|---|---|
| Reference number | Actions for Improvement | Responsible Person | Action/ Required | Date for completion/ timescale | Updated by Trust 2017 |
| | | | Staff will now carry out checks routinely at same time as hand over check of controlled drugs. | | inspection |
| 4. | Nursing cleaning schedules should include all general patient equipment. | Ward staff | A modified version of the cleaning schedule has been implemented which details a complete cot side clean on a daily basis. Records will be retained. | Ongoing on daily basis | Each nursery continues to have cleaning schedules with records available for inspection |
| 5. | NPSA colour coding guidelines should be displayed for nursing staff. | Facilities | Laminated poster of NPSA guidelines now available and on display. | completed | Laminated poster of NPSA guidelines remains on display |
| Standard 4: Waste and Sharps | | | | | |
| 6. | All staff should ensure sharps boxes are labelled on assembly. | Neonatal staff | | Staff reminded that Sharps boxes need to be signed and dated. Actioned on day of inspection | Actioned and ongoing monitoring in place |
| Standard 7: Hygiene Practice | | | | | |
| 7. | The trust should ensure that patient equipment is | Ward staff and Medical | | Equipment cleaning assistant / ward staff | Equipment cleaning standard operating |

| Improvement Plan – Year 1 (2013/14) | | | | | |
|-------------------------------------|--|--------------------|------------------|---|--|
| Reference number | Actions for Improvement | Responsible Person | Action/ Required | Date for completion/ timescale | Updated by Trust 2017 |
| | appropriately decontaminated and maintained in a good state of repair. | technical team | | will continue to clean patient equipment and retain cleaning records for tracking purposes. All equipment faults will continue to be reported to medical technical team for prompt repair or replacement. | procedures remain in place, records available for inspection and patient tracking systems in place for high risk equipment. Electronic faulty Equipment reporting system operational with MTO support daily to Neonatal Unit to follow up on repair of equipment |



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)