

Barts Health NHS Trust

Barking Birth Centre

Quality Report

Barking Community Hospital, Upney Lane, Barking
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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

Maternity and family planning

Summary of findings

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Summary of findings

Overall summary

Barking Birthing Centre is part of Barts Health NHS Trust, the largest NHS trust in England.

Before visiting we looked at information about the trust, including the maternity services. We carried out an unannounced visit on 7 November 2013. We looked at the

personal care or treatment records of people who used the service, observed how people were being cared for and talked with people who used the service. We talked with carers, family members and staff.

The inspection team included a midwife and a consultant obstetrician.

Summary of findings

The five questions we ask about hospitals and what we found

We always ask the following five questions of services.

Are services safe?

People were protected from harm because staff were focused on safety. The centre was clean and appropriate infection control practices were seen. There were sufficient staffing levels in place.

Are services effective?

National guidelines and best practice were followed. Care was effective, people's needs were met.

Are services caring?

People were treated with dignity, respect and compassion.

Are services responsive to people's needs?

People received the care and treatment they required at the right time and their needs were responded to.

Are services well-led?

There was effective leadership and governance in place in the centre. Staff were clear about their responsibilities and supported each other well.

Summary of findings

What we found about each of the main services in the hospital

Maternity and family planning

Staff were caring and people were treated with dignity and respect. Staffing levels enabled safe practice and people's needs were met. People got the treatment and care they needed at the right time. There was effective leadership and governance.

Summary of findings

What people who use the trust's services say

There was only one woman using the service at the time of our inspection and she was “delighted” with her care.

Areas for improvement

Action the trust **COULD** take to improve

Formal review of the guidelines currently in use.

Good practice

Our inspection team highlighted the following areas of good practice:

- Assessment of women at 36 weeks of pregnancy to ensure it remained appropriate for them to deliver their baby at the birthing centre.

Barking Birth Centre

Detailed findings

Services we looked at:

Maternity and family planning

Our inspection team

Our inspection team was led by:

Chair: Andy Mitchell, Medical Director (London Region), NHS England

Team Leader: Michele Golden, Care Quality Commission

Sub team leader: Sue Walker, Care Quality Commission

The team included a midwife and a consultant obstetrician.

Why we carried out this inspection

We chose to inspect Barking Birth Centre as one of the CQC's Chief Inspector of Hospitals' first new inspections because we were keen to visit a range of different types of hospital, from those considered to be high risk to those where the risk of poor care is likely to be lower. From the information in our '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, Barts Health NHS Trust was considered to be a high-risk provider.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team inspected the following service at this inspection:

- Maternity

For example:

Before visiting, we looked at a variety of information we held about the Trust and asked other organisations to share what they knew about it. We carried out an unannounced visit on 7 November 2013.

Detailed findings

During the unannounced inspections we:

- Looked at medical records.
- Observed how staff cared for people.
- Spoke with patients.
- Spoke with staff at all levels.

The team would like to thank all those who spoke with us for being open and balanced in sharing their experiences and their perceptions of the quality of the care and treatment.

Are services safe?

Summary of findings

Staff were focused on safety. The centre was clean and appropriate infection control practices were seen. There were sufficient staffing levels in place.

Our findings

Patient safety

The service was focused on safety. Staff reported incidents, received feedback and learned lessons. They were able to discuss the centres strengths and weaknesses.

All patients who were planning to give birth at the Barking Centre had an assessment at 36 weeks of their pregnancy to check that it was still appropriate for them to deliver their baby there. There were escalation procedures and proformas for emergency situations and evidence of the use of these to maximise the safety of women using the

service and their babies. Approximately 21 per cent of women were transferred in labour from the centre to a labour unit. This comprised of about one in three first time mothers and one in twenty who have previously had babies, this is in line with national figures.

Infection control

The centre was spacious and clean. Hand hygiene gel was readily available in all areas, with access to personal protective equipment (such as gloves and aprons) as required.

Staffing levels

Arrangements were in place to ensure there were a sufficient number of staff to provide care. There was a hierarchy of support available with staff available to be called in if required, therefore, patients' safety was maintained with one-to-one care provided. Staff were aware of the changes to the management structure that were taking place within midwifery and were supportive of these.

Are services effective?

(for example, treatment is effective)

Summary of findings

National guidelines and best practice were followed.
Care was effective, people's needs were met.

Our findings

National guidelines

Clinical guidelines based on current best practice were in place and available to all staff. Although some of these were dated 2010, there was evidence that they had been reviewed to ensure they were still fit for use.

Recently, one of the midwives had put together information to help when women came for their first booking appointment. This was helping to ensure the consultation was as beneficial as possible.

Collaborative working

There was good collaborative and multidisciplinary working across the centre which ensured the needs of patients were properly managed and met. This was supported by discussions with staff and review of documentation.

Staff skills

Treatment and care was delivered by suitably qualified and competent staff. Staff had access to support throughout the 24-hour period if required.

The team was very committed to their roles and keen for professional development. Staff had attended mandatory training, had access to a supervisor of midwives and a minimum of an annual meeting with their supervisor as per the statutory requirements.

Are services caring?

Summary of findings

People were treated with dignity, respect and compassion.

Our findings

Involvement

We spoke with one woman using the service during our inspection and she was “delighted” with her care. Through observation, discussion with the patient and staff and

review of the records there was evidence of caring at all levels. Friends and family were partners in the care. There were positive comments from the friends and family project.

There were a variety of languages spoken in the local population. There was good access to interpreters through local advocacy services as well as telephone support for translation.

Privacy and dignity

All the rooms in the centre were private with en suite facilities. There were two rooms with birthing pools. We observed staff knocking on doors before entering and speaking to women and their partners in a caring and supportive manner.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

People received the care and treatment they required at the right time and their needs were responded to.

Our findings

Barking Birth Centre was opened to give women a choice in the Barking area on where they could have a natural birth.

In its first year of operation there have been approximately 20 births per month. If complications arose during labour there was an escalation procedure in place which enabled women to be safely transferred to Newham University Hospital.

There was access to interpreters both in person and through telephone support.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Summary of findings

There was effective leadership and governance in place in the centre. Staff were clear about their responsibilities and supported each other well.

Our findings

Leadership and governance

The Barking Birth Centre was well-led, with clear guidelines available for staff, clear pathways for patients and regular team meetings. Individuals were clear about their responsibilities. This was supported by appraisals, sharing of a “to do” list for the centre, and the local management of risks.

Overall leadership for maternity services was provided by the women’s and children’s clinical academic group (CAG) who oversaw monitoring of the quality and safety of care. It was a time of change in the trust and a number of senior midwifery roles had been reviewed. This was viewed positively by staff in the centre. The change had resulted in the introduction of a head of midwifery post for Newham University Hospital which would also cover the birth centre. This person was due to start by the end of 2013.

There was a maternity performance dashboard (performance reporting and tracking system) produced monthly which included indicators such as delivery rates, number of antenatal bookings, number and percentage of women who smoked at booking and number and percentage of women who started breastfeeding in the first 48 hours. Not all the indicators had information completed, for example, incidents (including serious incidents) and complaints were blank for several months.

Maternity and family planning

Safe

Effective

Caring

Responsive

Well-led

Information about the service

Barking Birth Centre was registered with the CQC in May 2012 and started accepting women for deliveries in December 2012. An average of 20 babies have been delivered each month. It is a standalone, midwifery-led maternity centre for pregnant women who are in good health and have had a straightforward pregnancy.

The centre has four birthing rooms and both antenatal and postnatal care.

We spoke to six staff, including receptionist, midwives and healthcare assistants.

Summary of findings

Staff were caring and people were treated with dignity and respect. Staffing levels enabled safe practice and people's needs were met. People got the treatment and care they needed at the right time. There was effective leadership and governance.

Maternity and family planning

Are maternity and family planning services safe?

People were protected from harm because staff were focused on safety.

Patient safety

The service was focused on safety. Staff reported incidents, received feedback and learned lessons. They were able to discuss the centres' strengths and weaknesses.

All patients who were planning to give birth at the Barking Centre had an assessment at 36 weeks of their pregnancy to check their suitability to deliver their baby there. There were escalation procedures and proformas for emergency situations. Approximately 21% of women were transferred in labour from the centre to a labour unit. This comprised of about one in three first-time mothers and one in 20 who have previously had babies. This is in line with national figures.

Infection control

The centre was spacious and clean. Hand hygiene gel was readily available in all areas, with access to personal protective equipment (such as gloves and aprons) as required.

Staffing levels

Arrangements were in place to ensure there were a sufficient number of staff to provide care. There was a hierarchy of support available with staff available to be called in if required. Therefore, patients' safety was maintained with one-to-one care provided. Staff were aware of the changes to the management structure that were taking place within midwifery and were supportive of these.

Are maternity and family planning services effective? (for example, treatment is effective)

Care was effective, people's needs were met.

National guidelines

Clinical guidelines based on current best practice were in place and available to all staff. Although some of these were dated 2010, there was evidence that they had been reviewed to ensure they were still fit for use.

Recently, one of the midwives had put together information to help when women came for their first booking appointment. This was helping to ensure that the consultation was as beneficial as possible.

Collaborative working

There was good collaborative and multidisciplinary working across the centre which ensured the needs of patients were properly managed and met. This was supported by discussions with staff and review of documentation.

Staff skills

Treatment and care was delivered by suitably qualified and competent staff. Staff had access to support throughout the 24-hour period if required.

The team was very committed to their roles and keen for professional development. Staff had attended mandatory training, had access to a supervisor of midwives and a minimum of an annual meeting with their supervisor as per the statutory requirements.

Are maternity and family planning services caring?

People were cared for with dignity and respect.

Involvement

We spoke with one woman using the service during our inspection and she was "delighted" with her care. Through observation, discussion with the patient and staff and review of the records there was evidence of caring at all levels. Friends and family were partners in the care.

There were positive comments from the NHS Family and Friends survey. There were a variety of languages spoken in the local population. There was good access to interpreters through local advocacy services as well as telephone support for translation.

Privacy and dignity

All the rooms in the centre were private with ensuite facilities. There were two rooms with birthing pools. We observed staff knocking on doors before entering and speaking to women and their partners in a caring and supportive manner.

Maternity and family planning

Are maternity and family planning services responsive to people's needs? (for example, to feedback?)

People received the treatment and care they required at the right time.

Barking Birth Centre was opened to give women a choice in the Barking area on where they could have a natural birth. In its first year of operation, there have been approximately 20 births per month. If complications arose during labour there was an escalation procedure in place which enabled women to be safely transferred to Newham University Hospital.

There was access to interpreters both in person and through telephone support.

Are maternity and family planning services well-led?

There was effective leadership and governance in the centre.

Leadership and governance

The Barking Birth Centre was well-led, with clear guidelines available for staff, clear pathways for patients and regular team meetings. Individuals were clear about their responsibilities, this was supported by appraisals, sharing out of a "to do" list for the centre and the local management of risks.

Overall leadership for maternity services was provided by the women's and children's CAG who oversaw monitoring of the quality and safety of care. It was a time of change in the trust and a number of senior midwifery roles had been reviewed. This was viewed positively by staff in the centre. The change had resulted in the introduction of a head of midwifery post for Newham University Hospital which would also cover the birth centre. This person was due to start in the next month.

There was a maternity performance dashboard (reporting and tracking system) produced monthly which included indicators such as delivery rates, number of antenatal bookings, number and percentage of women who smoked at booking and number and percentage of women who started breastfeeding in the first 48 hours. Not all the indicators had information completed, for example, incidents including serious incidents and complaints were blank for several months.

Good practice and areas for improvement

Areas of good practice

Assessment of women at 36 weeks of pregnancy to ensure it remained appropriate for them to deliver their baby at the birth centre.

Areas in need of improvement

Action the hospital COULD take to improve

Formal review of the guidelines currently in use.