

Barts Health NHS Trust

# The Barkantine Centre

## Inspection report

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Date of inspection visit: 01 November 2022  
Date of publication: 17/01/2023

## Ratings

Overall rating for this service

Inadequate ●

Are services safe?

**Inadequate** ●

Are services well-led?

**Inadequate** ●

# Our findings

## Overall summary of services at The Barkantine Centre

**Inadequate** ● ➡ ➡

The Barkantine Birth Centre was inspected as part of the national maternity inspection programme on 16 and 17 August 2022. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level.

Following this inspection maternity services at this location were rated as inadequate, and a warning notice was served under Section 29A of the Health and Social Care Act 2008. The report required the location to improve the delivery of care to comply with regulations 12 (Safe Care and Treatment) and 17 (Good governance). The Barkantine Birth Centre closed voluntarily to appointments and births on 17 August 2022 to address staffing and safety concerns, and re-opened in early November 2022 for antenatal and postnatal appointments.

This inspection was delivered to assess the location's progress in improving care in relation to the enforcement action taken, particularly around immediate risks to patients.

On inspection we found:

- The service had improved policies and procedures on emergency transfers and evacuation from birth pools.
- The service had carried out scenario based training for staff
- There was improved mandatory training completion for clinical staff as well as maternity specific training
- Access to emergency equipment and equipment checks had improved
- There was an enhanced governance structure in place to review performance and the delivery of care
- Service and divisional managers had improved oversight of the Barkantine Birth Centre

This inspection report will not consider changes to the current ratings for the Barkantine Birth Centre. Further inspection will be required in relation to the above enforcement action to address risks that could not be sufficiently evaluated at the time of this inspection. These risks include improving the quality of risk assessments for women and babies, improving monitoring of early warning scores, and secure management of controlled medicines.

# Maternity

Inadequate ● → ←

Is the service safe?

Inadequate ● → ←

We did not rate safe at this inspection. The previous rating of inadequate remains.

## Mandatory training

**The provider had improved mandatory training in key skills to all staff and made sure all staff members completed it.**

Following the last CQC inspection, the provider was required to ensure staff had the appropriate competence and skills through completion of mandatory training. This included regular scenario-based skills training such as evacuation from a birthing pool or baby abduction.

In August 2022 the provider closed the location in order to address quality and safety issues identified by the CQC. Following this, clinical staff from the Barkantine Birth Centre were redeployed as supernumerary to the Royal London Hospital for six weeks. In this time seconded Barkantine staff completed a suite of mandatory training.

Staff stated this experience of rotation to the Royal London Hospital was helpful to give them exposure to different areas of maternity care. The improvement plan that we reviewed stated that rotation of staff would continue to give Barkantine midwives more experience of intrapartum care.

The mandatory training was comprehensive and met the needs of women and staff. Mandatory training modules included online courses for statutory mandatory training, however there were classroom based modules relating for maternity specific training. This included modules such as the use of maternity risk assessments, handling emergencies, neonatal resuscitation, and managing post partum haemorrhage.

Training also included maternity skills and drills training specific to the site. This included scenario training on baby abduction, using equipment for the emergency transfer of a patient to the Barkantine Birth Centre from the Royal London Hospital.

Mandatory training also included an induction module to familiarise new staff with the Barkantine Birth Centre.

Following this inspection, we requested evidence of the completion of mandatory training. This evidence showed that mandatory training, including skills and drills, had been completed by all substantive roles by September 2022.

Mandatory training and drills included, where possible, other organisations who may be involved in emergency transfers. For example, staff from the ambulance service provider attended training days and drills in relation to management of post partum haemorrhage. Staff stated this allowed discussion on how best to manage emergency scenarios for both providers.

# Maternity

Staff stated the practice development midwife supported mandatory training and drills. This was evidenced in the audit programme and the quality improvement plan for the location. The quality improvement plan also outlined monthly training and drills sessions with maternity education leads to ensure staff skills were maintained.

## Cleanliness, infection control and hygiene

**The service had improved the control of infection risk. Staff used equipment and control measures to manage infection risk. The equipment and the premises were visibly clean.**

Following the last CQC inspection, the provider was required to ensure the Barkantine Birth Centre was properly maintained to reduce risk of infection. On this inspection, we found that clinical areas and patient rooms were clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were now up-to-date and demonstrated that all areas were cleaned regularly. We observed cleaning records displayed throughout the location.

Staff followed infection control principles including the use of personal protective equipment (PPE) on site.

The service completed monthly hand hygiene audits, and infection prevention and control (IPC) audits were increased from twice yearly to quarterly. The quality improvement plan also included the Barkantine being part of the Royal London Hospital's infection prevention and control meetings. This meant divisional and hospital leadership had more oversight of IPC performance at the Barkantine.

Staff cleaned equipment and we observed that equipment was labelled to show when it was last cleaned.

## Environment and Equipment

**The service had improved access to emergency equipment and staff were trained to use them.**

Following the last CQC inspection, the trust were required to ensure staff have access to adult resuscitation equipment in the maternity unit. Previously, adult resuscitation equipment was available from an adjacent service at the same location, however this service was not part of Barts Health NHS Trust and was not available at all hours.

On this inspection, we found that the service had emergency equipment within the Barkantine Birth Centre. This meant staff could be more assured that this equipment would be available when needed.

The trust were also required to ensure that emergency equipment was checked daily so that it was safe and ready to use. On this inspection, we found staff carried out safety checks of emergency equipment including resuscitation trollies, grab bags, resuscitaires, and post partum haemorrhage trollies. Equipment also had electrical safety testing completed.

The service had enough suitable equipment to help them to safely care for women and babies. There was both adult and neonatal resuscitation equipment available, as well as an emergency trolley to quickly respond to post partum haemorrhage.

At the time of the last inspection, the Barkantine Birth Centre did not have the necessary equipment to evacuate a person from a birthing pool safely. The service now had a hoist available as well as a birthing slide in each room, and the policy for emergency evacuation from the pool had been updated to reflect the appropriate equipment.

# Maternity

Staff had received training in how to use resuscitation and emergency equipment, included training on how to use the hoist for evacuating a patient from the pool. This included scenario training and drills using the equipment by staff.

The service had different birthing slides in each room to correspond to the shapes of different brands of birth pools.

The service had phones in each room and the staff were aware of the process to contact ambulance services if an emergency transfer of a patient was needed. Staff were also aware of the Mama Academy guidance for midwives requesting emergency assistance, which included the suggested information to share with emergency services .

## Assessing and responding to patient risk

**Staff had improved processes for risk assessments and had reviewed practice to minimise risks to patients.**

The previous inspection report required the service to ensure effective processes for assessing risk throughout pregnancy, labour and post-natal care.

Following the last inspection, the service closed for eleven weeks to review service delivery. In November 2022, the service reopened to antenatal and postnatal appointments. Managers stated that the service would remain closed to intrapartum care (care provided at the stage of child birth) until they were confident that service delivery was consistent and staff numbers needed for intrapartum care was assured.

Staff used a nationally recognised tool to identify women at risk of deterioration and escalated them appropriately. Staff used the modified early obstetric warning score (MEOWS), and described how it should be completed in line with best practice. Use of MEOWS could not be evaluated as part of this inspection as the service had been closed to intrapartum care. However, the monthly records audit in the service audit programme included review of completion of early warning scores and was to recommence once the service reopened to intrapartum care.

Staff completed risk assessments for women on arrival, using a recognised tool. Improvement in the completion of risk assessments could not be reviewed as part of this inspection as intrapartum care was not being delivered.

The service had reviewed the service emergency transfer and evacuation policies to improve management of risk to mothers and babies. We reviewed the transfer policy, pool evacuation policy, and transfer in labour policy and found they had been updated to reflected closer communication between the acute maternity site and emergency services. The service also reviewed other emergency policies as part of improving service delivery.

The service involved other providers who could be involved in emergency transfers in changes to the procedure. Associated ambulance services were consulted on changes, and were also involved in joint training and on-site drills.

Staff members were able to demonstrate knowledge of the emergency transfer procedures. Staff stated they had training and drills in relation to transfers and evacuations, and had been given information on how best to share information with ambulance providers.

Staff stated that they had benefitted from working as supernumerary clinical staff at the Royal London Hospital. This provided Barkantine staff with exposure to other areas of maternity care such as the labour wards and maternity triage, which allowed them to develop their skills and knowledge in relation to patient risk. Managers for the service stated staff could be rotated between the Barkantine and Royal London Hospital to facilitate shared learning.

# Maternity

The service demonstrated closer communication in relation to emergency transfers between the Barkantine and the Royal London Hospital. This closer communication meant staff could more easily communicate with the other site in the event of needing to transfer a patient. Barkantine staff stated that they were now part of the Royal London Hospital maternity morning huddle and local conversations around patient acuity.

The service had improved obstetric links with foetal medicine at the Royal London Hospital. This included access to a named obstetrician who was available to provide advice. Managers also stated the service was building up links from the Barkantine to specialist midwives based at the Royal London Hospital.

## Records

**Staff kept detailed records of women's care and treatment and had improved processes for handovers.**

The previous inspection report required that the trust ensure staff used the SBAR (Situation, Background, Assessment, Recommendation) handover communication tools.

On this inspection staff we spoke with were aware of the SBAR tool and how it should be used. Staff stated that while the service had been closed they had received training specifically on the use of SBAR and best practice for handovers.

Records were a mix of paper and electronic notes. The service had a specific proforma SBAR handover tool for the Birth Centre. On this inspection we did not have a significant enough number of patient records to review.

The Barkantine Birth Centre's audit programme carried out a record keeping audit in September 2022 which was presented at the October Women's Audit Meeting. This included review of maternity documentation, SBAR handovers, standard operating procedures, risk assessments, and guidelines. The audit programme also included plans for a monthly record audit for the service which would be reviewed at monthly audit meetings and quarterly maternity and neonatal boards.

## Medicines

**The service used systems and processes to manage medicines.**

The previous inspection report required the trust to ensure controlled drugs were managed properly and safely in line with national guidance.

At the time of this inspection there were no controlled drugs on site. Managers for the service stated that controlled drugs would be restored to the service when they reopened for intrapartum care.

## Is the service well-led?

Inadequate   

We did not rate well-led at this inspection. The previous rating of inadequate remains.

# Maternity

## Governance

**Leaders had planned for effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

The previous inspection report required the service to ensure there were effective governance processes to assess, monitor and improve the quality and safety of services provided at The Barkantine Birth Centre.

On this inspection, the service could evidence more oversight from the trust maternity leadership, an enhanced governance structure, and more visibility of managers to the Barkantine Birth Centre.

The service had an improvement plan in place to address concerns raised by the previous CQC inspection. Each area had actions in place to bring improvement, identified staff responsible for actions, and had timelines for completion.

Following inspection, we reviewed evidence of the audit programme in place for the Barkantine Birth Centre for the next 12 months. The audit programme corresponded to the goals of the service improvement plan and outlined the reporting responsibilities and channels for each audit. The audit programme formed part of the matron's report to the monthly local quality review group, and subsequently reviewed at the monthly local maternity and neonatal board. This represented improved integration for the Barkantine into the divisional governance structure and improved oversight for the divisional and hospital level leadership.

The service had included feedback from other stakeholders in to audit and governance plans. This included bringing in findings from recent Ockenden review visits and feedback from that process. The service had also worked with the Barking Birth Centre (also part of Barts Health NHS Trust) to share practice, as well as the Local Maternity and Neonatal System (LMNS) for North East London.

Staff stated that, following the last inspection, it had been easier to access managers and to raise issues. Staff also stated that the substantive staff in the group Director of Midwifery and interim Associate Director of Midwifery for the Royal London Hospital had also improved access for frontline staff to managers and visibility of managers on site.

Trust maternity leaders stated they had a strategy for the culture of governance that they would like to see in place. This included the Barkantine Birth Centre having it's own identity and local governance processes, but also being able to share learning and be part of the governance structure with maternity services at the Royal London Hospital.

However, the monthly records audit in the service audit programme included review of completion of early warning scores and was to recommence once the service reopened to intrapartum care. The Barkantine Birth Centre was reviewed as a location as part of the monthly local maternity and neonates board. The service had a unique code to separate it from the Royal London Hospital on the performance data dashboard. This allowed any review of performance for the service to be done more accurately locally and at a divisional and trust level.

Staff were aware of how to report incidents and what meetings they would be reviewed in. Staff stated that they had recently had refresher training on incident reporting prior to the service reopening.

# Our inspection team

This inspection was carried out by two CQC Inspectors to review the provider's progress on enforcement action following the previous inspection. This inspection related to risks that required immediate consideration before the location reopened to patients.

The inspection was announced and carried out over one day. During the inspection the team:

- visited the service and inspected the environment.
- spoke with maternity and hospital leadership.
- spoke with three other members of staff (community midwives)

Following the site visit the inspection team also looked at a range of policies, procedures and other documents relating to the running of the service.

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