

# Royal Liverpool and Broadgreen University Hospitals NHS Trust

## Inspection report

Royal Liverpool University Hospital  
Prescot Street  
Liverpool  
Merseyside  
L7 8XP  
Tel: 01517062000  
www.rlbuh.nhs.uk

Date of inspection visit: 15 Jan to 17 Jan 2019  
Date of publication: 17/07/2019

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?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

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.

# Summary of findings

## Background to the trust

The Royal Liverpool and Broadgreen University Hospital is a large teaching hospital based in Liverpool and has two hospital sites. It is based close to the city centre, providing care and treatment to patients from across the North West of England, North Wales and the Isle of Man.

The trust, which was established in 1995, and provides services to the adult population with a busy emergency department. They also provide care for patients with more routine illnesses and injuries. They provide a comprehensive range of specialist services to 750,000 people each year within a total catchment population of more than two million people in Merseyside, Cheshire, North Wales, the Isle of Man and beyond.

The trust is a major centre for the diagnosis, treatment, care and research of cancer. They are a regional cancer centre for pancreatic, urological, ocular, testicular, anal, and oesophago-gastric cancers, specialist palliative care, specialist radiology and specialist pathology and chemotherapy cancer treatment services. They are also a national centre for ocular oncology (eye cancer).

As one of the largest employers in the city. They employ around 7,600 people and provide services through outsourcing arrangements.

## Overall summary

**Our rating of this trust went down since our last inspection. We rated it as Requires improvement**  

## What this trust does

The Royal Liverpool University Hospital is the main site operated by the trust, with a total of 857 beds, 792 of which are inpatient beds and 65 are reserved for day case procedures. This hospital provides a range of services, including urgent and emergency care, critical care, a comprehensive range of elective and non-elective general medicine (including elderly care) and surgery, and a range of outpatient and diagnostic imaging services. The hospital also houses St Paul's Eye Unit which provides a range of outpatient services and elective and unplanned ophthalmology surgical services to patients locally, nationally and internationally. The unit sees in the region of 9,000 outpatients each month.

The trust started work on a new Royal Liverpool University Hospital in February 2014 and construction is underway, with the opening planned for 2020.

Broadgreen Hospital is the smaller of the two sites operated by the trust and has a total of 98 beds, 58 of which are inpatient beds and 40 are reserved for day case procedures. This hospital provides a range of elective general medicine (including elderly care), elective surgery, day case surgery, and, outpatient and diagnostic imaging services.

From April 2017 the trust acquired anticoagulation services in the community from another trust. The service provides anticoagulation monitoring to all patients in the Liverpool area. Liverpool Anticoagulation Service operates in a community setting and cares for approximately 7,200 patients registered with Liverpool GPs. Patients have access to 38 clinics in 26 locations and a domiciliary service for housebound patients.

In June 2017, further community services were also transferred from another trust.

These include:

- North Mersey Community Tuberculosis Nursing Service
- HIV Specialist Nursing Team

# Summary of findings

- Radiology (X-Ray and Non- Obstetric Ultrasound)
- Heart Failure Service
- Community Respiratory Service
- ECG Service

In addition, from April 2017, the management of satellite dialysis units at Warrington, St Helens and Halton transferred back under the NHS in a partial managed service contract. The staff were transferred over to the NHS but the estates and equipment remain under the previous management.

The trust also has a dental hospital, which caters for a variety of dental health needs and occupies a self-contained modern building next to the Royal Liverpool University Hospital. It has undergone a series of major refurbishments in recent years which have significantly extended and upgraded its facilities. There is approximately 150 dental units available which caters for all dental specialities. There is operating and recovery areas for day-case patients.

## 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.

Royal Liverpool Broadgreen University Hospital NHS Trust was last inspected in March 2016 and rated good overall. We inspected the trust on 15 to 17 January 2019 and 19 to 21 February 2019. We inspected certain services at Royal Liverpool Hospital based on the level of risk and inspected the well-led aspect as this had not been inspected before. We looked at urgent and emergency services, medical care, surgery, community services and dental services. We did not visit services at Broadgreen Hospital as part of this inspection.

## What we found

### Overall trust

Our rating of the trust went down. We rated it as requires improvement because:

We rated the trust as requires improvement for responsive and well led. We rated caring as outstanding and safe and effective as good. We rated five of the trust's services at this inspection. In rating the trust, we took into account the current ratings of the services not inspected this time.

We rated well-led at the trust level as requires improvement.

We rated community services as good for safe, effective, responsive and well led. We rated caring as outstanding.

# Summary of findings

Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

- Services had not always completed and updated risk assessments for patients. We found that risk assessments such as those for falls or pressure ulcers had not always been completed where required.
- The trust had not ensured that there had been sufficient numbers of suitably qualified staff available in endoscopy to recover patients. Nursing staffing numbers were not always sufficient for the number of patients being cared for in urgent and emergency services.
- The service had suitable premises and equipment but had not always looked after them well. This was because we found substances that were hazardous to health that had sometimes been left in unlocked areas, meaning that patients or members of the public could access them. In addition, oxygen cylinders had not always been stored safely, in line with best practice guidance and trust policy.
- The trust had not always collected, analysed, managed and used information well to support all its activities. This was because information that was provided to CQC before, during and after the inspection had not always been accurate.
- Staff did not always understand how and when to formally assess and record whether a patient had capacity to decide about their care. We found that capacity had not always been documented when it should have been.
- The waiting list for the dental paediatric department was excessive. The referral to treatment (percentage within 18 weeks) compliance for October 2018 was 41.9%. This had worsened since October 2017 when the compliance was 54.7%.
- Medication and controlled drugs were not always securely stored or prepared in line with trust policy, national guidance and legislation. Antibiotic medication were not always reviewed in line with trust policy and best practice guidelines.
- Waiting times in the emergency department had all risen and were greater (longer or more) than the national average. Patients waited for extended periods of time on the corridor to be seen, in some cases more than ten hours. Although complaints had been managed appropriately and with compassion, response times needed improving
- There was evidence that incidents were not always being reported and investigated in a timely way in line with trust policy and national guidance.

However:

- The trust managed infection prevention and control well, the results of infection prevention and control audits were scrutinised and improvements to practice actively sought.
- The service had effective arrangements in place to recognise and respond appropriately to patients
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff received training in safeguarding.
- Managers across services promoted a positive culture that valued staff, creating a sense of common purpose based on shared values.
- Staff cared for patients with compassion and patient's dignity was maintained on all occasions that we observed care being delivered.

# Summary of findings

- There was consistent and effective multidisciplinary working across the service. Staff worked alongside; medical staff, external partner agencies, mental health professionals, commissioners and social workers to plan care for patients and provide a joint approach to patient care.
- The trust had developed appropriate strategies which directly linked to the vision and values of the trust.

Our full Inspection report summarising what we found and the supporting evidence appendix containing detailed evidence and data about the trust is available on our website –

## Are services safe?

Our rating of safe stayed the same. We rated it as good because:

- There were systems and processes in place to keep people safe from abuse and safeguarding policies were in line with best practice guidance.
- Staff could access patient information when they needed it to plan and deliver care, treatment and support
- People received their medicines when required.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

However

- There were periods of understaffing or inappropriate skills mix which were not always addressed quickly enough. Due to sickness and vacancies in the trust there was a high number of bank and agency staff used.
- Information on patient safety was not always timely. Risk assessments were not always being completed in some service areas.
- Incidents were not always being recorded or investigated in a timely way and in line with national guidance and trust policy. People did not always receive a timely apology when something went wrong.
- There were areas where medication was not securely stored in line with national guidance and trust policy.
- There were areas that had equipment that were overdue for servicing in line with guidance

## Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- People's care and treatment was planned and delivered based on national guidance and standards and there was participation in relevant local and national clinical audits to help improve standards of care.
- Pain relief was effectively managed.
- There was good multidisciplinary team working throughout services with treatment plans being discussed by a range of healthcare professionals.

However

- Staff did not always adhere to the Mental Capacity Act 2005 principals and guidance was not always effective. There were times when a capacity assessment had not been undertaken before deprivation of liberty safeguards applications had been made.

# Summary of findings

- In some services outcomes for patients who used services were sometimes below expectations when compared with similar services.
- Not all staff had the right skills and experience to fulfil their roles.

## Are services caring?

Our rating of caring improved. We rated it as outstanding because:

- Feedback from people who used the services and those close to them were positive about the way staff treated people.
- People were treated with respect and kindness during all interactions we observed. People felt supported and said staff cared for them.
- Staff supported people and those close to them to manage their emotional responses to care and treatment. Personal, cultural, social and religious needs were understood.
- People said staff spent time with them and provided information in a way they could understand. Staff responded compassionately when people needed help and support.
- People's privacy and confidentiality was respected the majority of times.

## Are services responsive?

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

- Complaints were not always being responded to in a timely way.
- People did not always receive treatment in a timely way. This was because the urgent and emergency service had continually failed to meet the target to transfer, admit or discharge patients.
- There were long waits for paediatric dental patients to be seen within dental services.
- People could not always access services when they needed it. Waiting times to access gastroenterology and dermatology services were worse than the national average.
- Access and flow continued to be a challenge for the trust and there were a number of patient moves out of hours, a high number of delayed discharges and patients being cared for on a ward or that did not meet their speciality. There were also times when patients were held in recovery areas for a long period of time due to lack of beds on the wards.

However

- Services had responded to individual needs. For example, areas designed to help people living with dementia and support for people living with a learning disability.
- There was a translation service in place and there was access to a psychiatric liaison service when required.

## Are services well-led?

Our rating of well-led went down. We rated it as requires improvement because:

- People did not always receive a timely apology when something went wrong in line with national guidance and regulation.
- Information that was used to monitor performance or make a decision could not be relied on to be accurate or reliable. For example, staffing information.

# Summary of findings

- Initial reviews of serious incidents had not always taken place in a timely manner and there was evidence that incidents were not always being reported in a timely way which was not being monitored or reported through governance structures.
- The process for escalating and de-escalating risk within the organisation was not always clear with different understanding of the system expressed by different levels of staff.
- Although the trust recognised their plans to deliver financial sustainability were linked to the full business case for the merger with another trust this was not completed when we undertook the inspection.
- Managers had not always been aware of areas of poor performance. For example, senior managers had not been aware that mental capacity assessments had not been completed correctly, particularly when applications for Deprivation of Liberty safeguards had been made.

However

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers and worked to provide development opportunities for the future of the organisation.
- The trust was committed to improving services by promoting training, research and innovation. They were part of the Global Digital Exemplar programme and had also been involved in a number of clinical research studies.
- Managers across services promoted a positive culture that promoted and valued staff, creating a sense of common purpose based on shared values.

## Ratings tables

The ratings tables in the report 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.

## Outstanding practice

We found examples of outstanding practice at trust level, in surgical service and community health services for adults.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including 15 breaches of legal requirements that the trust must put right. We found 22 things that the trust should take because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

## 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.

We issued requirement notices. Our action related to breaches of three legal requirements at a trust-wide level and seven in core services at Royal Liverpool Hospital

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

# Summary of findings

## What happens next

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

## Outstanding practice

The pharmacy department were linked to the centre for pharmacy innovation at a local university and involved with the collaboration and development of education in support of post graduate education. The trust had employed assistant technical officers, they worked with the quality matrons and directly supported wards to ensure stock was managed appropriately. This innovation had provided a trust cost saving. The UK Clinical Pharmacy Association (UKCPA) recently presented their prestigious lifetime achievement award for 2018 to the chief pharmacist.

Surgical services provided enhanced recovery units for both high-risk colorectal surgery patients and high-risk hip fracture patients. This meant that patients were placed on enhanced recovery pathways and were under constant nursing observation to improve patient outcomes. The enhanced hip fracture unit was staffed by an advanced nurse practitioner who could complete venous thromboembolism assessments and prescribe pain relief which would otherwise be undertaken by medical staff; therefore, alleviating pressure and workload within the service

Staff working in the HIV team had liaised with a local charity to develop a tool for assessing patients' pain and fatigue and how this affects their day to day lives. This helped patients to access additional pain relief when they needed it.

The community respiratory team was made up of an early supported discharge team, hospital at home team and chronic obstructive pulmonary disorder management team. This model helped to reduce repeat admissions and length of stay for patients whose condition could be managed at home.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations.

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

### Trust-wide

- The trust must ensure that all incident systems and processes are effective and fully implemented. Regulation 17(1)
- The trust must ensure that all incidents that meet the criteria for duty of candour have this applied in line with legislation. Regulation 20(2)(4)
- The trust must ensure that all information that is used for monitoring performance is accurate and up to date. Regulation 17(2)(a)
- The trust must ensure that all application for Deprivation of Liberty safeguards are made in line with trust policy and legislation. Regulation 11(1)

### Urgent and emergency services

- The hospital must ensure there are sufficient numbers of qualified, competent and skilled staff in the emergency department to maintain a safe level of care, taking into account best practice and national guidelines in relation to the number of registered nurses on each shift, paediatric nursing provision and paediatric basic life support. Regulations 18(1)

# Summary of findings

- The hospital must ensure there is effective assessment of patient's pressure risk and undertake all that is reasonably possible to mitigate any such risk. Regulations 12 (1)(2)(a)(b)
- The hospital must ensure the proper and safe management of medicines and use of premises including secure storage in line with current legislation. Regulations 12(1)(2)

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

- The hospital must ensure that substances that are hazardous to health are locked away safely, particularly on gerontology wards where patients have a cognitive impairment. Regulation 12(2)(b).
- The hospital must ensure that risk assessments for patients, such as falls, pressure ulcers and patient observations are completed and updated in a timely manner. Regulation 12(2)(a).
- The hospital must ensure that there are sufficient numbers of staff with the correct level of training to recover patients in endoscopy, particularly when they have had a local or general anaesthetic. Regulation 18(1).
- The hospital must ensure that patient records are kept securely at all times so that patient confidentiality is maintained. Regulation 17(2)(c).
- The trust must ensure that mental capacity assessments are fully completed when required, particularly before applying for a Deprivation of Liberty safeguard for patients. Regulation 11.

## Surgery

- The service must ensure that controlled drugs are stored securely in line with trust policy, national guidance and legislation. Regulation 12(2)(g).
- The service must ensure that patients who are prescribed antibiotics have a review date and end date recorded. Regulation 12(2)(g).

## Dental services

- The service must continue to take action to address the waiting times for paediatric dentistry. Regulation 9(1)(b)

Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **SHOULD** take:

## Trust-wide

- The trust should ensure take measures to put in place an achievable financial strategy.
- The trust should ensure that complaints processes are effectively managed.
- The trust should ensure that risks are fully mitigated and systems understood by staff.

## Urgent and emergency services

- The hospital should take measures to promote health, prevent and identify illness in its early stages.
- The hospital should adopt control measure to make sure the risk to patients without call bells in the walk-in-minors area is as low as is reasonable possible.
- The hospital should ensure that premises are clean, secure and properly maintained, the appropriate standard of hygiene should also be maintained.

# Summary of findings

- The hospital should design care and treatment with a view to achieving service users preferences and meeting the individual needs of patients, such as those living with dementia.
- The hospital should ensure the privacy of its patients including those in the emergency triage area.

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

- The hospital should ensure that staff are 'bare below the elbow' when delivering patient care to make sure that the risk of infection being spread is reduced as much as possible.
- The hospital should ensure that oxygen cylinders are stored in line with best practice guidance and trust policy.
- The hospital should ensure that call bells are immediately available to all patients so that they are able to call for assistance when needed.
- The hospital should ensure that initial reviews for all serious incidents are completed in a timely manner, in line with trust policy and national guidance.
- The service should ensure that all areas of performance are identified and that improvements are made in a timely manner.
- The service should ensure that actions are implemented on the risk management system so that risks are further reduced or eliminated.
- The hospital should consider ways to improve patient flow, making sure that patients are managed in areas that meet their needs.
- The hospital should consider ways in which to make sure that all agency nursing staff receive local inductions and that evidence for this is kept.

## Surgery

- The service should ensure that action plans are in place to improve compliance for mandatory training, for medical staff.
- The service should ensure that patients own medications are checked on admission as part of the medicines reconciliation process and in line with the trusts medicines optimisation strategy.
- The service should ensure that all serviceable equipment has a legible, recorded asset number on it.
- The service should ensure policies and procedures include all areas used to hold patients for a prolonged period of time whilst waiting for beds.

## Dental services

- The service should review staff awareness of the incident reporting procedure.
- The service should review mandatory training rates for medical staff.

## Community health services for adults

- Service leads should implement a system to monitor safety performance across community services.
- Service leads should continue to develop more accurate and through means of monitoring and measuring effectiveness in terms of patient outcomes and performance indicators.
- Service leads should continue with plans to formalise clinical supervision for staff within the community respiratory and heart failure teams.

# Summary of findings

- The service should provide additional training so that staff are aware of how to access all the patient information they need to plan care.
- Service leads should consider how governance systems can be improved to better support community services.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as requires improvement because:

- Although the trust recognised their plans to deliver financial sustainability were linked to the full business case for the merger with another trust this was not completed when we undertook the inspection.
- We found a number of incidents reviewed during the inspection where the trust was not fully compliant with duty of candour legislation. It was also unclear if the trust audit reflected the requirements of being open as it looked at incidents that were avoidable and unavoidable not unintended or unexpected.
- Board members recognised that they had work to do to improve diversity and equality opportunities across the trust and at board level.
- The trust had in place structures, systems and processes to support the delivery of its strategy. This included sub-board committees. There had been an external review of the board level governance in July 2018 which had identified areas of improvement.
- The board had devolved governance at service level to the divisions. There was still some work to do on embedding the accountability framework which underpinned divisional governance arrangements. Arrangements for care group attendance at board committees was variable. Whilst there was good attendance at the quality committee this was not the case at the finance and performance committee.
- There were safeguarding processes in place to protect people from abuse, however, these were not always effective. We found that mental capacity assessments were not always being completed at the time of Deprivation of Liberty safeguard application being made. This was not in line with trust policy which meant the trust were at risk of not being in line with legislation.
- There was a risk management system throughout services and risk registers identified risks for the trust and its services. However, we were unable to ascertain if all risks at a corporate level had actions in place to mitigate the risk as this information was not provided by the trust following requests made before and during the inspection. We did see that risks were reviewed regularly at board and committee meetings. The process for escalating and de-escalating risk within the organisation was not always clear with different understanding of the system expressed by different levels of staff.
- Information used in reporting, performance management and delivering quality care was not always accurate or reliable. Leaders and staff did not always receive accurate information on staffing to enable them to challenge and improve performance.

# Summary of findings

- Although complaints had been managed appropriately and with compassion, response times needed improving. It was acknowledged that actions had been put in place to improve standards, however, the overall target response times for each level was at 75% or below.
- The trust was working with external stakeholders to improve the performance of the trust in relation to access and flow of patients through the hospital but this remained a challenge for the trust. At the time of the inspection there were a high number of patients who were fit for discharge but still waiting to be discharged and a high number of patient moves which was not part of the care pathway. There were also a number of areas that had been opened for overnight stays during the inspection which had not always had a risk assessment completed.
- There was evidence that incidents were not always being reported once identified and investigated in a timely way in line with trust policy and national guidance. This meant there was a risk of missed opportunities to learn and improve services.

However,

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- There were a number of changes to the executive team planned following the inspection. The board had put in place plans to ensure the continuity of leadership required going forward and in preparation for the pending merger with a neighbouring NHS trust.
- The trust had developed appropriate strategies which directly linked to the vision and values of the trust. The trust had involved clinicians and other staff in the development of the strategy.
- To improve board members awareness of patient experience patient stories were being heard at board meetings. Although it had been recognised that engaging with the wider health economy needed to improve, there was evidence of obtaining the views of the council of governors and the public who used services
- The board reviewed performance reports that included data about services. There were internal quality checks completed for wards which outlined areas for improvement when required. There was also good performance monitoring of external contracts.
- There was a weekly safety meeting which looked at themes from incidents and near misses. This was well attended by staff
- The trust was committed to improving services by promoting training, research and innovation. They were part of the Global Digital Exemplar programme and been involved in the knowledge quarter of Liverpool and had also been involved in a number of clinical research studies.

## 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
Good ↔ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019

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
Royal Liverpool Hospital	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019
Dental Hospital	Good Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019	Requires improvement Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019
Broadgreen Hospital	Good ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016	Good ↔ Mar 2016
<b>Overall</b>	Good ↔ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Requires improvement ↔ Jul 2019	Outstanding ↑ Jul 2019	Good ↔ Jul 2019

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.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Outstanding ↑ Jul 2019	Good ↔ Jul 2019
Community	Good Apr 2019	Good Apr 2019	Outstanding Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
<b>Overall trust</b>	Good ↔ Jul 2019	Good ↔ Jul 2019	Outstanding ↑ Jul 2019	Requires improvement ↔ Jul 2019	Outstanding ↑ Jul 2019	Good ↔ Jul 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Royal Liverpool Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Good ↔ Jul 2019	Requires improvement ↓ Apr 2019
Medical care (including older people's care)	Requires improvement ↔ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Jul 2019	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019
Surgery	Requires improvement ↓ Jul 2019	Good ↑ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019	Good ↔ Jul 2019
Critical care	Good Mar 2016	Good Mar 2016	Good Mar 2016	Requires improvement Mar 2016	Good Mar 2016	Good Mar 2016
End of life care	Good Mar 2016	Good Mar 2016	Outstanding Mar 2016	Outstanding Mar 2016	Outstanding Mar 2016	Outstanding Mar 2016
Outpatients	Good Mar 2016	Not rated	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
Diagnostic imaging	Good Mar 2016	Not rated	Good Mar 2016	Good Mar 2016	Good Mar 2016	Good Mar 2016
<b>Overall*</b>	Requires improvement ↓ Jul 2019	Requires improvement ↓ Jul 2019	Good ↔ Jul 2019	Requires improvement ↔ Apr 2019	Good ↔ Jul 2019	Requires improvement ↓ Jul 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Dental Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019	Requires improvement Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019
<b>Overall*</b>	Good Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019	Requires improvement Jul 2019	Outstanding Jul 2019	Outstanding Jul 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Broadgreen Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Mar 2016					
Surgery	Good Mar 2016					
Outpatients	Good Mar 2016					
<b>Overall*</b>	Good Mar 2016					

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Jul 2019	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019
<b>Overall*</b>	Good Apr 2019	Good Apr 2019	Outstanding Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Acute health services

## Background to acute health services

The Royal Liverpool University Hospital is the main site operated by the trust, It provides services including urgent and emergency care, critical care, surgery, elective and non-elective medicine, outpatients and diagnostic imaging. It also provides services within St Paul's Eye unit.

Broadgreen Hospital is the smaller of the two sites operated by the trust. This hospital provides a range of elective general medicine (including elderly care), elective surgery, day case surgery, and, outpatient and diagnostic imaging services.

Dental services cater for a variety of dental health needs and occupies a self-contained modern building next to the Royal Liverpool University Hospital. Specialist departments include Restorative Dentistry (Conservation, Prosthetics, Periodontology), Paediatric Dentistry, Orthodontics, Oral Surgery and Oral Medicine and a Consultant-led Dental Sedation Unit.

Acute health services were last inspected in March 2016 and was rated as good overall.

At this inspection we inspected services at Royal Liverpool University Hospital and dental services only and looked at urgent and emergency services, medical care and surgery.

## Summary of acute services

Good   

We rated responsive as required improvement safe, effective as good, caring and well led as outstanding.

# Liverpool University Dental Hospital

Liverpool University Dental Hospital  
Pembroke Place  
Liverpool  
Merseyside  
L3 5PS  
Tel: 0151 706 2000  
[www.rlbuht.nhs.uk](http://www.rlbuht.nhs.uk)

## Key facts and figures

Liverpool University Dental Hospital provides a regional and supra-regional dental service covering the full range of dental specialties including oral surgery, oral medicine, paediatric dentistry, orthodontics, oral maxillofacial radiology, restorative dentistry and special care dentistry. It also supports the clinical training of undergraduate dentists and dental care professionals and post graduates including those in specialty training. The hospital has approximately 160 dental units and facilities for day case patients for treatments under general anaesthesia.

We received feedback from 61 patients and spoke with 32 members of staff. Our inspection between 15 and 17 January 2019 was unannounced (staff did not know we were coming) to enable us to observe routine activity.

## Summary of services at Dental Hospital

**Outstanding** 

This service has not been inspected before

We rated it as outstanding because:

- The dental hospital had good links to the trusts safeguarding team. All clinicians and dental nurses were required to complete level three safeguarding training. Staff were knowledgeable about the signs and symptoms of abuse and neglect.
- Premises and equipment were clean and well maintained. Emergency equipment and medicines were readily available which reflected nationally recognised guidance. X-ray equipment was serviced and maintained in line with the Ionising Radiation Regulations (IRR 2017).
- Patient and staff safety was central to the service. There were systems in place to ensure care and treatment was provided safely. These included the use of World Health Organisation surgical safety checklists and Local Safety Standards for Invasive Procedure checklists. The dental hospital had also developed a “Biopsy safety strategy”. This had been developed in order to mitigate the potential risks associated with oral mucosal biopsies.
- Care and treatment was provided in line with current evidence-based guidance and standards such as the National Institute for Health and Care Excellence, British Orthodontic Society, British Society for Disability and Oral Health and the Faculty of General Dental Practice. Patients were provided with oral health advice in line with the Department of Health’s ‘Delivering Better Oral Health’ toolkit 2017.

# Summary of findings

- Multidisciplinary working was used extensively throughout the dental hospital. Examples included a joint child and adolescent trauma clinic, a hypodontia clinic and involvement in the regional Behcets Syndrome of Centre of Excellence. The special care dentistry department worked closely with several other teams within the trust including the haematology department at the main hospital site. Staff within this department ensured that they took a multidisciplinary approach to all their work to ensure treatment was carried out safely and in a compassionate manner.
- Feedback from people who used the service and those who are close to them was continually positive about the way staff treated people. People told us that staff go the extra mile and their care and support exceeds their expectations. Staff made adjustments to enable patients to access dental treatment. For example, we were told that special care patients could be brought through a different entrance to the dental hospital as it was quieter than the main entrance.
- Patients were treated with dignity and respect and staff provided compassionate care to those with physical, mental, social and medical impairment. Staff in the special care dentistry department had developed a memory box which could be used to provide mental and emotional stimulation for patients living with a memory loss condition such as dementia.
- Staff within the dental hospital had carried out a study about “Meeting and greeting in the clinical setting – are we doing what patients want?”. This identified the importance of identifying a patients’ personal preference at the first encounter about how they wished to be referred to. This study also highlighted the importance of staff introducing themselves and identifying their training grade and an explanation of what the training grade means.
- The service was designed to meet the needs of the local population. Reasonable adjustments had been made to the dental hospital to enable those with physical and medical impairments to access care. This included, step free access, lowered reception desks, lifts to all floors, accessible toilets and automatic doors. Translation services were available for patients who did not have English as a first language.
- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There were clear responsibilities, roles and systems of accountability to support good governance and management.
- Staff at all levels were empowered and proactively encouraged to speak up if they have any concerns. All staff had an equal voice and they told us they felt able to speak up and raise concerns without fear of recrimination.
- Staff within the dental hospital maintained good links with the local dental community through the Managed Clinical Networks, Local Dental Committees and the Local Dental Network.

However:

- The waiting list for the paediatric department was excessive. Data showed 41.9% of children were treated within 18 weeks of referral at October 2018. This had worsened since October 2017 when the compliance with the 18 week referral to treatment target was 54.7%. There was work going on to reduce this waiting list.
- The system for monitoring the minimum and maximum fridge temperatures was not effective.
- The system for monitoring the use of prescriptions was not effective.

# Surgery

**Outstanding** 

## Key facts and figures

Liverpool University Dental Hospital provides a regional and supra-regional dental service covering the full range of dental specialties including oral surgery, oral medicine, paediatric dentistry, orthodontics, oral maxillofacial radiology, restorative dentistry and special care dentistry. It also supports the clinical training of undergraduate dentists and dental care professionals and post graduates including those in specialty training. The hospital has approximately 160 dental units and facilities for day case patients for treatments under general anaesthesia.

We received feedback from 61 patients and spoke with 32 members of staff. Our inspection between 15 and 17 January 2019 was unannounced (staff did not know we were coming) to enable us to observe routine activity.

## Summary of this service

We rated it as outstanding

Please see above for a summary of the service.

## Is the service safe?

**Good** 

This service has not been inspected before. We rated safe as good because:

- There was a proactive approach to anticipating and managing risks to people who use the service which was well embedded and was recognised as the responsibility of all staff. Staff on the oral medicine department had developed and implemented a “Biopsy safety strategy”. This had been developed in order to mitigate the potential risks associated with oral mucosal biopsies. This work had been published in a nationally recognised journal, had been shortlisted for a national health and safety award and had been shared nationally through the Association of Dental Hospitals. Safety huddles were used on each department throughout the dental hospital to highlight or identify any potential issues which could arise during the session. The dental hospital had played a lead role in developing safety huddles for outpatient procedures and this had been published in a nationally recognised journal and shared nationally through the Association of Dental Hospitals.
- The dental hospital had developed its own Local Safety Standards for Invasive Procedure checklists. These had been shared nationally with the Association of British Academic Oral and Maxillofacial Surgeons. Local Safety Standards for Invasive Procedure checklists were used for all patients who were due to have a surgical procedure.
- Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm. The dental hospital had worked in liaison with the trust infectious diseases and microbiology leads to develop a bespoke sharps injury management protocol. This helped to improve the quality and consistency in the initial management of sharps injuries to staff.
- People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong. The dental hospital had developed a bespoke sepsis decision making tool and patient information leaflet. They had also provided training for all staff about the signs and symptoms of sepsis.

# Surgery

- The trust provided and monitored mandatory training for staff which was relevant to their roles. Staff had good access to mandatory training. Mandatory training levels for dental hospital staff were good apart from medical staff compliance levels.
- There were effective systems in place to protect patients from abuse. Staff had a good awareness of the signs and symptoms of abuse and neglect. There were good links with the trusts safeguarding team. The dental hospital had developed a flow chart for staff to follow for children who were not brought to appointments.
- Premises were clean and hygienic. We observed staff maintaining good levels of hand hygiene and wearing appropriate personal protective equipment. There was a process in place to ensure the safe transfer of used dental instruments and equipment to be sterilised at the main hospital decontamination facility.
- Equipment was appropriately maintained. X-ray equipment was serviced and maintained in line with the Ionising Radiation Regulations (IRR 2017). Local rules were available for each X-ray machine within the dental hospital.
- Risks to patients were well managed. For example, resuscitation trollies were readily available at locations throughout the dental hospital and staff were fully versed about what to do in the event of a medical emergency. World Health Organisation surgical safety checklists were used for patients undergoing a general anaesthetic. The most recent audits showed a 100% compliance with the use of the World Health Organisation surgical safety checklists.
- Local Safety Standards for Invasive Procedure checklists were used for all patients who were due to have a surgical procedure.
- Staffing levels were good throughout the dental hospital. To improve waiting times for paediatric dentistry, the service was progressing a business case to increase the clinical workforce and improve skill mix.
- Records were complete, well managed and accurate. Paper dental care records were stored securely and accessible when required.

However:

- We noted that the fridge's in the special care dentistry and oral surgery departments had breached the 8 degrees centigrade limit and this had not been identified by staff. Immediate action was taken to remove all medicines stored within the fridges and source additional medicines. The dental hospital was part of the roll out of a new system for 24-hour monitoring of fridges.
- We noted that the system for monitoring the use of prescriptions on the oral surgery department had not identified that some had not been accounted for. Immediate action was taken to address the issue and identify which patients these had been provided to in order to ensure none had been taken.
- Mandatory training rates for medical staff were below the trust target for several subjects.

## Is the service effective?

**Outstanding** 

This service has not been inspected before. We rated effective as outstanding because:

- There was a holistic approach to assessing, planning and delivering care and treatment to all people who use services. The dental hospital took a lead role in the use of clinical holding as a treatment modality for special care patients and had shared their experiences nationally.

# Surgery

- Staff provided care and treatment based on national guidance and service policies reflected this. This included guidance set out by the National Institute for Health and Care Excellence, British Society for Disability and Oral Health, British Orthodontic Society and the Faculty of General Dental Practice.
- Conscious sedation was carried out safely and in line with guidance set out by the Intercollegiate Advisory Committee for Sedation in Dentistry in 2015.
- There was a consistent approach to support people to live healthier lives, including identifying those who need extra support, through a targeted and proactive approach to health promotion. Staff at the dental hospital had been involved in the “Mouth Care Matters” initiative in the main hospital site. Staff had also worked with the local dental network to roll this initiative out in Cheshire and Merseyside. Staff from the dental hospital took part in oral health initiatives such as “national smile month” within the hospital and primary care settings.
- Patients were assessed on an individual basis for the need for pain relief. Staff on the paediatric department had developed a decision aid to help young people and their parents decide on the best form of anaesthesia for dental treatment.
- Staff were actively engaged in activities to monitor and improve quality, outcomes and patient experience. These included research projects and Patient Reported Experience Measures.
- The continuing development of the staff’s skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills and share best practice. There was an effective skill mix within the dental hospital and the dental nurses were encouraged to complete additional training relevant to their roles. Many dental nurses had extended duty training in conscious sedation, oral health education, radiography, GA recovery and orthodontic nursing. In addition, the dental hospital had trained all of the nursing staff in the trust’s “Royal Nurse” programme.
- Staff, teams and services were committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care to people who use services. The special care dentistry team worked closely with different departments at the main hospital. These included the haematology department. There was a good system in place for liaising with staff from this department in order to ensure safe and effective treatment for patients. Other multidisciplinary arrangements included a joint child and adolescent trauma clinic and the oral medicine multidisciplinary clinics; dysplasia, dermatology and facial pain. The dental hospital was also part of the North West England, the Isle of Man and North Wales Cleft Lip and Palate Network.
- Staff were aware of the importance of gaining and recording consent. They were familiar with the process of gaining consent and utilised NHS consent forms to support this. They were familiar with the Mental Capacity Act 2005 and the concept of Gillick competence. The dental hospital had developed a bespoke pathway and process for ensuring full exploration of the issue of parental responsibility with regards to consent to treatment in children.

## Is the service caring?

**Outstanding** 

We have not inspected this service before. We rated caring as outstanding because:

Feedback from people who use the service and those who are close to them was continually positive about the way staff treat people. During the inspection we received feedback from 61 people. Comments were positive with regards to the way they were treated and told us that staff were kind, compassionate, friendly and caring.

# Surgery

- A study had been carried out about meeting and greeting in the clinical setting. This involved feedback from 450 patients across different generations. The conclusion of the study was that consideration should be given to addressing patients informally by their first name, however, asking a patient about their individual preference at the first encounter before making assumptions is likely the safest and most respectful strategy.
- Staff were aware of the importance of confidentiality. Privacy and confidentiality was maintained in the reception areas and shared clinical areas.
- People's emotional and social needs were seen as being as important as their physical needs. Staff on the special care dentistry department made reasonable adjustments to assist patients access dental care. Patients could receive photo books prior to their first appointment to help familiarise themselves with the environment and staff. Patient familiarisation visits could also be arranged. In addition, they had developed a memory box to help provide mental and emotional stimulation for patients living with a memory loss condition such as dementia.
- Patients were fully involved in decision about their treatment. Staff used models, pictures, photographs and X-ray images to help patients or their carers understand treatments.

## Is the service responsive?

### Requires improvement

We have not inspected this service before. We rated responsive as requires improvement because:

- The waiting list for the paediatric department was excessive. The referral to treatment (percentage within 18 weeks) compliance for October 2018 was 41.9%. This had worsened since October 2017 when the compliance was 54.7%. There was work going on to reduce this waiting list.

However:

- The dental hospital was a specialist referral centre for Merseyside, Cheshire and surrounding areas. The service also offered emergency dental care for patients through the "oral diagnosis" department.
- The service engaged with external organisations to help develop the clinical environment to continually enhance the patient experience.
- The dental hospital had a partial booking system whereby patients could arrange their initial consultation on a day and time which was convenient and met their needs. This had significantly reduced the incidence of patients who did not attend for their initial appointments.
- The dental hospital was fully accessible for wheelchair users and those with limited mobility. Adjustments included step free access, accessible toilets, lowered reception desks and lift access to all floors.
- Staff made reasonable adjustments to accommodate patients physical and medical needs. We were given examples of when staff went "above and beyond" to ensure they met patients' individual needs.
- The dental hospital had a dedicated special care department. They worked closely with other teams such as the learning disability team, dementia team and the haematology department. They offered specialised services for patients who were in vulnerable circumstances or who had complex needs. The department was configured to meet the needs of these patients. Reasonable adjustments included a bariatric chair and hoists.
- Staff had been involved with the development of the dementia friendly dentistry toolkit. This has since been rolled out by the Cheshire and Merseyside NHS local area team to assist primary care dental teams in giving appropriate support to patients and carers living with dementia.

# Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

## Is the service well-led?

**Outstanding** 

We have not inspected this service before. We rated well led as outstanding because:

- There was compassionate, inclusive and effective leadership at all levels. Staff told us that leaders were visible and approachable. There were systems in place to help develop leadership within the dental hospital as part of an ongoing process of improvement.
- There were clearly defined roles across the staffing levels within the dental hospital. In addition, many staff held external roles with organisations such as the British Society for Disability and Oral Health and speciality advisory committees for oral medicine, special care dentistry, oral surgery, restorative dentistry and orthodontics.
- The vision of the service mirrored that of the trust. The dental hospital had a retained estate strategy. This was a rolling process whereby areas of the dental hospital were refurbished. During the refurbishment any aging infrastructure was replaced at the same time. We were told the executive board provided good support for this.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. There was a theme of a dilution of hierarchy whereby junior staff were encouraged to and were able to speak up to about any concerns relating to patient or staff safety. The dental hospital had been awarded the “Trust Team of the Month” in June 2018 for their “hard work, dedication and contribution to the service”.
- There were effective governance arrangements in place to support the smooth running of the service. There were weekly senior management meetings and monthly directorate quality governance and directorate management meetings. There were systems in place to disseminate information to staff working in clinics.
- The service maintained a risk register which was reviewed on a regular basis and discussed at the monthly governance and management meetings. Actions were put in place to reduce the likelihood of the risk causing harm to patients or staff. Risks and issues were also discussed with the NHS commissioners.
- Services were developed with the full participation of those who use them, staff and external partners as equal partners. Many staff members were involved in the local managed clinical networks including those for special care dentistry, paediatric dentistry and orthodontics. They also attended local dental network meetings. There were effective systems in place to disseminate information about the service to dentists working in the primary care setting. Staff from the dental hospital liaised with commissioners to improve referral systems.
- There was a strong record of sharing work locally, nationally and internationally. The clinical director was the chair of the Association of Dental Hospitals and a past president of the British Society for Disability and Oral Health. They had played a key role in developing a clear, systematic and proactive approach to improvement at a national level by reconfiguring the Association of Dental Hospitals structure and constitution to develop a Dental Nurse Management and Education Committee. In addition, many staff within the dental hospital had taken lead roles or been involved in research projects which had been published in nationally recognised journals.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. The dental hospital had developed an innovative approach in ensuring that the trusts mandatory training requirements mapped to ensure compliance with the requirements of the General Dental Council’s enhanced Continuous Professional Development.

# Surgery

- Safe innovation was celebrated. The dental hospital used an electronic system to provide feedback on dental students. Dental tutors and dental nurses were able to provide feedback on individual students and raise concerns and provide feedback. These were escalated to the relevant persons to act upon. This system helped improve patient safety by identifying if any dental students were underperforming. A first of a kind research project looking at the success of primary versus secondary placement of zygomatic implants in patient with head and neck cancer had identified a trend towards improved survival of zygomatic implants placed at the time of surgery. This project had won awards through nationally recognised organisations.

## Areas for improvement

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

# Royal Liverpool Site

Royal Liverpool University Hospital  
Prescot Street  
Liverpool  
Merseyside  
L7 8XP  
Tel: 0151 706 2000  
[www.rlbuh.nhs.uk](http://www.rlbuh.nhs.uk)

## Key facts and figures

The Royal Liverpool University Hospital is a large teaching hospital based in Liverpool and is one of two hospital sites managed by the Royal Liverpool and Broadgreen University Hospitals NHS Trust (the trust). The Royal Liverpool University Hospital is one of the largest hospitals in Merseyside and Cheshire, based close to the city centre, providing care and treatment to patients from across the North West of England, North Wales and the Isle of Man.

The Royal Liverpool University Hospital is the main site operated by the trust, with a total of 857 beds, 792 of which are inpatient beds and 65 are reserved for day case procedures. This hospital provides a range of services, including urgent and emergency care, critical care, a comprehensive range of elective and non-elective general medicine (including elderly care) and surgery, and a range of outpatient and diagnostic imaging services. The hospital also houses St Paul's Eye Unit which provides a range of outpatient services and elective and unplanned ophthalmology surgical services to patients locally, nationally and internationally. The unit sees in the region of 9,000 outpatients each month.

The hospital was last inspected in March 2016 and was rated as good overall.

We reviewed information provided to us before, during and after the inspection, including patient records. We spoke with staff of different grades, including registered and unregistered nurses, doctors and managers of different roles and levels.

We also spoke with relatives and patients to help us understand what they thought of the care and the treatment that they had received.

## Summary of services at Royal Liverpool Site

**Requires improvement** ● ↓

Our rating of services went down. We rated it them as requires improvement because:

- The hospital had not always ensured that risk assessment for patients, such as falls or pressure ulcers and been completed.
- There had not always been sufficient numbers of staff on wards or suitable qualified staff available in endoscopy to recover patients.

# Summary of findings

- Controlled substances that were hazardous to health had sometimes been left in unlocked areas, meaning that patients or members of the public could access them. In addition, oxygen cylinders had not always been stored safely, in line with best practice guidance and trust policy.
- Services had not always collected, analysed, managed and used information well to support all its activities. This was because information that was provided before, during and after the inspection had not always been accurate.
- Staff did not always understand how and when to assess whether a patient had capacity to decide about their care. We found that capacity had not always been documented when needed.
- Medication and controlled drugs were not securely stored or prepared in line with trust policy, national guidance and legislation.
- Waiting times in the emergency department had all risen and were greater (longer or more) than the national average. Patients waited for extended periods of time on the corridor to be seen, in some cases more than ten hours.

However:

- The hospital managed infection prevention and control well, the results of infection prevention and control audits were scrutinised and improvements to practice made.
- Services had effective arrangements in place to recognise and respond appropriately to patients
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff received training in safeguarding.
- Managers across services promoted a positive culture that promoted and valued staff, creating a sense of common purpose based on shared values.
- Staff cared for patients with compassion and that patient's dignity was maintained on all occasions that we observe

# Urgent and emergency services

Requires improvement  

## Key facts and figures

Royal Liverpool Accident and emergency department operates in a large densely populated area of almost 500,000 people and includes some of the highest levels of health and disability, income and employment deprivation nationally and is one of four designated UK sites for Asylum seekers.

Based at one site, The Royal Liverpool University Hospital is open 24 hours seven days a week and is a major trauma unit, which provides initial treatment for patients suffering traumatic injuries.

The department saw approximately 111,500 patients attend over a 12-month period between October 2017 and September 2018. Around 2,000 of these patients were children.

Within the department there is a reception, triage area and a waiting room, a resuscitation area including three major trauma cubicles, a majors and majors walking area a space for minor injuries and a clinical decisions unit. Each area within the department sees both adults and children, there was no dedicated paediatric space.

We carried out an unannounced inspection of the emergency department between the 15 and 17 January 2019. During this inspection we spoke with 31 members of staff including, health care assistants, registered nurses, infection control practitioners, quality matrons, junior and senior doctors, a pharmacist and emergency nurse practitioners.

We spoke to nine patients and reviewed six patient case notes. We attended a mortality review meeting and a safety huddle.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- Patients did not always have completed or updated risk assessments within the emergency triage area in line with its trust policy or national guidance.
- Medicines were not consistently stored securely or prepared in line with national guidance.
- Mandatory training levels for medical staff below the specified standard.
- Patient outcome data from national audits such as the Royal College of Emergency Medicine was below the expected standard and non-planned re-attendance rate within the department was higher.
- The total time patients spent within the department, the median time to treatment, patients leaving the department without being seen and patients reattending within seven days had all risen and were greater (longer or more) than the national average. Patients waited for extended periods of time on the corridor to be seen, in some cases more than ten hours.

However,

- Staff had a clear awareness around safeguarding and female genital mutilation, training levels for safeguarding were high and a clear referral pathway was in place.
- Staff kept accurate records of patients care and treatment.

# Urgent and emergency services

- Training levels for mental health act and mental capacity act awareness was high within the department and staff knew how to assess and suitably refer patients suffering from mental health illness.
- Staff treated patients with kindness, empathy, dignity and respect.
- The department provided services in a way that met the needs of the local populations in the way of a virtual clinic, a consultant telephone service and an integrated community re-enablement assessment service.
- Leaders with the department were both visible and approachable and staff felt supported within their role

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- The department did not consistently deploy enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There were high vacancy and turnover rates for both registered nurses and medical staff. Assistant practitioners, which is an unregistered role, were sometimes included in the numbers of registered nursing staff and medical staffing vacancy rates, turnover and sickness absence were also high.
- The department did not adequately assess or respond to the risk of service users and there was an inconsistent level of monitoring of patients at risk of deterioration. Patients did not always have a completed or updated risk assessment within the emergency triage area including clinical observation scoring and risk assessments for pressure sores despite instances of patients waiting on the corridor for up 10.5hours. This was not in line with trust policy or national guidelines.
- Although the department followed best practice when prescribing, giving and recording medicines, medicines were not always stored safely within the department or prepared in a suitable environment. For example, we found staff preparing medications on a nursing counter which had not been cleaned and an unlocked medicine cupboard. There was also a room used to store medicines which was continually left unlocked and unattended during the inspection as well as having a broken lock. This was a risk to patient safety.
- Patients within the 'walk in majors' area of the department did not have access to call bells despite some of them being referred for medical or surgical hospital admission by a GP or ambulance
- The department had mandatory training modules in key skills for its staff, however failed to ensure the trust target of 85% of medical staff were trained in several of these mandatory modules. The level of completion for mandatory training of medical staff determined by the trust had only been met in three out of 8 mandatory modules.
- A lack of beds within the hospital impacted upon patients who had arrived by ambulance and waited more than 60 minutes to be transferred to the care of the hospital.
- There was concern around unauthorised access issues to premises and equipment. For example, during our inspection we found the clean utility area to be insecure and accessible. This room was situated opposite a room used for patients with mental health issues.
- Staff observed the uniform policy and used control measures to prevent the spread of infection. An infection control in-reach team assisted within the department daily and hand gel dispensers were widely available. However, during our inspection we found that environmental cleanliness needed to be improved, the trust had also identified this through audit.

# Urgent and emergency services

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The department managed incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- The department did not ensure staff providing care and treatment had the correct qualification or competence. There were no paediatric registered nurses within the department which was not in line with national guidelines, and only band six and seven registered nurses were trained in paediatric basic life support. This meant any member of staff below a band six would not have the training to be able to provide immediate basic resuscitation or assistance to a paediatric patient until suitable help arrived. Medics however, were trained in advanced paediatric, adult and trauma life support.
- The department failed to meet any of the national standards in the 2016/17 Royal College of Emergency audits in the severe sepsis and septic shock, consultant sign off and moderate to severe asthma audits.
- The unplanned patient reattendance rate was worse than both the national standards and England average.

However

- Patients consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. Patients were supported to make decisions and, where appropriate, their mental capacity was assessed, recorded and acted on in line with relevant legislation. Staff in the emergency department have a tool to assess a patient's mental health which can be used to refer a patient to the Mental Health Liaison Service
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools including picture diagrams
- Staff gave patients enough food and drink to meet their needs and improve their health. During our inspection we saw that volunteers and health care assistants undertook food and drink rounds which had been increased during the winter period.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals including infection prevention control, microbiologists and pharmacists and supported each other to provide good care.

## Is the service caring?

**Good** ● → ←

# Urgent and emergency services

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

- Staff cared for patients with compassion. Feedback received from patients and observations we undertook during our inspection confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff communicated with people in a way they understood and took time to talk to patients and those close to them.
- Staff involved patients and those close to them in decisions about their care and treatment. For example, patient's confidentiality was maintained, patients had free access to their family, friends and carers and we observed patients and their supporters being treated with dignity and respect.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The individual needs of patients living with dementia were not always catered for. There were no dementia friendly signs or cubicles and staff told us that dementia boxes which contained memorabilia and various items, were only available within office hours. There was no separate waiting area, reception or designated cubicle for children. However, there were volunteers from a local homeless centre based within the department each week and staff members from the department were in the process of undertaking secondments with mental health and safeguarding teams.
- The department failed to ensure the privacy of patients waiting within the emergency triage area.
- Waiting times from decision to admit, treat and discharge patients, the total time patients spent within the department, the median time to treatment, patients leaving the department without being seen and patients reattending within seven days had all risen and were greater (longer or more) than the national average.

However,

- The department planned and provided services in a way that met the needs of local people, patients' care and treatment was coordinated with other services and providers to meet individual needs. For example, a member of the department had developed an integrated community re-enablement assessment service which was integrated across a large geographical area.
- The department treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Good** ● → ←

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

- Leaders at every level were visible and approachable.
- The leadership was knowledgeable about issues and priorities within the department. Three quality matrons provided clinical support within the department over seven days a week

# Urgent and emergency services

- The department had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers throughout the department promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us they felt supported within their roles

However

- The arrangements for performance management did not always operate effectively. For example, levels of demand were monitored by managers in the form of an electronic patient dashboard. However, delays in in-putting information meant they could not be sure this information was up to date or accurate.
- The information used in reporting, performance management and delivering quality care was not always accurate, valid or reliable. For example, data for staffing figures was incorrect around the recording of band 4 staff as registered nurses. This meant we were not assured that the governance systems were effective in responding to issues and challenges.

## Areas for improvement

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

# Medical care (including older people's care)

## Key facts and figures

Medical services for Royal Liverpool University Hospital provide care and treatment for a wide range of medical conditions, including cardiology, respiratory, general medicine, gastroenterology and renal.

The hospital provides services for a population of approximately 465,000 people and between August 2017 and July 2018, there had been 49,387 medical admissions. Emergency admissions accounted for 45.4% of these, day case admissions accounted for 53.1% and elective admissions 1.5%.

We had previously inspected medical services at the hospital in February and March 2016 when we rated medical services as 'requires improvement' overall. At this inspection, we found some issues that were similar to those that we found in the last inspection. However, we also found the service had made some improvements since the last inspection.

We visited medical services at the Royal Liverpool University Hospital site between the 15 and 17 January 2019 and undertook a further visit to follow up specific concerns on the 20 February 2019. During our inspection we visited the acute medical unit, the frailty unit, the heart emergency centre, coronary care, endoscopy as well as wards 2A and 2B (gerontology), 3X and 3Y (infectious diseases), 5X and 5Y (gastroenterology), 7A and 7B (endocrinology), 6A, 6B and 9HDU (nephrology).

We reviewed information provided to us before, during and after the inspection, including 26 patient records. We spoke with staff of different grades, including registered and unregistered nurses, doctors and managers of different roles and levels.

We also spoke with relatives and patients to help us understand what they thought of the care and the treatment that they had received.

## Summary of this service

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

- The service had not always completed and updated risk assessments for patients. Out of 26 records, we found that risk assessments such as falls or pressure ulcers had not been completed on six occasions and that patient observations had not been taken in a timely manner on six occasions.
- We had concerns that patients who had undergone general anaesthesia would not be recovered in line with guidelines from the Association of Anaesthetists (2013); Immediate Post Anaesthesia Recovery, which stated that there should be at least one member of staff present who is trained in advanced life support. Although there was a standard operating procedure in place which detailed the requirement for recovering patients, it did not state the minimum competency of staff to undertake this safely. We also noted that the standard operating procedure had been overdue review since 2017 and staff who we spoke with during the inspection were not aware of and had not used it.
- The service had suitable premises and equipment but had not always looked after them well. This was because we found that controlled substances that were hazardous to health had sometimes been left in unlocked areas, meaning that patients or members of the public could access them. In addition, oxygen cylinders had not always been stored safely, in line with best practice guidance and trust policy.

# Medical care (including older people's care)

- The service had a vision for what it wanted to achieve. However, we did not always see evidence of workable plans to turn this into action. For example, we were informed by senior managers that there was an improvement plan for unscheduled care, but this was not provided for review following the inspection.
- The service had not always collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. This was because information that was provided before, during and after the inspection had not always been accurate.
- Staff did not always understand how and when to assess whether a patient had capacity to decide about their care. We found that capacity had not always been documented when needed, meaning that it was unclear if this had been fully assessed.
- The service had not operated an effective system to make sure that mental capacity had been assessed and documented before a Deprivation of Liberty safeguard application had been made. This was important as a Deprivation of Liberty safeguard means taking away a patient's freedom to leave and a patient must lack capacity for an application to be made.
- During the inspection, members of the management team informed us that increased pressure, high bed occupancy and delayed discharges had a negative impact on overall patient flow throughout medical services at the hospital. The trust had reported 3,783 patients moving wards at night in medicine between October 2017 to September 2018 and a total of 1,070 delayed transfers of care between November 2017 and November 2018.

However,

- On most occasions, there had been sufficient numbers of staff with the right experience to keep people safe from avoidable harm and to provide the right care and treatment. Records from September and October 2018 indicated that fill rates for nurses had been high and records from December 2018 indicated that there had been sufficient numbers of medical staff available on most occasions.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Overall compliance for nursing and medical staff was high, and at times when compliance had been low, managers had acted to make improvements.
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff received training in safeguarding and could tell us what type of situations that they would report as a safeguarding and knew how to do this.
- Managers in most areas across the service promoted a positive culture that promoted and valued staff, creating a sense of common purpose based on shared values. Most staff who we spoke with across all medical wards informed us that the culture across most medical wards had been positive and most staff informed us that they felt comfortable addressing concerns with managers.
- The service provided care and treatment based on national guidance. A range of patient pathways had been implemented across most specialities for to support staff when delivering care and treatment.
- Staff cared for patients with compassion and that patient's dignity was maintained on all occasions that we observed.

## Is the service safe?

**Requires improvement** ● → ←

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

# Medical care (including older people's care)

- The service had not always completed and updated risk assessments for patients. Out of 26 records, we found that risk assessments such as falls or pressure ulcers had not been completed on six occasions and that patient observations had not been taken in a timely manner on six occasions.
- We had concerns that patients who had undergone general anaesthesia would not be recovered in line with guidelines from the Association of Anaesthetists (2013); Immediate Post Anaesthesia Recovery, which stated that there should be at least one member of staff present who is trained in advanced life support. Although there was a standard operating procedure in place which detailed the requirement for recovering patients, it did not state the minimum competency of staff to undertake this safely. We also noted that the standard operating procedure had been overdue review since 2017 and staff who we spoke with during the inspection were not aware of and had not used it. The service had suitable premises and equipment but had not always looked after them well. This was because we found that controlled substances that were hazardous to health had sometimes been left in unlocked areas, meaning that patients or members of the public could access them. In addition, oxygen cylinders had not always been stored safely, in line with best practice guidance and trust policy.
- Staff kept detailed records of patient's care and treatment, but had not always ensured that patient records had been stored securely. This was because patient record trollies had been left unlocked on most ward areas that we visited and that patient records had been left at patient bedsides in ward areas, such as the acute medical unit.
- Although the service had managed patient safety incidents well by investigating them and implementing actions to make improvements, initial reviews for serious incidents had not always been completed in a timely manner. We reviewed four serious incidents, finding that it had taken up to five days to complete an initial review once a serious incident had been identified, which was not in line with trust policy or national guidance.
- Although there were occasions when infection risk was controlled well, we observed occasions when it had not. For example, we observed staff who were not compliant with 'bare below the elbow' on 10 occasions and it was unclear when curtains on all ward areas should be changed or cleaned.

However,

- On most occasions, there had been sufficient numbers of staff with the right experience to keep people safe from avoidable harm and to provide the right care and treatment. Records from September and October 2018 indicated that fill rates for nurses had been high and records from December 2018 indicated that there had been sufficient numbers of medical staff available on most occasions.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Overall compliance for nursing and medical staff was high, and at times when compliance had been low, managers had acted to make improvements.
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so. Staff received training in safeguarding and could tell us what type of situations that they would report as a safeguarding and knew how to do this.
- The service had followed best practice when prescribing, giving, recording and storing medicines on most occasions. For example, we found that controlled drugs had been stored and checked in line with legislation.
- The service used safety monitoring results well. The number of patient harms were monitored and actions had been taken to make improvements when needed.

## Is the service effective?

**Requires improvement** ● ↓

# Medical care (including older people's care)

Our rating of effective went down. We rated it as requires improvement because:

- Staff did not always understand how and when to assess whether a patient had capacity to decide about their care. We found that capacity had not always been documented when needed, meaning that it was unclear if this had been fully assessed.
- The service had not operated an effective system to make sure that mental capacity had been assessed and documented before a Deprivation of Liberty safeguard application had been made. This was important as a Deprivation of Liberty safeguard means taking away a patient's freedom to leave and a patient must lack capacity for an application to be made.

However,

- The service provided care and treatment based on national guidance. A range of patient pathways had been implemented across most specialities for to support staff when delivering care and treatment.
- Staff gave patients enough food and drink to meet their needs and improve their health. Patient risk assessments had been completed, referrals to dieticians had been made when required and a 'red tray' system was used to identify patients who required support when eating.
- Staff assessed and monitored patients regularly to see if they were in pain. Patient records indicated that pain had been documented on all occasions when needed and patients informed us that they had received pain relief in a timely manner when required.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. Results from most national audits were similar to other trusts nationally and we saw evidence of completed action plans to make further improvements.
- The service made sure that staff were competent to undertake their roles. For example, health care assistants had received training to perform observations and blood tests while nursing staff in more specialised areas such as coronary care had completed competencies specific to that area.
- Staff of different kinds worked well as a team to benefit patients. We observed several examples when treatment plans for patients had been discussed by a range of healthcare professionals.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion and that patient's dignity was maintained on all occasions that we observed.
- We also undertook a group observation using the Short Observational Framework for Inspection. This tool is used to review services for people who have conditions that mean they cannot reliably give their verbal opinions on the services they receive. Out of 45 interactions with staff and patients, 90% of interactions were neutral, 8% were positive and 2% were poor.
- Staff provided emotional support to patients and their relatives to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives who we spoke with informed us that staff had taken time to explain about the care and treatment that they were receiving.

# Medical care (including older people's care)

## Is the service responsive?

**Requires improvement** ● → ←

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

- The trust had not always planned and provided services in a way that met the needs of the local population. For example, during the inspection we found that ambulatory care had been used to care for patients overnight as there were no other beds available on wards. Some patients did not have access to a bed during this time, meaning that they had to sit in a chair while waiting to be moved to a more appropriate area.
- People could not always access services when they needed it. Waiting times to access gastroenterology and dermatology services were worse than the national average.
- During the inspection, members of the management team informed us that increased pressure, high bed occupancy and delayed discharges had a negative impact on overall patient flow throughout medical services at the hospital. The trust had reported 3,783 patients moving wards at night in medicine between October 2017 to September 2018 and a total of 1,070 delayed transfers of care between November 2017 and November 2018.
- Overall bed occupancy rates for medical wards had been continually high between August 2018 and January 2019. Records indicated that the average occupancy rate in August 2018 had been 86% and this had increased to 96% in January 2019. This was important as it is acknowledged that ward areas are unable to be fully effective when occupancy exceeds 85%.

However,

- The service took account of patient's individual needs. For example, learning disability passports and 'this is me' books were used to inform staff about the individual needs of patients who had learning disabilities or who were living with dementia respectively.
- The service investigated complaints and learned lessons from the results. Outcomes of complaints had been shared with staff. For example, all ward areas had 'how are we doing' boards which displayed complaints and compliments for staff, patients and relatives to see.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- The service had a vision for what it wanted to achieve. However, we did not always see evidence of workable plans to turn this into action. For example, we were informed by senior managers that there was an improvement plan for unscheduled care, but this was not provided for review following the inspection.
- We were not assured that the service had always used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. This was because we were not able to review the effectiveness of divisional governance meetings that had been held as they were not provided following the inspection.

# Medical care (including older people's care)

- We had concerns that initial reviews of serious incidents had not always taken place in a timely manner. This was because all four initial reviews had taken up to five days to complete. In addition, we found that there was not always documented evidence of any learning from the initial review to reduce the risk of a similar incident happening again. This was not in line with trust policy or national guidance.
- Managers had not always been aware of areas of poor performance, meaning that improvements had not always been made in a timely manner. For example, the management team had not been aware that mental capacity assessments had not been completed correctly, particularly when applications for Deprivation of Liberty safeguards had been made.
- The service had not always collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. This was because information that was provided before, during and after the inspection had not always been accurate.

However,

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality, sustainable care. Leaders who we spoke with knew what their roles were and what they were responsible for within their own teams.
- Managers in most areas across the service promoted a positive culture that promoted and valued staff, creating a sense of common purpose based on shared values. Most staff who we spoke with across all medical wards informed us that the culture across most medical wards had been positive and most staff informed us that they felt comfortable addressing concerns with managers.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. Managers were aware of most risks that were faced and we found that these had been reflected on the risk management system.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations. For example, 'listening events' had been held so that patients and relatives were able to give feedback and raise issues.
- The service was committed to improving services by learning from when things went well and when they went wrong.

## Areas for improvement

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

# Surgery

Good   

## Key facts and figures

The Royal Liverpool University hospital site has 11 main theatres providing breast, endocrine, urology, upper gastrointestinal, colorectal, orthopaedic, hepato-pancreato-biliary, otorhinolaryngology, vascular, trauma, spinal, renal transplant, emergency and general surgery. There is an additional hybrid vascular theatre on site. The ophthalmology unit of St Paul's is a tertiary referral centre for vitreoretinal surgery and has a separate four theatre complex with the Royal Liverpool University Hospital site.

The trust had 32,648 surgical admissions from August 2017 to July 2018. Emergency admissions accounted for 7,604 (23.3%), 18,373 (56.2%) were day case, and the remaining 6,671 (20.4%) were elective.

*(Source: Hospital Episode Statistics)*

The surgical services at Royal Liverpool University Hospital were divided into seven care groups, according to speciality. Each care group was managed by a clinical director, general manager and matron. The surgical service included the operating theatres, the surgical wards, recovery units and pre-operative assessment unit.

The Care Quality Commission (CQC) carried out an unannounced inspection (the trust did not know we were coming) between 15 January to 17 January 2019. During the inspection we visited surgical ward 4B (trauma and orthopaedics), ward 5A (hepato-pancreato-biliary), ward 5B (upper gastrointestinal), ward 8X (colorectal), ward 9Y (ophthalmology, breast and endocrine), ward 11Z (day case unit), St Pauls theatres, the vascular hybrid theatre, the main theatres and the recovery unit for the main theatres.

We observed care and treatment and we spoke with 16 patients, carers and relatives. We also spoke with 59 members of staff including senior managers, matrons, ward managers, theatre managers, consultants, locums, middle grade doctors, junior doctors, advanced nurse practitioners, registered nurses, agency nurses, health care assistants, allied health professionals, pharmacy staff, ward clerks, housekeepers and domestic staff.

We reviewed 16 patient records, including risk assessments, do not attempt cardiopulmonary resuscitation orders and safeguarding referrals. We reviewed 83 prescription charts, four complaints and two reported serious incidents. We reviewed comments from staff focus groups, patient feedback cards and we looked at information that was provided by the trust both before and after the inspection.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service managed infection prevention and control well, the results of infection prevention and control audits were scrutinised and improvements to practice actively sought.
- The service had effective arrangements in place to recognise and respond appropriately to patients needs and risks.
- The service planned for emergencies and staff understood their roles if one should happen.
- When incidents were reported, the service investigated them thoroughly and used the information to improve the service.
- The service used best practice guidance to inform the delivery of care and ensured treatment was based on evidence based practice.

# Surgery

- The service managed nutrition and pain well.
- Staff within the service demonstrated high levels of commitment to patient care. Staff treated patients with kindness, dignity and respect. Feedback in relation to patient care was consistently positive.
- The service planned and delivered care based on the identified needs of both the immediate community and wider community it served.
- Staff were proactive in their approach to establishing the individual needs of patients.
- The service was well led by effective and enthusiastic managers, who were aware of risks to the service and were capable of tackling difficult issues head on, of making advancements and gaining staff commitment to improvement.

However:

- Both premises and equipment were tired and not always well kept and maintained effectively.
- Controlled drugs were not securely stored in line with trust policy, national guidance and legislation.
- Medicines including patient own medications and antibiotic medication were not always checked, recorded and reviewed in line with trust policy and best practice guidelines.
- Patients often endured prolonged periods within recovery areas following surgery due to bed capacity and flow issues within the wider hospital.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- Controlled drugs were not stored securely in line with the trusts controlled drugs policy, best practice guidance and legislation.
- Antibiotic review dates and end dates were not always recorded in line with trust policy and best practice guidance.
- Mandatory training compliance rates were low for some of the modules for medical staff.
- Both premises and equipment were tired and outdated. Some pieces of equipment were found to be out of service date and one item was missing an asset number which meant there was a risk that this would not be serviced in line with guidance.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. All staff had access to an electronic records system that they could update.

# Surgery

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The service provided health promotion advice as appropriate to patients and families.
- There was a comprehensive range of information and support available for patients and their families and carers
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well, with kindness and with dignity and respect.
- Without exception, all patients' we spoke with spoke highly of both the staff and the levels of care they received.
- Staff provided emotional support to patients to minimise their distress. Staff promoted independence where appropriate and monitored their safety to do so.
- We observed multiple examples of staff supporting nervous and anxious patients and were both comforting and supportive in their approach.

# Surgery

- Staff involved patients and those close to them in decisions about their care and treatment. We observed staff discussing care treatment options with both patients' and their relatives.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- Patient's individual needs were central to the planning and delivery of the services.
- The service took a proactive approach to understanding the individual needs of patients'.
- Patients could access the service when they needed it. The service managed waiting times and admissions well. The service managed discharges safely.
- The service ensured that cancellations of surgery were re-scheduled wherever possible within 28 days. Cancellations of elective surgery were below the England average.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The average length of stay for both elective and non-elective patients across surgical services, with the exception, of ophthalmology was higher than the England average.
- Due to challenges with access and flow at times, patients were held in recovery areas for prolonged periods of time. There was no specific guidance within the escalation policy for these patients to ensure their needs were being met at all times.

## Is the service well-led?

Good   

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a clear governance structure and staff members were clear about their roles, responsibilities and accountabilities and promoted a quality service that met patient' needs.
- The service had effective systems for identifying risks and controls which were in place to reduce them.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# Surgery

- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- There was a positive focus on continuous learning and improvement for all staff.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section

## Areas for improvement

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

# Community health services

## Background to community health services

Community health services are delivered from various location in the region and include:

- North Mersey Community Tuberculosis Nursing Service
- HIV Specialist Nursing Team
- Radiology (X-Ray and Non- Obstetric Ultrasound)
- Heart Failure Service
- Community Respiratory Service
- ECG Service

## Summary of community health services

**Good** 

We had not rated this service before. We rated it good overall because we rated caring as outstanding, safe, effective, responsive and well led as good.

# Community health services for adults

Good 

## Key facts and figures

Community health services for adults comprised of six main specialist teams; community respiratory team, radiography, community heart failure team, tuberculosis (TB) service, specialist HIV/AIDS nursing service and the community cardiac diagnostic department.

These services had transferred to the Trust from a previous healthcare provider. All the services had moved to the Trust by July 2017.

These community teams provide assessment, care and treatment to patients within their homes and primary care settings and serviced the population of the Liverpool area.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

We inspected the whole service over three days and spoke with 22 members of staff including nursing staff, allied health professionals, clerical staff and students. We reviewed 14 sets of patient records and conducted nine telephone interviews with patients who had accessed the services. We directly observed the treatment of seven patients.

## Summary of this service

This service had not previously been inspected. We rated it as good because:

- There were appropriate systems in place to keep people safe. Relevant risk assessments were completed for each patient who accessed community services. Thorough records were kept detailing the care and treatment provided to each patient and these records were accessible when needed.
- Staff took a holistic approach to planning patient care. Where appropriate, staff took the opportunity to promote positive lifestyle changes such as to improve diet and exercise. As well as this, staff considered the emotional needs of patients and those close to them.
- We observed staff treating patients and their relatives with respect and compassion. Feedback from patients was consistently positive and those we spoke to told us of how accessing the services had directly improved their quality of life.
- Staff across the service had worked to build and maintain close links with local charities, support groups and patient groups so that they could provide more holistic care to patients and their relatives.
- There was consistent and effective multidisciplinary working across the service. Staff worked alongside; medical staff, external partner agencies, mental health professionals, commissioners and social workers to plan care for patients and provide a joint approach to patient care.
- There was effective leadership across the service. Senior leaders acted as a driver for continuous learning and improvement.
- Staff working within the service worked alongside external stakeholders such as charities and patient groups to deliver services which met the needs of patients.

However;

# Community health services for adults

- Staff working remotely told us that they were unable to access the same information within the electronic records system used by acute services within the Trust and external providers. When we raised this with senior managers they informed us that staff did have access to these systems.
- Service leads were working to improve data collection so that they could better evidence the effectiveness of the service in terms of patient outcomes.

## Is the service safe?

**Good** ●

We rated it as good because:

- Staff received training which was appropriate for their role. Compliance rates with mandatory training were high and service leads were working to develop more role-specific training.
- There were systems, processes and practices in place to keep people safe and safeguarding from abuse.
- Staff within the service managed infection prevention well. We observed that clinical areas were kept clean and tidy.
- There were systems to ensure that specialist equipment was available when needed and that this equipment was kept in good working order.
- Staff within the service carried out relevant and comprehensive risk assessments for patients in their care. They used these assessments to inform the patient's care and treatment plans.
- There were enough staff employed within the service to meet demand and keep patients safe.
- Staff could access the information they needed to deliver safe care and treatment to people. We reviewed 14 sets of patient records which provided a detailed account of their treatment to date.
- There were systems and processes in place to ensure the proper and safe use of medicines.
- Staff knew how to report safety incidents and did so when they occurred. There were processes to ensure that learning from incidents was shared with staff.

However;

- Staff working in community settings told us that they were not able to access the same level of patient information as staff working in acute services.
- Service leads were yet to implement effective systems to record and monitor safety performance.
- We found evidence that existing governance systems could be improved to better support community services.

## Is the service effective?

**Good** ●

We rated it as good because:

- People who accessed the service received evidence-based care and treatment. Staff we spoke to were familiar with relevant national guidelines and local policies and procedures reflected these.

# Community health services for adults

- The needs of patients relating to their nutrition and hydration were considered when planning their care and treatment.
- Staff assessed pain levels in patients as appropriate and helped them to manage their pain.
- Service managers used performance indicators to monitor the effectiveness of the care and treatment provided although service leads acknowledged that this could be improved.
- There were processes in place to identify any learning needs that staff might have and staff were provided with opportunities to attend additional training.
- Healthcare professionals worked together and with other services and organisations to deliver effective care and treatment.
- Staff supported people to live healthier lives where possible.
- Staff knew how to seek consent to care and treatment in line with relevant legislation and guidance. Staff we spoke to demonstrated good understanding of when and how they might assess a person's capacity to give consent.

However;

- At the time of our inspection there were no measures in place to benchmark patient outcomes against those of similar services provided by other organisations.

## Is the service caring?

**Outstanding** 

We rated it as outstanding because:

- Staff treated people with kindness, dignity, respect and compassion. They provided emotional support to patients and those close to them as needed.
- All of the patients and relatives we spoke with praised staff within the service and could not fault the care and treatment they had received.
- Staff gave examples of when they had gone the extra mile for patients such as finding temporary accommodation for a patient's pets while they were admitted to hospital or helping a patient with no fixed abode to find sheltered accommodation.
- Staff supported patients in making decisions about their care and involved those close to them in their care and treatment.
- We observed appointments with patients and their relatives during which staff took the time to address the concerns expressed by both and provided information to help relatives to better support their loved ones.
- Staff respected people's privacy and dignity at all times.
- Staff working within the HIV team in particular were instrumental in developing tools and pathways to better support patient centre care and working with partner agencies to meet patient's individual needs.

## Is the service responsive?

**Good** 

# Community health services for adults

We rated it as good because:

- Services were planned and delivered in a way which met people's needs. Staff worked alongside other organisations to provide integrated services where possible.
- There were systems in place to identify and meet the needs of people in vulnerable circumstances such as those with no fixed abode or people with complex social needs.
- The service provided access to care and treatment in a timely way. For example, there was a hospital at home team as part of community respiratory services who provided an urgent response to GP referrals. The service had a target for responding to referrals and this was monitored.
- Staff were aware of how people could raise a complaint if they wanted to and provided advice on how patients or relatives could raise a formal complaint. Any informal complaints and concerns were acted upon and learned from.

## Is the service well-led?

**Good** 

We rated it as good because:

- There was effective leadership across the service. Staff told us that leaders were visible and approachable.
- There was a clear vision and strategy for the service which involved building upon the skills of staff and integrating community services with acute services.
- There was a positive culture throughout the service which centred around the provision of patient-focussed care. Staff told us that the culture within the service had improved since community services had become part of the Trust.
- There were clear systems to support good governance and management within the service.
- There were clear processes for identifying, escalating and managing risks, issues and performance.
- There were appropriate systems to collate information and this was used by service leads to monitor performance and make improvements.
- Service leads engaged with people who used the service, staff and external partners to plan and support the delivery of high-quality services.
- There were systems in place to encourage continuous learning and improvement. We found some examples of innovative practice during our inspection.

However;

- Existing governance systems could be strengthened to better support community services. It was evident from review of meeting minutes that community staff representation could be improved.

## Outstanding practice

We found some examples of outstanding practice. See Outstanding practice section above.

## Areas for improvement

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

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

Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

# Our inspection team

Judith Connor, head of hospital inspection, and a lead inspection manager led this inspection. An executive reviewer supported our inspection of well-led for the trust overall.

The team included 13 inspectors and six specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.