

Beverley House

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?

Outstanding



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.

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

Summary of findings

Overall summary

We rated Beverley House as good because:

- There was a culture of team working at Beverley House. We witnessed collaborative working between staff and patients.
- Thought had been given to the day-to-day running of the unit to ensure that patients were engaged. Sessions had been designed and developed, led by suggestions from the patient group, to ensure that they felt supported in all situations.
- Patients had been encouraged to take active involvement in the updating and decorating of the unit to ensure that they felt that it was somewhere they would feel comfortable and safe.
- Innovative programmes had been introduced to ensure that patients developed real world skills that they could take away with them when they were discharged.
- Staff were supported through development and were encouraged to take an active role in audit and improvement methodologies.

However:

- Complaint and reporting processes in place at Beverley House had resulted in some confusion regarding complaints and safeguarding reports. This had resulted in high levels of external reporting.

Summary of findings

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Good 

Beverley House

Services we looked at

Long stay / rehabilitation wards for working age adults

Summary of this inspection

Background to Beverley House

Beverley House is a 24 bedded recovery/rehabilitation unit that only provides care for women who have a mental health problem or diagnosis. The unit provides care for women aged 18 to 64 years old.

Beverley House was taken over by Partnerships in Care in June 2015 and has been through a process of improvement in the last 12 months.

Our inspection team

Team leader: Matt Brute-Inspector

The team that inspected the service comprised two CQC inspectors, a specialist advisor with experience of working in mental health services for women and a Mental Health Act reviewer.

Why we carried out this inspection

We inspected this service as part of our ongoing 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.

During the inspection visit, the inspection team:

- spoke with six patients and three carers about their experiences

- interviewed five nurses, one consultant psychiatrist, one clinical psychologist, one occupational therapist, one ward manager and one registered manager
- looked at 12 care records
- reviewed all medication cards
- undertook a tour of the unit to inspect the environment
- inspected the clinic to check compliance in all areas
- reviewed a number of local and organisational policies
- reviewed five employment records
- reviewed documentation relating to all complaints in the last twelve months
- reviewed documentation relating to the Mental Health Act and the Mental Capacity Act.

What people who use the service say

All patients we spoke to were positive about the service. They all stated they felt that the care they received was of a high standard. Patients also stated they felt they were included in their care.

The carers we spoke to were all extremely positive about the service. They all stated they were happy their relatives were at Beverley House and felt staff cared about the

Summary of this inspection

people they worked with. They all also stated staff at Beverley House included them in decision making processes and kept them informed about the care their relatives received.

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:

- Considerable improvements had been made to the environment to create a homely and welcoming space for the patient group. Patients were encouraged to play an active part in this process by consulting with management on how they would like ward areas and bedrooms to look. All areas we checked were in good order and well presented.
- There were high staffing levels at Beverley House with few vacancies. Staff had extremely good knowledge of the patient group and had developed positive working relationships. Where agency or bank staff were used, every effort was made to ensure that they had good knowledge and training and felt a part of the staff team.
- Staff had good knowledge and the development programme that was in place contained training that was needs driven. Staff training levels were high and there were action plans in place to address any deficits in training.
- Use of restraint was rare at Beverley House and where it was used it had been demonstrated to be at the lowest level to safely manage the situation and for the shortest time possible. All staff at the unit undertook training in the management of violence and aggression including senior clinicians. This was to ensure that all staff had knowledge of safe holding and de-escalation techniques.
- Staff used a recognised tool when undertaking initial risk assessments Risk assessments and care plans were created in full collaboration with the patient.

However

Complaints and reporting processes in place at Beverley House had resulted in some confusion regarding complaints and safeguarding reports. This had resulted in high levels of external reporting.

All incidents that should be reported had been. However there was a lot of information being held on minor incidents. This meant that it was difficult to establish how many incidents had resulted in a change to working practice.

Good



Are services effective?

We rated effective as good because:

Good



Summary of this inspection

- Care plans and risk assessment were of a high standard and contained relevant and up to date information. They were recovery orientated and were written in such a way that they supported the positive behavioural support model.
- Beverley House had employed a full time Mental Health Act administrator. They offered support and advice to staff members in relation to the application of both the Mental Health Act and the Mental Capacity Act. They also undertook a monthly audit of all MHA documentation. We found no errors in recording relating to MHA paperwork during our inspection. Legal guidance was also available from a centralised team from the wider organisation.
- Staff had received training in the Mental Capacity Act. All patients had a capacity assessment in place in their records. Where it had been established a patient lacked capacity decisions had been made in the best interest of the patient. When decisions had been made, consideration had been given to the patient's wishes, culture, and history.
- Beverley House employed a registered general nurse three days a week to assess and monitor the physical health of the patient group.
- All staff participated actively in clinical audit. Management had identified individual members of staff to act as leads for particular elements of audit. The infection control lead, for example, was responsible for organising audit and improvement measures relating to infection control. Leads were drawn from across the entire workforce to ensure that all staff felt engaged by the audit process.

However

For people who may have had impaired capacity, capacity to consent had been assessed and recorded. At the time of our inspection capacity assessments were recorded electronically making the system difficult to follow. We were unable to establish from MHA and MCA paperwork if capacity had been assessed. Staff were able to show us immediately where to find the information. We found it may have been difficult for an agency worker or a new member of staff to find the information easily.

Are services caring?

We rated caring as outstanding because:

- Levels of staff and patient interaction and collaborative working were extremely high. The introduction presentation at the start of our inspection was incorporated into the regular weekly meeting with staff and patients. All information given to us about the service by staff was done in an open way and

Outstanding



Summary of this inspection

patients were invited to disagree with any information if they felt they needed to. No one came forward to disagree. Patients were also involved in the presentation and gave us an overview of life at Beverley House from a patient's perspective. During the meeting we observed staff supporting patients and patients supporting each other. There appeared to be a culture of open debate and patients stated to us that they were able to participate in discussions with confidence.

- Feedback we received from carers was very positive. All carers stated they felt engaged by the organisation and were involved in the care provided to their family members.
- Staff were able to demonstrate a great deal of knowledge about each individual patient. They could speak about the care plans that were in place. They could also speak with knowledge about the individual. They could state likes and dislikes, cultural requirements and effective strategies to encourage interaction.
- Beverley House had a complete admission process which included orientating the new patient to the ward. A member of staff would show the patient around the service and introduce them to everyone on site. They would then answer any questions that the patient may have at that point. They also had a buddy system in place whereby an existing patient would be identified to help and assist new admissions to settle in. We were informed by patients that this system had reduced anxiety upon admission.
- Beverley House ran a real work opportunities programme on site to help patients develop skills that may be useful to them when they leave the service. After a robust risk assessment process undertaken by occupational therapists and the psychologist, the patients could undertake a work programme with the housekeeping, catering or gardening teams. Working alongside members of staff, patients were able to undertake monitored programmes that had set and achievable goals. Patients stated that this had given them a sense of purpose and felt that it was giving them skills that they would be able to use when discharged.

Are services responsive?

We rated responsive as good because:

- There was a wide range of activities being facilitated at the unit seven days a week. These had been developed in line with ideas and requests made by patients. Sessions were planned specifically to support the patient group. An example of this was the implementation of a pamper group on a Wednesday

Good



Summary of this inspection

morning at the same time as ward round. It was felt that ward round could be a stressful time and a session that enabled patients to relax and undertake a number of beauty treatments could offset the pressure that some patients felt.

- There was information posted around the unit that related to subjects ranging from local services and patients' rights to making complaints. These were also available in easy read versions. There was access to interpreters and signers if required. Consideration had been given to the cultural and religious requirements of the patient group. This included choice at meal times.
- Patients had been encouraged to personalise their bedrooms. Each patient had been able to choose the colour of paint for a feature wall in their room. There was also good evidence that patients had been encouraged to decorate their room dependent on their own tastes.

However

There was some confusion among staff about how to direct complaints. Beverley House used two separate recording systems to record complaints. An electronic system was used for formal complaints and there was a paper book in which staff logged informal complaints. Informal complaints were reviewed regularly and, if required, information was transferred over to the electronic recording system. This led to some confusion over where and how to log complaints. Recording levels appeared to be high but this seemed to be as a result of staff attempting to make a record whenever a patient was dissatisfied.

Are services well-led?

We rated well-led as good because:

- Both the registered manager and ward manager were well respected by staff. They were embedded in the day to day running of the ward and had an open door policy. Staff felt able to approach them at any time. They were both also very respected by the patient group. We observed them both to be active participants in day to day life on the unit. They also both acted as key nurse for a number of patients. This was to ensure that they maintained clinical links with the unit and were seen as capable clinicians.
- All staff participated actively in clinical audit, including health care support workers. Staff were nominated to act as lead for a

Good



Summary of this inspection

number of different areas of delivery of care. If an individual was nominated as a lead for a particular area, it was their responsibility to arrange audits and feed the results of these back to senior managers.

- We saw high levels of team working. All grades were involved in all areas of care delivery and planning. Health care workers were actively involved in planning of care for patients and were included in multidisciplinary team meetings and reviews.
- Staff appraisal and supervision levels were at 100%.

However

Safeguarding, MHA and MCA procedures had all been followed however there were high levels of safeguarding reports being made due to processes of reporting. A number of safeguarding reports were made that related to patients making complaints that were related to delusional thoughts. Due to the high number of complaints being made by a number of individuals safeguarding levels were raised.

Detailed findings from this inspection

Mental Health Act responsibilities

- Beverley House employed a Mental Health Act administrator to monitor and audit information relating to the Mental Health Act.
- We found no errors in the information contained within the patients care records. Information was stored in a paper format. This was stored securely and information relating to the Mental Health Act was given a separate section in the care record.
- We found no errors in the recording of medication relating to section 62 second opinion appointed doctor (SOAD) paperwork.

Mental Capacity Act and Deprivation of Liberty Safeguards

Capacity had been considered in all cases. Where it had been established that there was a lack of capacity, recognised tools had been used to provide evidence.

Where decisions had been taken for patients that lacked capacity, this had been done in the best interest of the individual and had considered their wishes and any cultural or religious factors.

All of the patients at the time of our inspection were detained under the Mental Health Act, which meant there had been no requirement to use the deprivation of liberty safeguards (DoLS). There was a policy in place relating to the use of DoLS if it was ever required however this had not been regularly reviewed and updated.

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	Outstanding	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

Notes

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

Safe and clean environment

- The layout of the unit allowed staff to observe all parts of the wards. In areas where there were blind spots these had been mitigated with mirrors. Staff were positioned in the lounge areas so they could observe all areas including outside spaces.
- We did identify some ligature risks during our inspection. These had all been identified in the ligature risk audit and had been mitigated with risk assessments or raised levels of observations if required. Beverley House used the Manchester Ligature Risk Audit.
- Beverley House is a service specifically for women. As such there was no requirement for us to monitor adherence with same sex accommodation guidance during our inspection.
- Beverley House had a fully equipped clinic room that was clean and fit for purpose. Resuscitation equipment was easily accessible and emergency drugs were checked regularly. All equipment that required regular checks had check stickers attached and these were in date. Fridge temperatures were within the accepted range and there was evidence that this was checked daily. There was also an emergency resuscitation bag kept in the nursing office. This was checked regularly and in date. This was in place to mitigate the fact that the clinic room was on the second floor.

- Beverley House did not use seclusion and did not have any rooms or areas set aside for this use.
- All ward areas were clean and all furniture was well maintained and in good condition. In the last 12 months Beverley House had undertaken an improvement plan and invested in the environment. This had created rooms that were clean, comfortable and well kept.
- Staff adhered to infection control principles, and sanitiser and hand wash was available when entering the unit.
- All equipment around the unit was well maintained, clean and in good condition. Where required maintenance stickers were in place and in date. All electrical equipment had in date safety testing stickers attached.
- Cleaning records were all up to date.
- Environmental risk assessments were undertaken every six months. There was also a process in place to ensure that risk assessments were undertaken by people with a relevant qualification whenever environmental changes occurred. We were shown recently completed health and safety audit documentation relating to building work that had been completed in the last three months.
- All staff and visitors entering the main patient areas were issued with personal alarms upon entering the building.

Safe staffing

- The provider had estimated the number of staff and grade of nurses required by using a tool that was standard across all Partnerships in Care sites. Beverley House had six staff on duty throughout the day, two of which were qualified nurses. They had five members of

Long stay/rehabilitation mental health wards for working age adults

Good 

staff on duty throughout the night, two of which were qualified nurses. Beverley House staff worked twelve hour shifts which meant that staffing levels were not changed throughout the day due to shift changes.

- We checked the staffing rota and this matched the estimated numbers.
- Beverley House operated a nurse bank. Bank staff were used regularly and were familiar with the unit and patients. All bank staff received the same induction and training programme as contracted staff. Where agency staff were used they were given a local induction to ensure that they had knowledge of all patient needs.
- Staff that were nominated as nurse in charge were able to adjust staffing levels during the shift to take account of case mix.
- We observed qualified staff present in communal areas throughout the period of our inspection.
- Staff and patients all stated that there was always enough staff so that patients could have 1:1 time with their named nurse. This was also evidenced in patients' notes.
- There was no evidence that escorted leave had been cancelled due to staffing levels. Where clinical need had meant that escorted leave had been postponed, there was evidence that leave had been facilitated at the earliest opportunity.
- All staff working at Beverley House were trained in the use of physical interventions. This included occupational therapists and medical staff. This was done to ensure that there was always enough staff on site to safely carry out physical interventions.
- Medical cover was provided externally and all patients were registered with local GP practices. Beverley House also employed a registered general nurse who worked at the unit three days a week. This was to ensure that the physical healthcare needs of the patient group were met. Out of hours patients could access local hospital services such as accident and emergency while being supported by Beverley House staff.
- Beverley House delivered a complete mandatory training calendar. All training was above 92% compliance in line with key performance indicators (KPIs).

Assessing and managing risk to patients and staff

- There were 105 incidents of restraint at Beverley House in the twelve months prior to our inspection. Four of

these involved the use of prone restraint. There were peaks in reporting with the highest being 13 periods of restraint in July 2015. Most of these peaks could be attributed to a single patient.

- Beverley House did not use seclusion. There was no evidence that seclusion or defacto seclusion had been used.
- Staff undertook a risk assessment of every patient upon admission. This was then developed in to an advanced directive statement. This was done in collaboration with the patients. These were reviewed every twelve weeks.
- Staff used the short term assessment of risk and treatability (START) risk assessment tool upon admission.
- We found no evidence of blanket restrictions during our inspection.
- Though the front door was kept locked informal patients could leave at will. The reception area was staffed throughout the day and evening and there were signs informing patients that staff would open the front door if appropriate.
- There were organisational policies in place for the use of observations and searching patients. This was supported by local policy that Beverley House had developed which were specific to the unit.. These had been regularly reviewed though the unit specific documents did not contain the same depth of information as the organisational policies.
- Restraint was always used as a last resort and when de-escalation had been exhausted. All patients had specific care plans around the use of restraint. These had been developed in collaboration with the individual patient and set out what de-escalation methods to use and a cut-off point at which physical holding would be implemented.
- The use of rapid tranquilisation was presented as part of the organisational policy on the use of restraint. It referenced relevant National Institute for Clinical and Health Excellence (NICE) guidance. Staff we spoke to were aware of the policy and were able to outline its contents correctly. Beverley House had used rapid tranquilisation 43 times in the twelve months prior to our inspection.
- All staff had undertaken safeguarding training as part of the mandatory training calendar. Beverley House had

Long stay/rehabilitation mental health wards for working age adults

Good 

high levels of safeguarding reporting at the time of our inspection. This appeared to be the result of processes of external reporting on the part of staff at Beverley House.

- We found evidence of appropriate medications management systems and practice. Beverley House was visited weekly by a pharmacy technician and monthly by their supplying pharmacist. We found no errors in storage, dispensing or reconciliation. All medication cards were complete and had no errors.
- Beverley House has developed a local policy relating to child visiting. This was complete and specific to the unit.

Track record on safety

- There had been 374 incidents reported in the twelve months prior to our inspection.
- These were mostly reporting verbal or physical aggression or damage to property. There had also been three suicide attempts, 21 patients absconding and four claims of sexual abuse.
- During the last 12 months staff had undergone training in managing violence and aggression and security training. Systems of engaging patients in treatment pathways had also been developed. There was a reduction of serious incident reporting evident in the figures. In July 2015 there were 54 serious incidents reported and this had steadily dropped to 14 in June 2016.

Reporting incidents and learning from when things go wrong

- There appeared to be a culture of reporting in place at Beverley House. Staff we interviewed stated that they thought it was better to report a minor incident than to risk not reporting.
- All incidents that should be reported had been. However there was a lot of information being held on minor incidents. This meant that it was difficult to establish how many incidents had resulted in a change to working practice.
- The complaints process had built in a system to encourage duty of candour. There was a section in the complaint recording documentation that asked staff to specifically outline how they had communicated to patients or carers when things had gone wrong.
- There were regular community meetings to discuss feedback from complaints. This was done every Tuesday morning in the main lounge area and involved

all staff and patients. We were invited to attend this meeting during our inspection and it was evident that this was common practice. Both staff and patients appeared to be engaged by the process.

- There was a great deal of evidence of change in the last twelve months as a result of feedback from these meetings.
- The psychologist and the registered manager both facilitated staff and patient de-brief after all serious incidents.

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

- Beverley House had a clear assessment process in place including using the short term assessment of risk and treatability (START) assessment upon admission.

All care records demonstrated that a physical examination was undertaken soon after admission and that there was ongoing monitoring of physical health conditions. Beverley House employed a registered general nurse who worked three days a week to ensure that this requirement was met

- All care records contained up to date, personal and holistic care plans. The patients at Beverley House were encouraged to undertake work with staff in developing their own care packages. Where possible all care records contained information that was developed in collaboration with the patient taking into account their feelings and opinions. Where this was not possible due to the health of the patient, care plans were not written in the first person. This had been done so that staff could easily identify what information had been gathered from the patient.
- All information relating to care was stored electronically. This meant that it was stored securely and was available to all staff when they needed it. Agency staff could also access the electronic recording system

Best practice in treatment and care

Long stay/rehabilitation mental health wards for working age adults

Good 

- We examined six care records in detail and found that they were all in good order. All treatment plans followed National Institute for Health and Care Excellence (NICE) guidance.
- Beverley House offer a range of therapies in line with NICE guidance including cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT).
- There was good access to physical health care which included access to local health authority resources.
- Patients' nutritional and hydration needs were assessed and monitored. Beverley House had a number of patients that had been diagnosed with eating disorders. They had contracted a dietician to visit the unit regularly to offer support and advice to patients and staff.
- Staff used recognised severity rating scales to assess the needs of the patients. These included Health of the Nation Outcome Scales (HoNOS) and short term assessment of risk and treatability (START) assessments.
- All staff participated actively in clinical audit. Management had identified individual members of staff to act as leads for particular elements of audit. The infection control lead, for example, was responsible for organising audit and improvement measures relating to infection control. Leads were drawn from across the entire workforce to ensure that all staff felt engaged by the audit process.

Skilled staff to deliver care

- There was a full range of mental health disciplines employed at Beverley House. There was a consultant psychiatrist, clinical psychologist, assistant psychologist, and occupational therapist. There was a full range of qualified nurse disciplines including a registered general nurse, experienced health care workers, a social worker and a Mental Health Act administrator. There was also input from local authority social work teams and a pharmacist.
- Staff were experienced and qualified. There was also a complete mandatory training syllabus in place to ensure that staff developed and maintained their knowledge base year on year.
- There was a complete calendar of supervision and appraisal for all staff. This included external supervision for medical professionals.
- One hundred percent of all staff had received an annual appraisal at the time of our inspection. 100% of medical staff, 100% of nursing staff and 93% of all other staff had received supervision within the identified timeframe.

- Specialist training was available on an individually assessed basis. There was evidence that staff that required specialist training had received it.
- There had been a number of examples of action taken to address poor staff performance in the twelve months prior to our inspection. It was clear that this had been appropriate and undertaken in a timely way.

Multi-disciplinary and inter-agency team work

- Multi-disciplinary meetings were undertaken every morning at 9am. These included all mental health professionals and a mix of nursing staff including health care support workers.
- Beverley House held a weekly meeting for all staff and patients on site on a Tuesday morning. Patients were heavily involved in this meeting. At the meeting we sat in on, all aspects of day to day running of the unit was discussed in collaboration with all staff and patients.
- We reviewed minutes and found that Handovers occurred at the start of every shift and were effective.
- Beverley House had developed close working relationships with local authority bodies, specialist clinicians and pharmacists. They also worked closely with local GP practices.

Adherence to the MHA and the MHA Code of Practice

- Ninety percent of full time staff and eighty percent of bank staff had received training in the Mental Health Act (MHA). Partnerships in Care delivered Mental Health Act training as part of their mandatory training calendar. Staff not up to date with training had been booked to attend courses in the near future.
- All staff we interviewed had a good knowledge of the Mental Health Act, the Code of Practice and its guiding principles. Beverley House employed a Mental Health Act administrator who acted as a point of contact for information relating to the Act.
- We found evidence in the patients' notes that individuals had their rights read to them upon admission and routinely thereafter.
- Partnerships in Care had a central team that offered legal advice and support in relation to the MHA. This was additional to the MHA administrator employed on site at Beverley House.
- During the inspection a MHA reviewer from the CQC team looked at six sets of detention paperwork and found no errors.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The MHA administrator undertook regular audits to ensure that the MHA was being applied correctly by staff. There was evidence of learning from these audits.
- Beverley House used an external organisation to provide independent mental health advocacy services. Information about how to access this service was readily available around the patient areas of the unit.
- Local policy concerning the application of the MHA was updated and reviewed.

Good practice in applying the MCA

- Ninety percent of full time staff and eighty percent of bank staff had received training in the Mental Capacity Act (MCA). Partnerships in care deliver MCA awareness as part of their mandatory training calendar. Staff not up to date with training had been booked to attend courses in the near future.
- There were no Deprivation of Liberty Safeguards (DoLS) applications made in the 6 months prior to our inspection.
- Staff we spoke to had a good understanding of the MCA but not all were aware of the five statutory principles.
- There was a policy that staff could refer to in relation to the MCA and the Deprivation of Liberty Safeguards (DoLS) however it had not been updated since 2009.
- For people who may have had impaired capacity, capacity to consent had been assessed and recorded. Current capacity assessments were recorded electronically making the system difficult to follow. We were unable to establish from MHA and MCA paperwork if capacity had been assessed. Staff were able to show us immediately where to find the information. We found that it may have been difficult for an agency worker or a new member of staff to find the information easily.
- We found evidence in patients' notes that, where someone may have lacked capacity, they were supported to make decisions. These took into account the patient's wishes, culture, feelings and history.
- All staff had training in, and were able to work within, the MCA definition of restraint.
- Staff were aware of where to get advice relating to the MCA and DoLS. Beverley House and Partnerships in Care have identified points of contact.
- Both Beverley House and Partnerships in Care undertook regular audits to ensure and monitor adherence to the MCA.

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

Outstanding



Kindness, dignity, respect and support

- We observed staff interacting with patients throughout the period of our inspection. Staff were responsive to patients and treated them with dignity and respect. It was clear from these interactions that staff and patients had developed relationships that were supportive and collaborative. Patients were very involved in the day to day running of the unit and teamwork between staff and patient groups was evident.
- All patients spoke highly of the staff. They stated that they felt that they were treated as equals. They also stated that they felt that they were valued and saw the staff and patients at the unit as one team that worked together.
- Staff were able to demonstrate a great deal of knowledge about each individual patient. They could speak about the care plans that were in place. They could also speak with knowledge about the individual. They could state likes and dislikes, cultural requirements and effective strategies to encourage interaction.

The involvement of people in the care they receive

- Beverley House had a complete admission process which included orientating the new patient to the ward. A member of staff would show the patient around the service and introduce them to everyone on site. They would then answer any questions that the patient may have at that point. They also had a buddy system in place where-by an existing patient would be identified to help and assist new admissions to settle in. We were informed by patients that this system had reduced anxiety upon admission.
- All patients were actively involved in their care planning and risk assessments. Where patients were able they had worked with staff to develop advanced directive statements around all areas of their care. Care plans where this work had been undertaken were collaborative in the language that was used with input

Long stay/rehabilitation mental health wards for working age adults

Good 

from the patient and key members of their care teams made clear. All members of an individual's care team would attend multi-disciplinary team (MDT) meetings. This included health care workers who also took an active role in the development of care packages.

- There was regular access to advocacy both locally in the form of patient representatives and via the use of an independent mental health advocacy service. Both of these services were used regularly by patients.
- Family and carers we spoke to stated that they felt very involved in the care of their family members. All carers stated that they had been regularly invited to attend MDT meetings and felt that, when they had, their opinions had been taken into account.
- Beverley House had a meeting for everybody on site every Tuesday morning. We observed one of these meetings whilst carrying out our inspection. The meeting was led by both staff and patients and there was a good deal of input from both groups. Subjects covered in the meeting ranged from menu planning to identify the most effective time to deliver particular sessions. It was clear that patients felt that they were included in the day to day planning of the unit and were able to actively participate in the meeting.
- Patients were actively involved in decisions made about the service and there was a patient representative invited to interviews when recruiting staff.
- Beverley House also ran a work start programme on site to help patients develop skills that may be useful to them when they leave the service. After a robust risk assessment process undertaken by occupational therapists and the psychologist, the patients could undertake a work programme with the cleaning or catering teams. Working alongside members of staff, patients were able to undertake monitored programmes that had set and achievable goals. Patients stated that this had given them a sense of purpose and felt that it was giving them skills that they would be able to use when discharged.

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

Good 

Access and discharge

- Bed occupancy over the last twelve months had been above 85%. As a private provider beds were commissioned, therefore the unit was generally full.
- There was always a bed available to patients when returning from leave due to the nature of commissioning. If a bed had been allocated to a patient it would not be given to anyone else unless that patient had been discharged.
- Patients were only moved to another bedroom if clinical need required a move.
- Patients were only discharged between the hours of 9.00 am and 5.00 pm Monday to Friday.
- Beverley House had developed close links with local health authorities. This meant that if a patient required the use of a psychiatric intensive care unit (PICU) then a referral would be made to services in the area.
- Discharge was never delayed for anything other than clinical reasons.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms on site to support treatment and care. Spaces were set aside for activities and examinations.
- There were two quiet areas set aside where patients could meet with visitors.
- Patients were able to keep their own mobile phones and there was a cordless phone available on request. This meant that patients who required privacy to make telephone calls were able to do so in their bedrooms.
- Beverley House had a large garden to the rear of the unit. Due to the restrictions placed on some of the patients on the unit, access to this area was supervised. This could be facilitated throughout the day and evening. If patients had no restrictions placed upon them they were able to access an outside area at the front of the building.
- We observed the food to be of good quality. We were also informed by patients that we spoke to that the menu was varied and of a high standard. The chef attended the morning meeting every Tuesday to discuss the menu with the patients group. He then set the

Long stay/rehabilitation mental health wards for working age adults

Good 

coming week's menu depending on what food had been requested. There were two different meals available at meal times and care had been given to ensure that people's individual needs were met.

- Patients could make hot drinks and fruit and biscuits were available all day and throughout the night.
- Patients had been encouraged to personalise their bedrooms. Each patient had been able to choose the colour of paint for a feature wall in their room. There was also good evidence that patients had been encouraged to decorate their room dependent on their own tastes.
- Patients had an allocated locker and their bedrooms also contained lockable cupboards.
- There was access to a full timetable of activities, including at weekends. Thought had been given to the planning of the activity timetable to ensure that there were sessions that would engage people with different interests. A "pamper session" was available every week to coincide with ward round. Patients had stated that they felt that this would reduce the level of stress that many patients felt prior to or after attending their ward round.

Meeting the needs of all people who use the service

- Adjustments had been made for patients requiring disabled access. A new bathroom had been built on the ground floor which had been made fully accessible to people with a disability.
- There were information leaflets available throughout the unit that covered a wide range of subjects. These ranged from patients' rights to advocacy services and services available in the local area. These were available in both easy read versions and in a range of languages upon request.
- On notice boards around the unit we found information on treatments, local services, patients' rights and how to make a complaint.
- Partnerships in Care had a contract with an interpreter service. This meant that interpreters were always available. This also included signers.
- The menu was specifically planned to ensure that the needs of every patient were met. Consideration was given to an individual's religion, culture and ethnicity when planning menus.
- There was full access to spiritual support. Patients were also encouraged to access spiritual support in the local community.

Listening to and learning from concerns and complaints

- There had been seven patient complaints in the twelve months prior to our inspection. Of these two were withdrawn before an investigation could take place. Five were investigated with three being partially upheld. One was fully upheld and one was not upheld. No formal complaints were referred to the ombudsman.
- All patients we spoke to were aware of how to make a complaint and stated that they would feel confident to do this if required.
- There was some confusion among staff about how to direct complaints. Beverley House used two separate recording systems to record complaints. An electronic system was used for formal complaints and there was a paper book in which staff logged informal complaints. Informal complaints were reviewed regularly and, if required, information was transferred over to the electronic recording system. This led to some confusion over where and how to log complaints. Recording levels appeared to be high but this seemed to be as a result of staff attempting to make a record whenever a patient was dissatisfied.
- Staff and patients received feedback from the investigation of complaints. Where required staff had acted on these outcomes.

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

Good 

Vision and values

- All staff were aware of the visions and values of the unit and stated that they agreed with them.
- Individual and team objectives reflected the values of the organisation.
- Staff had extremely good working relationships with the most senior managers of the unit. The registered manager, consultant psychiatrist and ward manager were a visible presence on the unit. The registered

Long stay/rehabilitation mental health wards for working age adults

Good 

manager and ward manager both maintained clinical links and acted as key nurse for patients. Staff also knew who the senior organisational management team was and they had regularly visited the unit.

Good governance

- Staff received mandatory training. The curriculum was appropriate to staff areas of work and the unit was compliant with key performance indicators (KPIs) of 92% in most training subjects. Where a subject was not compliant with KPIs there was an action plan in place to address this.
- All staff received regular supervision and appraisal. The unit was at 100% compliance in both areas.
- Rotas that we checked confirmed that all shifts had been covered by sufficient staff of the correct grades and experience.
- Clinical care staff on the unit maximised their time on direct care activities. There was a full administration team, employed at Beverley House to ensure that care staff time was not taken away from patient areas. We observed that staff spent very little time in the nursing office throughout our inspection.
- All staff participated actively in clinical audit, including health care support workers. Staff were nominated to act as lead for a number of different areas of delivery of care. If an individual was nominated as a lead for a particular area, it was their responsibility to arrange audit and feed the results of these back to senior managers.
- There was evidence that working processes had been changed as a result of learning from incidents, complaints and service user feedback.
- Safeguarding, MHA and MCA procedures had all been followed. There was evidence that policies were reviewed and updated regularly. There were also high levels of safeguarding reporting due to processes for reporting. A number of safeguarding reports were made that related to patients making complaints that were related to delusional thoughts. Due to the high number of complaints being made by a number of individuals safeguarding levels were raised.
- The provider used KPIs to gauge performance of the team. These measures were in an accessible format and staff understood the information relating to these. There were action plans in place to ensure compliance with underperforming KPIs.

- The ward manager had access to a team of administrators and felt that they had sufficient authority to do their job.
- All staff had the ability to submit items to the risk register.

Leadership, morale and staff engagement

- Staff sickness and absence rates for the twelve months prior to our inspection were between 0.7% and 4.5%. December to February 2016 saw the highest sickness rate of 4.5% with two members of staff on long term sick. Since April 2016 sickness and absence rates had not risen above 2%.
- There had been no bullying and harassment cases raised in the twelve months prior to our inspection.
- All staff we spoke to knew how to use the whistleblowing process.
- Staff all stated that they felt able to raise concerns without fear of victimisation.
- We observed that staff morale was high. There appeared to be high levels of job satisfaction.
- There were opportunities for leadership development and staff were encouraged to engage in development by becoming a lead for different areas of the day to day running of the unit.
- We saw high levels of team working. All grades were involved in all areas of care delivery and planning. Health care workers were actively involved in planning of care for patients and were included in multi-disciplinary team meetings and reviews.
- We found examples of duty of candour. Staff were open and honest in their explanations to patients where things had gone wrong.
- Staff were actively involved in service development and were given the opportunity to give feedback at team meetings.

Commitment to quality improvement and innovation

- Since Partnerships in Care took over at Beverley House there had been an overhaul in all systems of working. Management had implemented measures to ensure compliance with all guidelines in the Department of Health document "Positive and safe". These included collaborative working and positive behavioural management approaches to care planning.
- We did not find any participation in national quality improvement programmes at the time of our inspection.

Long stay/rehabilitation mental health wards for working age adults

Good 

Beverley House had been involved in a research piece concerning the implementation of the real work opportunities programme. The registered manager had written a paper detailing the outcomes of her findings which had been delivered at national conference level.

Outstanding practice and areas for improvement

Outstanding practice

Start here...

Areas for improvement

Action the provider **MUST** take to improve

Start here...

Action the provider **SHOULD** take to improve

Start here...

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.