

# CQC maternity services inspection 25-26 October 2021

## Progress update, February 2022

### 1 Introduction

The CQC undertook their second unannounced focussed inspection of LNWH Maternity Services on 25 and 26 October 2021.

The report was published on 24 December 2021 with an improved rating for the Maternity Services, rising from 'inadequate' to 'requires improvement'. The CQC did not identify any 'must do' actions during this inspection. They did identify some 'should do' actions, which are examined in more detail in Section 2.

The overall ratings for the Trust have not changed as a result of this inspection.

Below is a comparative table of the maternity unit's last three inspections.

Rating	August 2019	April 2021	October 2021
<b>Overall</b>	Requires Improvement	Inadequate	Requires Improvement
<b>Safe</b>	Requires Improvement	Inadequate	Requires Improvement
<b>Effective</b>	Good	Not rated	Good
<b>Caring</b>	Good	Good	Good
<b>Responsive</b>	Good	Not rated	Requires Improvement
<b>Well led</b>	Requires Improvement	Inadequate	Requires Improvement

## 2 Progress so far

The 'must do' actions which had been identified in the report following the April 2021 inspection were completed in June 2021. The maternity service continues to embed these improvements.

The latest CQC report noted further improvements across several areas, including sharing learning from incidents, updating risk assessments for every patient and the improvement around audit with the appointment of an audit midwife. The CQC particularly complimented the new divisional leadership team, whom they felt understood and managed both the priorities and the issues of the service.

Inspectors also found that staff had a greater understanding of the cultural and religious needs of people in our local communities.

The 'should do' actions from the latest report, with allocated deadlines, have been incorporated into the Trust's [Maternity Improvement Plan](#) and will be monitored monthly at the Maternity Improvement Group.

### Action Plan

The report identified sixteen 'should do' actions. The main areas for improvement include having skilled and experienced staff, being up to date with mandatory training, keeping equipment clean, operational and stocked-up, documentation and improving triage and induction pathways.

The table below summarises the progress with completion of these actions.

Should do actions	Complete	In progress	Overdue
16	4	12	0

### Immediate actions

Four actions have been completed and processes are in place to monitor compliance through spot checks and audits. The four completed actions relate to:

- Maintaining infection prevention and control standards by ensuring equipment is clean and marked as clean. ***Daily spot checks are being undertaken to monitor compliance.***

- Ensuring that the resuscitation trolleys have in date equipment and products. ***Daily spot checks are being undertaken to monitor compliance.***
- Ensuring that cold cots are repaired and in good working order. ***All old cots have been replaced with new cots.***
- Ensuring that the triage log sheets are secured within women notes. ***This has been put in place and will be monitored through audits.***

### Medium-term and long-term actions

Actions related to compliance with mandatory training, drug storage and documentation are part of the medium-term plan.

The service is reviewing the governance structure, induction of labour pathway and identifying the appropriate platform to restart the antenatal classes as part of the long-term plan. The maternity service continues its journey to embed the improvements already commenced.

## 3 Next steps

The progress against the actions will be monitored through the Maternity Improvement Group and reported at the Women's and Children's Divisional Clinical Governance Meetings.

The quality assurance and compliance team will work with the service to provide assurance on the progress with the action plan.

**Attached: CQC's Full Report**