

# Beverley Mews

## 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	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive?	Good	
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Are services well-led?	Good	
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### 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 Mews as good because:

- The environment was well considered and fit for purpose. As this unit was potentially the last stage for patients before returning to the community, the management had found a balance between mitigating risk and providing patients with an environment that closely resembles independent living. Risk assessments were in place and there was a culture of positive risk taking.
- Care records and risk assessments reflected individual needs and had been created in collaboration with patients, family and carers and outside agencies. Staff were trained and able to deliver care packages whilst also assisting patients to be independent.
- We observed very high levels of patient engagement from staff that were knowledgeable of individual needs. All staff were able to speak with us at length about patients histories and how best to engage them.
- We saw very high levels of communication between staff and patients at Beverley Mews. Patients were able to raise concerns with staff immediately and as a result, staff responded to these concerns and acted upon them quickly
- Governance structures were clear and specific to the service. Management were a visible presence at the unit and staff felt supported by them. We were told that they were approachable and staff felt that they were listened to. Staff reported high levels of job satisfaction. Supervision and appraisal rates were high and there were low levels of staff sickness and absence.

# Summary of findings

## Our judgements about each of the main services

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

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# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11

Good 

# Location name here

**Services we looked at**

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

# Summary of this inspection

## Background to Beverley Mews

Beverley Mews is a four-bedded step down unit run by the Priory Group. It works with women aged 18 to 65 who have severe and enduring mental ill health. They provide a therapeutic environment, which supports patients to build skills for living independently in the community.

Beverley Mews was run by Partnerships in Care until 2017 when the operational running of the unit was taken over by the Priory Group.

The unit is registered to provide treatment of disease, disorder or injury. They have a registered manager.

They were inspected in December 2016 and received a rating of good overall with a rating of good in all five domains. There were no actions that the hospital must or should take as a result of their last inspection.

## Our inspection team

Team leader: Matt Brute

The team that inspected the service comprised two CQC inspectors.

## 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?

This was an unannounced inspection which meant that the provider had no prior notice of the inspection

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

During the inspection visit, the inspection team:

- visited Beverley Mews, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with two patients who were using the service
- spoke with the registered manager
- spoke with three other staff members; including a deputy manager and healthcare assistants
- Spoke with the regional adult healthcare lead for the priory group
- Looked at three care and treatment records of patients
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service

# Summary of this inspection

## What people who use the service say

We spoke to two patients during the inspection. The patients said Beverley Mews was homely and staff treated patients with respect. The patient said staff were always available when needed and they had been included in their treatment and care.

# 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:

- Beverley House was a service for women coming to the end of their care pathway and preparing to return to the community. As such it was set up to closely resemble the homes that patients would be returning to. There were ligature points in all rooms but these had been assessed and were mitigated using risk assessment, observation and monitoring of patients health. The unit was clean and well kept. It was a welcoming environment that was bright and well furnished.
- The unit only had one full time qualified nurse who acted as the unit manager and was shared with their sister unit. This meant that health care assistants undertook most clinical tasks such as taking bloods and administering medication. They had received training to enable them to do this and were monitored and regularly audited by the qualified nurse.
- Comprehensive risk assessments were undertaken on admission using nationally recognised tools such as Recovery Star for example. These were updated regularly throughout each patients stay. Physical health checks and monitoring were also carried out for all patients
- There had been no incidents in the six months prior to our inspection. Staff were aware of how to report incidents and what to report. They stated that they felt comfortable with the process and would be confident to make a report if required.

Good



### Are services effective?

We rated effective as good because:

- Assessments started for every patient at the pre admission stage and were regularly updated throughout patients stay. They were personalised and recovery focussed. The patients had been involved actively in the creation of their care plans. There were advanced decisions in place. These mostly related to detrition of mental state and set out what the patients expectations of staff and the organisation were.
- Healthcare assistants received specialist training in clinic processes. They were knowledgeable about national guidance and were able to quote these to us. The service used nationally recognised rating scales to monitor patient's health.
- Staff received mandatory training annually. The subjects included in the mandatory training calendar were varied and gave staff the knowledge they needed to undertake their role.

Good





# Summary of this inspection

- Staff received training in the Mental Health Act and the Mental Capacity Act and demonstrated good knowledge of both. We found no errors in the application or recording relating to the Mental Health Act and Mental Capacity Act.

## Are services caring?

We rated caring as good because:

- We observed high levels of interaction between the staff and patients. We observed staff that were engaging and friendly. They had good knowledge of the patients' needs and were able to engage them on a level that felt supportive. Patients stated that staff at the unit were professional and that they were happy with the quality of care delivery.
- Beverley Mews worked well with outside agencies such as advocacy services and local social service bodies to ensure patients received a complete care package whilst preparing them to return to the community.

Good



## Are services responsive?

We rated responsive as good because:

- The environment that had been created at Beverley Mews had been designed to closely represent community living. Patients had access to a number of rooms for relaxation and social gathering and they were encouraged to personalise their bedrooms with decorations and furnishings. This was monitored to ensure safety but it gave the overall impression that patients had developed an environment that suited their needs
- There was information on a range of subjects posted around the unit. This included services in the local community. Staff also encouraged patients to develop links with groups in the community as part of their rehabilitation.
- Being a small unit it was apparent from observing interactions that staff had developed good relationships with the patient group. There was no formal period set aside for patients meetings but information passed between the staff and patients well. Patients were able to raise concerns or request change or support from staff as and when any issues came up. There had been no formal complaints made in the 12 months prior to our inspection.

Good



## Are services well-led?

We rated well-led as good because:

Good



# Summary of this inspection

- Staff were well engaged by managers and were vocal about their level of job satisfaction. They stated that they felt valued and that they were proud of the work that they did. Managers were a visible presence around the unit and staff were aware who their most senior managers were.
- Staff stated that they knew the organisations visions and values and that they agreed with these. Appraisal objectives and working processes had been developed to adhere to these values. Appraisal and supervision levels were good with supervision being at 92% and appraisal rates at 96%
- The organisation used key performance indicators to monitor quality and service development. These were in an accessible format and easy to interpret. Managers had a dashboard that laid out key performance indicators using a rag rated system (Red, Amber, Green) which meant that staff could quickly view information and develop action plans to manage any shortfall.
- All staff were involved in clinical audit and service development. We spoke with staff that had received specialist training and were using the knowledge that they had developed to implement new sessions and ways of working.

# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Beverley Mews used a Mental Health Act administrator provided by the Priory Group who monitored and audited all paperwork relating to the Mental Health Act.

At the time of the inspection, all patients were informal.

Patients had their rights explained to them on a regular basis and staff understood how the Mental Health Act applied to their patients. All staff had received Mental Health Act training.






## Mental Capacity Act and Deprivation of Liberty Safeguards

Beverley Mews used the Priory Group policy for Mental Capacity and Deprivation of Liberty Safeguards and staff could access this whenever they needed to.

All staff had received Mental Capacity Act training and understood how this related to the patients in their care. Staff could raise concerns relating to capacity at team meetings, ward reviews and in supervision.

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

Good 

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

## Information about the service

Start here...

## Summary of findings

Start here...

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

Good 

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

Good 

### Safe and clean environment

- Beverley Mews was a small step down unit for patients transferring into the community. Staff monitored the whereabouts of patients on a regular basis and although the house had ligature points these had been risk assessed and were in line with what a patient would find in their own homes in the community.
- The house was a unit for women and met all requires for gender specific accommodation.
- Beverley Mews had a small clinic room with a locked medication cabinet, first aid kits and ligature cutters. Staff monitored the temperature of this room daily and adjusted it to ensure medication was stored safely. They kept the locked medication fridge in a separate area. Staff monitored and recorded the fridge temperature daily. The service did not keep emergency drugs on site and would call the emergency services if needed.
- This service did not have a seclusion room.
- All areas were clean and well furnished. Patients took responsibility for cleaning their own rooms with support if required. Staff cleaned the communal areas and we saw cleaning records showing this happened regularly.
- The service displayed handwashing posters and handwashing gel was available.
- Staff ensured electrical equipment testing took place and that they displayed dated stickers.
- Due to the type of service and the layout of the house, staff did not carry personal alarms but could easily call for help when needed.
- The service had trained first aiders and a fire warden. They had current certificates for legionella and gas safety.

### Safe staffing

- Beverley Mews used two healthcare assistants to staff the service during the day. One health care assistant was on duty at night. The manager was qualified and provided nursing cover. The service could also call on staff from the Priory Group service next door, if

additional support was required and they provided breaks for the night staff. The service used a small number of bank staff who knew the patients. Bank usage was rare due to all staff positions being filled at the time of our inspection

- The manager was able to adjust staffing to meet the needs of patients.
- Patients had a named worker and could access one to one time with them as needed.
- Staff provided activities for patients and did not cancel these. Activities focussed on using facilities in the community such as travel training on local transport and using local shops.
- Health care assistants had received training to take blood from patients so patients had blood tests in a timely manner. Staff took blood pressures daily and recorded this. They monitored patient's weight monthly. The GP practice provided electrocardiograms, which monitor heart rate.
- The GP practice provided medical cover and staff used emergency services out of hours.
- Ninety eight percent of staff had completed mandatory training, which included safeguarding.

### Assessing and managing risk to patients and staff

- Beverley Mews was a step down service and did not use seclusion or long-term segregation. Staff received training in restraint but there had been no reported incidents of them using it in the twelve months prior to inspection. They did not use rapid tranquilisation. Staff used de-escalation techniques if needed and encouraged patients to talk about issues individually.
- We reviewed three sets of patient records. The psychologist completed risk assessments and this process started before a patient admission to the service. Staff reviewed these monthly and updated after an incident or change in a patient's circumstances had occurred. Staff used the short-term assessment of risk and treatability tool for assessing risk. Staff added alerts for issues such as allergies and additional risk on the electronic records so all staff could see this.
- The service did not use blanket restrictions however, they could do a urine dip test for substance misuse if they felt a patient had returned from leave under the influence of drugs. Staff used this on an individual basis and was noted in care plans.

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

Good 

- Staff knew the whereabouts of patients in the building and completed hourly checks. Patients informed staff if they were going out of the building. Informal patients could leave as and when they wanted to.
- Staff had received training in safeguarding. They knew how to make a referral to the local authority safeguarding team. They could seek guidance from the manager if they needed to at any time.
- Staff carried out weekly audits of medication and stored this information in a central file. They had good links with the local pharmacy who delivered medication to the property. Medication was stored in a locked cupboard. There were no controlled drugs on site. Staff signed and dated medication charts. They clearly showed where patients had refused medication. Staff alerted the manager when this happened and discussed concerns with the patients in ward round.
- Patients were encouraged to meet visitors with children in the community as the house had limited space to offer private rooms for this. If children visited the site this was fully risk assessed.

## Track record on safety

- There had been no serious incidents reported in the twelve months prior to our inspection.
- We were told that if an incident occurred there was a procedure in place to ensure that it was investigated and managers shared lessons learnt and action points with staff through team meetings and supervision.

## Reporting incidents and learning from when things go wrong

- There had been no incidents reported in the twelve months prior to the inspection. Staff knew how to report incidents. This would include issues with medication and verbal or physical aggression.
- Staff could give examples of explaining issues to patients when things went wrong. Staff received feedback about incidents in supervision and in team meetings. Notes from the meetings were available for all staff to read. The deputy manager was also available to offer debriefing sessions to staff.

## Are long stay/rehabilitation mental health wards for working-age adults effective? (for example, treatment is effective)

Good 

### Assessment of needs and planning of care

- We reviewed three sets of patient records. Staff had completed these promptly following admission and they contained significant amounts of detail.
- The records showed physical healthcare monitoring took place and staff updated this on an ongoing basis.
- Care plans contained personalised and recovery focussed information. The plans included information on a range of topics including finances, staying healthy, problematic behaviours and life skills. Staff reviewed the plans monthly and updated them every three months or as a patient's needs changed.
- Staff stored information on an electronic system and each had their own log in for accessing this. Staff stored medication charts in a locked cupboard in the office.

### Best practice in treatment and care

- Staff followed best practice guidance issued by the National Institute for Health and Care excellence when prescribing and administering medication. Staff referenced this when we spoke to them.
- Patients had access to a psychologist who completed the initial assessment and offered one to one support. The psychologist used cognitive behavioural therapy but also took a holistic approach and supported patients to develop life and social skills so they could move successfully into the community.
- The service monitored physical health care needs and patients could access the local GP for additional support.
- Staff used the malnutrition universal screening tool to assess nutritional risk.
- The service used Health of the Nation Outcome Scales to measure the health and social functioning of patients. Staff updated this monthly.
- Health care assistants received specialist training such as phlebotomy (taking of blood for tests from patients) to enhance the support they could offer.

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

Good 

- All staff participated in audits including medication, which was completed weekly, care notes and fire risk, which staff completed monthly.
- The organisation had nominated one member of staff to act as health and safety lead for the service. They undertook regular audits of environmental risk assessments and updated them when required. This was monitored by an organisational health and safety lead.

## Skilled staff to deliver care

- Patients had access to nursing staff, healthcare assistants and a psychologist. Patients could access other services such as occupational therapy through a GP referral if required.
- The service had a minimum requirement for healthcare assistants to have achieved or be working towards a certificate in healthcare.
- Staff received an induction through Priory Group and at a local level.
- Staff received regular supervision every four to six weeks. All staff said both the manager and deputy manager were accessible whenever they needed additional support and said informal supervision and guidance happened all the time. One hundred percent of staff had received an annual appraisal. Team meetings took place monthly and all staff could access the detailed notes at any time in the office.
- Health care assistants received specialist training such as phlebotomy (taking of blood for tests from patients) to enhance the support they could offer.
- Staff received regular supervision and issues with performance would be addressed through this initially before being taken to a formal level. There were no ongoing performance issues at the time of our inspection.

## Multi-disciplinary and inter-agency team work

- Staff attended multidisciplinary meetings and monthly team meetings. All staff contributed to ward rounds and supported patients with this.
- Staff had twice-daily handover meetings where they discussed issues about patients such as additional risk. Detailed minutes from handovers were stored in the staff office.

- Staff worked with care coordinators and social workers. They had developed effective working relationships with the local pharmacy and the Denzapine monitoring service, which monitors the blood tests of patients prescribed this medication.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- All staff had received training in the mental Health Act and had a good understanding of the code of practice and its guiding principles.
- At the time of the inspection, all patients were informal.
- Evidence that the rights of patients had been explained to them on a regular basis was detailed in the patient's records.
- The Priory Group provided Mental Health Act administration and advice. They completed audits of the Mental Health Act paperwork, which was in good order.
- Mental Health Act paperwork was complete and stored appropriately.
- Patients had access to the independent mental health advocacy service who visited the service on a weekly basis.

## Good practice in applying the Mental Capacity Act

- All staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards.
- The service had made no Deprivation of Liberty Safeguards application in the six months prior to the inspection.
- Staff demonstrated a good understanding of the Mental Capacity Act and its five statutory principles. They talked about how this could be used to support patients. They understood the difference between positive risk taking for patients and decisions made when someone lacked capacity.
- The Priory Group have a Mental Capacity Act policy, which staff could access at any time.
- Care records showed patients were supported to make decisions and where needed capacity assessments had taken place.

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



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

Good 

Good 

## Kindness, dignity, respect and support

- Staff treated patients with dignity and respect. We observed them interacting in a positive and supportive manner.
- Patients said staff supported them and were available when needed.
- In discussion with staff, it was clear they understood the needs of individual patients and used this to provide support that was person centred.

## The involvement of people in the care they receive

- Patients received information about the service on admission. Staff took time to introduce them to other patients and ensured they knew where to find things within the building.
- Records showed patients had been fully involved in their care plans and their comments written down. Staff offered patients copies of their care plans and recorded any refusals in the notes. Care plans reflected that this service encouraged patients to access the community locally with a view to independent living.
- The local advocacy service visited once a week and patients could access advocacy as the needed it.
- Staff involved families and carers with permission of the patients.
- Patients could give feedback on the service during the weekly community meeting and raise issues such as broken fixtures and fittings. Minutes from these meetings showed how concerns had been actioned. Patients and families completed a survey on discharge from the service and staff used this to consider changes going forward.
- The community meetings allowed patients to be involved in the daily decisions about the service including activities they wanted to participate in.
- Staff recorded patients advance decisions and future plans in the care records. They completed a daily record for patients to ensure information was up to date.

**Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs?**

(for example, to feedback?)

Good 

## Access and discharge

- Patients using this service had been referred from other services within the Priory Group as the next step into independent living. The intended length of stay was six months although this could vary depending on the needs of the patients and suitable follow on accommodation being available.
- Patients always had their own room available following periods of leave, as they were encouraged to do regular home visits as part of their recovery.
- Staff did not move patients unless this was justified on clinical grounds and was in their best interests.
- Patients who became unwell and needed a higher level of support transferred to other services within the Priory Group or to a psychiatric intensive care bed within the NHS.
- The unit did not have delayed discharges as patients kept their rooms until appropriate alternative accommodation or a phased move back to their own home had been arranged.

## The facilities promote recovery, comfort, dignity and confidentiality

- The service was based in a large house. Patients had access to rooms for relaxing and one to one sessions and a kitchen area for preparing food. Staff encouraged patients to participate in activities in the community.
- Patients could use the lounge area, dining area or kitchen for visitors but staff encouraged them to use facilities in the community as part of the recovery process.
- Patients had their own mobile phones so could use these for private phone calls. The unit also provided access to the internet for patients to use.
- Beverley Mews had a garden outside and had access to the garden in the service next door, which also belonged to the Priory Group.
- Staff encouraged patients to be self-sufficient and prepare their own food with support if required. Patients had their own labelled and locked cupboard and due to issues in the past with food going missing each patient had a fridge in their rooms.



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

Good 

- Patients had full access to the kitchen to make drinks and snacks 24/7.
- Patients personalised their bedrooms and staff encouraged this. All patients had keys for their rooms so they could keep possessions secure.
- Staff provided activities to suit the needs of the individual patients. At the time of the inspection all patients' accessed community based activities and preferred this option to those provided.

## Meeting the needs of all people who use the service

- The unit did not have disabled access but patients with disabilities who required a step-down service were placed in the other unit owned by the Priory Group, which had disabled facilities.
- Patients had access to a range of leaflets and information including how to complain and services available in the local community. Staff spent time with patients discussing leaflets for medication to ensure patients understood this and recorded this in care records.
- Staff could access interpreters and signers for the deaf through Priory Group and staff knew how to do this.
- Patients chose their own food to cook and staff supported them with dietary requirements.
- Patients could access spiritual support in the community and staff would support this if needed.

## Listening to and learning from concerns and complaints

- The unit had received no complaints in the 12 months prior to the inspection. Patients knew how to complain and staff said they would support them with this.
- Patients had the opportunity to raise concerns in the weekly community meetings. Staff recorded these in the minutes and the outcomes of any actions required. Patients could also raise things individually and the manager or deputy would feedback to the patient.
- Staff received feedback from concerns in supervision, team meetings, daily handovers and ward reviews.

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

Good 

### Vision and values

- Staff showed a commitment to the provider's values, which included valuing people, caring safely and integrity through the way they worked and supported patients.
- Managers set team objectives through supervision and made sure these reflected the organisation values.
- Staff knew senior manager and felt they could approach them if needed.

### Good governance

- Staff had received mandatory training and regular supervision and appraisals. They felt well supported in their roles.
- The service had enough staff to cover shifts and staff demonstrated they knew patients well. Staff had experience of working in this type of service, which was different to others, which needed higher levels of support.
- Staff had access to administrative support and spent their time on direct care and support activities.
- Staff participated in audits such as medication management, clinic room and patient records. Managers expected all staff to be involved in this and ensured staff had the training they needed to complete tasks.
- Managers share learning from incidents in supervision, team meetings and the daily handovers.
- Staff follow procedures for safeguarding, Mental Health Act and Mental Capacity Act and showed they were competent to do this.
- Managers and staff used a red, amber green dashboard for managing key performance indicators such as staff training and average lengths of stay for patients. They developed action plans from these if required.
- The manager felt they had enough authority to do their job and could make changes to suit the needs of the service.

### Leadership, morale and staff engagement

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

Good 

- Sickness rates had been at one percent for the 12 months prior to the inspection.
- Managers stated there had been no cases of bullying and harassment reported at the time of the inspection.
- Staff knew how to whistle blow but felt they would not need to use this due to managers being open and approachable. They felt they could raise concerns at any time.
- Staff stated they enjoyed their roles, which allowed them to support patients as individuals.
- Staff had opportunities to develop within their roles including additional training such as phlebotomy.
- Staff worked well as a team and provided support to each other. They kept each other informed about patients and potential risks.
- Staff said managers supported them to be open and honest with patients, if issues happened, so patients were well informed.
- Staff could feed back to the manager about service development who would discuss with senior managers at The Priory Group.

## **Commitment to quality improvement and innovation**

- The service had not been involved in any quality improvement programmes however they had focussed on maintaining patient records to a high standard and making sure audits took place regularly.