The Regulation and Quality Improvement Authority

Unannounced Augmented Care Inspection

Altnagelvin Hospital
Neonatal Unit
Year 3 Inspection

14 June 2017

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Contents

1.0 Profile of Service

The three year improvement programme of unannounced inspections to augmented care areas commenced in Altnagelvin Hospital Neonatal unit on 4 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: **Dr Anne Kilgallen**	Position: **Chief Executive of the Western 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 (Altnaglevin Hospital), the overall year three compliance target of 95 per cent had already been achieved in relation to two of the three regional audit tools (the regional neonatal infection prevention and control audit tool and the regional infection prevention and control clinical practices audit tool) during the unit's unannounced inspection in 2015/16 (year two of the inspection cycle). Therefore the standards and areas assessed by these tools were not in the unit's year three inspection.

The focus of this year three unannounced inspection was to assess practice only against standards contained within the regional healthcare hygiene and cleanliness standards and audit tool. Only those standards that had been identified in previous inspections as requiring improvement (in order to achieve year three compliance) were assessed. During this inspection we also reviewed the neonatal unit's improvement plans (current and/or previous) and discussed 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/altnagelvin-hospital/

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

We found improvements in the management of patient equipment within the unit. Areas previously identified had been addressed. There were processes in place to ensure rigorous cleaning procedures, including a weekly audit by senior staff.

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 are included within the body of this report.

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

The RQIA inspection team would like to thank the Western Health and Social Care Trust and in particular all staff at Altnagelvin 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

The Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool

The regional healthcare hygiene and cleanliness standards and audit tool provides a common set of overarching standards for all hospitals and other healthcare facilities in Northern Ireland. The audit tool covers a number of areas which are assessed individually using a number of standards.

Compliance targets in each individual area are the same as those set out earlier in relation to overall compliance scores.

	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

The overall year three compliance target of 95 per cent had already been achieved in relation to two of the three regional audit tools (the regional neonatal infection prevention and control audit tool and the regional infection prevention and control clinical practices audit tool) during the unit's unannounced inspection in 2015/16 (year two of the inspection cycle). Therefore the standards and areas assessed by these tools were not in the unit's year three inspection. Only those standards that had been identified in previous inspections as requiring improvement (in order to achieve year three compliance) were assessed.

As the full audit tool was not required for this inspection an overall score is not available. Only those individual areas which contributed to a compliance target of 95 per cent not previously been achieved were assessed.

The table below includes the areas of the audit tool that were assessed during this inspection and also gives the compliance rates in these areas in both year one (2013/14) and this year three (2017/18) inspection.

Table 1: Compliance Level

Area inspected	Year 1	Year 3
Patient Equipment	76	95

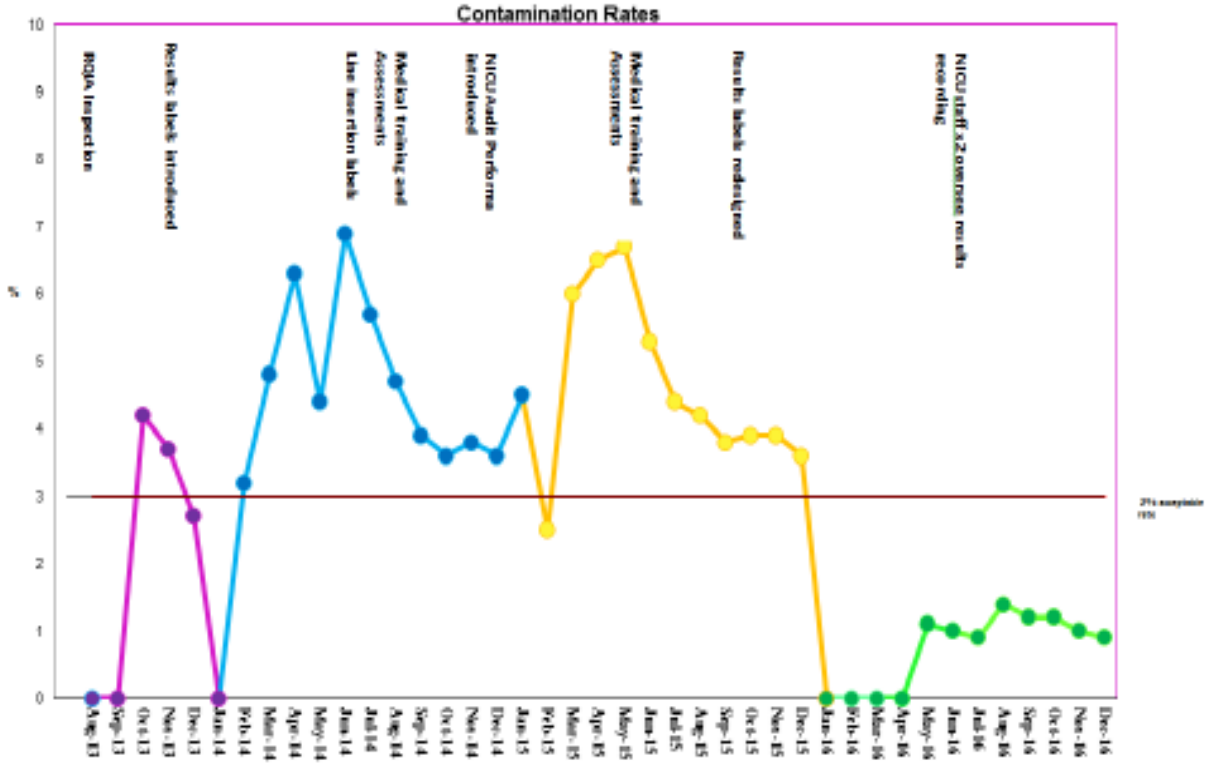
Patient Equipment

We observed patient equipment was clean, free from damage and stored appropriately. Mechanisms were in place to assure adherence to cleaning procedures, including a weekly audit by senior staff. The unit has achieved year three compliance.

Quality Improvement Initiatives

The RQIA inspection carried out in July 2013 highlighted a high blood culture contamination rate and an ineffective surveillance and recording system for monitoring blood culture contaminants. A trust multidisciplinary team (MDT) was set up to review blood culture practices in order to determine areas for improvement. Areas for improvements were identified in staff training and assessment, a blood culture guideline was developed, and blood culture recording labels and a specialised audit tool were implemented.

We can observe in the run chart below, that implementation of these factors was critical in the sustained reduction below the accepted 3 per cent in blood culture contamination rates over the past 4 years. Several unit staff developed this improvement initiative into a poster presentation which won first prize at the Neonatal Nurses Association Conference in May 2017.



We were informed of the development of new care pathways to guide staff when carrying out infrequent procedures. An example of this is the pathway for Laser Eye Surgery to ensure the smooth co-ordination and management for a baby requiring laser treatment.

An infant feeding neonatal lead has been introduced to the unit, to support breastfeeding and lactation in the NICU. We were informed that this has helped to implement United Nations Children's Fund (UNICEF) neonatal standards. The unit had also reviewed practices in the administration and checking of expressed breast milk and donor milk to ensure continued adherence to best practice guidance.

4.0 Key Personnel and Information

Members of the RQIA Inspection Team

Mr T Hughes Inspector, Healthcare Team
Ms M Keating Inspector, Healthcare Team

Trust Representative Attending local Feedback Session

The key findings of this inspection were discussed with the following trust representative:

Ms N Colton - 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 Tools

Improvement Plan – Year 1 (2015/16)					
Reference number	**Actions for Improvement**	**Responsible Person**	**Action/ Required**	**Date for completion/ timescale**	**Update by Trust 2017**
Regional Neonatal Care Infection Prevention and Control Audit Tool					
1.	It is recommended that Infection prevention and control staffing levels should be reviewed to facilitate daily visits to the unit.	IPCT	Current IPCN staffing levels do not allow for daily visits. However, when risks are identified daily communication is present. This is also strengthened by IPCNs having access to the Neonatal SharePoint. Regular communication between IPC Link Nurse and Nurse Manager (currently monthly meetings established). Validated HII audits undertaken by	Outstanding	Completed: with the exception of a successful business case for additional IPC staff.

Improvement Plan – Year 1 (2015/16)					
Reference number	**Actions for Improvement**	**Responsible Person**	**Action/ Required**	**Date for completion/ timescale**	**Update by Trust 2017**
			IPCNs. A business case for additional IPC staff to enable daily visits was prepared. We have been advised that the Trust cannot submit business cases unless invited to do so by the commissioners. As a result a proposal to be invited to submit a business case will be tabled.		
2.	It is recommended that adherence to core clinical space recommendations and an improvement in the facilities available within the unit should be reviewed as part of any refurbishment/new builds planning.	Estates	The core clinical space recommendations cannot be changed at this time due to restrictions of the building. However, they will be reviewed during any future refurbishment of the unit.'	Achieved	Achieved
3.	It is recommended that the unit water risk assessment is reviewed.	Estates	Will be reviewed and updated at the next Water safety meeting	December 2015	Completed
4.	It is recommended that staff ensure that all relevant documentation is recorded on expressed breast milk and the relevant label is fixed to the bottles when fortifier is added.	NICU	All staff have been updated and new staff will undergo training. This will be added to the unit Induction booklet.	Completed	Completed

Improvement Plan – Year 1 (2015/16)					
Reference number	**Actions for Improvement**	**Responsible Person**	**Action/ Required**	**Date for completion/ timescale**	**Update by Trust 2017**
Regional Infection Prevention and Control Clinical Practices Audit Tool					
5.	It is recommended that longer-term staff receive update training and ongoing competency assessment in the management of invasive devices.	NICU	A programme of competency assessments will be developed and all staff will undergo assessments	May 16	Achieved
6.	It is recommended that all documentation is completed correctly for the insertion of invasive devices.	NICU	All staff will undergo education in the necessary documentation. Labels updated to include all relevant information. Medical staff to be reminded at time of insertion.	March 16	Achieved
7.	It is recommended that the Neonatal Antibiotic Formulary is reviewed and updated as required to ensure continued accuracy of guidance for staff.	NNNI	This is currently a regional initiative. Local formulary to be reviewed and updated	Aim for this to be available within 1 year December 15	Completed
8.	It is recommended that antimicrobial ward rounds are carried out.	Consultant Microbiologists	Our action for improvement does not request daily visits from Microbiology. However, Microbiologists are readily available for advice and information	Not achievable	The Trust will work towards this action dependent upon resources

Improvement Plan – Year 1 (2015/16)					
Reference number	**Actions for Improvement**	**Responsible Person**	**Action/ Required**	**Date for completion/ timescale**	**Update by Trust 2017**
9.	It is recommended that electronic/computer aided prescribing tools should be available to assist with antimicrobial prescribing.	Antimicrobial Pharmacist / Consultant Microbiologists	This is not currently achievable as lack of funding is available. Antimicrobial prescribing guidance and the BNF for children are available on the intranet.	Without investment this is not achievable	The Trust will work towards this action dependent upon funding and resources
10.	It is recommended that the 'Guidance on the Insertion of Naso/Orogastric Enteral Feeding Tube in NICU and Staff Competency' is reviewed and updated to include time interval for the replacement of enteral feeding tubes and labelling of enteral feeding lines.	NICU	Nursing staff reviewed and completed	Completed	Completed

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**	**Update by Trust 2017**
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool					
1.	A maintenance programme should be in place to ensure the general environment, furniture, fixtures and fittings are in a good state of repair.	Estates	Procedures are in place to provide for Reactive and Planned/Preventative Maintenance. All faults are to be promptly reported via the helpdesk Environmental audits carried out fortnightly and actions reported via electronic estates database.	Completed	Completed
2.	The environment should be free from clutter and inappropriate items to facilitate the cleaning process.	NICU	De-clutter guidance is in Draft form and introduced to Unit August 2013. Guidance to be approved Nurse in Charge on a daily basis is responsible for ensuring that the unit is free from clutter and guidance is adhered to.	Completed and on-going	Completed and on-going
3.	Fridge temperature records should be consistently recorded.	NICU	Nurse in charge responsible for ensuring compliance Audit planned for sept2013	Achieved	Achieved

Improvement Plan – Year 1 (2013/14)					
Reference number	**Actions for Improvement**	**Responsible Person**	**Action/ Required**	**Date for completion/ timescale**	**Update by Trust 2017**
4.	The room temperatures for the clean and dirty utility room should be reviewed. The bedside cleaning documentation should be developed into robust nursing cleaning schedules.	Estates	Minor Capital works request has been submitted requesting that cooling is added to these areas. Bedside cleaning schedules for staff have been reviewed.	Achieved	Completed
Standard 4: Waste and Sharps					
5.	Waste bins and sharps boxes should be clean and in a good state of repair. Waste bin labels should be intact.	NICU	New bins ordered	Achieved	Achieved
Standard 5: Patient Equipment					
6.	All stored equipment should be identified as clean and ready for use.	NICU	Storeroom re-organised to accommodate all equipment. All redundant equipment covered with plastic bag to prevent dust collection. All equipment stored in identified store room has been cleaned and is ready for use (A notice on the door depicts this) and all asset numbers have been recorded in 'Equipment Database'. Estates asked to review layout of room with a view to adding shelves	Achieved.	Achieved

Improvement Plan – Year 1 (2013/14)					
Reference number	**Actions for Improvement**	**Responsible Person**	**Action/ Required**	**Date for completion/ timescale**	**Update by Trust 2017**
7.	Sterile or single use equipment is not removed from its packaging prior to use.	NICU	Ward practices have been amended to ensure that this has been actioned.	Achieved.	Achieved
8.	Nursing staff should update their knowledge regarding the symbol for single use items and the designation of clean and dirty ends of a cot.	NICU	Staff training undertaken. Nurse in charge/ senior staff responsible for monitoring daily compliance	Achieved.	Achieved
9.	Patient equipment is free from adhesive tape residue.	NICU	All staff reminded not to use adhesive stickers on equipment Monitoring of patient equipment cleanliness undertaken during environmental audits	Achieved.	Achieved
Standard 7: Hygiene Practices					
10.	All staff should comply with the WHO five moments for hand hygiene.	NICU	Hand Hygiene Audits carried out 2/month. Any results< 95 increased to daily or as a result of infection within unit. All staff attend mandatory Infection Prevention and Control Training New staff undergo training and records kept at local level	Achieved.	Achieved A unit IPC handbook has been developed and regularly updated and stored on SharePoint

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