

Good 

Options for Care Limited

Montague Court

Quality Report

Montague Court
2 Montague Road
Edgebaston
Birmingham
B16 9HR
Tel:01215235573
Website:

Date of inspection visit: 17th December 2015
Date of publication: 06/07/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-986922645	Montague Court	N/A	B16 9HR

This report describes our judgement of the quality of care provided within this core service by Options For Care. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Options For Care and these are brought together to inform our overall judgement of Options For Care.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for the service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

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

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the service and what we found	5
Information about the service	9
Our inspection team	9
Why we carried out this inspection	9
How we carried out this inspection	9
What people who use the provider's services say	10
Areas for improvement	10

Detailed findings from this inspection

Locations inspected	11
Mental Health Act responsibilities	11
Mental Capacity Act and Deprivation of Liberty Safeguards	11
Findings by our five questions	12

Summary of findings

Overall summary

We rated Montague Court as good because:

- Options for Care had undertaken work since the last inspection to improve all areas of care delivery.
- Consideration had been given to the environment. The building was visibly clean and well presented. Areas had been set aside for therapies. These were well thought out and had a range of equipment to assist in sessions. The clinic room was well equipped, clean and fit for purpose. All equipment had been checked and had stickers detailing when the next checks were due.
- All patients had care plans that contained detailed risk assessments and risk management plans. These were patient centred and recovery orientated.
- Montague Court had employed a Mental Health Act (MHA) administrator and staff had received training in the Mental Health Act and the Mental Capacity Act (MCA). Given its patient group were predominantly detained under the Mental Health Act this has resulted in systems that ensured that Montague Court record and store information relating to the MHA and MCA correctly.

- There were systems in place to ensure the involvement of the patient group in the day to day running of the service. Weekly house meetings canvassed the opinions of the patient group and this information was fed into staff meetings. Where appropriate improvements had been made because of this information.

However

- We found errors in medication recording. These related to the section 62 second opinion appointed doctor (SOAD) paperwork and recording of refusals.
- There was no clear advocacy pathway at the time of our inspection and Montague Court did not have access to independent mental health advocacy (IMHA) services.
- Substantive staffing levels were low. There were vacancies for both qualified nurses and health care assistants at the time of our inspection. There was regular use of contracted agency staff to mitigate this.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

Good



- The main ward areas and patients bedrooms were cleaned regularly and were well presented. We saw the cleaning records, which showed us all areas were cleaned weekly with a deep clean schedule in place. All furniture was in good order and well presented.
- There were vacant posts at Montague Court but this had been mitigated by offering agency staff regular working patterns to ensure they knew the service and the patients they were working with. Montague Court was in a process of recruitment at the time of our inspection. All shifts were covered and the staffing mix was correct on the shift rotas.
- Staff had received mandatory training and there was a calendar in place to ensure that staff would receive update training.
- Montague Court did not have a seclusion room and did not seclude patients. There had been no incidents of restraint in the six months prior to our inspection. All staff were trained in the use of physical intervention techniques and de-escalation
- Staff used a recognised tool when developing risk assessments. They contained individualised and patient centred information and where possible took into account the views of the patient.

However

- We found several errors in the administration of medication. These errors all related to recording. One record had not been updated in relation to section 62 of the Mental Health Act, which related to consent to treatment. This was pointed out at the time of our inspection and the organisation rectified this immediately. There were also gaps in recording relating to the refusal of medication. However, staff undertook audits of medication cards but these were not regular or in line with the organisations policy.
- There were ligature points present in patients bedrooms. Though most of the fixtures and fittings had been made safe, the taps in bedrooms and ensuite bathrooms were of an older style that could be used to suspend a ligature. These had been mitigated by risk assessments, observation and monitoring of patients as and when required. There had been no incidents recorded of the taps in patient's bedrooms and ensuite bathrooms being used as ligature points.

Summary of findings

Are services effective?

Good



- Care plans and risk assessments were of a high standard. They were recovery orientated and contained relevant and up to date information. Montague Court had nominated a member of staff to regularly audit care plans. Managers had developed training to ensure the quality of all care plans and risk assessments.
- Montague Court offered a range of therapies to its patients in line with national institute for health and care excellence (NICE) Guidance. They had developed close links with local NHS trusts and there was good evidence of patients accessing other health services in the area. Staffs used recognised tools to measure severity and risk and were actively involved in clinical audit.
- Montague Court had employed a full time Mental Health Act administrator. They had developed training in the Mental Health Act that included information about how to fill in MHA documentation. They also undertook a monthly audit of all MHA documentation. We found no errors in recording relating to MHA paperwork during our inspection.
- Staff had received training in the Mental Capacity Act. All patients had a capacity assessment in place in their records. Where it had been established a patient lacked capacity decisions had been made in the best interest of the patient. When decisions had been made, consideration had been given to the patient's wishes, culture, and history.

However

- At the time of our inspection, the patients at Montague Court did not have access to independent mental health advocacy (IMHA) services. The organisation was in the process of resolving this issue and was sourcing an IMHA service at the time of our inspection.

Are services caring?

Good



- We observed very high levels of staff and patient interaction during our inspection. Staff treated all patients with dignity and respect and had appeared to have built up good relationships with the patient group. Staff were able to give us detailed information about patients' likes and dislikes and could speak at length about patients' needs. We saw staff delivering sessions and all staff were encouraged to develop new ways to engage with the patient group.

Summary of findings

- Care planning was comprehensive and there was a system in place to ensure care plans were developed quickly after admission. Where possible patients were involved in care, planning and they were encouraged to take an active part in the development of their own care.
- There was a weekly house meeting held at Montague Court and this allowed the patient group to have input into the day to day running of the unit. There was evidence that requests and suggestions made at these meetings had been considered and change had occurred as a result.

However

- Patients reported to us that they felt there was not enough staff. They also stated they felt the staff sometimes took over activities of daily living and sometimes did not promote independence.

Are services responsive to people's needs?

- Montague Court had an annex next to the main building that had been set aside as therapy rooms. These were well equipped and offered a wide range of activities. There were also spaces set aside in the main building that could be used by patients and staff as quiet places to talk or undertake activities. Patients had access to an outside area that was pleasant and welcoming. Patients were encouraged to use this for fresh air and exercise.
- We saw that a good range of activities were planned seven days a week. All staff were encouraged to develop sessions to engage the patient group. We observed a current affairs and music quiz that had been developed by a health care assistant. Patients and staff took part in this together.
- There was information posted around the unit that related to subjects ranging from local services and patients' rights to make complaints. These were also available in easy read versions. There was access to interpreters and signers if required. Consideration had been given to the cultural and religious requirements of the patient group. This included choice at meal times.
- Patients were aware of how to make a complaint and staff knew how to manage complaints correctly.

However

Good



Summary of findings

- We were unable to gather any information relating to complaints at the time of our inspection. Though Options for Care had changed its complaints recording procedure because of their last inspection, we were unable to view any information relating to complaints.

Are services well-led?

Good



- Options for Care had been through a period of change and improvement because of their last inspection. Though still improving staff stated they had started to feel more settled and the improvements had been embedded. The senior managers appeared to be well respected and all staff stated they felt they would listen to suggestions.
- There had been a new mandatory training calendar developed and the majority of staff were up to date with training. Work had also been done to develop regular supervision sessions and annual appraisals.
- An administration team had been developed which freed care staff up for direct care activities.
- There were opportunities for leadership development and staff of all grades were encouraged to take on roles that would help them develop. A number of staff had been nominated to be responsible for the audit and quality improvement measures concerning different aspects of running the unit. An example of this is the high standard of care planning and risk assessment since the development of a monthly audit, which informs training.
- There was an effective system in place to ensure all staff were updated with new information. Staff met weekly and effective handovers were used to give information and updates including the outcomes of investigations and quality improvements as a result of audit.

However

- Substantive staffing levels were low at the time of our inspection. Options for Care were in the process of recruitment and felt that this would be resolved in the next six months.
- There was not an established set of key performance indicators in place. This meant information relating to performance was stored in different ways and it was difficult to establish levels of compliance in some areas. The unit manager informed us KPIs and related documentation was in development and would be in place within three months.

Summary of findings

Information about the service

Montague Court is a mental health hospital run by Options for Care 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 11 patients resident at Montague Court. Montague Court had placed a voluntary suspension on the admission of new patients since the last inspection.

This service was inspected in June 2015 and was found to have failings in key areas of care delivery. The inspection that was undertaken to inform this report was an unannounced comprehensive inspection to monitor compliance with stated improvements and inform a rating for the overall performance of the hospital as of December 2015.

Our inspection team

Team leader: Matt Brute Inspector Central West.

The team that inspected the service included three CQC inspectors and a CQC pharmacist

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme and to assess compliance with improvement plans as a result of the previous inspection in June 2015

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?

During the inspection visit, the inspection team:

- visited Montague Court and looked at the quality of the ward environment and observed how staff were caring for patients.

- spoke with seven patients who were using the service.
- spoke with the registered manager and service manager.
- spoke with eight other staff members including doctors, nurses, occupational therapist, cleaning staff and admin staff.
- attended and observed one multi-disciplinary meeting.
- looked at eight 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 findings

What people who use the provider's services say

The patients we spoke to gave positive feedback about the service. They were complimentary of staff and stated they felt that Montague Court was a caring environment. They stated they felt engaged and that there were plenty of activities available.

We did not have the opportunity to interview any carers or family members during our inspection.

Areas for improvement

Action the provider **SHOULD** take to improve

Action the provider **SHOULD** take to improve

- The provider should implement working processes to ensure that all medication administration, including refusal of medication, is recorded correctly
- The provider should ensure that there is a clear advocacy pathway in place.
- The provider should ensure that the number of substantive staff is sufficient to ensure that the correct number of qualified and support staff covered all shifts.
- The provider should ensure that documentation relating to complaints is generated in a format that is accessible, documented, and stored securely.
- The provider should ensure that it has established key performance indicators to monitor the quality and delivery of different aspects of its business. These should be monitored regularly with set targets for improvement.

Options for Care Limited

Montague Court

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)

Montague Court

Name of CQC registered location

Montague Court

Mental Health Act responsibilities

- Montague Court employed a Mental Health Act administrator to monitor and audit information relating to the Mental Health Act
- At the time of our inspection, Montague Court had 11 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.
- We found one error in the medication charts relating to section 62 SOAD paperwork. This had expired two days prior to our inspection. This was pointed out at the time of our inspection and rectified before we left site.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Capacity had been considered in all cases. Where it had been established that there was a lack of capacity, recognised tools had been used to provide evidence.
- Where decisions had been taken for patients that lacked capacity, this had been done in the best interest of the individual and had considered their wishes and any cultural or religious factors.
- All of the patients' residents at the time of our inspection were detained under the Mental Health Act, which meant there had been no requirement to use the deprivation of liberty safeguards (DoLS). There was a policy in place relating to the use of DoLS if it was ever required and the unit manager acted in an advisory role relating to its use. Staff were aware of how to make a DoLS application and had received training in this area.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- The lower floor of the building was laid out so it was possible to observe all parts of the unit. The stairs and upstairs bedroom corridors did have some blind spots but these were mitigated by equipment and working processes.
- There were ligature points present in the bedrooms. The taps in the ensuite bathrooms were not of a design that prevented the attachment of ligatures. This was mitigated by risk assessments and care planning when required. There had been no incidents of anyone using the taps to tie ligatures. Curtain rails and wardrobes had been made ligature compliant. There were some ligature points present in the day area but these were mitigated by working processes.
- All equipment such as scales and blood pressure monitors in the clinic room was in good condition and was checked regularly. All documentation relating to these checks was present and completed. All medication was stored correctly. We examined 10 patients' medication records and found that nine were correct. One had errors relating to section 62 of the Mental Health Act. This related to the administration of medication without the consent of the patient. The form relating to section 62 had expired on the 15th December 2016. We pointed this out and a new form had been completed by the time we completed our inspection. Seven patients had gaps in their administration records that appeared to be related to refusal of medication. The visiting pharmacist had addressed this in green pen during checks. Ward staff had undertaken audits but these were not regular.
- All ward areas were clean and there was well maintained furnishing throughout the unit. The carpet next to the patio doors exiting to the garden area was stained as a result of patients and staff entering and exiting the building. This was cleaned regularly and there were plans in place to change the flooring to prevent this in the future.
- Staff adhered to infection control principles and there was hand sanitiser available when entering the unit.

- Equipment around the unit was well maintained and clean. Fire extinguishers and all electrical equipment had been safety tested and this was up to date.
- We saw the cleaning records which were up to date. They showed that the unit was cleaned regularly.
- Environmental risk assessments were in place and undertaken regularly.
- There were working alarm systems in place around the building and staff carried personal alarms.

Safe staffing

- At the time of the inspection, Montague Court employed 16 health care assistants (HCAs) and eight qualified nurses. Due to long term sickness and some staff leavers, this was under their establishment levels of 10 qualified nurses. This had been mitigated by raising their numbers of HCAs, establishment levels would normally be 10.
- There had been a high number of staff leavers since our last inspection. Options for Care was in the process of recruiting for staff across all three of its sites and consideration was being given to mobilise existing staff to ensure a mix of experienced and qualified staff at all sites. Once this is complete establishment levels will be 10 qualified nurses and 10 HCAs.
- Montague Court also employed a full time mental health act administrator, a cleaning team, two administrators, an occupational therapist, and a psychologist.
- There were two qualified nurses on shift both day and night. These numbers had been estimated by benchmarking against similar services.
- Montague Court had two agency staff on long term contracts to ensure continuity of care during their period of recruitment.
- It was possible for managers to adjust staffing mix as a result of clinical need. This was achieved by offering regular staff overtime or use of agency nurses.
- There were qualified nurses present in communal areas of the ward during our inspection. It was clear from their interactions and statements made to us by patients that this was normal working practice
- We observed patients having one to one time with their named nurses.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- There was no evidence that escorted leave was cancelled due to a lack of staff. There were two incidences when escorted leave had been cancelled but these had been as a result of incidents.
- There was enough staff trained and on shift to undertake physical interventions. Options for Care were in the process of training all clinical staff in safe physical interventions to ensure that this would be the case across all of its sites.
- Medical cover is provided via local health services. In an emergency Montague Court would access emergency services. Non emergencies are managed with the use of local GP practices.
- At the time of our inspection, Options for Care had recently introduced a new mandatory training calendar. All staff had recently received physical intervention training, safeguarding for adults level 2, Mental Health Act awareness, and Mental Capacity Act awareness. There was a plan in place to deliver all other training required over the following three months. At the time of our inspection moving and handling, infection control and health and safety were all below 75%.
- Policies and procedures were put in place to monitor the environment, mitigate ligature risks, and search patients person or rooms were appropriate and fit for purpose.
- There was no documentation available relating to the use of restraint as there had not been any restraint used in the six months prior to our inspection. All patients' notes we checked had individualised care plans relating to the use of verbal de-escalation and there was evidence that this was being used effectively. We observed staff using effective de-escalation techniques when a patient became agitated during our inspection.
- Staff were trained to safeguarding level two for adults and knew how to make a safeguarding alert. There were good links with local safeguarding teams.
- Storage and use of medication followed national institute for health and care excellence (NICE) guidance.
- We checked all medication cards during our inspection. We found one error in recording with reference to second opinion appointed doctors (SOAD) paperwork. We pointed this out to the unit manager and this error was rectified before we left the unit. Medicines were stored appropriately.
- There was a visitor's room that was accessible from a separate entrance. This room was monitored by the reception desk and could be set aside for child visits. Children were not given access to the main patient areas or the wider patient group.

Assessing and managing risk to patients and staff

- Montague Court does not use seclusion. There had been no incidents of physical restraint since June 2015. There was no information available for the amount of incidents requiring restraint prior to that date.
- Montague Court used a paper recording system. Paper notes were in well-kept folders, which were divided into sections. These sections were labelled which made navigation easy. They were stored in a lockable cupboard in the nursing office.
- We examined six patients' records and found that one did not have a completed risk assessment.
- Staff undertook a risk assessment upon admission and this was then updated every three or six months or when there was a change.
- Staff used the Sainsbury clinical risk management tool when undertaking these risk assessments. All records followed the same model of risk assessment and the documentation was standard.
- We found no evidence of any blanket restriction in place at the time of our inspection. Any restrictions that were noted in the patients' files were individualised and were in place due to the needs of that patient.

Track record on safety

- There had been one adverse event at Montague Court in the six months prior to our inspection. This related to an allergic reaction to cleaning products that had been suffered by one of the HCAs. The product was reviewed and changed as a result of the incident.

Reporting incidents and learning from when things go wrong

- All staff we interviewed knew how to make a report and were aware of what should be reported. Staff had undergone work place training in this area.
- We looked at the incident reporting documentation. Incident reports were of a high standard with plenty of detail. It appeared that all incidents that needed to be reported had been.
- Staff met regularly and handovers occurred at the start of each shift. Information relating to incidents and investigations was discussed at these meetings.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- We found evidence that there had been changes to working practice as a result of investigations and feedback from staff. An example of this related to supporting a patient whilst in the community. Information was present in the patient's care plan.
- There was a process in place for staff to receive a group de-brief after a serious incident. This had not been required in the last six months.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- A comprehensive risk assessment process was undertaken upon admission. These risk assessments were then reviewed three or six monthly or if there were any changes to the patients behaviours or mental state.
- Care records showed that a medical professional had undertaken physical examinations and there was evidence of ongoing monitoring of physical health problems if required.
- An audit of all care records had been undertaken in the week prior to our visit. All care records were up to date and contained personalised recovery orientated care plans. The assistant psychologist had been tasked with driving improvements and training staff. At the time of our inspection, all care plans were of a high standard.
- All records were stored in paper format. There was no computerised information system in place. Paper records were stored securely in a locked cupboard in the nursing office. This was accessible to all staff as and when required.

Best practice in treatment and care

- There was evidence that staff follow guidance when administering prescribed medication. Staff we interviewed were able to state that the relevant guidance was NICE guideline CG76 Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence.
- The assistant psychologist working at Montague Court offered cognitive behavioural therapies and dialectical behavioural therapies as recommended by NICE.
- Several of the patients at Montague Court had ongoing physical health conditions. This was evidenced in their care plans that there was good access to physical healthcare including specialists. This was accessed via local NHS trusts.
- Staff used recognised ratings scales including health of the nation outcomes scales (HONOS).
- Clinical staff participated actively in audit. Staff were allocated different roles and some staff were given responsibility for driving improvement.

Skilled staff to deliver care

- A full range of mental health disciplines provided input into the unit. This included full time staff members such as occupational therapists and psychologists to external social workers and pharmacists.
- There was a mix of new and experienced staff at Montague Court.
- A new system of induction had been developed within the last six months. This was fit for purpose and provided staff with appropriate training.
- Staff received six weekly clinical supervision, management, group supervision, and annual appraisals. Team meetings took place regularly and were documented.
- All staff had received an appraisal within the last twelve months.

Multi-disciplinary and inter-agency team work

- Multi-disciplinary meetings (MDTs) occurred weekly. There was documented input from a wide range of staff at these meetings. Where appropriate outside agencies were invited to attend. This included members of the patient's community mental health team. Where appropriate patients and carers had been invited and had given input at the MDTs.
- Handovers occurred at the beginning of every shift. We looked at handover paperwork, which contained detailed information.
- There was evidence of good working relationships with other teams and organisations. Montague Court had developed good links with local NHS trusts through its assistant psychologist. Patients' notes also indicated strong working relationships with patient's community mental health teams. There was evidence of links to local social services that had been initiated by staff and patients at Montague Court.

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

- Multi-disciplinary meetings (MDTs) occurred weekly. There was documented input from a wide range of staff at these meetings. Where appropriate outside agencies were invited to attend. This included members of the patient's community mental health team. Where appropriate patients and carers had been invited and had given input at the MDTs.

Are services effective?

Good 

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- Handovers occur at the beginning of every shift. We looked at handover paperwork, which contained detailed information.
- There was evidence of good working relationships with other teams and organisations. Montague Court had developed good links with local NHS trusts through its assistant psychologist. Patients' notes also indicated strong working relationships with patient's community mental health teams. There was evidence of links to local social services that had been initiated by staff and patients at Montague Court.

Good practice in applying the Mental Capacity Act

- New Mental Capacity Act (MCA) training had been introduced in July 2015. Over 75% of staff had already attended this training and we were shown a planner indicating that the remaining staff were booked to attend training in January 2016.
- There had been no DoLS applications made at the unit in the six months prior to our inspection as all patients were detained under the Mental Health Act.
- Staff we interviewed had good knowledge and understanding of the MCA 2005 and the five statutory principles.
- There was a policy in place relating to the MCA including DoLS, which staff could refer to. They were also directed to seek support from the registered manager.
- For patients who had been assessed as having impaired capacity, there was evidence that this had been assessed appropriately and people were given all possible assistance to make specific decisions for themselves.
- Where decisions had been made for the patient by the staff team this had been done in the best interest of the patient in question. There was evidence that consideration had been given to the person's wishes, culture, and history.
- Staff received recognised training in the use of restraint. Staff we interviewed stated that the training included information relating to the MCA definition of restraint.
- Staff were aware that they could get support from senior managers in relation to the MCA including DoLS.

Are services caring?

Good 

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- We observed staff working with patients throughout the period of our inspection. There were high levels of interaction and staff treated patients with dignity and respect. It was clear from these interactions that staff had a good knowledge of each patient. We observed staff and patients taking part in activities and they were able to engage them in conversation and generate positive interaction. We saw staff de-escalating a potentially difficult situation between two patients. This was done in a calm professional manner.
- Only a small number of patients agreed to speak with us formally. They stated that they felt that there was not enough staff. They also stated that the staff could sometimes take over daily activities and did not allow enough independence. They were complimentary of the organisation overall and stated that they were happy to be at Montague Court. One patient engaged with us informally during the tour of the unit and was complimentary of the staff and organisation. They stated that they did not want to move from Montague Court as they considered it their home.
- Staff could give information about individual patients needs and appeared to have a detailed understanding of all of the patients.

The involvement of people in the care that they receive

- The admission process orientated the patients to the ward environment. They were given information relating to their care and a 72 hour care plan was undertaken. These involved one to one sessions with their key nurse to discuss treatment and care.
- Patients were involved in their care planning once admitted and there was evidence in the patients' notes that they had been encouraged to participate in developing care plans and engage at MDT reviews.
- There was no clear advocacy framework in place at the time of our inspection.
- There was evidence in patients' notes that family and carers had been involved in developing care plans. There was also evidence that, where appropriate, family and carers have been invited to participate in MDT discussions.
- There was a weekly house meeting and a daily morning meeting in place at Montague Court. This enabled patients to ask questions and raise concerns relating to the day to day running of the unit. Patients were asked to give input and make decisions. During our inspection, patients were asked to decide how they would like to spend money that had been set aside for Christmas celebrations.

Are services responsive to people's needs?

Good 

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- Montague Court accepts referrals from the local clinical commissioning groups.
- Montague Court had 18 beds and in the last six months there had been 11 patients in residence. Management took the decision to suspend new admissions since our last inspection. This was to ensure that improvements to the service could be made and embedded.
- If a patient was to go on leave their bed would be kept empty until their return.
- We were informed that patients would only be discharged during business hours Monday to Friday.
- Psychiatric intensive care services were available within local NHS trusts. This would be accessed via normal referral procedures.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a full range of rooms on site to support treatment and care. The clinic was well equipped. There was an annex next to the main building that was set aside as activity and therapy rooms. These rooms were well equipped and appeared to be well used by patients. We observed a number of sessions taking place in this area during our inspection.
- There were quiet areas in the unit where patients could meet with their visitors. There was also a room set aside next to the reception area. This meant that patients could meet with their visitors without them coming into the main patient area.
- Patients had access to their own mobile phones and there was a pay phone available that was situated off the main ward area.
- There was a large courtyard at the rear of Montague Court that patients could access from 8am up to 7pm. Observed access was available after this time by request due to staffing levels.
- Patients we spoke to told us that the food provided was of a good quality. There was an "activities for daily living" kitchen available where patients could prepare their own meals on a rota basis.
- Patients had access to hot drinks and snacks 24/7.

- Patients were able to personalise their bedrooms. The rooms that we checked had been personalised and were individual.
- All patients had been issued a key to their bedroom and were able to lock their door to secure their personal possessions.
- There was a good range of activities available seven days a week. We saw staff engaging patients with quizzes and music sessions. HCAs were encouraged to develop individual and group sessions with patients.

Meeting the needs of all people who use the service

- The building was accessible for people requiring disabled access. Adjustment had been made for patients with mobility issues.
- There were notice boards around the unit with information posted relating to treatment, local services, patients' rights and how to complain. These were also presented in easy read format.
- Montague Court had access to a local interpreter's service and could access British sign language signers if required.
- There was a choice of food available at meal times and consideration had been given to the dietary, cultural, and religious dietary needs of the patient group.

Listening to and learning from concerns and complaints

- We were unable to establish the total number of complaints made in the last twelve months. Options for Care had changed their complaints procedure and recording process because of our last inspection.
- The patients we spoke to knew how to make a complaint. There was also clear information on how to make a complaint posted on notice boards around the unit.
- Staff we interviewed knew how to handle a complaint appropriately and were aware of how to escalate a complaint from a patient. The head of human resources for Options for Care handled all complaints and all staff we spoke to could identify this person as their point of contact.
- Staff received feedback on the outcome of complaints at a regular staff meeting or at handover.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- Options for Care had been through a period of change because of our last inspection. They were in the process of developing new visions and values that were patient centred. They were developing a checklist for staff relating to the visions and values of the organisation. This had been done in consultation with staff at team meetings.
- Staff were aware of who the senior managers were and could name them. They were a regular presence within the unit and staff stated they felt they could approach them to raise any concerns if required. All staff we spoke to stated they had not needed to do this.

Good governance

- Staff had received mandatory training in most areas. This area has been under development since our last inspection and is an ongoing process at Montague Court.
- Staff received regular supervision. This mostly took the form of 1:1 management supervision. 1:1 clinical supervision was in place and the processes to ensure this occurred regularly were in development.
- A new appraisals process had been developed and was in its first twelve months.
- Though staffing and recruitment were an issue at Montague Court at the time of our inspection, the organisation had good processes around the use of agency staff to ensure experienced people were used on the unit. There was evidence in the daily rotas that the correct number of staff were used on the wards and that they were of the correct grades and experience.
- We witnessed very high levels of interaction with staff and patients involved in direct care activities. There was good use of administration staff to ensure clinical staff were free to deliver care.
- There was evidence that staff participated in clinical audit. We interviewed staff that were given responsibility for audit and improvement in different areas of the day to day running of the unit.
- There were clear processes in place to ensure staff learned from service user feedback, complaints and incidents. All staff were involved in regular team meetings.

- We found no errors in recording relating to safeguarding, MHA or MCA and all local procedures appeared to have been followed.
- At the time of our inspection, there was not an established set of key performance indicators in place. These were under development and there was an expectation that these would be introduced in the next six months. Managers stated they had spent the time since our last inspection resolving any established issues and introducing new systems and working practices. They felt these were now embedded and could be measured.
- The unit manager stated they felt they had enough authority and admin support to undertake their role effectively.

Leadership, morale and staff engagement

- One member of staff had been on long term sick. Aside from this staff sickness and absence rates were below 5%.
- We were not aware of any bullying or harassment cases at Montague Court in the six months prior to our inspection.
- Staff we interviewed stated they knew how to use the whistleblowing process and were able to talk us through it.
- Staff we interviewed stated they felt they could raise concerns without fear of victimisation.
- The unit manager informed us that there has been a period of low staff morale since our last inspection. Staff felt under pressure because of the findings and this had made working at Montague Court difficult. The registered manager was attempting to address this with supervision and staff support. The manager felt this was improving since the introduction of improvement measures and that staff were now feeling a greater sense of job satisfaction. This statement was echoed by staff that we interviewed. Staff we interviewed stated they were happy in their work at the time of our inspection and were proud of the work they were doing with patients at Montague Court.
- There were good opportunities for leadership development at Montague Court. Staff were able to approach management to request specialist training.

Are services well-led?

Good 

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

There was a process in place to nominate staff for responsibility in specific areas of process improvement. We saw examples of staff members driving improvement through clinical audit.

- We saw examples of team working in the delivery of care during our inspection. HCAs had developed sessions while being supported by qualified staff.
- Staff were open and transparent when communicating with patients.

- Staff were heavily involved in service development. All staff stated they felt like they were listened to and their ideas were considered and valued. There was good evidence that staff were involved in improvement processes.

Commitment to quality improvement and innovation

We did not find any examples of involvement in national QI programmes or research at the time of our inspection.