University Hospitals of Leicester NHS Trust

St Mary's Birth Centre

Quality Report

Thorpe Road
Melton Mowbray
Leicestershire
LE13 1SJ
Tel: 0300 303 1573
Website: www.uhl-tr.nhs.uk

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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

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Summary of findings

Overall summary

St Mary's Birth Centre is part of the University Hospitals of Leicester NHS Trust, a teaching trust that was formed in April 2000 through the merger of Glenfield Hospital with Leicester General Hospital and Leicester Royal Infirmary. The trust provides care to the people of Leicester, Leicestershire and Rutland as well as the surrounding counties.

St Mary's Birth Centre, is a midwife-led unit based at St Mary's Hospital in Melton Mowbray providing care for pregnant women and their families before, during and after birth. The centre risk-assesses women to ensure that its services meet their inclusion criteria. Home births are attended by the community midwifery teams. Community midwives also support the birth centre staff during busy times, particularly during the night.

We found that the service was safe, effective and caring while being responsive to the needs of its local population. In general, the midwives felt supported and involved in the management of the department. National guidance was taken in to account when designing policies and procedures that govern treatment, and all midwives knew about these policies and procedures.

The building is old and requires some maintenance in order for the environment to be easily cleaned. However, in general the service was clean. Women reported a good experience of using the service and felt involved in their care.

There are sufficient midwives to provide the service and a number of specialist midwives to support women in the community with specific issues. The location has low rates of infection and mortality as it does not undertake high-risk procedures. Staff were able to personalise the service to meet the needs of the women at the centre of their care.

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?

Good

We saw a robust governance framework which positively encouraged staff to report incidents. Information on how to make a complaint was visible to the people using the service. There was also an extensive audit programme.

The building is old and requires maintenance to ensure effective infection prevention and control practices can be completed. However, we noted that the environment was clean.

Are services effective?

Good

The trust was able to demonstrate to us that policies, protocols and guidance were based on nationally recognised guidelines and standards. We saw the trust had a specialist midwife with responsibility to ensure all clinical effectiveness was embedded in practice and all policy and standards were evidence and research based. The trust had robust systems in place for the ratification of new policies and guidance.

Women were cared for by suitable, qualified and competent staff. We saw evidence that staff were able to access a variety of mandatory training and there were opportunities for further development.

Are services caring?

Good

We saw that women and their families were very much involved in their care. We saw an extensive 36-week antenatal risk assessment carried out jointly to confirm suitability for midwife-led care. We saw evidence that the risks and benefits were discussed with women and they signed a record to say all issues had been discussed with them.

Are services responsive to people's needs?

Good

The staff we spoke with had a good understanding of the population who used the service and were all able to explain with confidence the requirements of the people who were inpatients.

The provider had an extensive team of specialist midwives, who supported care for the more vulnerable people within the community. We saw specialists for bereavement, safeguarding and female genital mutilation (female circumcision).

The provider had a robust complaints process. We saw evidence of shared learning across midwifery services.

Are services well-led?

Good

The midwives had access and were well supported by senior managers at the trust's main location. Supervisors of midwives were available for support and

were on call throughout the day and night. The ratio of supervisors to midwives was one to 20, higher than the recommended national standard of one to 15. None of the staff we spoke with expressed any concerns with access to a supervisor of midwives.

Training was available and utilised by midwives at this unit.

Summary of findings

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

Maternity and family planning

Good

Services for women in maternity were generally safe for women who had low-risk deliveries. Transfer arrangements were in place for those who were identified as requiring other services.

There was an effective mechanism to record incidents, near misses and never events (mistakes that are so serious they should never happen). Staff told us they knew how to report these electronically and in person to their manager. We saw a robust governance framework that positively encouraged staff to report incidents. Information on how to make a complaint was visible to the people using the service.

The building is old and shabby and does not create a pleasant environment for the provision of services nor for effective infection control practices. However, the trust is aware of this and is taking some action to address this issue.

The wards/departments were generally well-led.

Summary of findings

What people who use the hospital say

The NHS Friends and Family Tests have been introduced to give patients the opportunity to give feedback on the quality of care they receive. The trust can be seen to be under the England average for the inpatient average component of the test.

Analysis of data from CQC's Adult Inpatient Survey 2012 shows the trust performed about the same as other trusts in all 10 areas of questioning. The trust performed worse than other trusts on two questions; these related to patients being involved in their discharge from hospital. This information is not broken down to hospital level.

Areas for improvement

Action the hospital SHOULD take to improve

- The hospital is old and requires maintenance to address infection control issues such as chipped plaster and grouting.

Good practice

Our inspection team highlighted the following areas of good practice:

The provider had an extensive team of specialist midwives, who supported care for the more vulnerable people within the community. We saw specialists for bereavement, safeguarding and female genital mutilation (female circumcision).

St Mary's Birth Centre

Detailed findings

Services we looked at:
Maternity and family planning

Our inspection team

Our inspection team was led by:

Chair: Mike Anderson, Medical Director, Chelsea and Westminster Hospital NHS Foundation Trust

Head of Hospital Inspections: Fiona Allinson, Care Quality Commission (CQC)

The team of four included: CQC inspector, a doctor, a midwife, and a senior NHS manager.

Background to St Mary's Birth Centre

University Hospitals of Leicester NHS Trust is a teaching trust that was formed in April 2000 through the merger of Leicester General Hospital, Glenfield Hospital and Leicester Royal Infirmary. The birth centre provides care for pregnant women and their families before, during and after birth. Based at St Mary's Hospital, Melton Mowbray, in the heart of the community it serves, it is staffed by a team of experienced and enthusiastic midwives and maternity care assistants. The birth centre is equipped to deal with normal births. There are eight postnatal beds and two birth rooms, each with a birth pool. About 300 babies are born each year at St Mary's Birth Centre.

The trust was chosen for inspection as they were rated as high risk in CQC's new Intelligent Monitoring model. This 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 issues raised as part of this risk identification model were: pressures in the A&E department, outliers in maternity, paediatric and general surgery services. We also identified that the trust was consistently above the national average for pressure sores grade 3 and above, and in catheter and urinary tract infections. We reviewed the issue of maternity outliers at St Mary's Birth Centre.

St Mary's Birth Centre was inspected by CQC once in September 2012. The location was found to be compliant with all areas inspected.

Why we carried out this inspection

We inspected this trust as part of our new in-depth hospital inspection programme. We chose this trust because it represented the variation in hospital care according to our new Intelligent Monitoring model. Using this model, University Hospitals of Leicester NHS Trust was considered to be a high-risk service.

Detailed findings

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 always inspects the following core services at each inspection:

- Maternity and family planning

Before visiting, we reviewed a range of information we hold about the trust and asked other organisations to share what they knew about the trust. We carried out an announced visit between 13 and 16 January 2014. During the visit we held focus groups with a range of staff in the hospital: nurses, doctors, physiotherapists, occupational therapists, administrative and clerical staff. We talked with women and staff throughout the birth centre. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We held a listening event where patients and members of the public shared their views and experiences of the trust.

Good

Maternity and family planning

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Information about the service

The trust provides a full range of maternity services. In 2013 there were 10,300 births recorded. Maternity services are provided on three sites: the Leicester Royal Infirmary, which has approximately 6,000 births per year, Leicester General Hospital, which has approximately 4,000 births per year and St Mary's Birth Centre, which has approximately 300 births per year. The birth rate has fallen from 10,919 in 2011.

The Leicester Royal Infirmary provides care and treatment for women with low- and high-risk pregnancies and provides care during their antenatal, intrapartum and postnatal periods. The Leicester General Hospital provides similar care but is unable to provide care for women in labour who are less than 32-weeks pregnant. These women are transferred to the Leicester Royal Infirmary for their care and treatment. St Mary's Birth Centre provides antenatal, intrapartum and postnatal care for healthy, low-risk women and their babies.

In addition to maternity services being delivered in these three locations, there are also 10 teams of community midwives and maternity care assistants who deliver antenatal and postnatal care in women's homes, clinics and children's centres across the Leicester and the county of Leicestershire, as well as supporting women to give birth at home. Last year almost 2% of women experienced a home birth.

Summary of findings

Services for women in maternity were generally safe for women who had low-risk deliveries. There were transfer arrangements in place for those who were identified as requiring other services.

There was an effective mechanism to report incidents, near misses and never events (mistakes that are so serious they should never happen) and staff told us they knew how to report these. We saw a robust governance framework that positively encouraged staff to report incidents. Information on how to make a complaint was visible to the people using the service.

The building is old and shabby and does not create a pleasant environment for the provision of services nor for effective infection control practices. However, the trust is aware of this and is taking some action to address this issue.

The wards and departments were generally well-led.

Good

Maternity and family planning

Are maternity and family planning services safe?

Good

Safety and performance

There was an effective mechanism to report incidents, near misses and never events. Staff told us they knew how to report these electronically and verbally to their manager. We saw a robust governance framework that positively encouraged staff to report incidents and information on how to make a complaint was visible to the people using the service. There was also an extensive audit programme. We saw a recently completed audit carried out by the acting head of midwifery. The audit included infection control practices, training, compliance with the NHS Safety Thermometer, the environment and access to well maintained equipment.

Systems, processes and practices

We saw a variety of policies and guidelines for clinical care. We asked a number of staff to demonstrate how they would access policies and guidance. All the staff showed us they could access documentation when required. We randomly selected three policies and saw they were current and all had been reviewed and updated as necessary.

Equipment/environment

We saw several pieces of equipment during our tour of the location. We checked to see if equipment was regularly checked and maintained. We found all the equipment we saw had been checked daily and we found no omissions in the checking routine.

The building is old, shabby and in need of renovation. We saw that paint was peeling and the grouting in the showers was black and needed replacing. We noted that the environment was clean. However, the poor state of the décor could have a detrimental effect on infection prevention and control.

We discussed the environment with the senior midwife. They explained that the windows had recently been replaced but they were unable to explain whether the trust had a scheduled plan of maintenance and refurbishment.

We also discussed our findings with the clinical director. They demonstrated that there was a steering group, which included representation from the clinical commissioning group, to address the poor state of the building.

Are maternity and family planning services effective?

(for example, treatment is effective)

Good

Using evidence-based guidance

The trust was able to demonstrate to us that policies, protocols and guidance were based on nationally recognised guidelines and standards. We saw the trust had a specialist midwife with responsibility to ensure all clinical effectiveness was embedded in practice and that all policy and standards were evidence and research based. The trust had robust systems in place for the ratification of new policies and guidance.

We saw regular review, and updating of policies and guidance. We spoke with staff and asked them if they were engaged in the development of policies and how new guidance was communicated to them. All the staff we spoke with told us they did not see draft reports and were not able to comment prior to the ratification of policies. However, we were able to confirm that all new and updated policies were reviewed by the maternity guidelines group. Once approved, policies were circulated to senior midwives to disseminate to all staff. New guidance and policies were also included in newsletters, emails and memos to staff.

All relevant National Institute for Health and Care Excellence (NICE) guidance was reviewed in the maternity guidelines group. The midwife for public health and quality standards explained that, when new NICE or national guidance was published, a multidisciplinary working group was set up to discuss implementation or demonstrate the rationale for why the guidance was not implemented.

Staff, equipment and facilities

Women were cared for by suitable, qualified and competent staff. We saw evidence that staff were able to access a variety of mandatory training and there were opportunities for further development. This training included formal courses and emergency skill drills. We

Good

Maternity and family planning

spoke with maternity support workers who explained they were very supported within their role. We reviewed the women and children's division mandatory training dashboard. We noted that staff training at St Mary's Birth Centre was above the divisional average.

Are maternity and family planning services caring?

Good

Compassion, dignity and empathy

During our visit to the birth centre we spoke with two women. Both told us they felt safe and were happy with their care. One woman told us: "I could not wish for anything better". One woman told us: "I can not fault the service or the staff in anyway." Both the staff and women we spoke with assured us there was a culture of caring. One member of staff told us: "We are so passionate about care given here in the birth centre. If I did not think we were giving our all, I would give the job up".

Involvement in care and decision making

We saw that women and their families were very much involved in their care. We saw an extensive 36-week antenatal risk assessment carried out jointly to confirm suitability for midwife-led care. We saw evidence that the risks and benefits were discussed with women and they signed a record to say that all issues had been discussed with them.

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

Good

Meeting people's needs

The staff we spoke with had a good understanding of the population who used the service and were all able to explain with confidence the requirements of the people who were inpatients.

Vulnerable patients and capacity

Staff had access to interpreters, and a number of staff members spoke different languages. The Language Line translation service was also available. When asked how useful these services were, the majority of staff told us they were very useful. We also saw a variety of communication aids in departments. However, all the signage we saw was in English, which did not cater for people with a different first language.

The provider had an extensive team of specialist midwives, who supported care for the more vulnerable people within the community. We saw specialists for bereavement, safeguarding and female genital mutilation (female circumcision). We spoke with a couple of specialist midwives who explained how they supported staff to care for women, both in hospital and in the community. We spoke with a member of staff who was able to explain in detail how they accessed specialist midwives for advice and gave examples of when specialist midwives had visited the birth centre.

Learning from experiences, concerns and complaints

The provider had a robust complaints process. We saw evidence of shared learning across midwifery services. We saw newsletters, team meetings and emails which contained changes to practice following learning from a complaint. We saw a newsletter which identified a trend in complaints' themes. The newsletter identified what actions had been taken and reported that further review of the issues would be undertaken to ensure improvements.

Are maternity and family planning services well-led?

Good

Governance arrangements

We saw a robust governance framework and reporting structure. Incidents, serious untoward incidents, complaints and audits were analysed and reported through the committee structure to the board. Staff told us they had a noticeboard and the senior midwife ensured that all learning, changes to practice or new polices were always posted on the board. All staff were required to sign a form to confirm that they had read the information.

Leadership and culture

We spoke with a number of staff who told us that the senior midwife was visible in the clinical areas and that

communication was reasonable from the most senior of midwifery staff. We also saw that the acting head of midwifery had recently visited the unit. However, when questioned, some of the staff told us they had never seen the acting head of midwifery and did not know what they looked like.

Learning, improvement, innovation and sustainability

Staff told us they felt supported by the team leader, who also met weekly with the centre's modern matron. Supervisors of midwives were available for support and were on call throughout the day and night. The ratio of supervisors to midwives was one to 20, which was higher than the recommended national standard of one to 15. None of the staff we spoke with expressed any concerns with access to a supervisor of midwives.

We saw that a variety of training was available for staff to attend and there were two dedicated education and development midwives employed. Staff were able to describe to us what midwifery and obstetric training was required, in particular the skill days. We also spoke with a student midwife who felt they were well supported by more experienced midwives and felt their training was structured and enabled them to gain vital experience.