

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:

- The hospital had significantly reduced the incidents of restraint and use of rapid tranquilisation since the previous inspection. They had trained staff and worked with the local authority to improve the way safeguarding referrals were made and to ensure they were appropriate. The clinic room was in good order and medication was well managed.
- Staff showed high levels of support and care towards patients. They included patients in decisions about the hospital and everyone worked in a way that was collaborative and inclusive. Patients had access to a work start programme, which gave them the opportunity to develop skills and build confidence. They stated this gave them a sense of self-worth and a purpose in life.
- Paperwork relating to the Mental Health Act was in good order and checked regularly by a Mental Health Act administrator. Staff followed guidance from the National Institute for Health and Care Excellence when prescribing medication.
- Patients had access to a range of activities designed to support them in their recovery. Staff encouraged them to access the local community to prepare them for the future. Patients could personalise their rooms and had been encouraged to do this. The hospital had information available on treatments and services in the local community.
- The hospital was well led. Managers had the authority to do their jobs and staff stated they were well supported and could access managers for advice and guidance, as they needed to. Staff morale was high and staff supported each other to ensure the smooth running of the hospital.

However:

- We could not easily locate information in a patient records how best interests' decisions had been made for a patient who lacked capacity under the Mental Capacity Act. Staff demonstrated an understanding of this but could not show where they recorded it on the electronic system.

Summary of findings

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Summary of this inspection

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Good 

Beverley House

Services we looked at

<Long stay/rehabilitation mental health 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 2016 Partnerships in Care and The Priory Group were both purchased by the same company and were merged. Beverley House now operates under The Priory Group name.

The service was inspected in 2016 and were rated good overall with a rating of outstanding in caring. There were no requirement notices as a result of the 2016 inspection..

Our inspection team

Team leader: Matt Brute-Inspector

The team that inspected the service comprised three CQC inspectors and an inspection manager.

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 four patients and four 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 eight 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 documentation relating to all complaints in the last twelve months
- reviewed documentation relating to the Mental Health Act and the Mental Capacity Act.

Summary of this inspection

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 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:

- Beverly House had significantly reduced the levels of restraint and use of rapid tranquilisation since the last inspection. This was because staff had received training in de-escalation and used this and distraction techniques to support patients.
- The hospital had blind spots but these were mitigated by environmental risk assessments and the individual risk assessments of patients. The hospital was clean and well maintained.
- Managers ensured that staffing levels were good and that staff had the skills and experience required to work with patients in this type of environment. They used regular bank staff who knew patients well. They received an induction and training.
- Staff completed risk assessments on admission and used these as the basis for advanced statements, which included patient's wishes.

Good



Are services effective?

We rated effective as good because:

- Staff ensured care plans had been updated. They were detailed, holistic and individual for each patient. They included physical healthcare monitoring and the hospital employed a nurse who focussed on this area so that patients received a holistic service. Patients had access to a dietician contracted by the hospital.
- The hospital had a full multi-disciplinary team including a psychologist, an occupational therapist, a social worker and nursing staff. The doctors were actively involved in the daily running of the hospital and patients had good access to them when they needed it.
- The hospital employed a Mental Health Act administrator and paperwork relating to patients who were detained was in good order and stored both electronically and in paper files. Capacity to consent to treatment paperwork was completed and in date.

However:

- We could not easily locate the paperwork relating to decisions around capacity relating to the Mental Capacity Act. Staff said capacity was considered but records did not show when capacity assessments had been completed and best interests decisions made.

Good



Summary of this inspection

Are services caring?

We rated caring as outstanding because:

- Staff were very responsive to patients needs and treated patients with dignity and respect. Support was caring and provided in a way that was collaborative and inclusive for patients. Interactions were easy and friendly whilst also being supportive. We saw that all staff had good working relationships with the patients. This included catering and house keeping staff.
- The hospital provided a work start programme where patients who were ready could work as part of the domestic or catering teams. Successful completion of the programme meant patients would receive a reference to support them to find employment in the community. Patients reported that this gave them a sense of purpose. They stated it was an important part of their recovery.
- All staff and patients participated in the community meetings and discussed issues and concerns and also things that were going well within the hospital. Patients were encouraged to lead parts of the meeting.
- Carers stated they felt fully involved in their relatives care and the hospital welcomed their involvement. They said staff offered them support and communication from the hospital was good.
- Patients had access to advocacy and staff encouraged them to use this service.

Outstanding



Are services responsive?

We rated responsive as good because:

- The hospital provided a range of rooms for patients to use for activities and for quiet time, as they needed it.
- Patients had been allowed to personalise their rooms including having a feature wall painted in the colour of their choice. Rooms had a lockable cupboard so that belongings could be stored safely.
- Patients said that the quality of food was of a high standard. They had a choice of food and this took in to account dietary, cultural, and religious preferences. Hot drinks and snacks were freely available.
- Patients had access to spiritual support in the community and staff supported them to access this.

Good



Are services well-led?

We rated well-led as good because:

Good



Summary of this inspection

- Staff knew and understood the visions and values of the organisation. This was reflected in the care and support they showed to patients.
- Managers had access to administrative support and felt they had the authority to make decisions about the hospital and to do their jobs.
- Staff morale was high. We saw that staff worked well together and supported each other. The hospital provided opportunities for staff to develop and build their skills. There was a focus on career development. Staff stated that they felt well supported by senior managers and could approach them whenever they needed to
- Managers ensured staff had completed training and had access to regular supervision and an annual appraisal.

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.
- Information contained within the patients care records was correct. Information was stored in both electronic and paper format. We did not find any errors between paper and electronic documents and there were systems in place to ensure that they were co-ordinated. Paper records were stored securely.
- Recording of medication relating to section 62 second opinion appointed doctor (SOAD) paperwork was correct.

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.






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

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 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. Rooms 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.
- 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 Priory Group sites. Beverley House had six staff on duty throughout the day, two of which were qualified nurses. They had five members of 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.

Long stay/rehabilitation mental health wards for working age adults

Good 

- 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 one to one 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).
- 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 where possible. 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..
- 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 4 times in the six months prior to our inspection. This is a significant reduction since our last inspection.
- All staff had undertaken safeguarding training as part of the mandatory training calendar. There had been a significant reduction in the amount of safeguarding notifications that had been made since our last inspection. This was as a result of relationship building with local safeguarding bodies including the CQC. Potential safeguarding issues were discussed regularly with external agencies. This meant that a multi-agency decision could be made prior to completing a safeguarding report in borderline cases.
- We found evidence of appropriate medications management systems and practice. Beverley House was

Assessing and managing risk to patients and staff

- There were 29 incidents of restraint at Beverley House in the six months prior to our inspection. Eleven of these involved the use of prone restraint. This is a significant reduction in the use of restraint since our last inspection.
- Beverley House did not use seclusion. There was no evidence that seclusion or defacto seclusion had been used.

Long stay/rehabilitation mental health wards for working age adults

Good 

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 had developed a local policy relating to child visiting. This was complete and specific to the unit. A room was set aside outside of patient areas that could be used for child visiting.

Track record on safety

- There had been one serious incident reported in the twelve months prior to our inspection.
- This incident had been investigated and action plans were in place to ensure there was no repeat of the incident.

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.
- Incidents that should be reported had been. Since our last inspection there had been a review of reporting processes and we found that the system was more efficient and it was easier to differentiate between minor incidents and things that were more serious. As a result of this, responses to incidents and complaints were managed more efficiently
- The incident reporting 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 incidents. 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.
- 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

- We examined five 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.

Long stay/rehabilitation mental health wards for working age adults

Good 

- 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. Staff supervision was at 100% at the time of our inspection
- One hundred percent of all staff had received an annual appraisal at the time of our inspection. 100% of medical staff and 100% of nursing staff had received supervision six weekly.
- 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

- One hundred percent of full time staff and ninety eight percent of bank staff had received training in the Mental Health Act (MHA). Priory Group delivered Mental Health Act training as part of their mandatory training calendar.
- 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.
- Priory Group 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.
- The inspection team looked at five sets of detention paperwork and found no errors.
- 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

Long stay/rehabilitation mental health wards for working age adults

Good 

- Ninety six percent of full time staff and ninety six 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.
- 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 and 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) which was up to date and regularly reviewed.
- 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 in. We were unable to establish from MHA and MCA paperwork how capacity had been assessed in one case. Staff were able to show us immediately where to find the information relating to capacity but were not able to readily provide documentation that showed how the assessment had been carried out.. 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 extremely

responsive to patients and treated them with dignity and respect. It was clear from these interactions that staff and patients had developed very positive relationships that were supportive and collaborative. Patients were highly involved in the day to day running of the unit and teamwork between staff and patient groups was evident. We were saw patients involved in the morning planning meeting and it was obvious from the language used and the behaviour of staff and patients that this was a regular occurrence.

- We saw that all staff at Beverley House had developed strong links with the patients group. We observed the chef and housekeeping staff interacting with patients and it was clear that they knew patients well. They were supportive and helpful and it was clear that patients were comfortable in conversation with them.
- All patients spoke very 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.
- Patients took the lead in the delivery of the presentation to the CQC. It was clear from this presentation that patients at the service felt a great amount of pride in Beverley House and have taken ownership of the unit alongside the staff. Patients spoke to us about their previous experiences and compared them to their time at Beverley House. This section of the presentation was resoundingly positive.
- A carer had also been asked to speak about their experiences. They were very complimentary of the service and stated that they had been heavily involved in delivery of care to their relative. They stated that they had been made to feel like a part of the team and that this had been, in their view, and important factor in their recovery. This carer stated that she felt that her relatives recovery had been directly as a result of the input she had received from the staff at Beverley House.

The involvement of people in the care they receive

Long stay/rehabilitation mental health wards for working age adults

Good 

- 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 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.
- Four 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 on 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 or undertake work at the unit such as gardening and horticulture. 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. Patients that had successfully undertaken the work start programme were then able to provide potential future employers with a reference. Several of the patients stated that they felt that this was an important advancement in the programme as they had been out of employment for some time. They felt that this would give them confidence at future interviews and could help them back to full or part time employment after discharge.

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 had not been delayed for anything other than clinical reasons.

Long stay/rehabilitation mental health wards for working age adults

Good 

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 if required. Patients who did not have any restrictions placed upon them could access the area unsupervised. Supervised access could be facilitated throughout the day and evening. If patients had no restrictions placed upon them they were also able to access an outside area at the front of the building.
- Food was good quality. We were 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 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.

Meeting the needs of all people who use the service

- Adjustments had been made for patients requiring disabled access. A 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.
- Priory Group 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 six patient complaints in the twelve months prior to our inspection. All were investigated, all were resolved and none were 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.
- Staff managed complaints via the established Priory Group reporting system. All complaints were recorded electronically and were then reviewed by an individual to provide consistency. At Beverley House the social worker was responsible for reviewing all complaints. 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?

Long stay/rehabilitation mental health wards for working age adults

Good 

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 director of clinical services were a visible presence on the unit. The registered manager and director of clinical services both maintained clinical links and acted as key nurse for patients. Staff also knew who the senior organisational management team were 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.
- 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 unit manager and director of clinical services had access to a team of administrators and felt that they had sufficient authority to do their jobs.
- All staff had the ability to submit items to the risk register.

Leadership, morale and staff engagement

- 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

- We did not find any participation in national quality improvement programmes at the time of our inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve
Action the provider SHOULD take to improve.

The provider should ensure that there is a clear system in place to record how capacity assessments have been undertaken

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.