

Park Villa Independent 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	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We rated Park Villa Independent Hospital as good because:

- The hospital was well kept, and furniture and fittings were in good condition. A housekeeper ensured the main building was kept clean and the patients kept their own rooms clean by following an agreed plan.
 - Staff completed risk assessments before admitting patients to the hospital and again during their admission. These were comprehensive.
 - Physical health monitoring was clearly documented both on admission and during each patient's stay at the hospital. Files for each patient showed extensive physical monitoring and consideration of existing physical problems.
 - All care records were up to date, personalised, recovery-based documents. The care records were easily accessible on the computer system and the paper documentation was extensive.
 - Psychological therapies such as cognitive behavioural therapy, dialectical behavioural therapy and family therapy were all available to patients at the hospital.
- There were a range of occupational therapies available to patients.
 - Patients had access to a full range of disciplines needed to provide care, including registered mental health nurses, an occupational therapist, a psychologist, and a consultant psychiatrist.
 - We observed staff interacting with the patients in their care. They were respectful, polite, inclusive, supportive and responsive to the needs of the patients.
 - There were no delayed discharges as all discharges were planned with community organisations.
 - It was clear from the approach of staff towards the provision of care for their patients that the team objective followed the values of the organisation.
 - Staffing levels were maintained at a suitable level, with the option to bring in more staff should the need arise.
 - We reviewed staff files which were complete and well maintained. Copies of disclosure and barring service reports were included, along with copies of registration documents and qualifications.

However, it was noted that there was no audit of the use of the Mental Capacity Act.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good 	

Summary of findings

Contents

Summary of this inspection

	Page
Background to Park Villa Independent Hospital	6
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
What people who use the service say	7
The five questions we ask about services and what we found	8

Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Overview of ratings	11
Outstanding practice	21
Areas for improvement	21

Good 

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to Park Villa Independent Hospital

Park Villa was a community-based hospital providing rehabilitation and recovery for up to 11 women aged between 18 and 65 years, with complex and enduring mental health needs.

Park Villa accepted patients diagnosed with mental illnesses including schizophrenia, bipolar disorder, depression and borderline personality disorder. The hospital also accepted patients with challenging behaviours, including self-harm and complex needs. The patient profile included patients with treatment-resistant psychoses and dissociative identity disorders.

In June 2015, ownership was transferred to Partnerships In Care, and the transition changes were still on going at the time of the inspection. There was major refurbishment taking place, with all bedrooms being redecorated and fittings changed.

The hospital had a registered manager and a nominated individual.

Park Villa was registered for assessment or medical treatment for persons detained under the Mental Health Act 1983, diagnostic and screening procedures and treatment of disease, disorder or injury.

We have inspected Park Villa twice before, with the last inspection taking place in November 2013, the hospital meeting the required standards.

Our inspection team

Team leader: Richard O'Hara, inspector

The team that inspected the service comprised two CQC inspectors and one specialist advisor with a background in social work.

Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the location, requesting updated information from the location, and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited the hospital, looked at the quality of the hospital environment and observed how staff were caring for patients
- toured the premises
- spoke with three of the five patients who were using the service

Summary of this inspection

- spoke with the registered manager and the clinical lead nurse
- spoke with 10 other staff members including doctors, nurses, an occupational therapist, a psychologist and support workers
- attended and observed one handover meeting and one multidisciplinary meeting
- looked at the care and treatment records of all five patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

Patients told us that they were very happy with the hospital, especially as it was being refurbished. They said the food was good and staff were approachable. Patients

appreciated that they were involved in their own care and in the decisions that were taken for their benefit. Patients liked the fact that the hospital was quiet, and that they had a range of activities and therapies that they enjoyed.

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?

We rated safe as good because:

- The hospital was well kept, and furniture and fittings were in good condition. A housekeeper ensured the main building was kept clean and the patients kept their own rooms clean by following an agreed plan.
- The upper floor of the building was being refurbished, with each of the bedrooms being completely re-decorated and new shower and washing facilities fitted. Although there was work on going in the home, cleanliness was maintained and disruption kept to a minimum.
- During the inspection, there was a qualified nurse in the communal area of the ward at all times. Other staff and patients confirmed this was normal practice.
- Staff completed risk assessments on patients prior to and on admission. These were comprehensive and recorded.
- Safeguarding training was mandatory and up to date, and discussions with staff showed they knew when and how to raise an alert.

Good



Are services effective?

We rated effective as good because:

- Physical health monitoring was clearly documented both on admission and during each patient's stay at the hospital. Patient files showed extensive physical health monitoring and consideration of existing physical problems.
- All care records were up to date, personalised, and focused on recovery. The care records were easily accessible on the computer system and the paper documentation was extensive.
- Psychological therapies, such as cognitive behavioural therapy, dialectical behavioural therapy and family therapy, were available to patients.
- There were a range of occupational therapies available to patients.
- Patients had access to a full range of disciplines needed to provide care, including registered mental health nurses, an occupational therapist, a psychologist, and a consultant psychiatrist.
- Staff were regularly appraised and received supervision in line with policy. All appraisals were carried out by the hospital manager and the clinical lead nurse.

Good



Summary of this inspection

- Mental Health Act training compliance stood at 95% for qualified staff and 100% for support workers.

However, there were no arrangements in place to audit adherence to the Mental Capacity Act.

Are services caring?

We rated caring as good because:

- We observed staff interacting with the patients in their care. They were respectful, polite, inclusive, supportive and responsive to patients' needs.
- Patients reported that they felt safe and that staff were visible on the ward.
- We reviewed five patient care plans and found evidence of the active involvement of patients in their care.
- As part of the psychological pathway patients are encouraged to include family or carers in their treatment, if it was applicable and the patient agreed.

Good



Are services responsive?

We rated responsive as good because:

- The time from referral to assessment was five days.
- There were no delayed discharges recorded due to all discharges being planned in advance with community organisations.
- A large conservatory that looked out on the garden was used for therapies and activities. These activities could be for individuals or a group of patients. Equipment was available for art, music, or other activities.
- Patients said that the food quality was good. In June 2014, the Food Standards Agency awarded the hospital a food hygiene rating of five out of five.
- Hot drinks and snacks were available at all times. The kitchen was open to patients and bowls of fresh fruit were available.
- Activities were arranged over a seven-day period, allowing flexibility and activities at the weekend.
- There was access for a wheelchair into the hospital, and a toilet equipped for disabled patients.

Good



Are services well-led?

We rated well-led as good because:

- It was clear from the approach of staff towards the provision of care for their patients that the team objective followed the values of the organisation.

Good



Summary of this inspection

- Staffing levels were maintained at a suitable level, with the option to bring in more staff should the need arise.
- Staff spent most of their time in the company of patients rather than the nursing office. Patients told us that staff always had time for them.
- Staff were involved in clinical auditing, including medicine management and safeguarding audits.
- Service user feedback was used to try to improve conditions in the hospital.
- Staff files were reviewed and were found to be complete and well maintained. Copies of disclosure and barring service reports were included, along with copies of registration documents and qualifications.
- There were no negative comments raised by staff about morale or job satisfaction.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983 (MHA). We use our findings to help determine an overall judgement about the provider.

We reviewed paperwork relating to the MHA and found it to be in order. There was a qualified MHA administrator employed at the hospital who completed audits and weekly checks on paperwork.

We checked consent paperwork, which met the MHA code of practice. MHA paperwork was stored in a central location, in a box file in the nursing office, so that staff could access it at any time.

Section 17 leave forms had been copied and supplied to patients, if they wanted them; refusals were also recorded.

At the time of inspection, three patients were detained under section 3 of the MHA, one patient was detained under Section 37/41 of the MHA (could only be granted leave or discharge by the Secretary of State) and one patient was in hospital voluntarily. This patient was aware that she could leave the hospital and there was notification of this right on the noticeboard.

Park Villa was last visited by MHA reviewers in March 2015. The only concern at that time was that a recent patient record had 'limited' evidence of consent on their documentation, and this was not a problem in this inspection.

Mental Capacity Act and Deprivation of Liberty Safeguards

We reviewed care records for all five patients at the hospital. The records showed that capacity was considered and recorded appropriately.

There was no evidence to show that adherence to the Mental Capacity Act 2005 (MCA) was being monitored.

Staff received training in the MCA and Deprivation of Liberty Safeguards (DoLS). DoLS were not often applied for, and there had been no applications for authorisation to use DoLS in the six months prior to the inspection. DoLS aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall trust	Good	Good	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good 

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

Are long stay/rehabilitation mental health wards for working-age adults safe?

Good 

Safe and clean environment

- Ligature risk was assessed regularly and managed in the hospital. Bedroom items such as sinks, taps, and curtains were designed and fitted with ligature prevention in mind.
- Data showed that disinfection of the water system had been delayed. This was put down to the change in monitoring companies, and the matter was seen to be in hand. A legionella sampling had been done in July 2015, and was scheduled again in December 2015.
- Resuscitation equipment and oxygen were stored in the nursing office. Dates on the equipment showed that they were in date for use, and paperwork showed they were regularly checked.
- The hospital itself was well kept, and furniture and fittings were in good condition. A housekeeper ensured the main building itself was kept clean, and the patients kept their own rooms clean by following an agreed plan.
- Hand-washing gel dispensers were situated around the main areas of the hospital, and we saw staff and patients use them.
- The upper floor of the building was being refurbished, with each of the bedrooms being completely re-decorated and new shower and washing facilities fitted. Although there was work on going in the hospital, cleanliness was maintained and disruption kept to a minimum.

- Environmental risk assessments were regularly completed. In December 2014, the health and safety executive completed a full audit of Park Villa, both internal and external. The total overall compliance was 94%, and an action plan was put in place to deal with any outstanding matters. Points raised in the action plan had been addressed.
- Each bedroom had a nurse call system. Nursing staff did not carry alarms, as risk assessments carried out for each patient on admission, as well as admission criteria, minimised the possibility of needing a personal alarm.

Safe staffing

- Park Villa had seven qualified nurses and two regular qualified bank nurses. There were eight support workers with four regular bank support workers.
- There was one vacancy for a qualified nurse and one vacancy for a support worker.
- Bank or agency staff had been used to cover any staffing shortfall in the three months prior to inspection.
- Staff sickness rate for the 12-month period from October 2014 to October 2015 was at 0.5%.
- During the same period, three members of staff had left, but it was stated by senior staff that this was due to the change in ownership of the hospital to Partnerships in Care.
- Staff numbers were dictated by the patient need and occupancy of the hospital; at the time of the inspection there were five patients in the hospital.
- The rota showed that shifts were filled in line with staffing policy. Governance minutes from July 2015 showed that staff from Park Villa had been redeployed to Park Lodge, a sister hospital, to ease staff shortage. There was no evidence that suggested care suffered at Park Villa as a result of this redeployment.

Long stay/rehabilitation mental health wards for working age adults

Good 

- In the three months from July 2015 to October 2015, 15 shifts had been covered by bank or agency staff. Bank staff were all familiar with the ward.
- The clinical team lead stated that if it was necessary they could bring in bank staff to cover for fluctuating levels of care.
- During the inspection there was a qualified nurse in the communal area of the ward at all times. During interviews with other staff and patients, this was confirmed to be normal practice.
- The clinical team lead said that 1:1 time with patients was important and was a daily occurrence. Each patient had a key worker or would be approached by staff if that key worker was not on duty.
- Activities or leave were rarely cancelled due to the low number of patients. However, staff stated that sometimes priority would have to be given to hospital appointments or other external meetings. This could have meant a patient not getting their time off the ward, but we saw no evidence of this.
- The hospital consultant was one of three consultants who worked on a rota for out of hours treatment. In an emergency, they could be contacted immediately by telephone. The consultants lived locally, which meant a quick response. In a physical health emergency staff would immediately call an ambulance.
- Mandatory training covered 14 topics including equality and diversity, Mental Health Act (MHA) and Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DoLS), basic life support, fire and safety, and safeguarding. Figures provided showed that compliance with mandatory training was averaging at 84%.
- In the nursing office, a notice was on the wall outlining the four levels of observation used at the hospital. The observation levels ranged from general observation at level one to observations within arm's reach at level four. At the time of inspection all detained patients were on level one observation.
- There was a policy on the searching of patients. We were told that this was rarely acted upon, and that if it was deemed necessary then it would be written in the care plan for the patient.
- There was no evidence, neither produced nor found, to suggest that restraint was used at the hospital. Verbal de-escalation was seen to be most effective with the patients in the hospital. We did not see a restraint policy, but were told by senior staff that patients would not be admitted if restraint was deemed likely.
- Safeguarding training was mandatory and up to date and discussion with staff showed they knew when and how to raise an alert. The clinical team lead stated that there were strong links with the local safeguarding adult board for Cheshire.
- During the tour of the hospital, security of medication storage was checked, as were medication cards. Medication was seen to be in date, and T2 and T3 consent forms (consent to treatment and second opinion) were attached and current. A pharmacist visited the hospital every two weeks. The consultant told us that the pharmacist was available for discussion at any time. Fridges were regularly checked.
- Medicine reconciliation was discussed with the consultant, who stated that the hospital received the medication card for the patient along with two weeks supply of medication. The card was copied and put into the computer and paper systems. A list of medication was faxed to the patients' own GP.

Assessing and managing risk to patients and staff

- Risk assessments were completed on patients prior to and on admission, and these were comprehensive. Records showed regular updates in paper documentation. A recent switch to a new computer system meant that the computer-based risk assessment templates were not completed, as the information had not transferred at the time of inspection.
- The hospital staff used the Sainsbury's risk assessment tool when assessing risk.
- At the time of inspection there was one informal (not detained under the MHA) patient in the hospital. There was a sign clearly displayed on the wall informing informal patients of their right to leave the hospital and to ask staff to open the door for them.

Track record on safety

- There was one serious incident requiring investigation in August. This incident led to police involvement and a charge of assault. The case was on going at the time of the inspection.
- A recent safeguarding issue was raised, and hospital staff involved police and local safeguarding authorities.
- The matter was related to staff during staff meetings and in conjunction with local safeguarding authorities. This has led to an improvement in relationships with the local safeguarding team.

Long stay/rehabilitation mental health wards for working age adults

Good 

Reporting incidents and learning from when things go wrong

- All staff interviewed knew what to report and how to report any untoward incident. The reporting system was the incident response improvement system (IRIS), a paper reporting system, but a new online reporting system was to be installed soon after the inspection
- Staff were open and transparent about informing patients if things went wrong, or changes to daily situations. Care record documentation verified this.
- Staff were informed of results of complaints and investigations during staff meetings. In minutes of a staff meeting in April 2015 the duty of candour was discussed and explained fully to staff. The duty of candour ensures that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- We reviewed care records for each of the five patients. It was clear that assessments were carried out prior to and following admission to the hospital, and that these assessments were regularly updated.
- Physical health monitoring was clearly documented both on admission and during patient stay at the hospital. Files for each patient showed extensive physical health monitoring and consideration of existing physical problems.
- We attended a handover in which physical health monitoring was discussed in detail and documented. The risks involved were discussed when making changes, as was management and monitoring of their risks.
- All care records were up to date, personalised, recovery-based documents. The care records were easily accessible on the computer system, and the paper documentation was extensive. Risk assessment

documentation was not accessible on the computer, this was believed to be due to the organisational move to Partnerships in Care; the information had yet to be uploaded, but this had not impacted on patient care due to extensive notes

Best practice in treatment and care

- We discussed National Institute for Health and Care Excellence (NICE) guidance with staff, and found that they were aware of and followed NICE guidance. The clinical lead nurse spoke of the application of NICE guidance for schizophrenia in adults and the use of family interventions to assist in treatment. The consultant stated that he, in discussion with the pharmacist, applied NICE guidance when considering medication.
- Psychological therapies such as cognitive behavioural therapy, dialectical behavioural therapy and family therapy were all available to patients at the hospital. There was a psychologist working at the hospital, and there was a therapy pathway that was used by the psychologist. The psychologist worked weekends to ensure access to therapies.
- The therapy pathway was in stages; the first three months were a period of assessment. Psychological formulation to create MDT care plans and management strategies were then created. There was an engagement phase, a treatment phase and finally a discharge phase. The patient files we reviewed showed that this was an on-going process.
- There was also a range of occupational therapies available to patients. There was an occupational therapist working at the hospital and there was an occupational therapy pathway. This pathway includes assessment and finally leads to full inclusion in the community; this includes setting up a patient's own bank account and utilise local resources.
- The occupational therapist worked weekends to ensure access to therapies.
- The hospital used a number of outcome scales to measure and record severity of symptoms, including health of the nation outcome scales (HoNOS), the Rosenberg self-esteem scale, and Recovery STAR.
- Data submitted by hospital staff showed that clinical staff were involved in clinical audit, including medication management and safeguarding audits.

Skilled staff to deliver care

Long stay/rehabilitation mental health wards for working age adults

Good 

- There was a full range of mental health disciplines employed at the hospital, including registered mental health nurses, an occupational therapist, a psychologist, and a consultant psychiatrist.
- We were told by the hospital manager that a recent recruitment exercise that involved interviewing a number of candidates was unsuccessful. This was because the interviewers did not consider the applicants to be suitably qualified or experienced to take on the roles offered.
- Staff did undergo an induction on joining the hospital; with the change in ownership of the hospital there may be amendments to this in the future. Support workers interviewed stated that they had all received extra training as part of their role. One support worker was about to conclude a national vocational qualification (NVQ) level four, and another support worker had completed NVQ levels one and two in health and social care.
- Staff were regularly appraised and received supervision in line with policy. The hospital manager and the clinical lead nurse carried out all staff appraisals. Evidence of these appraisals was noted while checking staff files. Support workers stated that they found the regular appraisals and supervision very helpful.
- There were three non-clinical staff at the hospital and each of them had had a recent appraisal.
- There was evidence of on-going specialist training for staff. The occupational therapist was undertaking a sensory integration course and the clinical lead nurse was completing a nationally recognised behavioural family therapy course.
- We were told that staff performance issues were dealt with promptly and effectively, but that there had been no such issue for over 12 months.
- Care programme approach documentation was reviewed and showed clear involvement of care coordinators in the on-going treatment of patients.
- Working relationships with teams outside the organisation were strong. Relationships with GPs were closely maintained due to their input into the patient treatment plans. Evidence of police community support officers visiting the hospital to talk to patients about personal safety in the community was documented in minutes.

Adherence to the Mental Health Act (MHA) and the Mental Health Act Code of Practice

- MHA training compliance stood at 95% for qualified staff and 100% for support workers. Staff stated they had also had a one-day MHA training course
- Staff displayed a good knowledge of the MHA and the code of practice. Staff stated that they often had patients transferred into the hospital with problems with T2 and T3 consent documents (consent to treatment and certificate of second opinion), and they were aware that they should fully inspect documentation.
- MHA paperwork attached to medication charts was checked and found to be in order. The MHA administrator for the hospital conducted a weekly review of MHA paperwork to ensure it was correct.
- There was a monthly audit of section 132 rights under the MHA code of practice, to ensure that all rights pertaining to detained patients were explained and given to relevant patients.
- A MHA administrator, with a diploma in MHA in Law, worked one day a week at the hospital. The administrator was available to give advice should the need arise.
- All MHA paperwork was stored in a central location in the nursing office, ensuring access if needed outside of working hours by nursing staff.
- The MHA administrator carried out a weekly audit of MHA paperwork.
- There was good access to independent mental health advocacy and there was a named contact at the service. The independent mental health advocate (IMHA) visited the hospital every week to allow patients to communicate with the advocate. The IMHA service was also available to patients by phone, if required.
- A MHA Review carried out in May 2015 found that Park Villa was meeting its requirements under the MHA Act and MHA Code of Practice.

Multi-disciplinary and inter-agency team work

- We observed a multi-disciplinary team meeting at the hospital. The meetings were held every week and all patient treatment was discussed at that time. The meeting was methodical, structured, and effective. Consideration was given to all aspects of treatment and staff clearly knew patient history thoroughly.
- A handover was observed and found to be comprehensive. Current mental and physical health was discussed, as was provision for leave and how to ensure it happened. The diary for the day was reviewed, and events were discussed and arranged.

Long stay/rehabilitation mental health wards for working age adults

Good 

Good practice in applying the Mental Capacity Act (MCA) 2005

- MCA training compliance stood at 95% for qualified staff and 100% for support workers (this was completed at the same time as MHA training).
- Staff showed a good knowledge of the MCA 2005 and the five statutory principles.
- There was an MCA policy, and the policy was under review.
- Review of all patient care records and documentation showed evidence of informed consent and assessment of mental capacity when required.
- The MHA administrator for the hospital was also the main contact for information relating to the MCA.
- It was unclear whether MCA audits were undertaken. The hospital provided evidence of 31 audits that it conducts. The MHA administrator conducted two audits, one relating to section 132 rights and the other a general review of MHA paperwork.
- There had been no applications for authorisation to use DoLS in the six months prior to the inspection.

Are long stay/rehabilitation mental health wards for working-age adults caring?

Good 

Kindness, dignity, respect and support

- We observed staff interacting with the patients in their care. They were seen to be respectful, polite, inclusive, supportive and responsive to the needs of the patients.
- Patients reported that they felt safe. Some patients said that sometimes staff numbers were low, but they stated that this was often due to staff taking patients out of the hospital. Patients did point out that they were not pleased when leave did not happen because staff were busy dealing with someone else.
- One patient stated that staff always had time for the patients and that they “understood” her and the other patients. Another patient said she could not remember any therapy sessions being cancelled while she was a patient in the hospital.
- One patient was asked about her needs and if she felt they were met in the hospital. The patient had a number

of physical health problems and she felt comfortable in the treatment she was receiving. The patient was later noted talking to nursing staff about her physical problems, and was clearly comfortable with discussing the problems. The nurse discussed the problems with the patient, showing a caring, considerate approach.

The involvement of people in the care they receive

- After a patient had been assessed for admission to the hospital, they received a patient induction booklet that gave relevant information about the hospital and the surrounding area.
- The five patient care plans we reviewed were found to include evidence of the active involvement of patients in their care. We saw minutes of patient community meetings showing consideration of patients’ views in the way the staff cared for them. Care plans clearly showed patients having a schedule to clean their own room and look after their belongings to the best of their ability, thus promoting independence.
- The advocate for the hospital attended on a weekly basis but could be contacted at any time by patients or staff. This was confirmed by both patients and staff.
- As part of the psychological pathway, patients were encouraged to include family or carers in their treatment, if it was appropriate and the patient agreed.
- Patient feedback was sought in a variety of ways, including forms that were kept by the front door of the hospital, and also through community meetings within the hospital. Patient opinion was also considered during Multi-Disciplinary Team and care programme approach meetings.
- We saw evidence of patient involvement in decisions relating to the service; training courses were being considered to increase involvement in such areas as recruitment.

Are long stay/rehabilitation mental health wards for working-age adults responsive to people’s needs? (for example, to feedback?)

Good 

Access and discharge

Long stay/rehabilitation mental health wards for working age adults

Good 

- The average bed occupancy rate for the 6 months prior to the inspection was 55.5%.
- Most of the patients admitted to Park Villa were from out of area but the clinical lead nurse said more referrals were being received from Cheshire.
- The time from referral to assessment was 5 days. After assessment and before acceptance the patient was considered at three levels, a funding pre-panel, funding panel, and the board of directors.
- The completed refurbishment of the hospital would allow it to go to full capacity when and if required.
- Discharge plans were completed on admission, with aims and requirements outlined for each patient.
- There were no delayed discharges recorded due to all discharges being planned in advance with community organisations.
- There was no information collated regarding length of stay.
- Patients' bedrooms were found to be personalised with posters, pictures, dolls and other personal items. We were told by a patient that she had been given the opportunity to choose which newly refurbished room would be allocated to her.
- Activities were arranged over a seven-day period. Weekends did not mean activities did not happen. Patients told us that they had the opportunity to take part in activities and therapies every day of the week, including in the community.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital was undergoing a full refurbishment of rooms at the time of the inspection. This had not affected the ability to provide activities and therapies for patients.
- The basement of the hospital contained a computer workstation. This could be used by staff, students or the maintenance worker for administrative purposes.
- A large conservatory that looked out over the garden was used for therapies and activities. These activities could be for individual patients or a group of patients. Equipment was available for art, music, or other activities.
- There was a payphone in the corridor of the hospital for personal calls, or patients could use the nursing office mobile phone for more private calls. Patients were allowed their own mobile phones.
- The garden area was large, well-kept and well equipped, with tables and chairs. There was a natural arbour at the rear of the garden and patients liked to sit close by.
- Patients said that the food was good. In June 2014, the hospital was awarded a food hygiene rating of five out of five from the Food Standards Agency. This was the most recent score available.
- Hot drinks and snacks were available at all times. The kitchen was open to patients and bowls of fresh fruit were available.

Meeting the needs of all people who use the service

- There was access for a wheelchair into the hospital and a toilet equipped for disabled patients.
- The noticeboard in the hall of the hospital had a number of leaflets, all in the English language. We were told that leaflets in other languages could be accessed if requested or deemed necessary.
- The noticeboard had lots of information concerning services and treatments. Contact numbers for services were clearly visible on the noticeboard. A complaint folder was on display in the hall and could be accessed by any patient at any time.
- Food menus were discussed with each patient in conjunction with the occupational therapist. The meals were often designed from menus to combat weight increase; staff and patients were aware that some medication could cause weight gain and they worked together to minimise this.
- There was a Christian church located near the hospital should patients want to seek spiritual support. Links with local faith groups allowed other religions to be considered.

Listening to and learning from concerns and complaints

- There had been four formal complaints in the last 12 months. None of the complaints was upheld.
- Patients told us they knew how to complain.
- The complaints folder for 2015 showed evidence of a complaints policy and the handling of informal complaints made by patients. There were only two informal complaints in the folder, these had been resolved, but the forms did not have signatures of the complainants, only the staff. The complaint policy stated that complainants should also sign on resolution of the complaint.

Long stay/rehabilitation mental health wards for working age adults

Good 

- We were told that feedback from investigations into complaints would be given in multi-disciplinary team meetings, staff meetings, or supervision.

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good 

Vision and values

- Staff were aware of the vision and values; the key values of Partnerships in Care are “Valuing people, caring safely, integrity, working together, and quality”.
- It was clear from the approach of staff towards the provision of care for their patients that the team objective followed the values of the organisation.
- Staff told us that they saw the senior managers visit the hospital more regularly. Staff were able to name some of the new managers.

Good governance

- Mandatory training figures showed an average of 84% compliance for the staff across 14 topics.
- Staff appraisals and supervision were monitored and up to date.
- Staffing levels were maintained at a suitable level, with the option to bring in more staff should the need arise.
- Staff were found to spend most of their time with patients. Patients told us that staff always had time for them.
- Staff were involved in clinical audit, including medicine management (viewed) and safeguarding audits.
- Incidents were reported using the IRIS system.
- Service user feedback from community meetings was recorded in the minutes and used to try to improve conditions in the hospital.
- Staff files were reviewed and were found to be complete and well maintained. Copies of disclosure and barring service reports were included, along with copies of registration documents and qualifications.

- Governance meeting minutes were reviewed and a standard agenda showed all the key elements expected in a governance meeting. The meetings appeared to be comprehensive and well attended.
- Data provided from the risk register showed that the thermostatic mixing valves (TMV) for taps in sinks were overdue for their service. The refurbishment at the hospital meant that sinks and taps were all being replaced so it was decided to wait until it was completed to do a full check of TMVs. There had been no previous issues.
- Data showed that disinfection of the water system had been delayed. This was again put down to the change in monitoring companies, and the matter was seen to be in hand. A legionella sampling had been done in July 2015, and was scheduled again in December 2015.
- Quality performance indicators were used to gauge performance of the team. These indicators included safeguarding, service user experience, reducing inequalities, NICE guidance, and clinical audit. The measures were recorded in a spread sheet and were accessible to staff members. Minutes of a clinical governance staff meeting held in July 2015 showed clear evidence of issues raised and methods to develop plans.
- The clinical lead nurse felt that she had enough authority to do her job and that she had full access to support.
- Staff were able to submit items to the risk register.

Leadership, morale and staff engagement

- A staff engagement study was completed at the hospital in 2015. The results were measured against a previous survey in 2013.
- The 2015 survey showed a positive outlook in response to questions about feeling proud to work for Park Villa, intention to keep working at Park Villa and achieving objectives.
- There were positive feedback in recommending Park Villa as somewhere to go for someone needing care.
- There was an increase in negativity from staff in relation to the financial benefits.
- An up to date action plan was drawn up in relation to the findings.
- Permanent staff sickness was very low, and stood at 0.5% at the hospital.
- There were no reported cases of bullying or harassment.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff were aware of whistle-blowing policy, and understood it.
- Staff stated they felt able to raise concerns without fear of victimisation.
- There was positive feedback raised by staff about morale and job satisfaction. Staff stated that they felt empowered to do their role. A staff nurse spoke about her personal project concerning physical healthcare for the patients and the satisfaction she gained from the work she was doing.
- It was clear from the way in which the staff worked that there was a good team atmosphere, and a willingness to support each other.
- We saw evidence of staff discussions about being open and transparent to patients if something went wrong.
- The staff survey and the resultant action plan showed that feedback into the service was considered and on-going.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the application of the Mental Capacity Act is audited.
- The use of personal alarms for staff should be considered.