

Tarporley War Memorial Hospital







Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

Overall summary

Tarporley War Memorial Hospital is operated by Tarporley War Memorial Hospital Trust. Tarporley War Memorial Hospital was founded in 1919 by local subscription, it is funded by a small NHS contract which covers one third of its operating costs. The remaining funding is achieved through private self-paying patients and charity fundraising. The hospitals registered charity fundraises

through a local charity shop and other charitable initiatives. The in-patient unit specialises in the rehabilitation of the elderly, intermediate care and supporting terminally ill and palliative patients. There is also a day care facility and they offer respite care.

Summary of findings

The hospital also has a “mini minor injuries” drop in service and an outpatient’s service operated by external providers but using hospital facilities and nursing staff.

The hospital is registered to provide the following regulated activities:

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

The hospital director is the registered manager, supported by a matron.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced visit to the hospital on 30 and 31 July 2019.

We inspected all inpatient areas of the hospital excluding the mini minor injury unit.

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 services’ performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Our rating of this service improved. We rated it as **Good** overall.

- The service had 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.
- The service provided mandatory training in key skills to all staff and made sure everyone completed 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

- 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care. The hospital utilised the expertise of the local community NHS trust where they needed specific expertise.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The sister, staff nurses and health care assistants told us they worked closely with the NHS physiotherapy and occupational therapy teams to ensure patients received the correct level of care or support in relation to discharge planning.
- People could access the service when they needed it and received the right care in a timely way.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. We found good levels of governance and management interaction.

Summary of findings

However,

- Volunteers in the service were not trained to recognise and deal with potential safeguarding concerns.
- Volunteers at the hospital did not have appropriate training in order to support patients with swallowing problems.

These were reported to the provider at the time of the inspection and appropriate mitigating actions were taken.

Following this inspection, we told the provider that it should make improvements to help the service improve. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North West)

Summary of findings

Our judgements about each of the main services

Service

**Community
health
inpatient
services**

Rating

Good



Summary of each main service

We rated this service as good because it was safe, effective, caring and responsive. Leaders had the skills and abilities to run the service and staff were focused on the needs of patients receiving care.

Summary of findings

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Good 

Tarporley War Memorial Hospital

Services we looked at

Community health inpatient services.

Summary of this inspection

Background to Tarporley War Memorial Hospital

Tarporley War Memorial Hospital is operated by Tarporley War Memorial Hospital Trust. It is based in Tarporley, Cheshire. The service primarily serves the communities of western and eastern Cheshire and Vale Royal.

Tarporley War Memorial Hospital was founded in 1919 by local subscription, it is funded by a small NHS contract which covers one third of its operating costs. The remaining funding is achieved through private self-paying patients, one off payments from NHS commissioners and charity fundraising. The hospital's registered charity fundraises through a local charity shop and other charitable initiatives.

The hospital has 16 inpatient beds (separate male and female wards; five side rooms and one double room), they mainly cater for NHS 'step-down' patients, which may be referred from two local NHS Trusts. NHS step-down patients may include those who do not require acute care, (e.g. a fall, but no fracture) and patients transferred from an acute hospital who are waiting for a package of care to return home. They may also have patients who require active rehabilitation before returning home. The hospital also provides private respite care for local patients, the majority of whom reside in a five mile radius of the hospital. We looked at all wards during the inspection.

The hospital also has a "mini minor injuries" drop in service and an outpatient's service operated by external providers but using hospital facilities and nursing staff.

The hospital provides a 'step up' service for people who needed extra care and help and 'stepdown' services for those who no longer required an acute hospital bed. They also provide rehabilitation, respite care and palliative care.

The hospital has a registered manager, who is also the director of the hospital. The hospital is registered with CQC for regulatory activities; diagnostics and screening procedures, treatment of disease and disorder and surgical procedures.

During our inspection; We spoke with seven patients and relatives. 15 members of staff, volunteers and one trustee. We reviewed seven sets of patient records.

Tarporley War Memorial Hospital was last inspected 1, 2 and 13 February 2017 and was rated requires improvement.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector, a CQC inspector and specialist advisors with expertise in community nursing and physiotherapy. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Information about Tarporley War Memorial Hospital

Tarporley War Memorial Hospital is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures

- Treatment of disease, disorder or injury.

During the inspection, we visited the whole hospital including the day care centre. We spoke with 15 staff including the hospital director, the interim chief operating officer, chair of the trustee's board, matron, registered

Summary of this inspection

nurse's, health care assistants, reception staff, domestics and volunteers. We spoke with seven patients and one relative. During our inspection, we reviewed seven sets of patient records.

There were no special reviews or investigations of the hospital/service ongoing by the CQC at any time during

the 12 months before this inspection. The hospital/service has been inspected four times, and the most recent inspection took place in September 2017 which found that the hospital was rated requires improvement.

The service employed six registered nurses and also had registered nurses on bank to call upon. There were also 12 care assistants and receptionists who assisted on a volunteer basis. The accountable officer for controlled drugs (CDs) was the registered manager.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Our rating of safe improved. We rated it as **Good** because:

Good



- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff, other than volunteers, 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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and the public.

Summary of this inspection

However,

- Volunteers at the hospital did not have any training in order to support patients with swallowing problems despite assisting them with food and hydration. They stopped this activity when we raised it with them on the inspection.

Are services effective?

Our rating of effective improved. We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional prescribed pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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 development.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Good



Are services caring?

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Good



Summary of this inspection

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Our rating of responsive improved. We rated it as **Good** because:

- The hospital planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The hospital was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care in a timely way.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Good



Are services well-led?

Our rating of well-led improved. We rated it as **Good** because:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Good



Summary of this inspection

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.






Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health inpatient services

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

Are community health inpatient services safe?

Good 

Our rating of safe improved. We rated it as **good**.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

- Mandatory training was updated annually by attendance on training courses, provided internally and some by external organisations. The subjects classed as mandatory are those which are considered the most important such as cardiopulmonary resuscitation (CPR), safeguarding patients, infection control and moving and handling.
- The hospital records showed that 93% of staff were up to date with their mandatory training.

Safeguarding

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 undertook training in the safeguarding of vulnerable adults and child protection as part of their mandatory training package. 100% of substantive registered nurses were trained in safeguarding level 2 adults, together with two out of the five bank nurses and one member of non-clinical staff. 100% of

substantive registered nurses were trained in safeguarding level 3 children, together with two out of the five bank nurses, two out of five bank health care assistants and one member of non-clinical staff. 100% of health care assistance were trained in safeguarding level 1 adults, together with two of the three day care co-ordinators. 100% of substantive health care assistance were trained level 1 safeguarding children, two of the three day care co-ordinators and five of the six non clinical members of staff.

- The hospital had several volunteers working at the hospital who carried out varying roles which involved contact with the patients and day care out patients. All relevant checks and DBS checks had been carried out on the volunteers however, no volunteers had been trained in safeguarding adults. We spoke to the director who told us that three members of staff who were employed for the day care services, including a day care coordinator, were all level two safe guarding adult trained. We were reassured that at no time did the volunteers work alone with the adults.
- The staff we spoke with were aware of their responsibilities regarding safeguarding of patients and could describe the procedures they would follow and who to speak to for advice. There was a policy in place which staff understood, which they had access to in a resource file and via the hospital computer system.
- The hospital had made no safeguarding referral during the 12 months of the reporting period. However, an incident had occurred prior to this. We found that the hospital reported this incident in a timely manner; and actions taken both at the time and in following up this incident were found to be appropriate.

Community health inpatient services

- Staff were aware of types of abuse and were able to tell us what they would look for in recognising people at risk of harm or abuse. Staff had undertaken electronic safeguarding learning modules and knew how to escalate any concerns they had. However, volunteers at the service did not undertake any formal safeguarding training despite having contact with patients meaning that an opportunity to spot a potential safeguarding concern could be missed.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. The environment appeared visibly clean and hygienic.

- A recent external review for infection control prevention found that the general hygiene and cleanliness at the hospital were of a high standard.
- Waste management and infection control policies and procedures were available and accessible to staff and the staff we spoke with were familiar with those policies and where to seek advice if they needed to.
- We observed staff following hand hygiene procedures and 'bare below the elbow' guidance. We saw staff using appropriate protective personal equipment, such as gloves and aprons, when delivering care.
- A recent hand hygiene audit showed 100% compliance by all staff.
- Information provided by the hospital showed that there had been no cases of MRSA and Clostridium difficile (C-diff) for the period April 2018 to March 2019.
- Regular internal infection control audits took place, however to improve standards the hospital arranged for an external specialist infection control provider to conduct an audit in June 2019. This audit showed 100% compliance with standards and staff were praised for this at the weekly meeting.
- The resuscitation trolley for the unit was based on the main corridor outside of the nursing office and included all the relevant equipment and supplies to respond to a clinical emergency. A daily emergency equipment checklist was in place although we saw there were some occasional omissions in the checking of the trolley.
- We saw signs on the wards asking visitors to refrain from sitting on the patient's beds in the interest of hygiene.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.

- Equipment was serviced and maintained regularly. We saw evidence that this information was recorded and monitored effectively in order that equipment remained fit for use. A rolling programme ensured that all equipment was maintained regularly, and no equipment was missed, this was overseen by a maintenance employee who worked on site.
- The reception and outpatient's areas were bright and welcoming. It provided a pleasant seating area for waiting patients and several treatment and consulting rooms, which were furnished and maintained to a high standard.
- Within the ward area, there was a main 'L' shaped corridor with individual patient rooms and patient bays, leading off it. The corridor was clear and uncluttered.
- The hospital had a secure dirty utility room which was used appropriately, and equipment appeared clean and fit for purpose. Hospital waste and clinical specimens were handled and disposed of appropriately, this included safe sorting, storage, labelling and handling.
- Clinical waste, used linen and sharps were stored in a secure outside store ready for disposal and a daily deep cleaning schedule took place. Four members of cleaning staff made sure the service was visibly clean and tidy and records were kept on hazardous chemical substances which were kept in a locked store. The service had both disposable and washable cubicle curtains that were replaced on a rota basis or if there was an infectious patient. Cleaning of the service was undertaken seven days a week.

Community health inpatient services

- The hospital had a small stock of equipment and aids for use by patients, such as walking frames and seat raisers. If specific equipment was required, this could usually be obtained within a week through a contract with an external organisation.
- Hoists and mobility aids were regularly serviced and maintained to remain fit for purpose.
- Mattresses were inspected and checked monthly to ensure they remained fit for purpose.
- The resuscitation trolley for the unit was based on the main corridor outside of the nursing office and included all the relevant equipment and supplies to respond to a clinical emergency. A daily emergency equipment checklist was in place although we saw there had been occasional omissions in their daily checking regime.
- An emergency response grab bag was also on the resuscitation trolley and contained an anaphylaxis (life threatening allergic reaction) and hypoglycaemic (low blood sugar) kit, which included medication to counteract these conditions. A tag should have sealed the zip to this bag to ensure the medications could not be tampered with however during our inspection we found that the tag was missing. No written record was in place to record the tags individual number. This was raised to a senior practitioner and rectified immediately.
- The storage of cleaning chemicals and substances that were hazardous to health were securely stored and were not accessible to patients and visitors. This was compliant with the Control of substances hazardous to health guidelines (COSHH).
- The hospital had a large lounge area, which was light and airy and well equipped with tables and hard back chairs. This was predominantly used by the day care patients.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and acted upon inpatients at risk of deterioration.

- Patients were assessed prior to admission through history taking, description of current needs and

expectations of the service. They were assessed against the hospital admission criteria and policy to determine if the patients' needs could be met at this facility.

- Upon admission, the patients' co-morbidity conditions, past medical history and lifestyle issues were captured appropriately and documented in their patient records. We looked at seven patient records all of which we found to have been completed to a good standard.
- Patients were examined within 24 hours by a general practitioner (GP) and a baseline set of clinical observations were recorded. Care plans were established to deal with any highlighted needs such as diabetes and wound care.
- Physiotherapists and occupational therapists undertook full functional assessments of patients within 48 hours of admission to establish if patients needed any aids or assistance with their activities of daily living.
- Handovers took place at the start of each shift to update incoming staff of the events of the previous shift and for key information to be shared. During handovers, staff were made aware of any patients who were at risk, for example, those at risk of falls or those who were confused.
- Risk assessments were completed in areas such as malnutrition, manual handling, falls, skin integrity and wound care. In the patient records we reviewed, there was evidence of risk assessments being completed, updated and reviewed at suitable intervals.
- On admission patients were assessed for pressure ulcers within six hours of arrival and monitored closely to prevent them from developing one. The hospital undertook a recognised risk assessment scoring tool to assess skin integrity and risk of developing pressure ulcers. We also saw that body maps were completed documenting and highlighting the status of the patients' skin such as any wounds or areas of damage. All beds had air pressure relieving mattresses. Health care assistants completed a care round every two hours to update and inform the registered nurse of any concerns. We saw these had been completed.

Community health inpatient services

- One pressure ulcer had occurred in the service between April 2019 and July 2019. The patient had vascular problems and the incident had been investigated. Two hourly checks were conducted, and the patient had a pressure relieving cushion, the pressure ulcer healed without requiring treatment. A route cause analysis was carried out which found the pressure ulcer to have been unavoidable.
- Patients who had a do not resuscitate order in place were highlighted at the staff handovers and a purple symbol on the patient admissions board within the nursing office acted as a quick reference in the event of an emergency. A similar system was in place for patients who were suffering from an infectious disease.

Staffing

The inpatient service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

- A care and communication chart monitored patients for mobility, positioning, hydration, nutrition, infection risk and mouth care. This also included checks to see if patients had access to a call bell, was in pain. A skin care bundle pack recorded two hourly pressure care checks including if the patient was in pain, was comfortable, was repositioned and had any signs of reddening of the skin. This was in line with the service prevention and management of pressure ulcers policy which followed national guidance such as the European pressure ulcer advisory panel and The National Institute for Health and Care Excellence 2015 guidelines.
 - The hospital had a flow chart to determine their response to care of the deteriorating patient. This dictated what to do if there was a concern about the condition of the patient. This advised that a registered nurse should assess the patient and record their observations. They then use their clinical judgement as to whether to call for an urgent GP assessment, to dial 999 or to have the patient assessed routinely on the next GP ward round. It was left to the clinical judgement of the healthcare professional, combined with NEWS(2) as to the frequency of observations for their patient.
 - The hospital used non-restrictive movement sensor alarms for patients who were high risk of falls and who were unable to alert staff or request help with mobilising. We saw evidence that falls risk assessments were undertaken and a further risk assessment and care plan for the deployment of the alarm.
 - There was a policy in place for the use of bed rails and this was accessible to staff on line. The policy had an assessment of needs matrix which looked at the mental state of the patients as
- At the time of inspection there were six substantive registered nurses, twelve health care assistants, five bank nurses and two bank health care assistants. There were 1.8 whole time equivalent registered general nurse vacancies which were being advertised on the hospital website. In the interim period, internal bank staff and agency staff were being employed to fill any gaps. A clinical manager on call rota was in place seven days a week. Six days of rota's were checked all of which had enough staffing figures.
- A staff acuity tool was used daily to identify if the level of staffing was enough. Shift times had been altered in November 2018 in response to concerns around workload. Two registered nurses were rostered on a day shift between 7am and 7.30pm and one registered nurse on a night shift between 7pm and 7.30am Two health care assistants also worked between 7am and 7.30pm, one health care assistant between 7am and 3.30pm.
- During the last inspection we had observed busy periods around tea time and suggested that they may benefit from additional staff during this busy time. On our visit we saw that a 'Twilight shift had been added to the roster, between 5pm and 11pm an additional health care assistant was rostered in, staff told us that this was working well.
- Management told us that it was difficult to get bank cover and predominantly used agency staff, however

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management told us that they needed to address the policy as to when agency staff were called and going forward was going to monitor this due to the financial burden.

- The wards at the hospital were nurse led and the hospital did not admit any patients with acute respiratory problems as there was no facility for intravenous patients. Medical provision was gained from the GP's who rent consultation rooms from the hospital. They were available to attend on the wards if required and were available on-call out of hours.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

- All patient records were recorded on paper. We looked at seven sets of patient records on the inpatient unit and we found them completed to a good standard.
- Within the inpatient unit the multidisciplinary teams wrote in the patient records, however not all teams recorded information on the relevant multidisciplinary page therefore sometimes it was difficult to find.
- Care records for inpatients were regularly audited and a recent audit resulted in the implementation of a record keeping audit tool which was an example for staff of a gold standard patient care record for them to emulate. A new record keeping policy was with the management team during the time of our visit waiting for approval.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

- The hospital had a medicine's management policy and standard operating practice in place; this was accessible to hospital staff and they were familiar with the contents.
- We undertook a sample check of medications and found them to be in date and stored appropriately and in line with recommendations.
- Our sample checks on controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse)

showed these were in date, stored securely within a double locked cabinet with access restricted to authorised staff and that books used to record their administration were completed appropriately. Staff checked the stock daily.

- We saw records that fridge and room temperatures were regularly checked and recorded, however the records showed that between January 2019 to March 2019 the fridge temperature was out of range. We saw evidence that it had been logged and reported to estates several times. Records showed that the fridge was replaced in July 2019. We were told that after the fridge temperature had been reported out of range the medicines were moved to a temporary fridge whilst waiting delivery of the new fridge. Temperature monitoring must take place daily and the actual, maximum and minimum temperature should be recorded to enable staff to identify any temperature deviations, which may render the drugs unsafe to use.
- We looked at medicines in the clinical rooms which were all ordered in by the GP's
- We saw that the hospital had a process for assessing self-administration of medicines for those patients who wanted to and were assessed as competent to do so. Patients own medicine was stored in separate baskets on the medicine trolley.
- The medicines required by patients to take home with them were prescribed by a GP and dispensed by a local community pharmacy. Arrangements were in place to obtain medications in a timely way and we were told that this did not lead to delays in discharge.
- We observed the medicines ward round and saw that the nurses wore red tabards embroidered front and back with; 'Drug round in process please do not disturb.' These tabards are worn to help reduce the number of interruptions to nurses during a drugs round and improve patient care and safety.
- National institute for health care excellence (NICE) and the Nursing and Midwifery Council (NMC) guidance state that a second checker should be assessed as competent to do so. To ensure that all health care assistants were educated and trained to assist first level registered nurses in the safe witnessing and dispensing of prescribed medicines to patients, a training programme in medicine management for

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health care assistants was in place. The comprehensive work book covered everything from roles and responsibilities, to adverse effects of medication and competencies were tested and signed off prior to them carrying out the role.

Incident reporting, learning and improvement

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

- Incidents were reported to and reviewed at the clinical quality assurance committee meeting and details were shared in a 'team brief' newsletter, with an 'incident review report' being circulated to staff. We reviewed the minutes of the meetings and in September's minutes the falls audit was discussed resulting in recommendations and an action plan. The action plan recorded the cause, consequence and risk and how the objective would be achieved.
- We saw an effective process that facilitated learning from incidents.
- Investigations were thorough, and management used a root cause analysis tool. The director and trustees had received root cause analysis training. A recent incident involving failure to respond to a patient in a timely manner for cardiopulmonary resuscitation (CPR) was investigated thoroughly with learning identified and action plans implemented. As a result of this all staff were refreshed in CPR.
- The main incidents reported were medicine errors and patient falls, we saw evidence that these had been analysed for trends and patterns and actions implemented.
- Incidents were completed in written form in an 'accident book', as well as being highlighted to the senior member of staff on duty. The form was not appropriate for recording incidents as we found they were used to record all types of incidents including

medication errors. When we raised this with management they told us that they were soon to be implementing a computerised system to report incidents on.

- Audits of pressure ulcer documentation showed 88% compliance for June 2019 whilst falls documentation compliance was 94.5%. Hospital quality indicators (audit data) fed into the integrated performance review monthly. Medication errors, falls, discharge planning and risk assessments on every patient at admission had been identified as trends for improvement however at the time of our inspection actions for improvement had not yet been created.
- Four members of the board of trustees had recently conducted a '15 steps' audit. The '15 steps' is an NHS recognised supportive tool used to make observational judgements on the care and treatment of patients. The results had not yet been presented to the hospital, however we were told that they had found no issues and were pleased with their findings.

Safety performance

The service used monitoring results well to improve safety. Staff collected safety information in connection with inpatients and shared it with staff.

- We saw evidence of patient safety tools being used and completed appropriately, for example; Waterlow scores, falls assessments, bed rail assessments.
- Care and comfort checks on inpatients were completed on inpatients every two hours, these checks included; checking the patient was pain free, their fluids, pressure ulcers, SSKIN bundles and whether they needed assistance to the toilet.
- Safety Thermometer reporting is a national improvement tool for measuring, collecting monitoring and analysing harm to people and 'harm free care'. The hospital reported monthly data on; pressure ulcers, urinary tract infections (for people with catheters) and falls. This provided the hospital with a 'temperature check' on harm which can be used to measure progress on providing a harm free care for patients.

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- Tarporley War Memorial Hospital reported that from April 2018 to March 2019, there were no cases of hospital acquired pressure ulcers, clostridium difficile (C-diff), Venous thromboembolism (VTE) or methicillin resistant staphylococcus aureus (MRSA).
- Three falls had occurred at the hospital between April 2019 and July 2019. This was an improvement on the last inspection where the hospital had report 25 falls over the previous year. The hospital risk assessed patients for their risk of falling; this was done using a recognised assessment tool on admission and then re-assessed if a patient's condition altered. The assessment stated that if the risk score for the patient was three or more, then a falls prevention care plan must be commenced, which we saw evidence of.
- SSKIN bundles were completed two hourly and if the patient was identified as high risk it was recorded on a clinical pathway form. SSKIN is a five step approach to preventing and treating pressure ulcers.
- The national early warning score system (NEWS2) was completed on admission and staff had had recent training for the implementation of NEWS2 from an outside trainer.

Are community health inpatient services effective?

(for example, treatment is effective)

Good 

Our rating of effective improved. We rated it as **good**.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

- The hospital followed evidence-based care practice as relevant to the inpatient care they provided such as rehabilitation and respite care. It followed relevant National Institute for Health and Care Excellence (NICE) guidance for example; NICE guidance CG179 'pressure ulcers: prevention and management. All clinical staff had completed an evidence based pressure ulcer work book to accompany the guidance.

- We saw evidence of care plans being put in place for inpatients in connection with common conditions such as diabetes and limitations in mobility.
- The hospital utilised the expertise of the local community NHS trust where they needed specific expertise. They used such sources for consultation and advice on national policies and recommendations.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. However, volunteers undertaking drinks rounds did not have appropriate training.

- We looked at seven inpatient records and saw evidence that patients' nutritional needs were monitored, and their needs met. Bedside patient documentation showed that inpatient nutritional charts were completed daily.
- Patients fluid charts were also completed daily. However, we did find that totals for the day were not always added up on the charts and they were not reviewed to check that the fluid intake was satisfactory.
- Patients' weights were recorded upon admission and reviewed weekly or sooner if there was cause to do so.
- Red trays were used as a prompt for staff to identify patients who needed assistance with nutrition and hydration. An individual board in the kitchen highlighted patients' nutritional needs such as a soft food diet, vegetarian, low sugar or salt diets.
- The nutritional requirements of individual patients were highlighted during handovers, ward rounds and multidisciplinary meetings. Those who needed assistance or encouragement with eating and drinking was highlighted and assistance given during meal and drink times.
- Patients were offered the opportunity to attend the dining room for their meals if they wished to do so, or they could eat their meals by their bedside.
- All meals were prepared on site and food was sourced from local suppliers. The hospital had been awarded a five star food hygiene rating from the local authority.

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All the patients we spoke with stated that the food in the hospital was of a very high standard and that the meals were warm, tasty and nutritious and they were offered a choice of meal.

- Hot and cold drinks were offered at regular intervals and we were told that snacks were available in between meal times and during the evening.
- We reviewed the hospital's standard operating procedure for dysphagia and nutritional support which included information from the international dysphagia diet standardisation initiative (IDDSI). We found the policy to be in date.
- The hospital had access to a community dietician, nutritionist, specialist diabetes nurse and speech and language therapist should they be required to help with the patients nutritional needs.
- Interest groups (champions) were in place within the service for areas such as Caldicott, pressure care, medicine management and nutrition. The interest group for nutrition was in the process of introducing snacks to the patient menu and had developed a nutritional information board in the kitchen which identified patients' individual needs. We were also told that a meeting had been arranged to redesign the menu and create a food preference form for patients on admission.
- However, we witnessed volunteers undertaking drinks round with ward patients, the drinks trolley had a laminated sheet highlighting patients who had specific dietary needs and if they did they were directed to speak to a member of clinical staff. Volunteers were responsible for giving patients thickener agent if required. The 'Patient safety and nutrition and hydration in the elderly, the health foundation inspiring improvement', states that 'for patients who have no willing supporters to assist, but who need help, consideration should be given to engaging volunteers who had the appropriate level of checks for this purpose.' We did not see evidence of suitable training for this purpose. We also identified that there had been a recent incident involving a volunteer not giving a patient a thickening agent when

they required it. As a result of this hospital volunteers were no longer able to support such patients until they had received the appropriate training from the speech and language team.

Pain relief

Staff assessed and monitored inpatients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

- We saw evidence that inpatients' pain was assessed and managed well. Bedside patient documentation showed that pain scores were completed daily.
- All inpatients we spoke to told us that their pain was managed well.

Patient outcomes

Staff monitored the effectiveness of care and treatment of inpatients and used the findings to make improvements and achieved good outcomes for inpatients.

- The hospital had arranged in March 2019 for an external infection prevention control review to improve the quality of their service. The audit results showed that staff were 96% compliant and there were no immediate actions.
- Though benching marking against a similar hospital was difficult, leads were bench marking themselves against a number of local trusts services such as; a rehabilitation unit.
- The hospital director was the chair for the local registered managers group which also assisted them in bench marking their service against others locally.

Competent staff

The service made sure staff were competent for their roles within the inpatient service. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff had the right skills and knowledge to look after people safely.

- Annual appraisals give an opportunity for staff and managers to meet, review performance and

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development opportunities which promotes competence, well-being and capability. Data provided by the hospital showed that 90% of clinical staff had received an appraisal in the last twelve months and 89% of non-clinical.

- A resuscitation training day called cardiopulmonary resuscitation (CPR) practical had been provided by a trainer from a local acute trust and attended by staff including administration and catering staff.
- A formal induction policy was in place for new staff, this was comprehensive and documented and signed off by a mentor. New agency staff attending the hospital for the first time underwent an induction process too.

Multidisciplinary working and coordinated care pathways

All those responsible for delivering care worked together as a team to benefit inpatients using the service. They supported each other to provide good care and communicated effectively with other agencies.

- A multidisciplinary meeting was undertaken every Tuesday to discuss the plan of care for each patient. This involved occupational therapists, physiotherapists, matron and registered nurses. It also included social services representatives and community specialists as appropriate. They gave input into the assessing, planning and delivering people's care and treatment.
- Patients had access to a physiotherapist who was employed by a neighbouring hospital trust. The hospital had had a long-standing arrangement whereby the physiotherapist had seen medical patients if they were under the GP's who worked from Tarporley War Memorial Hospital. They attended at the Tarporley War Memorial Hospital twice a week. They would see any new patients, any patients who staff were concerned about, and discharge planning patients first.
- The physiotherapist and occupational therapist work together to cover each other's annual leave, ensuring that there is always a therapist available to cover holiday leave.

- The physiotherapist would only see respite patients if they were registered with any of the four GP practices who worked from Tarporley War Memorial Hospital. Any other patients would have the opportunity to pay for private physiotherapist.
- The health care assistants worked well with the physiotherapist and would help with meeting patients therapy goals.
- Care was delivered and reviewed in a coordinated way with different teams and a social worker covered all aspects of the hospital.
- Staff coordinated care for people at end of life well. On admission the patient would be seen by their own GP and if appropriate a care and communication book would commence. This was completed with the GP covering the patients' medical history, the reason for the book, discussion with family and recommended medication. If during the admission staff had any concerns over the patient, they could contact the GP out of hours and had links with a local hospice for advice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

At Tarporley hospital 100% of substantive nursing staff had received training for both mental capacity act and deprivation of liberty safeguards training.

- Staff undertook mental capacity act awareness training and health care assistants were able to recognise signs that a patient may lack mental capacity. One member of staff showed us an individual quick reference pocket guide which had been issued to each member of staff. There was a process for assessing the mental capacity of patients and a system in place to provide support for them. We saw a best interest assessment referral form to a local authority and evidence of close working with that team to provide care and treatment for the patient as well as communication with both the patient and their family around the referral.

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- Staff understood when it was necessary to assess a patient's capacity. This had been identified as a concern on our previous inspection, however the service had improved their performance around mental capacity and consent. We saw examples of good practice robust documentation in patients notes. We identified a positive change in staff attitude and evidence that they appropriately questioned documentation that came into the hospital from an external source, to ensure it was fit for purpose.

Are community health inpatient services caring?

Good 

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

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

- Members of the public were able to give feedback on the hospital's social media page; all comments were positive, and all referred to the standard of caring staff. One relative told us that privacy and dignity was always maintained.
- We saw the day care co-ordinators treating the patients with care and compassion, one patient we spoke to said they were at the hospital for a respite break and reluctant to attend the day care service but loved it and said the care was so good that they now attend regularly."
- There was a viewing room on site and at the time of our last inspection this was being used to store other items. We did not feel this room was suitable for use for relatives to see their loved ones at rest. On our visit we found the room had been cleared of supplies and equipment and had been renovated to a high standard with a calming mural decorating the room.
- Personal care was bespoke, with baths, showers, hair washing, manicures in abundance, also improving the wellbeing of the patients.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

- During the inspection we spoke with seven patients and relatives. The feedback we received indicated that patients were treated respectfully and kindly by staff in the service. The feedback we received was all positive.
- Care and communication books we used for end of life patients these included information about the spiritual and religious needs of the patient for staff to provide appropriate care to the patient and their family.
- Staff gave patients and those close to them help, emotional support and advice when they needed it. All patients we spoke to made comment on how well they had been supported by staff at the hospital. A number of respite patients returned regularly for respite as they and their relatives felt fully supported during this period.
- Inpatients were encouraged to attend the day care and join in with any of the activities, this helped combat anxiety and depression.

Understanding and involvement of patients and those close to them

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

- Respite patients had the opportunity to book private physiotherapy rehabilitation sessions during the stay. A leaflet provided to patients gave all the details to make their respite package bespoke.
- Staff ensured that information about patients was treated confidentially in a way that complied with the data protection act and a password was used with families and friends when sharing information over the phone.
- During our inspection we saw evidence that patients' families and friends were involved and updated on the care and treatment of their loved one. We saw that staff allowed questions to be asked and ensured information was understood.

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Are community health inpatient services responsive to people's needs?
(for example, to feedback?)

Good 

Our rating of responsive improved. We rated it as **good**.

Planning and delivering services which meet people's needs

The inpatient service was planned and provided care in a way that met the needs of local people and the communities served. It also worked with some partners and local organisations to plan care.

- Inpatients in the service could access a pleasant and spacious day room where activities were provided. There was an opportunity to get away from their room and the hospital setting and a chance to speak with members of the local community who attended the day centre. This was operated by run by an activity coordinator employed by the service.
- Systems were in place to find out what service people wanted and provided opportunities to contribute to service delivery through volunteering and fundraising.
- Volunteers from the local community worked with patients under supervision from the volunteer coordinator. Checks included taking up references and disclosure and barring checks were completed. Volunteers were issued with photo identity badges. The service worked with local clinical commissioning groups (CCGs); local hospitals, local social services and local GPs to plan and deliver services across the population of Tarporley and the local district.
- The senior managers said the hospital provided step down beds for patients who needed care but did not need to be in an acute hospital. The hospital did not admit patients with acute problems. The hospital also provided respite care which was self-funded by the client, but rates were subsidised by the charity.
- Patients own GPs could visit their own patients in the inpatient wards. They could provide input and insight

into their own patient's needs and contribute towards discharge planning and their integrated care plans. They remained under the general care of the GP's attached to the hospital.

- The sister, staff nurses and health care assistants told us they worked closely with the NHS physiotherapy and occupational therapy teams to ensure patients received the correct level of care or support in relation to discharge planning.
- The hospital director attended monthly meetings with the local intermediate care network and one of the agendas was to develop local initiatives to reflect local needs and provide opportunities for the staff to become involved with projects to meet the needs of the local people.

Meeting the needs of people in vulnerable circumstances

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

- The hospital catered for patients with disabilities and the elderly and plate guards and large handled cutlery were available to assist them with eating.
- We saw that 'this is me' booklets were being used for patients. 'This is me' is a simple leaflet for anyone receiving professional care who is living with dementia, experiencing delirium or other communication difficulties. It can be used to record details about a person who can't easily share information about themselves. It can therefore help to reduce distress for people living with dementia and their carers. It can also help to overcome problems with communication and prevent more serious conditions such as malnutrition and dehydration.
- The needs of people using the service with disabilities had not been measured as they had not had a patient admitted with learning difficulties. However, we were told that 'about me' booklets were available to use which serve a similar purpose to the 'this is me' booklet but for use with patients with learning disabilities.

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- Signage was dementia friendly and big clocks and a digital calendar helped to orientate people to time and place.

Access to the right care at the right time

People within the inpatient areas could access the service when they needed it and received the right care in a timely way.

- There was no waiting list for admission to the hospital for NHS or private respite patients. They could access the service when they needed to, such as when carers needed a break or were going on holiday themselves and needed a safe place for their relative. The matron rang the local acute trust daily and reported the hospital's bed capacity to the bed manager.
- The service worked with local clinical commissioning groups NHS West Cheshire Clinical Commissioning Group, NHS Vale Royal Clinical Commissioning Group, NHS South Cheshire Clinical Commissioning Group, NHS Eastern Cheshire Clinical Commissioning Group, NHS Wirral Clinical Commissioning Group.
- The average length of stay for inpatients during the period October 2018 to March 2019 was 15 days, however this included patients who stayed for respite as well as those who required rehabilitation.
- The service did not report referral to treatment times as they did not provide any services for which there was a national target time. If a patient required a bed, there was almost always a bed available as the service was never filled to capacity. On average bed occupancy for the period April 2018 to March 2019 was 80%, this ranged from 61% in December 2018 to 97% in March 2019.
- The service completed an integrated performance report which was shared with the clinical commissioning groups to ensure they met the requirements of their contract. This recorded performance data such as numbers of patients, safety performance, patient outcomes and the source of and composition of patients cared for in the service.
- The service participated in hospital admission avoidance by accepting patients on a step-up basis

referred to the service by local GPs. They also accepted patients being discharged from hospital on a step-down basis, who required additional period of rehabilitation.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

- The provider reported that there were seven complaints received in the 12 months prior to time of reporting, two of the complaints were upheld and none were referred to the Ombudsman. The majority of complaints received were of a minor nature, for example; 'staff don't introduce themselves'. This complaint was discussed with staff members at handover.
- Complaints received were fully investigated and independent specialists were involved when appropriate. Findings were discussed with the complainant and the outcomes shared with staff involved. Incidents were shared with the wider staff team and communicated well.
- Staff were informed regularly and continually with regards to complaints and concerns and were able to be involved in decision making. We attended a 'Campbell quality care group' on our visit, a monthly meeting for all staff who were able to attend. Each incident was presented, and outcomes discussed, for example; a patient who had been transferred from a local acute hospital was due to arrive at 8.30pm but arrived at 11.55pm. A discussion was held and action to be taken was to advertise the opening times for discharge and link in with the bed manager at the acute setting, to prevent this happening again.

Are community health inpatient services well-led?

Good 

Our rating of well-led improved. We rated it as **good**.

Community health inpatient services

Leadership of services

Leaders had the skills and abilities to run the inpatient service, in this context they understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

- As a charity there was a board of trustees. There were eight trustees on the board for the hospital. They were not operational but held the hospital director to account for the running of the service. The Trustees were all unpaid roles and offered expertise and skills from varying professions from clinical to accountancy.
- The GPs worked closely with the trustees and hospital director and valued the services they were able to offer their patients at the hospital.
- Since this hospital had employed a manager who had a clinical background the staff fed back to us that they felt more supported and they had seen many improvements in the hospital. Staff we spoke to said they felt things were more organised and in line with NHS processes.

Service vision and strategy

The provider had a vision for the inpatient services and what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Leaders and staff understood and knew how to apply them and monitor progress.

- There had been an away day involving clinical staff, volunteers and trustees where they had worked together to set out the Trust values; 'HEART' Health and wellbeing, Enthusiasm, Accountability, Responsiveness and Trust. The staff worked together to achieve the common values which were incorporated into staff appraisals to measure how they had contributed to them.
- The Fundraising manager had introduced a fundraising database which collated information about fundraising streams and helped to set budget priorities. Monthly update emails were sent to all members of the action group.

Culture within the service

Staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

- A poster was displayed in the staff room advertising an 'open door' policy for staff to approach the managing director, matron and sisters at any time. Staff we spoke to said that they felt comfortable in approaching any of the management team and felt happy to speak up.
- Staff we spoke to during our inspection spoke highly of the service and were proud to work within it. One member of staff told us it 'was a fantastic place to work'. Whilst another told us the team was 'like a family'. All staff felt supported by their managers and felt they could raise an issue to any of the team if they needed to and told us they were able to take breaks and finish their shift on time.
- The summary of latest staff survey undertaken April/May 2018 reported that 100% of staff and volunteers working at Tarporley War Memorial Hospital say that the care of patients is the hospital's top priority. 100% of staff and volunteers would recommend their hospital as a place to work.
- A volunteers evening was held annually, sponsored by a local business, to thank all the hospital volunteers for their hard work and contributions.

Governance, risk management and quality measurement

Leaders operated effective governance processes for the inpatient services. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

- The hospital commissioned a governance review in March 2019 by an external consultant. The review highlighted a disproportionate number of board and board committee meetings which the trust acted upon, redefining their meetings and structure.
- We found good levels of governance and management interaction. A clinical quality assurance committee sat one month followed by an audit committee the

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second month, these fed into the trustee's board meeting the third month. We looked at minutes for all the meetings and found them well attended, including the director, matron and eight trustees.

- An interim chief operating officer had been employed by the hospital to manage a possible future expansion programme because of donations and to eradicate some of the financial deficit. The plans were at an early stage, however there were alternative plans in place for income growth which included increasing the occupancy of the respite beds.
- The hospital had a risk register which was aligned to action plans and accurately reflected all the risks at the hospital. The register broke risks down into different risk categories, for example; business and finance and health and safety. Risk descriptions were clear with a rag rating showing the acuity, the risk owner, action plan, progress of action plan and whether the action was 'open' or 'closed'.
- An report in February 2019, examined falls in the service and found that appropriate control measures were in place such as; daily acuity assessment of patients and that all incidents of falls were reported at the Campbell quality care group (CQAG) for lessons learned. We also saw an action plan aligned to the risk which showed a number of actions; complete risk assessment, action plan for ongoing training, arrange falls working group, root cause analysis to be completed on all falls and be presented to CQAG. The actions completed showed that the action plan had been implemented and discussed during staff meetings and the route cause analysis findings discussed at the 'Being open' meetings. A falls working group also met which resulted in updates to the prevention of slips, trips and falls policy.

Engagement

Leaders and staff actively engage with staff and there was some engagement with patients, staff and community groups and healthcare partners to assist in the management of services.

- The hospital fundraising team were constantly thinking of new and innovative ideas to raise funds for the hospital and in the last 12 months had raised

money through events such as; teddy bears picnic, a three peaks challenge, an international on-line retailer donated funds during a two-day period and various raffles. A recent centenary ball was held which raised a significant amount to enable the hospital to improve aspects of the hospital's services.

- A 'bright ideas' box was available for staff to post new ideas they had to management for improvements. Staff told us that they were able to pass ideas verbally to management too and felt they were listened to.
- Monthly meetings were held with the local GP practices which were part of a local care network. They were attended by the GP's, practice managers from the local surgeries, partners, the director of Tarporley War Memorial Hospital and community teams. The meetings developed relationships internally and externally with the GP's and agreed service changes and pathways were discussed.
- The hospital website had been recently upgraded it was easy to navigate and gave all essential information to the public about their history, services and fundraising.

Innovation, improvement and sustainability

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

- The hospital had improved its bed occupancy which is essential for the hospital's sustainability. Engagement with a local acute trust has seen an increase in the occupancy levels of medical patients, from 60% April 2018 to 80-100% occupancy throughout the rest of the financial year 2018/19.
- Marketing and public engagement had also increased respite occupancy at the hospital between 10-39% during 2018/19 compared to the occupancy figures of 2017/18.
- Tarporley War Memorial Hospital recorded patients notes and incidents on paper, we were told by management that the hospital would be implementing an electronic system to record patient records and incidents in the next year.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should consider training volunteers in safeguarding adults.
- The provider should ensure that emergency response grab bag is secure with a tag and a written record is kept to record the tags individual number and the resuscitation trolley is checked daily in line with their policy.
- The provider should provide the hospital volunteers with the appropriate training from the speech and language team prior to them supporting patients who require thickening agents to be added to fluids.
- The provider should ensure that patients fluid charts are completed correctly.