The Regulation and Quality Improvement Authority

Inspection Report

02 September 2021

WESTERN HEALTH AND SOCIAL CARE TRUST

Special Care Baby Unit
South West Acute Hospital
Irvinestown Road
Enniskillen
BT74 6DN
Telephone number: 028 6638 2000

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: Western Health and Social Care Trust	**Responsible Individual:** Mr. Neil Guckian, Chief Executive Officer, Western Health and Social Care Trust (WHSCT)
Person in charge at the time of inspection: Ms. N Colton, Head of Paediatric and Neonatal Services.	**Number of commissioned cots:** 6
Categories of care: Augmented care	**Number of cots accommodated in the** Special Care Baby Unit on the day of this inspection: 2
Brief description of the accommodation/how the service operates: The Special Care Bay Unit (SCBU) at the South West Acute Hospital is a six bedded level 3 facility which 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.	

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.

Delays in self-assessment submissions were identified and 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 South West Acute Hospital commenced on 02 September 2021, at 09.30 and concluded at 15:00 with feedback to the Head of Paediatric and Neonatal Services and the Assistant Director for Women and Children's' Services.

The inspection was carried out by a care inspector from the Hospital Programme Team.

The purpose of this inspection was to validate the findings and actions taken by the WHSCT (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.	**99.4%**
Regional Infection Prevention and Control Clinical Practices Audit Tool.	**97%**
Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool.	**99.7%**

This inspection focused on three key themes: preparation, storage and use of breast milk and specialised powdered infant formula; anti-microbial prescribing; and quality improvement initiatives.

We found ongoing improvements with anti-microbial prescribing however further improvements are required in the preparation, storage and use of breast milk and specialised powdered infant formula.

A culture of quality improvement was evident in the unit's work in supporting parents to make informed choices about how they feed their baby, which led to the unit being receiving the UNICEF UK Gold Baby Friendly Award.

Three areas for improvement were identified, one in relation to the development of a protocol/guidance for staff on the preparation and storage of specialised powdered infant formula in SWAH SCBU. The further two have been stated for a second time; one in relation to the temperature checks of frozen donor milk and the other relates to the completion of antimicrobial audits.

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 one relative who informed us they were happy with the care and support they had received from staff while in 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 SCBU was undertaken on 30 January 2018 by care inspectors, the overall year three compliance target of 95 % had been achieved, and however, two areas for improvement were identified.

Areas for improvement from the last inspection to SWAH SCBU unit on 30 January 2018		
Action required to ensure compliance with The Quality Standards for Health and Social Care DHSSPSNI (March 2006)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 5.1 Criteria: 5.3.1 **Stated:** First time	Staff should ensure that temperature checks are carried out on receipt of the frozen donor milk to identify any failures in the cold chain.	**Partially met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as partially met. Further detail is provided in section 5.2.1	
Area for Improvement 2 **Ref:** Standard 5.1 Criteria: 5.3.1 **Stated:** First time	Antimicrobial usage within the unit should be routinely audited in line with antimicrobial prescribing guidance.	**Not met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as not met. Further detail is provided in section 5.2.2.	

5.2 Inspection findings

This inspection focused on three 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.

- Preparation, storage and use of breast milk and specialised powdered infant formula;
- Anti-microbial prescribing; and
- Quality improvement initiatives.

5.2.1 Preparation, storage and use of breast milk and specialised powdered infant formula

For organisations to comply with this section they must ensure that preparation, storage and use of breast milk and specialised powdered infant formula is carried out correctly**.** Policies and procedures should be in place, known and implemented by staff. The unit achieved compliance in this section of the self-assessment audit tool. The associated action plan identified areas for improvement relating to the completion of risk assessments for the procedural arrangements for the collection and storage of breast milk and the procedural arrangements for the preparation and storage of specialised powdered infant formula.

There were a range of policies and procedures available to advise staff on the collection, storage, use and disposal of breast milk including donor breast milk. Staff were aware of these policies and how to access them. Both fresh and frozen breast milk was correctly labelled and stored appropriately. However, staff did not consistently record the temperature of frozen donor breast milk when it was delivered to the unit in line with Trust policy. Staff were not aware of the location of the unit's thermometer and stated on occasions they relied on the staff delivering the milk to complete temperature checks. This was brought to the attention of the senior manager during the inspection and a process was implemented to ensure staff could access this equipment effectively. The previous area for improvement in relation to the temperature checks carried out on receipt of the frozen donor milk identified during the January 2018 inspection will therefore be stated for a second time.

The Trust IPC guidance available for staff on the preparation and storage of specialised powdered infant formula did not reflect current arrangements in the SCBU. The unit staff prepares infant formula in a dedicated room within the unit unlike the arrangements for Altnagelvin Neonatal Intensive Care who avail of the services of a dedicated milk kitchen referred to in the current IPC handbook. Therefore, local protocols should be developed to guide staff in SWAH SCBU. Staff stated they prepare infant formula in line with manufacturer's instructions and outlined the actions taken to mitigate risk of contamination such as aseptic non-touch technique (ANTT) and cleaning practices. A risk assessment was available for the preparation and storage of specialised powdered infant formula in the unit dated December 2020. An area for improvement has been made in relation to the protocol/guidance for staff on the preparation and storage of specialised powdered infant formula in SCBU and updating of the Trust IPC handbook**.**

5.2.2 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.

The nurse in charge told us that antimicrobial usage within the unit is minimal and there is not the same requirement as in a neonatal intensive care for routine anti-microbial ward rounds. It was established that there is no ward-based pharmacist currently in place within the unit but pharmacy and microbiology support was available and easily accessible when required. There are quarterly meetings attended by neonate, paediatric and maternity doctors and nurses and IPC staff during which antibiotic usage is discussed and learning is shared.

There is a Trust wide multidisciplinary antimicrobial stewardship team who review audits and analyse data to identify risk factors in prescribing and antimicrobial resistance. Antimicrobial stewardship audits have not been completed in line with antimicrobial prescribing guidance. The Trust is currently piloting a standardised antimicrobial stewardship audit to all wards in the Trust. Senior staff stated two members of the medical team have been nominated to complete audits and the Trust agreed to share the next audit results with RQIA when completed. The previous area for improvement relating to the completion of antimicrobial usage audits will therefore be stated for a second time.

Senior staff outlined the governance systems in place to share audit results and any concerns in relation to IPC, this includes the development of action plans to ensure remedial action is taken.

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.

Regional neonatal prescribing guidance was available for staff to access on the Trust intranet and digital applications are available for staff to access on their mobile phones. This guidance is reviewed by the NNNI. We confirmed that medical staff are provided with information on relevant antibiotic policies and how to access these polices during induction. The Trust antimicrobial pharmacist confirmed antimicrobial stock held on the unit is in line with antimicrobial guidelines and antimicrobials requested outside of this are checked by a dispensary pharmacist. If a restricted antibiotic is requested the unit is advised further authorization is required by a microbiologist or consultant.

5.2.3 Quality Improvement Initiatives

The Trust's Southern Sector has been awarded the UNICEF UK Gold Baby Friendly Award for the second year running in recognition for the support for breastfeeding; supporting parents to make informed choices about how they feed their baby.
The Trust has appointed a Consultant, with a specialist interest in Neonatology, following which the unit has introduced a multidisciplinary team (MDT) teaching programme and simulation training.

6.0 Conclusion

We found ongoing improvements with anti-microbial prescribing however further improvements are required in the preparation, storage and use of breast milk and specialised powdered infant formula. A culture of quality improvement was evident in the unit's work in supporting parents to make informed choices about how they feed their baby.

We found the self-assessments were generally well completed and action plans developed to address any issues identified by the Trust. Some minor discrepancies were identified and these were discussed with staff. Senior staff commented that completion of the self-assessment tools was time consuming.

We identified three areas for improvement; these included two areas stated for a second time and one new area for improvement that will further support the Trust to deliver improved outcomes for patients and staff.

7.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been stated for a second time and one new area for improvement has been identified where 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	3

Areas for improvement and details of the Quality Improvement Plan were discussed with the Head of Service for Paediatric and Neonatal services and Assistant Director for Women and Children's' Services, 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: Second time** **To be completed by:** Immediate from date of inspection	Staff should ensure that temperature checks are consistently carried out on receipt of the frozen donor milk to identify any failures in the cold chain. Ref: 5.2.1 **Response by registered person detailing the actions taken:** All donor milk arriving on the Neonatal unit is temperature checked with the milk bank staff present, and a form is retained by milk bank staff at the time. On the day of inspection the nurse present did not verbalise this, however it is recognised that the milk bank staff can only access the freezer when the Nurse in charge unlocks the freezer (the keys are only kept at unit level) and it is highly likely that all temperature checks have been completed.. It is also noted that the receiving form does not include an acceptable temperature range and a request to the milk bank to amend the form to include this has now beem forwarded to this Team. All unit staff are reminded where the Fluke thermometer is located and a notice is placed on the freezer door informing them of this.
Area for improvement 2 **Ref:** Standard 5.1 Criteria: 5.3.1 **Stated: First time** **To be completed by:** 2 December 2021	The Trust should develop a protocol/guidance for staff on the preparation and storage of specialised powdered infant formula in SWAH SCBU and ensure the Trust's IPC handbook is updated accordingly. Ref: 5.2.1 **Response by registered person detailing the actions taken:** This has been completed and presented to the HOS governance meeting on 13.9.21 for onward approval at the Directorate governance meeting. The Neonatal IPC Handbook has now been updated.

Area for improvement 3 **Ref:** Standard 5.1 Criteria: 5.3.1 **Stated: Second time** **To be completed by:** 2 November 2021	Antimicrobial usage within the unit should be routinely audited in line with antimicrobial prescribing guidance. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Neonatal Consultant has allocated a senior and junior Doctor to undertake a two month Audit. This is now in progress.

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

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