

# Aintree University Hospital NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

### Combined quality and resource rating

# Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

Aintree University Hospital NHS Foundation Trust is a large teaching hospital in Liverpool.

There are 706 inpatient beds, serving a population of around 350,000 in North Liverpool, South Sefton and Kirkby. The hospital provides care and treatment for people living in some of the most deprived areas in England.

The hospital is one of the largest employers locally with more than 4,800 whole time equivalent staff. The trust gained foundation trust status in 2006 and was one of the first hospitals in Merseyside to do so.

Medical care services at the hospital have 383 beds. There were 51,596 medical admissions between April 2016 and March 2017. Emergency admissions accounted for 22,522 (43.7%), 1,882 (3.6%) were elective and the remaining 27,192 (52.7%) were day case

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement**



## What this trust does

The hospital provides a full range of acute services which include: acute medicine, accident and emergency, acute frailty unit, and surgical services. In addition to these services, the trust provides specialist services for Merseyside, Cheshire, South Lancashire, and North Wales. These specialist services include: major trauma, complex obesity, head and neck surgery, upper gastrointestinal cancer, hepatobiliary, endocrine services, respiratory medicine, rheumatology, ophthalmology, and alcohol services.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

# Summary of findings

During our last inspection in October 2017 we found areas of concern and issued the trust with enforcement action. This was because the trust had failed to demonstrate that they had in place an effective process to ensure the timely identification and assessment of those persons who may lack the capacity to consent to their care and treatment. Nor had they provided assurance that there was an effective process for overseeing and monitoring this group of patients.

On 16 January 2018 we carried out a focussed unannounced inspection of the trust to follow up on the enforcement action we issued following the last inspection.

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement .

We did not rate the trust following this inspection as it was a focused inspection and only looked at certain aspects of the effective and well led domain in medical care services. Therefore the inspection had no impact on the previous ratings or overall findings for the trust.

We found:

- There had been improvements in the identification and assessment of those persons who lacked capacity to consent to their care and treatment.

However:

- There were still areas that required further improvement. We found that the trust was not fully compliant with the requirements in the enforcement action we took. We have taken further action to ensure that the provider is compliant with the relevant regulation. We will regularly monitor the trust with any actions they put in place to ensure they are fully implemented.

To see information from our earlier inspection of this trust please see our previous report (7 March 2018).

### Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement.

This inspection was not rated and therefore did not have an impact on the overall rating for this domain.

### Are services effective?

Our rating of effective stayed the same. We rated it as requires improvement.

This inspection was not rated and therefore did not have an impact on the overall rating for this domain.

- The trust had still not always ensured that the capacity of a patient to consent to care and treatment had been assessed and documented in line with the Mental Capacity Act 2005.
- The trust had not always ensured that Deprivation of Liberty safeguards had been applied when needed. This meant that there were potential periods of time when patients had been deprived of their liberty without Deprivation of Liberty safeguards being applied appropriately.
- The trust had implemented a new system across the hospital to identify occasions when patients potentially required a mental capacity assessment completing or a Deprivation of Liberty safeguards applying. However, this system had not been used consistently across all areas.

# Summary of findings

- There had been improvements in staff understanding of their role and responsibilities under the Mental Capacity Act 2005, However, not all staff we spoke with always knew how to support those who lacked the capacity to make decisions about their care.
- The trust had completed a training needs analysis for all staff throughout the hospital. Initial awareness sessions had already been delivered and the trust had identified dates to deliver further training to all staff.

## Are services caring?

Our rating of caring stayed the same. We rated it as good.

This inspection was not rated and therefore did not have an impact on the overall rating for this domain.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement.

This inspection was not rated and therefore did not have an impact on the overall rating for this domain.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as requires improvement because:

This inspection was not rated and therefore did not have an impact on the overall rating for this domain.

- The trust had reviewed and updated the three year corporate strategy for safeguarding which was supported by an updated operational work plan to make further improvements.
- The trust had an appropriate system to manage risk. Safeguarding, which included mental capacity and Deprivation of Liberty safeguards was managed on the board assurance framework. This was so the executive team had oversight of improvements that had been made.
- Members of the senior management team informed us that the executive board had been supportive of putting immediate systems in place to reduce the risk of mental capacity assessments not being completed in a timely manner or Deprivation of Liberty safeguards being applied appropriately.
- The senior management team had not ensured that the new safeguarding system was being used consistently in all areas.

## Medical care (including older people's care)

Our overall rating of this service stayed the same. We rated it as requires improvement.

This was a focused inspection so we did not rate the service, therefore the rating of requires improvement for medical care services following the previous inspection in October 2017 remained the same.

During this inspection we found:

- The trust had still not always ensured that the capacity of a patient to consent to care and treatment had been assessed and documented in line with the Mental Capacity Act 2005.
- The trust had not always ensured that Deprivation of Liberty safeguards had been applied when needed. This meant that there were potential periods of time when patients had been deprived of their liberty without Deprivation of Liberty safeguards being applied appropriately.
- The trust had implemented a new system across the hospital to identify occasions when patients potentially required a mental capacity assessment completing or a Deprivation of Liberty safeguards applying. However, this system had not been used consistently across all areas.

# Summary of findings

However, we found that some improvements had been made;

- The trust had reviewed and updated the three year corporate strategy for safeguarding which was supported by an updated operational work plan to make further improvements
- The trust had completed a training needs analysis for all staff throughout the hospital. Initial awareness sessions had already been delivered and the trust had identified dates to deliver further training to all staff.

## Ratings tables

The ratings tables in our full report following the inspection in October 2017 show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We did not rate services at this inspection, therefore there were no changes to the previous inspection in October 2017.

## Areas for improvement

We found areas for improvement including seven breaches of legal requirements that the trust must put right.

## Action we have taken

Due to the nature of some concerns we had following this inspection, we issued actions required by the trust. This meant the trust had to be compliant with the relevant regulation.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will make sure that the trust continues to take the necessary action to improve its services following this inspection and the previous inspection in October 2017. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

There was no outstanding practice identified during this focused inspection.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to medical care, it also relates to trust wide.

#### Medical care (including older people's care)

- The trust must ensure compliance with the Mental Capacity Act and Deprivation of Liberty safeguards and trust policy to ensure that care and treatment of service users is only provided with the consent of the relevant person or where they lack capacity to consent appropriate actions are taken and documented.

# Summary of findings

## Action the trust **SHOULD** take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

- The trust should ensure that systems that are used to support staff are implemented consistently in all areas of the hospital.

## Is this organisation well-led?

We rated well led at the trust as requires improvement.

During this focused inspection we did not look at the overall management and leadership of the Trust. Therefore, this inspection did not have an impact on the overall rating of well led at the trust or the findings in the previous inspection undertaken in October 2017

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Services	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018
Medical Care (including older people's care)	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018
Surgery	Good ↑ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018
End of Life Care	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018
Critical Care	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014	Good May 2014
Outpatients and Diagnostics	Good May 2014	N/A	Good May 2014	Good May 2014	Good May 2014	Good May 2014
<b>Overall trust</b>	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018	Good ↔ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018	Requires improvement ↓ Feb 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.



# University Hospital Aintree

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## Key facts and figures

Aintree Hospital is a large teaching hospital in Liverpool. There are 706 inpatient beds, serving a population of around 350,000 in North Liverpool, South Sefton and Kirkby. The hospital provides care and treatment for people living in some of the most deprived areas in England.

The hospital provides a full range of acute services which include:

- Acute medicine
- Accident and emergency
- Acute frailty unit
- Surgical services.

In addition to these services, the trust provides specialist services for Merseyside, Cheshire, South Lancashire, and North Wales. These specialist services include:

- Major trauma
- Complex obesity
- Head and neck surgery
- Upper gastrointestinal cancer
- Hepatobiliary
- Endocrine services
- Respiratory medicine
- Rheumatology
- Ophthalmology
- Alcohol services

The hospital is one of the largest employers locally with more than 4,800 whole time equivalent staff across the trust.

# Summary of findings

During this inspection we visited surgical wards, medical wards, theatres and the emergency department. We spoke with patients and their relatives. We also spoke with members of staff including senior managers, doctors, nurses and health care support workers

We looked at 14 care records of patients. We received comments from focus groups and we reviewed the hospital's performance data.

## Summary of services at University Hospital Aintree

**Requires improvement** ● → ←

Our rating of services stayed the same. We rated it as requires improvement. This inspection was not rated and therefore did not have an impact on the overall rating for the hospital.

A summary of services at this hospital appears in the overall summary above.

# Medical care (including older people's care)

## Key facts and figures

The medical care service at Aintree University Hospital has 383 inpatient beds.

Medical services are managed by the 'medicine division' at Aintree hospital. These are divided into smaller clinical business units such as cardiology, nephrology, acute and emergency medicine, respiratory and diabetes. There are various wards and specialist services within the division including stroke services (including 2 hyper acute stroke beds), cardiology, respiratory, endocrinology, nephrology, gastroenterology, general medicine, endoscopy and the care of older persons.

The Care Quality Commission carried out a focussed inspection on the 16 January 2018 to follow up concerns that we had found during our previous inspection of the hospital during October 2017.

During this inspection we visited ward 14 (discharge lounge), ward 30 (care of older persons), ward 31 (Aintree 2 home), ward 33 (stroke unit), the acute medical unit as well as the surgical admissions unit, the observation unit and the frailty assessment unit. We also visited the medical observation areas adjacent to the accident and emergency department. We spoke with 65 members of staff including senior managers, registered nurses, health care assistants and doctors

We looked at 14 patient care records and we looked at the service performance data.

### Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement. We did not rate the service following this focused inspection as we were following up on enforcement action we issued to the trust at the last inspection in October 2017.

A summary of our findings about this service appears in the Overall summary.

### Is the service safe?

Our rating of safe stayed the same. We rated it as requires improvement.

During this focused inspection we did not inspect this domain and therefore had no impact on the rating from the previous inspection.

### Is the service effective?

Our rating of effective stayed the same. We rated it as requires improvement . This focused inspection was not rated and therefore had no impact on the rating for this domain from the previous inspection.

Our rating of effective stayed the same. We rated it as requires improvement . This focused inspection was not rated and therefore had no impact on the rating for this domain from the previous inspection.

During the last inspection we found that the trust had not always ensured that the capacity of a patient to consent to care and treatment had been assessed and documented in line with the Mental Capacity Act 2005. This led to a failure to undertake best interest decisions around patients' care and treatment and a failure to gain appropriate deprivation of liberty authorisations as appropriate.

During this inspection we found that:

# Medical care (including older people's care)

- The trust had still not always ensured that the capacity of a patient to consent to care and treatment had been assessed and documented in line with the Mental Capacity Act 2005.
- The trust had not always ensured that Deprivation of Liberty safeguards had been applied when needed. This meant that there were potential periods of time when patients had been deprived of their liberty without Deprivation of Liberty safeguards being applied appropriately.
- The trust had implemented a new system across the hospital to identify occasions when patients potentially required a mental capacity assessment completing or a Deprivation of Liberty safeguards applying. However, this system had not been used consistently across all areas.
- Not all staff understood their roles and responsibilities under the Mental Capacity Act 2005. They did not always know how to support those who lacked the capacity to make decisions about their care. However, some improvements had been made since our last inspection.

However,

- The trust had completed a training needs analysis for all staff throughout the hospital. Initial awareness sessions had already been delivered and the trust had identified dates to deliver further training to all staff.

## Is the service caring?

Our rating of caring stayed the same. We rated it as good.

During this focused inspection we did not inspect this domain and therefore had no impact on the rating from the previous inspection.

## Is the service responsive?

Our rating of responsive stayed the same. We rated it as requires improvement.

During this focused inspection we did not inspect this domain and therefore had no impact on the rating from the previous inspection.

## Is the service well-led?

Our rating of well-led stayed the same. We rated it as requires improvement.

This focused inspection was not rated and therefore had no impact on the rating for this domain from the previous inspection.

During this inspection we found that;

- The trust had developed a three year corporate strategy for safeguarding which was supported by an operational work plan to make further improvements.
- The trust had an appropriate system to manage risk. Safeguarding, which included mental capacity and Deprivation of Liberty safeguards was managed on the board assurance framework. This was so the executive team had oversight of improvements that had been made.
- Members of the senior management team informed us that the executive board had been supportive of putting immediate systems in place to reduce the risk of mental capacity assessments not being completed in a timely manner or Deprivation of Liberty safeguards being applied appropriately.

# Medical care (including older people's care)

However,

- The senior management team had not ensured that the new safeguarding system was being used consistently in all areas.

## Outstanding practice

There was no outstanding practice to report during this inspection

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Nicholas Smith, Head of Hospital Inspection and a lead Inspection Manager led this inspection.

The team also consisted of three Inspectors and a specialist adviser.