

Montague Court

Quality Report

Montague Court
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Date of inspection visit: 4 September 2018
Date of publication: 13/11/2018

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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Outstanding



Are services responsive?

Good



Are services well-led?

Outstanding



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 Montague Court as outstanding because:

- Managers ensured there was always a sufficient number of staff on duty who were suitably skilled, qualified and trained to meet the needs of patients. Staff received regular supervision and appraisals. There was good medicines management across the service. Staff used a recognised risk assessment tool which they had adapted to add colour coding so that it was easy for staff to identify the current risks for patients. Staff mitigated risks in the hospital such as those from ligatures by using risk assessments and being very aware of the triggers for each patient. This meant that patients could take positive risks in a safe environment.
- Patients could access a range of therapies depending on their needs. These included cognitive behavioural therapy, dialectical behaviour therapy and positive behaviour support. There was also a full range of sessions to engage patients in activities to promote physical and mental wellbeing. These included activities of daily living such as self-care, housework, laundry, catering and budgeting. Patients had the use of computers to undertake learning. There was a range of exercise equipment available and an instructor attended the unit several times a week. They worked with patients to create and supervise exercise programmes and run exercise sessions that were very well attended. Patients who had leave had planned community visits with occupational therapists that were focussed on the activities of daily living such as shopping and socialising. These were inclusive and mindful of patients' limitations to ensure that all patients were included.
- Staff ensured that patient records had been completed in holistic and personalised way. The records were of a high quality and focussed on recovery and improvement for each patient, involving a wide-range of professionals. It was clear that patients were fully involved in their care plans. The hospital had developed a system that allowed staff and patients to follow progress easily. The hospital had a team of Mental Health Act administrators who provided support to the staff. The administrators ensured that all paperwork relating to the Mental Health Act was completed fully, including for new patients before they were transferred to the hospital, to ensure the patients were properly supported using the Act. They worked in a way that was thorough and detailed.
- Staff had developed strong and supportive relationships with patients that had been built on trust. They had an excellent understanding of the needs of patients and were aware of their histories, so they could provide highly person-centred care and support. Staff took a holistic approach and went the extra mile to ensure that patients' emotional wellbeing was considered and support was arranged in considerate and innovative ways. They talked about patients being part of the Montague 'family' and patients all agreed that staff went above and beyond their paid role.
- Patients had access to a range of rooms on the hospital site so that they could participate fully in the activities and learning opportunities provided. The occupational therapists and activity workers ensured activities met the needs of the individuals and supported them towards greater independence.
- Governance of the hospital was of a very high standard. Managers demonstrated they were fully involved in all aspects of the hospital and they knew patients and staff well. Staff felt valued and stated they appreciated the opportunities that the service had provided for learning and development. Patients felt they could approach anyone in the hospital if they needed to no matter what their role was. The culture of the hospital was one of improvement. This was evident throughout the whole staff team. Managers encouraged staff to think creatively and gave them the opportunity to explore and develop their ideas so that the whole hospital could benefit from this.

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	Outstanding 	see detailed findings

Summary of findings

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Outstanding

Montague Court

Services we looked at:

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

Summary of this inspection

Background to Montague Court

Montague Court is a mental health hospital for up to 18 male patients. It is registered to provide care and treatment to people detained under the Mental Health Act. The philosophy of the service is to provide rehabilitation. At the time of our inspection there were 13 patients' resident at Montague Court. All of them were subject to detention under sections of the Mental Health Act. The patient group displayed high levels of disability from treatment refractory symptoms and/or complex co-morbid conditions that require longer inpatient rehabilitation to stabilise. Significant associated risks to own health/safety and/or others.

Most patient referrals come from high dependency rehabilitation units.

The service was inspected in December 2016 and was rated as good overall. At that inspection we found that the organisation was not compliant with its own targets in relation to mandatory training. Training levels for staff were low and there had been a shortfall in the availability of training to address this.

Our inspection team

Team leader: Matt Brute

The team that inspected the service comprised of two CQC inspectors and two specialist advisors

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, asked a range of other organisations for information and sought feedback from patients at three focus groups.

During the inspection visit, the inspection team:

- visited all areas of the unit and looked at the quality of the environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with the registered manager and the operations director
- spoke with seven other staff members; including doctors, nurses, occupational therapist, Mental Health Act administrators and an assistant psychologist
- attended and observed a ward meeting and two therapy sessions;
- Looked at nine care and treatment records of patients
- carried out a specific check of the medication management on the unit
- 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

- Feedback from patients that use the service was extremely positive. They stated that they felt cared for and safe. They also stated that they felt that staff knew them well and they were treated as individuals. Patients felt included in the day to day running of the service. We were told that sessions were never cancelled and that these sessions were tailored to the needs of the people on the unit. We were also told that there was plenty of activity to keep all patients engaged throughout the week and weekends.
- Patients stated that they felt supported, respected and empowered by the service. They were very complimentary of staff and management.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- The building was clean and well-maintained. Where potential ligature points were present these were mitigated through risk assessments and staff awareness of the risks. Everyone had access to alarm call systems including staff patients and visitors.
- Medication and equipment used to monitor physical health had been stored correctly and staff checked these regularly to ensure they were safe for use.
- Managers ensured there was always enough staff on duty to meet the needs of patients. Where possible the hospital used regular agency staff who knew the patients well.
- Staff received mandatory training and this was up to date. Managers had a system in place to ensure staff training was not missed.
- Staff used a recognised risk assessment tool which they had adapted to add colour coding so that it was easy for staff to identify the current risks for patients.

Good



Are services effective?

We rated effective as outstanding because:

- Staff ensured patient records were well presented, easy to navigate and included clear plans for management and improvement for each patient. Staff used an innovative colour coded system which they had developed to manage risk and deliver care. This made it easy to identify the current plans for each patient and helped staff to work with patients so that they could see the progress they had made. There was evidence of high levels of patient involvement in care plans and they had been completed in a way which was personalised and recovery focused.
- Patients could access a range of therapies depending on their needs. These included cognitive behavioural therapy, dialectical behaviour therapy and positive behaviour support. There was also a full range of sessions to engage patients in activities to promote physical and mental wellbeing. patients were included.
- Staff carried out physical health care monitoring and had developed a good relationship with a local GP practice so that patients could access support with their physical health as they needed it.

Outstanding



Summary of this inspection

- Patients had access to a full range of mental health staff including nurses, doctors, healthcare assistants, occupational therapists, clinical psychologists and activity workers. Staff worked closely together to ensure patients were treated in a holistic way and with support that was tailored to their individual needs. Staff received a comprehensive induction and had access to mandatory and specialist training which further enhanced the patients care.
- The hospital had a Mental Health Act administration team who ensured that all paperwork relating to the act was kept up to date and that patients had access to tribunals and managers hearings in a timely manner. They ensured that all new patients were admitted to the hospital with the correct paperwork and supported staff to have full understanding of the Act so they could use this to support patients.

Are services caring?

We rated caring as outstanding because:

- Staff had developed strong and supportive relationships with patients that had been built on trust. Added to this, staff had an excellent knowledge of the needs of each individual patient so their care was extremely person centred and caring.
- Staff took a holistic approach to the care they delivered and this included providing support to patients who were unwell in the general hospital who had no family. They went the extra mile to ensure that patients' emotional wellbeing was considered and support was arranged in considerate and innovative ways. They talked about patients being part of the Montague 'family' and visited them in the same way they would one of their own relatives.
- Patients had been included in the day to day running of the hospital. They worked alongside staff in developing activities and stated that staff treated them well and they felt cared for. Patients and staff at Montague Court worked well with staff and patients from other hospitals in the organisation. They had developed joint events and sessions and this had fostered good relationships across the organisation.
- Patients had regular access to advocacy and the hospital ensured that advocacy visited every week so that patients could build up a relationship with the advocate.
- The hospital provided support to carers and encouraged them to visit when they could. Carers and family were invited to meetings with the permission of the patient.

Outstanding



Are services responsive?

We rated responsive as good because:

Good



Summary of this inspection

- Montague Court had set an average length of stay target of between 12 at to 18 months. They had some patients that had been resident for over this target but all patients had a complete discharge plan in their care notes. This was reviewed monthly by staff at the unit. These plans were also regularly reviewed by CCGs and local authorities. Where possible the discharge plans had identified next step placements for patients. These included step-down units and community placements. Where patients had been resident for longer than the set target of 12 to 18 months there was a clear rationale for this in care notes. In all cases this was driven by the clinical need of the patient.
- Patients had their own rooms with en suite bathrooms. They could personalise the room in any way they chose and staff supported them with this.
- The hospital had a range of rooms to meet the needs of patients. This included a separate activity building complete with a kitchen, a computer room and facilities for playing snooker and pool. In the hospital there were quiet rooms and lounges for the patients to use. The nurses' office was well placed and allowed the staff to observe the communal areas of the hospital with ease. There was a large outside space which patients could use without restrictions.
- The hospital had ground floor rooms for patients with disabilities and could organise for equipment, interpreters and signers for people who were deaf easily.
- Staff provided a wide range of activities for patients and supported and encouraged them to access these.
- Patients knew how to complain and staff understood their role in supporting this process. Staff received feedback from complaints and managers ensured actions had been followed to help improve working practices at the hospital.

Are services well-led?

We rated well-led as good because:

- Managers had a very visible presence in the hospital and were well respected. They clearly knew staff and patients extremely well. We saw that patients felt comfortable to approach senior managers and engage with them as they would other staff on the unit.
- Staff showed a commitment to the values of the organisation which included putting the individual at the centre of everything they do. They demonstrated this through the care and support they provided to patients.

Outstanding



Summary of this inspection

- Governance at the hospital was of a very high standard. Staff met regularly with managers to discuss learning from incidents and complaints. They took an active role in completing audits by taking on the role of champion in areas such as infection control and there was a positive focus on wanting to provide the highest levels of care to patients. We saw examples where staff had developed new strategies and ways of working that were innovative and creative. The implementation of these ways of working had been fully supported by managers. Staff were recognised for their achievements and there was a culture of personal development that ran throughout the organisation.
- The management of Options for Care had considered the health and wellbeing of its staff and had used available local resources to offer easy access to a range of services such as complimentary therapy, opticians, dentists and physiotherapy at reduced cost to people working for the organisation.
- The culture of the hospital was one of improvement. This was evident throughout the whole staff team. Managers encouraged staff to think creatively and gave them the opportunity to explore and develop their ideas so that the whole hospital could benefit from this.

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.

Montague Court employed a Mental Health Act administrator and an assistant Mental Health Act administrator to monitor and audit information relating to the Mental Health Act

At the time of our inspection Montague Court had 13 patients and all of them were detained under 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.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff considered patients' mental capacity to consent to treatment 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 resident at the time of our inspection were detained under the Mental Health Act which meant that there had been no requirement to use the Deprivation of Liberty Safeguards. There was a policy in place relating to the use of Deprivation of Liberty Safeguards if it was ever required and the unit manager acted in an advisory role relating to its use. Staff were aware of how to make a Deprivation of Liberty Safeguards application and had received training in this area.

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	Outstanding	Outstanding	Good	Outstanding	Outstanding
Overall	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding

Long stay/rehabilitation mental health wards for working age adults

Outstanding



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

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

Good



Safe and clean environment

Safety of the ward layout

- Staff undertook regular risk assessments of the care environment which were complete and comprehensive. We were presented with a number of files that contained all risk assessments in paper form. These were available to staff to read and included a ligature risk assessment, health and safety risk assessments, safety checks on the lift system and several other documents that were relevant. Where appropriate the organisation had sought external assistance from specialists in carrying out risk assessments.
- The ward layout did not allow staff to monitor all parts of the ward but this was mitigated by risk assessment for individual patients and working practices by staff. Where there were blind spots, this had been mitigated by equipment such as CCTV or blind spot mirrors where appropriate.
- There were some ligature risks present throughout the building but they had been identified in the ligature risk assessment and mitigated by working practice.
- The unit is single sex so there were no issues with mixed sex accommodation.
- All staff had and visitors had access to personal alarms and patients had access to nurse call systems in areas

away from the main living area. The personal alarm senders and main system were checked regularly to ensure correct operation. All visitors on site are required to carry a personal alarm at all times.

Maintenance, cleanliness and infection control

- All ward areas were clean and well presented. The furniture was in very good condition and was well maintained. There was a clear system in place for removing and replacing furniture that was damaged.
- Cleaning records were up to date and showed that the unit was thoroughly cleaned regularly.
- All staff we spoke to were aware of infection control issues and adhered to infection control principles including hand washing.

Seclusion room (If present)

- There were no seclusion facilities at Montague Court and staff were aware that seclusion in bedrooms was not allowed.

Clinic room and equipment

- The clinic room was fully equipped with accessible resuscitation equipment. There was also a grab bag in the main nursing office. All emergency medication was stored correctly, in date and regularly checked by both staff and an external pharmacist.
- The clinic room was clean and well maintained. Where required all equipment had check stickers that were in date.

Safe staffing

- Managers had calculated the number and grade of staff using a bench marking exercise where they looked at other similar services. They had also considered patient numbers and skill mix.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



- The number of nurses and health care assistants matched the estimate on all shifts. The rota showed us that staffing levels were correct and where required any shortfall was covered by overtime or agency staff.
- The unit manager or nurse in charge could adjust the staffing levels daily to take into account the case load. This could be done independently and efficiently using a text based system to request staff available to cover shifts.
- If the unit used agency staff they were well known to the service and patient group. There was a regular group of agency workers available to ensure that this was the case. If no one who knew the service was available there was a clear system in place to ensure staff were made aware of the individual needs of all patients.
- There was always a qualified nurse available in communal areas.
- Staffing levels allowed patients to have regular one to one time with their named nurses.
- There were no incidents in the last twelve months where staff shortages had resulted in the cancellation of escorted leave or ward activations.
- Staffing levels combined with staff training data showed us that there was always enough staff available to carry out physical interventions.

Medical staff

- There was adequate medical cover both day and night. Throughout the day there was a specialty doctor available Monday to Friday and a consultant available 24 hours a day 365 days a year as a result of a consultant on call rota that utilises the services of two consultants that work for the organisation. Outside of business hours medical cover could also be provided from local health services by dialling 999 or 111. There was clear direction in the policy to indicate to staff that this was the case.

Mandatory Training

- Staff in the organisation received mandatory training annually. This was tailored to their job role and took into account training that had refresher periods of more than 12 months. Where required staff had received training and refresher training in a three-year cycle.
- Overall staff were 93% compliant with mandatory training as set out by the organisations policy. Some subjects were below the compliance level set by the organisations key performance indicators. These

included infection control, oxygen training and familiarisation and smoking cessation which were all below 75% compliance. This was due to staff leaving and new staff being recruited. There was an action plan in place to ensure that this shortfall was addressed as soon as possible.

Assessing and managing risk to patients and staff

Assessment of patient risk

- We examined six sets of patients records and they all demonstrated good practice.
- Staff used a recognised risk assessment upon admission to the service. The organisation used the short-term assessment of risk and treatability (START) tool at the point of admission. This was updated regularly including after every incident. Staff at the organisation had revised the tool to include a colour coding so that all staff could quickly establish current risks, risks that had been reduced and patients' past behaviours that were not a risk factor at the current time.

Management of patient risk

- Staff were aware of risks including physical health risks. Care records showed that staff were proactive in managing identified risk factors.
- Due to the colour coding developed for the risk assessment staff were able to respond quickly to changing risks.
- Staff followed organisational policies for the use of observation and mitigated risks posed by the environment, for example ligature risks. This included searching patient's property.
- We did not see any blanket restrictions throughout the period of our inspection. Where restrictions were applied to the entire patient, for example the restricted item list, group these were justified and proportionate to the risk identified.
- The organisation was not smoke free however the promoted smoking cessation and healthy lifestyle and patients were offered support and guidance if they wanted to give up smoking. This included offering patients' nicotine replacement in several different forms. There was a clear smoking policy in place to ensure compliance with current legislation.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



- Though there were no informal patients at the time of our inspection, we were told that informal patients could leave at will and staff understood the importance of ensuring that patients who were informal were aware of this.

Use of restrictive interventions

- There was no episode of seclusion in the twelve months prior to our inspection.
- There were no episodes of long term segregation in the twelve months prior to our inspection.
- There was one episode of restraint in the twelve months prior to our inspection. This had not included the use of prone restraint.
- It was clear from patients' notes that restraint was only used after all efforts to de-escalate the situation had failed and only as a last resort.
- Staff who used restraint used the correct techniques in line with their training and used the least restrictive techniques possible.
- Staff understood the Mental Capacity Act definition of restraint.
- There had been no instances of the use of rapid tranquilization in the twelve months prior to our inspection.

Safeguarding

- There had been no safeguarding referrals made in the twelve months prior to our inspection.
- Staff were trained in safeguarding and knew how to make an alert or referral when appropriate.
- Staff were able to give examples of how to protect patients from harassment and discrimination.
- Staff knew how to identify and report on adults and children who were at risk, this included working with other agencies.
- Staff followed safe procedures for children visiting the ward. These procedures ensured that no child entered the main ward area and only had contact with the person they were visiting.

Staff access to essential information

- Montague Court only used a paper recording system for patients' notes at the time of our inspection.
- All information required to deliver patient care was available to all staff who needed it. It was presented in an accessible format and it was easy to find the information.

- If information was recorded in several different documents there were systems in place to ensure that all documents were updated and correct. Staff undertook regular audits of patients' records to ensure that this was the case.

Medicines management

- Staff followed good practice in medicines management. This included following guidance set out by the national institute for health and care excellence (NICE). All areas of medicines management including storage, transport, recording, disposal and medicines reconciliation were in line with national guidance. Regular audits were undertaken by staff and an external pharmacist.
- Staff reviewed the effects of medication regularly. This included an assessment of the effects to physical health.

Track record on safety

- There had been one serious incident in the twelve months prior to our investigation.
- There was evidence that this incident had been investigated and lessons had been learned which had resulted in changes to working practice to reduce future risk.

Reporting incidents and learning from when things go wrong

- All staff we spoke with knew what incidents to report and how to report them.
- Staff had reported all incidents that they should have reported. There was a culture of openness in the organisation that encouraged staff to make a report on any incident they felt management should be made aware of.
- All staff we spoke with understood duty of candour. They were open and transparent with patients and stated that, if required, they would give patients and families a full explanation when things went wrong.
- Staff received feedback from incidents either directly one to one from managers or through regular monthly team meetings.
- Staff discussed feedback at staff meetings. This included action planning to minimise the risk of incidents re-occurring.
- There was evidence of changes to working practice as a result of investigations and feedback from staff.
- Staff debrief was available from trained managers and the psychology team if it was required.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



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

Outstanding



Assessment of needs and planning of care

- We examined six sets of patients records during our inspection. All six sets were extremely well presented, easy to navigate and demonstrated good practice.
- Staff completed a comprehensive mental health assessment of each patient on admission. This was updated regularly during each patient stay and included clear strategies on improvement and management. The information was colour coded using a red, amber and green rating system so that staff could easily see the most up to date and pertinent information relating to a patient's care. This information was regularly updated at ward round and targets were identified and set during these meetings. When a risk was identified it was marked as red. When an action plan was identified and discussed with the patient it would move to amber whilst the risk was worked on to reduce it. When targets were achieved it would be marked as green. This meant that staff could quickly identify key factors and what management plans were. It was also easy for staff to see how patients' behaviours had changed over time. Using the colour coding system also meant that patients were more easily engaged in discussions as targets were clearly identified. Patients were actively engaged and worked collaboratively with staff in developing action plans and managing their own risks.
- Assessments included a comprehensive assessment of the patients' physical health care needs. Where a need was identified there was good descriptions of conditions with attached notes detailing impact factors and care requirements.
- There was clear evidence that staff developed individualised strategies in care plans that met needs identified during assessment. Specific patient requirements had been extremely well covered with creative strategies that took into account all factors. The staff worked well with patients to ensure that care plans were complete.

- Care plans were personalised, holistic and specific to each patients' needs. It was clear how much input patients had had in developing care plans in a co-operative manner with staff. Care plans were recovery oriented whilst considering the current needs of the patients and expected outcomes.
- Care plans were reviewed regularly and updated when required. There was no maximum time frame for review as staff reviewed care plans routinely during every individual patients' ward round.

Best practice in treatment and care

- Staff provided a range of care and treatment options suitable to the patient group. These included positive behaviour support, dialectic behavioural therapy and cognitive behaviour therapy. These interventions are recommended, and were in line with, guidance from the national institute of health and care excellence.
- There was also a full programme of sessions and activities to encourage and develop patients in the activities of daily living. These included sessions around self-care, housework, laundry, catering and budgeting. Patients had the use of computers to undertake learning. There was a range of exercise equipment available and an instructor attended the unit several times a week. They worked with patients to create and supervise exercise programmes and run exercise sessions that were very well attended. Patients who had leave had planned community visits with occupational therapists that were focussed on the activities of daily living such as shopping and socialising. These were inclusive and mindful of patients' limitations to ensure that all patients were included.
- Staff ensured that patients had access to physical health care which included access to specialists when required. We saw examples of staff working with local health authorities to ensure the highest standards of physical health care to patients within the service. This included supporting patients during inpatient stays at local hospitals.
- Staff assessed and met the nutrition and hydration needs of the patient group. This included specific dietary requirements for patients with cultural and religious needs.
- Staff supported patients to live healthier lives. There was a regular and varied exercise programme available that tailored programmes to patient's specific requirements.

Long stay/rehabilitation mental health wards for working age adults

Outstanding



relating to physical ability and intended goals. All patients we spoke to had been offered this and the uptake on the unit was high. The staff were also trained in smoking cessation and patients were offered help and support to give up smoking.

- Staff used recognised rating scales to measure the severity of outcomes. We saw records of health of the nation outcome scales, recovery star and the model of human occupation screening tool.
- Staff used technology effectively to support patients for example there was prompt access to blood screening and test results.
- Staff participated actively in clinical audit. Key members of staff had been identified as champions in specific areas of care delivery. As a champion part of their role was to monitor compliance with quality targets and key performance indicators through regular audit and monitoring. Staff used the information from audits to create action plans and adjust working processes in order to address any shortfalls that had been identified. When we visited, staff had completed a project to review and update all care records to ensure that they were up to date and contained all relevant information.

Skilled staff to deliver care

- The team included a full range of specialists required to meet the needs of the patient group. This included a specialty doctor, occupational therapists and clinical psychologists and assistant psychologists. The organisation had a contract with a local pharmacist to ensure easy access to the service.
- Staff we spoke with were experienced and qualified for the roles they were employed to undertake. Where a member of staff required development to undertake their role, training was provided alongside mentoring and supervision. Staff had been promoted into roles where their skills had been identified. Future planning had been undertaken to identify development pathways for staff members. We were told by staff and management that the organisation had developed an ethos of growing their own staff members with skills specific to fill roles that the organisation wanted to develop. This was a theme that ran through all staff groups from health care workers to doctors. We saw excellent levels of staff engagement and morale. We saw evidence that management were responsive to staff development ideas.

- There was a high-quality induction programme in place that covered all subjects that would be required by new starters. The induction programme ran over the first six weeks from their start date to ensure that new staff were trained quickly. During this period new starters had regular contact with managers and worked closely with experienced staff. Health care assistants were expected to undertake a certificate in healthcare as soon as possible. We spoke with a member of staff who was responsible for training development as an extra role. Much of the electronic learning packages had been reviewed and specific face to face learning sessions had been developed. These included assessment methodologies to ensure that the organisation could demonstrate that staff had developed the required skills for their role. This information could be reviewed at appraisal and used to set in an ongoing development plan. Staff stated that in the last twelve months training had greatly improved in quality improved.
- Managers provided staff with supervision. This took several different forms including reflective practice, group supervision management and clinical supervision. Supervision took place for all staff every six weeks. The supervision rate was 100%
- All staff that required a twelve-month appraisal had received it. These were undertaken by the unit manager or deputy managers. Appraisals were linked to the organisations visions and values. There was always a conversation at appraisal about the future development of staff. Staff were proactively supported to acquire and develop new skills and share best practice. We saw several good examples of staff developing new strategies and ways of working that were promoted and integrated by management across the organisation.
- Managers identified the learning needs of staff and where possible specialist training was sourced. We saw several cases where staff had been trained to undertake roles that would help them develop future career paths. There were a number of staff members working towards nationally recognised qualifications in healthcare.
- We did not see any examples of management of poor staff performance as this had not been required in the twelve months prior to our inspection. Managers could talk us through the process should it be required. Their descriptions were in line with organisational policy.

Multi-disciplinary and inter-agency team work

Long stay/rehabilitation mental health wards for working age adults

Outstanding



- Staff held regular weekly multidisciplinary team meetings. All staff, including health care workers were included in the meetings. Outcomes created by these meetings showed us that a wide range of topics relating to patient care and recovery were discussed and decisions made at these meetings were acted upon quickly and efficiently.
- There was a complete handover process in place at the change of every shift and staff who worked outside of normal shift times, for example doctors and occupational therapists, received an effective handover upon entering the unit.
- There was a holistic approach to planning future care and discharge that demonstrated collaborative working with teams outside the organisation. We saw examples of innovation and efficient ways to deliver joined up care to people who were receiving care from two different services.
- We saw extremely positive working relationships had developed between the team at Montague Court and other teams from within the organisation. Staff who had specific knowledge from other units were regularly invited to attend Montague Court handovers and there was evidence of activities and therapy sessions organised that included staff and patients from all units in the options for care group. Regular groups and sessions had been developed to allow patients from all hospitals in the organisation to work with one another. These included good natured inter hospital competitions. This had fostered an enthusiasm and sense of ownership in the patients at Montague Court. This meant that patients were enthusiastic in their engagement and were actively involved in planning future events of a similar type. There was strong culture of enablement and person-centred care. Patients were active partners in their care.
- We saw that good working relationships had developed with teams outside of the organisation. This included local GP surgeries, teams at general hospitals and staff from advocacy services. Options for Care had developed good working relationships with commissioning groups and were working closely with them in terms of discharge planning. Local NHS community teams were involved in discharge planning and planning for aftercare post discharge.
- All staff had received training in the Mental Health Act including the code of practice and the guiding principles. This was delivered to staff as part of the induction and was refreshed annually as part of the mandatory training calendar.
- Options for Care had two members of staff, a mental health act administrator and a trainee mental health act administrator, to offer staff administrative support and legal advice on the implementation of the Mental Health Act and its code of practice. When interviewed both staff members in this team showed that they had developed an exceptionally good knowledge of the act and related documentation. Staff we spoke with knew who these staff members were and how they could access them for advice and guidance. Both staff members in this team were a visible presence on the unit and were well known to the patient group.
- There were relevant policies in place to ensure compliance with the Mental Health Act.
- Staff could access policies relating to the Mental Health Act and the code of practice in either paper or electronic format. Staff informed us that they knew where to access this information.
- Patients had easy access to information about advocacy services. This information was posted around the unit on notice boards and staff could give patients leaflets if they required them.
- Staff explained patients' rights to them in a way that patients could understand. This was repeated as required and documented in patient's care records.
- Staff ensured that patients could take section 17 leave, which is permission for patients to leave the hospital for a specified period of time.
- If required, staff understood the system for requesting the opinion of a second opinion doctor.
- Copies of patients Mental Health Act paperwork was stored in patient's records. Where required the correct paperwork was attached to medication cards. Prior to admission the Mental Health Act administrators requested all relevant Mental Health Act paperwork from the referring organisation. This was checked to ensure it was correct and up to date. The organisation would not admit a patient until any errors had been corrected and their Mental Health Act paperwork was up to date.
- The Mental Health Act team undertook regular audits of paperwork to ensure that the mental Health Act was

Adherence to the MHA and the MHA Code of Practice

Long stay/rehabilitation mental health wards for working age adults

Outstanding



being applied correctly. Results of these audits were sent to the unit manager and the operations director to ensure that any errors were corrected as soon as possible. We saw an example of Mental Health Act administrators and managers working together to quickly respond to an error in one patient's Mental Health Act paperwork to ensure that they did not miss out on section 17 leave because of missing paperwork.

Good practice in applying the MCA

- All staff had received training in the Mental Capacity Act and the five statutory principles. This was undertaken as part of the Mental Health Act training which was delivered at induction and refreshed annually as part of the mandatory training calendar.
- There had been no applications made in relation to the Deprivation of Liberty Safeguards in the twelve months prior to our inspection. As all patients were held under section of the Mental Health Act this had not been required.
- The provider had a policy in relation to the Mental Capacity Act. Staff were aware of this policy and knew how to access it.
- Staff knew where to get advice within the organisation in relation to the Mental Capacity Act. For advice on capacity relating to clinical issues, staff knew to access the consultant. For advice on the application of the act and legal issues the unit manager acted as point of contact. This included advice on the application of the Deprivation of Liberty Safeguards.
- We saw that staff gave patients every opportunity and assistance to make specific decisions for themselves before they assumed that patients lacked the capacity to make the decision.
- When patients lacked capacity, staff made decisions that were in their best interests. When they did this, they considered many factors including the person's wishes, feelings, culture and history.
- Regular audits were undertaken in relation to Mental Capacity Act paperwork to monitor adherence to the act.

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

Outstanding



Kindness, privacy, dignity, respect, compassion and support

- We observed staff working and interacting with patients throughout the period of our inspection. We found them to be exceptionally caring, respectful and responsive. They were discreet in their interactions and had very good knowledge of individual patient needs. They could offer emotional support and advice at the time that patients needed it.
- Patients were very involved in their own care. Staff supported patients in a way that helped them to understand their conditions and manage their care and treatment. In cases where patients had limitations that affected their involvement in planning of care, innovative and personalised strategies had been developed to ensure that they were as engaged as possible in the process.
- There was a strong and visible person-centred culture. Staff were highly motivated and inspired to offer care that is kind and promoted dignity. Staff directed patients to other services when appropriate. There was good evidence that, when this had occurred, staff helped and supported patients throughout this process. We saw extremely high levels of patient engagement and staff support when patients were admitted into other services, such as local authority general hospitals, for treatment. This was true for all staff including the medical team who undertook visits to speak with patients and support them throughout their treatment. If it was identified that a patient receiving care at an external hospital did not have family to visit them, staff drew up a rota to ensure that the patient had visitors. This was not a clinical session and staff offered emotional support. We saw examples where very unwell patients were visited by all staff at the unit. This included the directors and consultants within the organisation.
- Patients were extremely positive in their feedback about the staff. They stated that they treated them well. Patients stated that there was a family feel to the unit and staff genuinely cared about patients' thoughts and

Long stay/rehabilitation mental health wards for working age adults

Outstanding



feelings. They told us that they knew all staff well including bank staff. Patients also told us that they felt that this was the most positive experience they had had in any of the hospitals that they stayed in.

- Staff understood the individual needs of each patient including cultural, social and religious needs. They had very good knowledge of patients' histories and could talk to us in detail about specific requirements for each patient.
- Staff told us that they felt that they could raise issues with patients and staff around disrespectful or discriminatory attitudes and behaviours without fear of victimisation or consequences.
- Staff had good knowledge of the issues around confidentiality and keeping information stored about patients safe and secure. Their working practices reflected this.

Involvement in care

Involvement of patients

- Staff used the admission process to inform and oriented patients to the unit and the service.
- People who used the service were active partners in their care where possible. Staff involved patients in the care planning process and were committed to working in partnership with patients. We saw high levels of patient engagement in care records in most cases. Where a patient had been unable or unwilling to be involved this was clearly documented and care records were written in a manner that reflected this. Staff had made every effort to empower the people who use the service to have a voice and realise their potential.
- Staff tailored their communications with each patient to ensure that they understood their care and treatment. This included patients with communication difficulties. In cases where there were challenges in delivering care, staff showed determination and creativity to overcome them.
- Patients met regularly with management staff and could influence decisions made about the service. They were also invited to give feedback and offer suggestions for improvements at these meetings.
- We saw that patients were encouraged to make advanced decisions in relation to their care. These were clearly documented in patients care records.
- Patients social and emotional needs were highly valued by staff and were embedded in care and treatment.

- All patients were able to access advocacy services and an advocate visited the unit weekly.

Involvement of families and carers.

- Staff involved and informed families and carers when appropriate. This was only done in line with patients wishes. There was evidence that staff had offered support and guidance to families and carers when required.
- Where appropriate families and carers could attend multi-disciplinary team meetings and could influence decision making about patient care.
- Staff provided families and carers with all the information they required about the service.

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 management

- The average bed occupancy over the twelve months prior to our inspection was 90%
- As an independent provider, Options for Care took referrals from around the UK and as such do not document out of area placements.
- Due to the method used for commissioning beds at Montague Court, beds were always available when a patient returned from section 17 leave as the bed would remain assigned to that patient until discharge.
- Patients were only moved between units if this was part of their care pathway or it was justifiable on clinical grounds.
- Discharges only happened during business hours of nine to five Monday to Friday.
- If a patient required more care than the unit could provide a referral was made to local authority psychiatric intensive care units. This had not been required in the twelve months prior to our inspection.

Discharge and transfer of care

Long stay/rehabilitation mental health wards for working age adults

Outstanding



- Montague Court had set an average length of stay target of between 12 at to 18 months. They had a number of patients that had been resident for over this target but all patients had a complete discharge plan in their care notes. This was reviewed monthly by staff at the unit. These plans were also regularly reviewed by CCGs and local authorities. Where possible the discharge plans had identified next step placements for patients. These included step-down units and community placements. Where patients had been resident for longer than the set target of 12 to 18 months there was a clear rationale for this in care notes. In all cases this was driven by the clinical need of the patient.
- In the twelve months prior to our inspection the service had discharged three of their long stay patients
- There were no delayed discharges in the twelve months prior to our inspection.
- Planning for patient discharge included liaison with care managers and care co-ordinators from community teams.
- Staff supported patients throughout the transfer process. This included support during referral and assessment.

The facilities promote recovery, comfort, dignity and confidentiality

- All patients had their own bedrooms complete with en-suite bathrooms.
- Patients could personalise their own rooms. This included furniture, soft furnishings and decorations such as posters or artwork if desired.
- All patients had secure lockable cupboards in their bedrooms in which to store their possessions. They had access to their rooms 24 hours a day.
- There was a full range of rooms available to be used to support care and treatment. This included a clinic room, sessions rooms and interview rooms.
- There were quiet areas that patients could access where they could have time away from the main ward areas or meet with visitors.
- Patients could make phone calls in private. If they had their own mobile phones, there were no restrictions on using them in their bedrooms. If patients did not have mobile phones they could request private access to a hospital land line.
- The patients had access to outside space. Montague Court had a large garden area at the back of the unit which they could access at will with no blanket

restrictions. We were told that, for security reasons, the outside door to this area was locked at night but patients can request access at any time of the day or night. Providing there were no personal restrictions in place access was granted.

- We were informed by patients that the food was acceptable though the menu had not been updated for some time.
- All patients had access to hot and cold drinks and snacks including fruit 24 hours a day.

Patients' engagement with the wider community

- Where appropriate patients had access to external education and work opportunities.
- Staff supported patients to maintain contact with family and friends.
- Staff supported patients to develop and maintain relationships with people that mattered to them.

Meeting the needs of all people who use the service

- The service made adjustments for disabled patients. There were rooms downstairs that could be accessed by people with physical limitations. Patients with specific disabilities were assessed for suitability to the unit prior to admission. In cases where a patient's physical health had deteriorated during their stay, the organisation had purchased equipment to assist them.
- There was information available to the patients in the form of posters and leaflets. Information included leaflets on local services, legal rights and the complaints process.
- Information leaflets were available in a range of languages and easy read.
- There was access to interpretation services. This included access to signers for deaf patients if required.
- Patients had a choice of food each day. The menu was varied and included vegetarian options. If a person's cultural or religious beliefs impacted on their food choices this was accounted for.
- Staff ensured that all patients had access to the appropriate spiritual support if required.

Listening to and learning from concerns and complaints

Long stay/rehabilitation mental health wards for working age adults

Outstanding



- There had been 19 complaints made by patients in the twelve months prior to our inspection. Of these six were upheld. No complaints were referred to the ombudsman in the twelve months prior to our inspection.
- Patients we spoke to knew how to make a complaint and felt confident that they could do so without fear of victimisation.
- Staff we spoke with knew how to handle complaints appropriately and there was a policy in place to offer staff guidance in doing so.
- Staff received feedback around complaints, including improvement strategies, at staff meetings.

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

Outstanding



Leadership

- Leaders had the skills and knowledge to perform their roles. All the leaders at options for care were experienced in management roles. The leadership used their governance processes to drive and improve the delivery of high quality care. They had actively supported and developed a culture of improvement through staff development.
- Leaders had good knowledge of their service. They could explain in detail how the teams were working to provide high quality care. They had clear strategies where by staff were encouraged to improve their area of work. This included administration staff who were involved in audit and review of key areas of care delivery.
- Leaders were extremely visible in the service. The feedback we received from staff indicated that the unit manager and director of operations were regularly around the service and available if staff or patients needed them. It was clear they knew staff and patients well from the interactions we observed.
- There was consideration given to leadership development opportunities for staff throughout the organisation. We saw examples where staff had been given specific training to enhance their leadership skills.

Vision and strategy

- All staff we spoke with understood the organisation's strategy, visions and values and agreed with them.
- Leaders had an inspiring and shared purpose and worked hard to motivate staff to succeed.
- There were consistently high levels in staff engagement in service development. Staff were encouraged to use critical thinking in developing new ways of working.
- Staff had the opportunity to contribute to discussions about service strategy and development. This was especially true in cases where the service was changing.
- Staff could explain to us how they were working to deliver high quality care within the budgets available.

Culture

- We saw high levels of staff satisfaction across all staff groups. Staff stated that they were proud to work for the organisation and spoke very positively about the culture.
- Staff stated that they felt able to raise concerns at the highest levels without fear of victimisation.
- Staff we spoke with knew the whistleblowing process as laid out in policy by the organisation.
- We were given examples of when managers had dealt with poor staff performance. It was in line with policy.
- We saw that the team worked extremely closely and effectively together. This included all disciplines of staff.
- Staff appraisals included a conversation about career development. We saw several examples of how these conversations had informed a staff members development through training.
- Staff told us that the organisations promoted equality and diversity in its day to day operation and in providing progression and career opportunities.
- Staff sickness levels at Montague Court were two percent for the twelve months prior to our inspection. This is lower than the national average of six percent.
- Staff had access to support for their own physical and emotional health. The organisation paid for each full-time member of staff to have membership of a hospital fund where they could obtain free treatment and reduced costs in a variety of areas. This included physical health services, complimentary health services, dentists, opticians and access to counselling and emotional support.

Governance

Long stay/rehabilitation mental health wards for working age adults

Outstanding



- Team meetings followed a clear format to ensure that essential information such as learning from incidents and complaints were discussed.
- Staff had implemented recommendations and changes to working practice because of reviews into incidents and complaints.
- All staff were involved in local audits. Some staff had responsibility for areas of practice and operation and acted as champions in these areas. It was the responsibility of these staff to undertake audit and present the findings to hospital managers. The audit schedule was complete and all areas of governance were captured.
- Staff understood the arrangements for working within teams. This included working with teams from across the organisation and external bodies.

Management of risk, issues and performance

- Staff maintained and had access to the risk register. They could escalate concerns when required.
- There was a set of contingency plans to manage emergencies. Staff spoke about how this was managed during the winter weather.
- Cost improvements had not impacted on patient care.

Information management

- The organisation used a paper recording system for patient records. This was not overly burdensome for staff. Where technology was in place, it was well thought out, fit for purpose and worked well.
- Information governance systems included confidentiality of patient's records. They were stored securely and there was a system in place to ensure they were only viewed by staff by people who were authorised.
- Team managers had access to administrative support. All records that managers needed to undertake their role were complete and available.
- Information we viewed was in an accessible format, easy to navigate and accurate.

- Staff had made notifications to external bodies as needed.

Engagement

- Staff, patients and carers had access to up to date information about the service. This was in the form of a regularly updated web site and bulletins using the internal email system.
- Patients had the opportunity to give feedback about the service that reflected their need. This happened via the patients meeting system. Patients meetings occurred weekly.
- Staff and managers had access to feedback about the service. This happened in the form of staff meetings where feedback was regularly discussed. Feedback also happened individually and via the email system if required.
- Patients were involved in service development and influenced decision making.
- The senior leadership team were a regular presence around the service and were always available to speak with staff and patients.
- Leaders engaged effectively with external stakeholders such as commissioners.

Learning, continuous improvement and innovation

- Staff were given time and support to consider opportunities to improve and innovate. We saw several examples of where staff had researched and implemented improvements to the service. There was a culture of improvement at Montague Court that was fully supported by senior managers.
- Staff had the opportunity to participate in research both internally and in conjunction with external bodies.
- The organisation had several quality improvement strategies in place. Staff we spoke with were aware of these and were involved in their development.
- At the time of our inspection the organisation was starting to consider how they could effectively engage with national audits and accreditation schemes. This work was ongoing.

Outstanding practice and areas for improvement

Outstanding practice

The team had taken nationally recognised risk assessment tools and improved them to make them more relevant to the service and user friendly. They had developed a red, amber and green colour coding system to be used alongside patients on going risk assessments and care plans to ensure that all staff were aware of how risk factors were being managed, where improvements had occurred and how patients were managing change. We viewed these documents and they were extremely easy to use and contained lots of information to aid staff in helping patients reach and maintain their goals.

The Mental Health Act administration team had implemented a system of internal audit to ensure that paperwork was correct and up to date. This included a system to ensure that new patients were admitted with their paperwork in good order.

Staff and patients were involved in co-operative working with teams and patients from across the organisation that had forged strong links between hospitals.

There was a complete therapy and activity programme in place that included physical health and exercise. This was inclusive for all patients regardless of their age or ability. Patients engaged well with these sessions and it had had a positive impact of levels of activity and engagement.

Staff had developed a system of working that was extremely supportive of patients with specific needs. This included ensuring that patients receiving care for physical health conditions in local hospitals were supported. This included creating a rota for staff to visit patients who did not have families so that they did not feel alone during visiting times. These visits were not used to discuss clinical issues or therapies but were used as a chance to raise the patients spirit and ensure that they felt cared for. The rota included all staff that the patients worked with day to day including doctors and managers.