

East Lancashire Hospitals NHS Trust

Blackburn Birthing Centre

Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital

Good



Maternity and family planning

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Blackburn Birthing Centre is one of seven hospitals and care centres that form East Lancashire Hospitals NHS Trust. This location provides maternity services only. It is a free-standing birth centre where women for whom problems are not anticipated can give birth to their babies in a relaxed 'home-from-home' atmosphere. Although registered with CQC with the name Blackburn Birthing Centre it is known locally as Blackburn Birth Centre, so will be referred to in this way in the rest of the report.

The unit comprises four delivery rooms and a four-bed post-natal bay to allow mothers and babies to remain for a period after delivery. There are approximately 950 babies born here each year.

We carried out a comprehensive inspection because East Lancashire Hospitals NHS Trust had been flagged as high risk on the Care Quality Commission (CQC) 'intelligent monitoring' system (which looks at a wide range of data, including patient and staff surveys, hospital performance information, and the views of the public and local partner organisations). The inspection took place on 30 April 2014.

Overall, this birth centre was providing a good service. We rated it as 'good' for providing effective care, caring for patients, being responsive to patients' needs and being well-led. However, we found that improvements were required in providing safe care.

Our key findings were as follows:

- Care was delivered with kindness and compassion. Women were treated with dignity and respect.
- Incidents were reported and there was evidence of learning as a result of these.
- Ward, birthing and communal areas were clean and infection control practices were in place.
- Birthing mats were worn with ragged edges in places and were stained.
- Midwifery staffing levels within the birth centre were sufficient to provide a safe service.
- Women were provided with food and drink, although the provision was limited.
- Transfers of women from the birth centre to hospital were low.

We saw several areas of outstanding practice, including:

- East Lancashire Hospitals NHS Trust's maternity services, of which the Blackburn Birth Centre forms part, were awarded the Royal College of Midwives' Mothercare Maternity Service of the Year Award (along with Downpatrick Community Maternity Services, Northern Ireland and NHS Forth Valley, Scotland) for their 'innovative work to improve maternity services, promote normal births and facilitate staff engagement activities'. They received the award for improving normal birth rates, reducing caesarean section rates and increasing birth choice for women.

However, there were also areas of poor practice where the trust needs to make improvements:

Importantly, the trust must:

- Birthing mats must be cleaned and regularly checked for any damage, replacing them as necessary.

In addition the trust should:

- Personal development reviews should be recorded correctly so an accurate figure for those completed is available.
- There should be support available and used for women and partners whose first language is not English.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Maternity and family planning

Rating

Good



Why have we given this rating?

In order for the services to be safe, improvement is required. Incidents were reported and there was evidence of learning as a result. We found ward, birthing and communal areas were clean with good infection control practices in place, meaning women and babies were protected from the risks of infection. However, birth mats were worn and showed signs of wear around the edges. There was also evidence of staining. There were three birthing pools used for labour and delivery. Women reported being fully informed of the risks of delivery in a standalone unit, including the length of time emergency transfer by ambulance would take.

Staff were aware of their responsibilities with regards to safeguarding. They had undergone training at the appropriate level, along with trust mandatory training, adult and neonatal basic life support and management of an obstetric emergency, such as the management of a shoulder dystocia or post-partum haemorrhage.

Women were screened appropriately to ensure they were low risk, and where they did not meet the low-risk admission criteria, received appropriate management plans were made.

Midwives reported their staffing levels to be satisfactory and we saw that staffing levels were sufficient to provide a consistently safe service, giving one-to-one care in labour. However, as a service overall, East Lancashire Hospitals NHS Trust maternity service had a midwife-to-birth ratio of 1:31.2, against the recommended rate of 1:28. Following recruitment across the rest of the trust, midwives reported being called to work in other areas far less frequently. Midwifery sickness rates were low. Systems existed to call for further support at times of peaks activity.

Maternity and family planning services were effective. Policies and procedures followed national guidelines. Women were offered a range of pain relief, with three out of four birthing rooms being equipped with a birthing pool. Women were supplied with food and drink, although the provision was limited. This may pose a problem for women wishing for a little longer stay to establish breastfeeding. Transfer rate was monitored and was lower than the national average. The service

Summary of findings

was provided seven days a week and had not had to close since opening in 2010. Staff received appraisals, but these were not always recorded on the trust database. Staff reported good working relationships with GPs and obstetricians.

The services were caring. Care was delivered with kindness and compassion. Patients and their partners were involved and emotional support was good. Staff worked with women to support them with their choice for place of birth. Debrief sessions were provided to women who needed to be transferred to the obstetric unit.

The services provided were responsive to the needs of the local people, however, there was little support for women and partners whose first language was not English.

The maternity and family planning services were well-led. Staff reported good support, both locally and from the wider maternity service. There was a culture of openness and staff reported enjoying working at the centre. There was an up-to-date risk register that had been reviewed, and performance, activity and incidents were fed into the wider trust. The model of care provided was promoted across the wider NHS.

Blackburn Birthing Centre

Detailed findings

Services we looked at

Maternity and family planning;

Contents

| Detailed findings from this inspection | Page |
|--|------|
| Background to Blackburn Birthing Centre | 6 |
| Our inspection team | 6 |
| How we carried out this inspection | 6 |
| Facts and data about Blackburn Birthing Centre | 8 |
| Findings by main service | 9 |
| Outstanding practice | 17 |
| Areas for improvement | 17 |

Detailed findings

Background to Blackburn Birthing Centre

Blackburn Birth Centre is part of East Lancashire Hospitals NHS Trust. In addition to this birth centre, the trust comprises of two acute hospitals, community hospital sites, with inpatient beds at Pendle Community Hospital, Accrington Victoria Hospital and Clitheroe Community Hospital, as well the full range of adult community services. Community services were not included in this inspection.

In 2013, the trust overall was identified nationally as having high mortality rates and it was one of 14 hospital trusts to be investigated by Sir Bruce Keogh (the medical director for NHS England) as part of the Keogh Mortality Review in July 2013. After that review, the trust entered special measures because of these concerns: the governance systems were not providing the expected level of assurance to the board and escalation of risks and clinical issues was inconsistent; imbalance in capacity and demand across Royal Blackburn Hospital and Burnley General Hospital sites; lack of understanding of patient flow; clinical concerns not being addressed; complaints procedure was poor and lacked a compassionate approach; and in some areas the staffing levels were insufficient to meet the basic needs of patients and more nursing leadership, direction and support was required.

After being put into special measures, the trust's application to become a foundation trust was put on hold.

The trust was established in 2003 and is a major acute trust located in Lancashire. Blackburn Birth Centre opened in September 2010 and became operational in November 2010. It recently celebrated its 3,000th birth. The centre comprises four delivery rooms and a four-bed postnatal bay.

Blackburn Birth centre provides services to women in the local authority areas of Blackburn with Darwen, Burnley, Pendle, Rossendale, Hyndburn and Ribblesdale. The Indices of Deprivation 2010 showed that Blackburn with Darwen was the 17th most deprived local authority (out of 326). Between 2007 and 2010 the deprivation score increased, meaning that the level of deprivation worsened. Census data shows that Blackburn with Darwen has an increasing population and a higher than England average proportion of Black, Asian and minority ethnic nationalities. Life expectancy is 3.1 years lower for men and 4.5 years lower for women in the most deprived areas than in the least deprived areas of Blackburn with Darwen.

We inspected this trust as part of our in-depth hospital inspection programme. The trust was selected as it was an example of a high-risk trust according to our new intelligent monitoring model, and to follow up on actions since the Keogh Mortality review.

Our inspection team

Our inspection team was led by:

Chair: Edward Baker, Deputy Chief Inspector, Hospitals, Care Quality Commission (CQC)

Head of Hospital Inspections: Mary Cridge, Head of Hospital Inspections, CQC

The team included CQC inspectors and a midwife.

How we carried out this inspection

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the birth centre. These included the two local clinical commissioning groups (CCGs), and the NHS Trust Development Authority.

We held two listening events, in Blackburn and Burnley, on 29 April 2014, where people shared their views and experiences of Blackburn Birth Centre and the wider trust.

Detailed findings

We talked with patients and staff. We observed how people were being cared for and reviewed patients' records of personal care and treatment.

We carried out an announced inspection to the birth centre on the 30 April 2014.

Detailed findings

Facts and data about Blackburn Birthing Centre

Blackburn Birth Centre comprises four delivery rooms and a four bed postnatal bay. It opened in 2010 and this is its first inspection since registration.

Our ratings for this hospital are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-------------------------------|----------------------|-----------|--------|------------|----------|---------|
| Maternity and family planning | Requires improvement | Good | Good | Good | Good | Good |
| Overall | Requires improvement | Good | Good | Good | Good | Good |

Maternity and family planning

| | | |
|------------|----------------------|---|
| Safe | Requires improvement |  |
| Effective | Good |  |
| Caring | Good |  |
| Responsive | Good |  |
| Well-led | Good |  |
| Overall | Good |  |

Information about the service

East Lancashire Hospitals NHS Trust provides midwife-led care for women within the Blackburn Birth Centre. This is a freestanding birth centre where women for whom problems are not anticipated can give birth to their babies in a relaxed home-from-home environment. The unit comprises four delivery rooms and a four-bed postnatal bay to allow mothers and babies to remain for a period after delivery. This is usually little more than overnight, at the mother's request. In addition, the centre has facilities to hold midwife-led antenatal clinics, and preparation for parenting classes. The Blackburn Birth Centre opened in September 2010, became fully operational in November 2010 and has just celebrated its 3,000th birth. The Blackburn Birth Centre is approximately 0.9 miles from the Royal Blackburn Hospital and 16.4 miles from the Women and Newborn Centre at Burnley General Hospital. The Blackburn Birth Centre is staffed by a team of midwives who also work in the local community supporting women who wish to have their babies at home. They also provide antenatal and postnatal care. There are currently approximately 950 babies born here each year.

Summary of findings

In order for the services to be safe, improvement is required. Incidents were reported and there was evidence of learning as a result. We found ward, birthing and communal areas were generally clean with good infection control practices were in place, meaning women and babies were protected from the risks of infection. However, birth mats were worn and showed signs of wear around the edges. There was also evidence of staining.

There were three birth pools used for labour and delivery. Women reported being fully informed of the risks of delivery in a standalone unit, including the length of time emergency transfer by ambulance would take.

Staff were aware of their responsibilities with regards to safeguarding. They had undergone training at the appropriate level, along with trust mandatory training, adult and neonatal basic life support and management of an obstetric emergency, such as the management of a shoulder dystocia or postpartum haemorrhage.

Women were screened appropriately to ensure they were low risk and, where they did not meet the low-risk admission criteria, appropriate management plans were made.

Midwives reported their staffing levels to be satisfactory and we saw that levels were sufficient to provide a consistently safe service, giving one-to-one care in labour. However, as a service overall, East Lancashire

Maternity and family planning

Hospitals NHS Trust maternity service had a midwife to birth ratio of 1:31.2, against the recommended rate of 1:28. Following recruitment across the rest of the trust, midwives reported being called to work in other areas far less frequently. Midwifery sickness rates were low. Systems existed to call for further support at times of peaks in activity.

Maternity and family planning services were effective. Policies and procedures followed national guidelines. Women were offered a range of pain relief, with three out of four birthing rooms being equipped with a birthing pool. Women were supplied with food and drink, although the provision was limited. This may pose a problem for women wishing a little longer stay to establish breastfeeding. Transfer rate was monitored and was lower than the national average. The service was provided seven days a week and had not had to close since opening in 2010. Staff received appraisals, but these were not always reported on the trust database. Staff reported good working relationships with GPs and obstetricians.

The services were caring. Care was delivered with kindness and compassion. Patients and their partners were involved and emotional support was good. Staff worked with women to support them with their choice for place of birth. Debrief sessions were provided to women who needed to be transferred to the obstetric unit.

The services provided were responsive to the needs of the local people; however, there was little support for women and partners whose first language was not English.

The maternity and family planning services were well-led. Staff reported good support, both locally and from the wider maternity service. There was a culture of openness and staff reported enjoying working at the centre. There was an up-to-date risk register that had been reviewed, and performance, activity and incidents were fed into the wider trust. The model of care provided was promoted across the wider NHS.

Are maternity and family planning services safe?

Requires improvement 

In order for the services to be safe, improvement is required. Birth mats were worn and showed signs of wear around the edges. There was evidence of staining on them.

Staff had received training in obstetric emergencies and there was a good understanding of risk management and evidence of learning from incidents. There were three birth pools used for labour and delivery.

Midwives reported their staffing levels to be satisfactory. Midwifery sickness rates were low, and systems existed to call for further support at times of peaks in activity.

Incidents

- Incidents were reported on the trust electronic incident reporting system, and a 'trigger' list was used to ensure staff were aware of the type of incidents to report. This included transfers to the main obstetric unit at Burnley General Hospital. There had been no recent Never Events (mistakes that are so serious they should never happen) reported.
- Incident reports were received for review by the two senior midwives overseeing the unit. Incidents were then investigated and feedback given to the staff involved. Incidents were also discussed at the 'share to care' meetings held weekly and within monthly email updates sent to all staff.
- Learning from incidents across the whole maternity service was provided in a monthly newsletter – Safe Hands, produced and distributed by the risk management midwife, based at Burnley General Hospital.
- All staff we spoke to stated that they were encouraged to report incidents and received direct feedback from the senior midwifery team.

Cleanliness, infection control and hygiene

- The trust's infection rates for *Clostridium difficile* (C. difficile) and MRSA were within an acceptable range taking into account the trust's size and the national level of infections. No instances had been reported at the Blackburn Birth Centre.

Maternity and family planning

- The trust had a 'bare below the elbows' policy for anyone working in clinical area. We saw staff observed this policy at all times.
- Personal protective equipment (PPE), such as gloves and aprons, were readily available for the use of staff throughout the clinical areas and we saw these in use throughout our inspection.
- Antibacterial hand rub was prominent at entrances. We saw staff wash their hands and apply hand gel appropriately.
- The unit was clean and bright.
- Infection control audits were undertaken monthly and results were posted on the wall for staff and patients to see. These covered hand washing, the cleanliness of shower stools, bed pans and the knowledge of staff of the high-impact interventions. The seven high-impact interventions come from the Saving Lives programme (Department of Health, 2006) which was introduced to support healthcare providers in reducing healthcare-associated infections. Results showed 100% compliance across the preceding three months.
- Bedside checklists were in use to demonstrate a room had been cleaned following use. These were then filed in the next woman's notes on admission.
- While most areas and equipment were clean, we noted two birth mats in two separate birthing rooms were stained around the edges and sides. In addition, one had not been moved for some time as there were cobwebs and a dead spider attached. The other had some broken edges which would allow bacteria to harbour as cleaning would be more difficult. This was reported immediately by the inspection team to the senior midwife.

Environment and equipment

- The birth centre was secure with entry through a locked door, controlled by a buzzer, with CCTV observation.
- The general environment was bright and spacious. Communal areas included a waiting area with a reception desk, a small kitchen, a dining area and a sitting room. In addition, each birthing room had doors which opened up on to a patio with outdoor furniture. There was an examination room to conduct antenatal examinations and a four-bed postnatal room to allow women a longer stay after delivery. This had a large toilet and shower room attached.
- Of the four delivery rooms, three contained birthing pools. All rooms had a delivery bed, a birthing 'egg' and

a birth mat to allow deliveries to be conducted in different positions. Each room had a Resuscitaire® for the emergency resuscitation of the baby if required, and en suite facilities. There were chairs for partners, although these appeared rather more functional than comfortable.

- One of the senior midwives undertook a maintenance walk around the unit each month, and the ward clerk held an equipment log. Calibration of the scales and maintenance of Resuscitaires was undertaken through external contracts with the manufacturers. Staff were aware of the dates these were due.
- Equipment was appropriately checked. We saw emergency resuscitation trolleys had been checked thoroughly on a daily basis and records were maintained to demonstrate this.
- No emergency evacuation equipment was available in the rooms with birthing pools. When asked how evacuation would be conducted should a woman collapse in the pool, staff told us they would use a moving and handling slide sheet and had practised with this within training scenarios. The recommended number of staff for lifting during an emergency evacuation is four. In a community or standalone birth centre, a minimum number of three staff (or rarely two staff and partner) may successfully instigate this evacuation if well trained. Staff told us there would always be four staff on duty at one time within the birth centre.

Medicines

- Medicines were stored in locked cupboards within a locked room.
- Medicines which required storage at a low temperature were stored within a specific medicines fridge. We saw evidence that temperatures were checked and recorded regularly.
- Gas and air for pain relief was piped into delivery rooms from four large cylinders. There were gauges within the centre which recorded their volume and indicated to staff when a cylinder volume was low. Replacement was provided as required from the Royal Blackburn Hospital.
- Pethidine was available for women in labour and was subject to a two-person check prior to administration.

Records

- Women were given hand-held records at booking by the midwife to ensure effective communication.

Maternity and family planning

- Women were screened at booking for suitability for delivery within the birth centre. At 36 weeks gestation, full medical records were obtained which allowed staff to cross-reference the woman's history and review the detail of previous deliveries. This allowed time to contact the woman to discuss any risks that may not have been raised at booking.
- Postnatal records were written and carried by the woman on discharge from the centre, when their care was continued by the community midwives.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Women we spoke with reported that they had been fully informed of the risks of delivery in a standalone unit. They told us staff had explained the lack of medical assistance in an emergency and the process for transfer to Burnley General Hospital if required. Staff confirmed this was always stressed to women when choosing their place of birth.
- While the centre had admission criterion, staff told us this did not necessarily automatically exclude a woman with more complex needs from birthing there. Supervisor of midwives clinics were held, giving women longer appointment times and the opportunity to discuss the risks of delivery within the centre with both their community midwife and a supervisor of midwives. Staff told us that, where necessary, this would also include an obstetrician. We spoke to one man whose wife had been deemed high risk – she had been through this process and had chosen to give birth in the centre, supported by midwives, with a successful outcome.

Safeguarding

- Staff worked in conjunction with the East Lancashire Women's team who provided care and support to women with complex social needs, including teenage mothers. Staff were aware of their responsibilities with regards to safeguarding and had undergone training at the appropriate level. Records were held by the senior midwives and seen during the inspection.

Mandatory training

- We looked at staff mandatory training records held by the senior midwives. Compliance with mandatory training was very good. Staff said access was good and midwives received the trust's mandatory training as well as obstetric emergency skills training, neonatal and adult resuscitation.

- Midwives who were newly qualified undertook a period of preceptorship (practical experience and training), which lasted a total of two years. During that time they rotated through all areas of the East Lancashire Maternity service, which included the Blackburn Birth centre. This ensured they were equipped with both the skills and confidence to provide an integrated maternity service.
- East Lancashire Maternity service employed an experienced midwife whose role was to work alongside preceptorship midwives providing direct support, guidance and supervision when necessary. If required, this could include working at the Blackburn Birth Centre.

Management of deteriorating patients

- Women were screened at booking and again at 36 weeks gestation to identify any risks and to ensure they met the criterion for birthing in a standalone midwifery led unit. Where they were not deemed appropriate, plans were made in conjunction with the woman and obstetricians regarding their place of delivery. These plans were sent to the women, were placed in their hand-held records and were available on a shared computer drive for access by the supervisor of midwives when their labour was established. This ensured effective communication across all areas in the event of a higher-risk woman electing to deliver in the centre.
- The centre had a policy and procedure for the transfer of women in labour, for postnatal care and in the event of a sick newborn. Where these events occurred, they were reported as clinical incidents and the cases reviewed. Whenever transfer occurred, the centre discussed events with the woman one week later to allow for a period of debriefing. Transfer rates were 15% of women during labour and 2% as a result of a postpartum haemorrhage, lower than the national average. Perineal trauma was repaired at the centre, with the exception of third and fourth degree tears. The trust employed a perineal specialist midwife who worked within the centre two days per week.
- All staff attended obstetric emergency skills training, which was held monthly. Midwives we spoke with said they felt confident in the management of an obstetric or neonatal emergency as a result of practicing these drills. Each shift had a midwife who had undertaken the neonatal life support training.

Maternity and family planning

- Emergency resuscitation equipment was available for mothers and babies and was regularly checked.

Midwifery staffing

- Sickness rates were below the national average of 4.3% for midwives. In January 2014, the figure was 3.61%, in February 1.02% and in March, 0.95%. These figures were placed on a noticeboard for staff and visitors to see.
- For each shift there were three midwives and a midwifery care assistant on duty. Staff reported that one-to-one care was always provided for women in labour. At times of increased workload, a text could be sent to all community midwives' work phones requesting support. Staff reported this to be very effective in managing peaks in activity. As the service was fully integrated, community midwives were familiar with working in the centre, and staff described them as always willing to attend.
- Overall as a service, the midwife-to-birth ratio was reported on the service dashboard as 1:31.2 which was outside the national guidance (Safer Childbirth, October 2007) which was a minimum ratio of 1:28. Staff reported at times being called to support the birth suite at Burnley General Hospital, but following an increase in staffing, felt this had occurred much less frequently.
- All midwives must have access to a supervisor of midwives at all times, (NMC 2004 Midwives rules and standards - Rule 12). The ratio of supervisor of midwives to midwives was 1:18. This is higher than the recommended ratio of 1:15, although the head of midwifery told us there were midwives in training to become supervisors and five places had been secured on the course for 2015. The supervisor of midwives is required to carry out annual reviews with all midwives. All midwives we spoke with had received a supervisory review and were aware of how to contact a supervisor if required.

Medical staffing

- As a standalone midwife-led unit, there were no medical staff on the premises. However, midwives reported good communication with both obstetric and neonatal colleagues from the Burnley General Hospital.

Major incident awareness and training

- Midwives undertook training in obstetric and neonatal emergencies at least annually. All staff were aware of how to contact a supervisor of midwives at all times.

Are maternity and family planning services effective?

Good



Maternity and family planning services were effective. Policies and procedures followed national guidelines. Women were offered a range of pain relief, with three out of four birthing rooms being equipped with a birthing pool. Women were supplied with food and drink, although the provision was limited. This may pose a problem for women wishing a little longer stay to establish breastfeeding. Transfer rate was monitored and was lower than the national average. The service was provided seven days a week and had not had to close since opening in 2010. Staff received appraisals, but these were not always reported as having been done on the trust database. Staff reported good working relationships with GPs and obstetricians.

Evidence-based care and treatment

- Policies and procedures for the wider trust were available on the intranet and in use in the centre. These had been developed in line with National Institute for Health and Care Excellence (NICE) and the Royal College of Obstetricians and Gynaecologists guidelines.
- Records were audited as part of the supervisor of midwives' audit of record keeping. These demonstrated good documentary practices.
- Monthly hand hygiene audits and infection control audits were undertaken. Results over the previous quarter showed 100% compliance. Transfer rates were monitored and reviewed for timeliness and appropriateness. Transfer rates were lower than the national average for a standalone midwifery-led unit.
- Identification of jaundiced babies did not follow NICE guidelines in relation to the monitoring of bilirubin. Staff told us they monitored bilirubin levels via blood taken from the baby at home rather than using hand-held skin monitors. The local policy required this to be obtained and screened within two hours. Staff told us of an incident where this had not occurred. This had been investigated and learning shared with all midwives. Staff we spoke with confirmed being told of the incident and the need to carry blood sample bottles at all times when working in the community to prevent delays.

Maternity and family planning

Pain relief

- Women were able to remain mobile in labour, accessing the patio areas if required. Pools were available in three delivery rooms to provide pain relief. In addition, women could be given pethidine and/or gas and air and local anaesthesia for the repair of perineal trauma.
- There were no alternative therapies available to women in labour.

Nutrition and hydration

- Women were provided with “anything on toast” during their stay at the centre. When questioned, staff told us that meals had previously been supplied, however, this had stopped following excessive wastage. Women and their partners could access the kitchen area and obtain tea or coffee as required. In addition, partners and family members could bring into the unit food prepared at home or have take-away meals delivered.

Patient outcomes

- The service had just celebrated its 3,000th delivery since opening. Staff continued to promote the availability of the unit to the women in the surrounding areas.
- The Birthplace in England national prospective cohort study (2011) found that transfers to hospital from midwifery units were relatively frequent among first-time mothers at 36%, and considerably less common for those having a subsequent pregnancy at 9%. Transfer rates from the centre (as reported above) were 15% of women during labour and 2% as a result of a postpartum haemorrhage. We were not provided with a breakdown between first and subsequent deliveries.

Competent staff

- Staff we spoke with all stated having received an annual personal development review. Yet reported rates, as displayed in the centre, were below 50%. We were told this was artificially low as staff were not trained in adding to the electronic system that an appraisal had occurred. Staff told us they intended to access the training to be able to do this in the near future.
- Staff worked a fully integrated service, meaning they worked within the community and birth centre, providing the full range of midwifery care. As such, this ensured they maintained skills in all areas. Preceptorship midwives were rotated through all areas during their two-year preceptorship training period to ensure they were fully competent midwives with the skills and confidence to work in a standalone

midwife-led unit and undertake home births. During personal development reviews, midwives could also request to work in other areas of the service (for example, on the Birth Suite at Burnley General Hospital) to refresh their skills.

Multidisciplinary working

- Communication with GPs and obstetric and neonatal colleagues was good. Obstetric colleagues had visited the centre and there was a plan to invite newly appointed consultants to visit and view the facilities.
- Access to emergency support was via the emergency ambulance service. Staff described them as responsive and supportive at all times.

Seven-day services

- The centre was staffed at a consistent level of three midwives plus a midwifery care assistant at all times. Community midwives also provided a 24-hour, seven-day service and were therefore available in the event of peaks in activity.

Are maternity and family planning services caring?

Good



The maternity services were caring. Care was delivered with kindness and compassion. Patients and their partners were involved and emotional support was good. Staff worked with women to support them with their choice for place of birth. Debriefing sessions were provided to women who needed to be transferred to the obstetric unit.

Compassionate care

- At the time of our inspection, one woman was in labour and there was one woman who had recently given birth. We observed staff talking with compassion, dignity and respect.
- Partners were encouraged to visit and remain with women in labour.
- The NHS Friends and Family Test was conducted and reported a 100% net promoter score, meaning that, of those who had completed the survey, 100% were extremely likely to recommend the Blackburn Birth Centre to friends and family.

Maternity and family planning

- CQC maternity survey results did not differentiate between services, therefore, it was not possible to review satisfaction for the birth centre alone. However, all those we spoke with told us of kindness and caring among the staff.

Patient understanding and involvement

- Women were involved in their choice of birth at booking and throughout the antenatal period. While there was an admission criterion, staff worked with the women to support them in their choice regarding where they gave birth. Staff told us of specific examples where they had worked with specialist teams to facilitate this.

Emotional support

- Staff were described as “supportive” at all times. Women who had undergone a transfer to Burnley General Hospital, either due to their own condition or that of their babies, were followed up by the community midwife after a week. This was to provide a ‘debrief’ and emotional support, as it was recognised that an emergency transfer via ambulance could be traumatic to those involved.

Are maternity and family planning services responsive?

Good 

The services provided were responsive to the needs of the local people, however, there was little support for women and partners whose first language was not English.

Service planning and delivery to meet the needs of local people

- There were four postnatal beds in the centre to allow women to remain for a period of time postnatally. In addition, women who wished to go home quickly after giving birth had their early discharge facilitated by the midwives. Where this occurred, women were able to return to the centre to allow for the neonatal examination to be undertaken.
- The main promotion of the unit occurred by word of mouth, however, staff were considering ways of publicising the service to the wider population.

Meeting people’s individual needs

- Information about the trust was available on their website. This information could be translated into other languages for people whose first language was not English.
- A telephone translation service was available to all staff. We saw little evidence of information to parents in a language other than English. During our inspection we met one father who did not speak English. His wife, who had just given birth, interpreted when staff spoke to him.
- Women with complex social needs were cared for by the East Lancashire Women’s team. These team members attended the centre and women they cared for could, where appropriate, deliver their babies in the centre.

Learning from complaints and concerns

- Complaints and concerns were reported directly to the senior midwives, who investigated and provided appropriate feedback to women and also the staff involved. In addition, learning was discussed within the regular email circulated to all staff.

Are maternity and family planning services well-led?

Good 

The maternity and family planning services were well-led. Staff reported good support, both locally and from the wider maternity service. There was a culture of openness and staff reported enjoying working at the centre. There was an up-to-date risk register that had been reviewed, and performance, activity and incidents were fed into the wider trust. The model of care provided was promoted across the wider NHS.

Vision and strategy for this service

- The trust vision for providing safe, personal and effective care was visible in areas of the centre, and staff we spoke with were aware of it. They felt strongly that care in the centre reflected this vision. While not on display on noticeboards, staff we spoke with described a vision of integrated, women-centred care.

Maternity and family planning

Governance, risk management and quality measurement

- Governance, risk management and quality measurement of the centre was included within the overall maternity service for East Lancashire Hospitals NHS Trust.
- The senior midwives met with the risk management midwife regularly.
- The centre held a risk register which had been reviewed regularly. Where risks had been resolved we saw these had been archived. All risks on the risk register had been scored as low risks.

Leadership of service

- The Blackburn Birth Centre was managed by two senior band 7 midwives, who oversaw the day-to-day running of the centre and the management of the staff working there. Staff described them as both “approachable” and “supportive”.
- Senior management support was provided by the head of midwifery, matron for community services and the family care directorate manager, who were all based at Burnley General Hospital. Staff told us the head of midwifery attended the centre regularly. Staff were aware of the changes to staff at an executive level and reported feeling a positive change since this had occurred.

Culture within the service

- Staff spoke of an open, supportive and friendly culture. Two staff members we spoke with told us they chose to drive significant distances in order to work at the centre, despite the opportunities to be able to work closer to home.

Public and staff engagement

- Staff had recently held a tea party in celebration of their 3,000th delivery as a standalone midwife-led unit; all those who had delivered their babies at the centre had been invited to attend.

Innovation, improvement and sustainability

- Staff were considering how to further publicise the unit to the wider population to improve the number of women accessing the service.
- The day after the inspection, staff from the centre were presenting their model of integrated midwifery at a conference led by the Patient Experience Network in partnership with NHS England.
- East Lancashire Hospitals NHS Trust’s maternity services, which included Blackburn Birth Centre, were awarded the Royal College of Midwives’ Mothercare Maternity Service of the Year award (along with Downpatrick Community Maternity Services, Northern Ireland, and NHS Forth Valley, Scotland) for their ‘innovative work to improve maternity services, promote normal births and facilitate staff engagement activities’. They received the award for improving normal birth rates, reducing caesarean section rates and increasing birth choices for women.

Outstanding practice and areas for improvement

Outstanding practice

- East Lancashire Hospitals NHS Trust's maternity services, which included Blackburn Birth Centre, were awarded the Royal College of Midwives' Mothercare Maternity Service of the Year award for their 'innovative work to improve maternity services,

promote normal births and facilitate staff engagement activities'. They received the award for improving normal birth rates, reducing caesarean section rates and increasing birth choices for women.

Areas for improvement

Action the hospital **MUST** take to improve

- The trust must take action to ensure that birthing mats are clean and in a good state of repair to prevent the risk of cross infection.

Action the hospital **SHOULD** take to improve

- The trust must ensure that personal development reviews are recorded correctly so an accurate figure of those completed is available.
- The trust should ensure that there is support available and used for women and partners whose first language was not English