

# Montague Court







## Quality Report

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Date of inspection visit: 07th December 2016  
Date of publication: 06/03/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

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

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

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

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

# Summary of findings

## Overall summary

### **We rated Montague Court as good because:**

- Montague Court provided a safe and clean environment. Staffing levels met the needs of the patients and the unit only used agency staff who had received an induction and who knew the service well. Staff completed risk assessments for patients and ensured they updated them regularly.
- Staff completed care assessments and carried out regular physical health care monitoring. Management of medication followed national guidance and the service provided psychological therapies including cognitive behavioural therapy. Mental Health Act paperwork was completed and stored correctly.
- Staff treated patients with dignity and respect. They had used their knowledge of patients to build supportive and therapeutic relationships. Patients spoke positively about the care they received.
- Montague Court provided a full range of treatment and therapy rooms for patients to use. Each patient had their own room, which they could personalise as they wished. They could lock these rooms to keep personal items safe. Patients had access to drinks and snacks when they wanted and had use of outside space. The activity programme encouraged recovery and independence.
- Staff morale was high and they described working in a supportive environment where they felt well they could approach managers at any time. Montague Court had shown a commitment to improving the processes they used to improve the quality of the service patients received and all staff demonstrated that they used this during their daily work.

### However

- Mandatory training levels were below the target set by Options for Care in areas such as safeguarding and the service had to address the issues it has had with accessing training. This meant the service could not be sure staff were competent in all areas of their work.

# Summary of findings

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Good 

# 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 15 patients resident at Montague Court. All of them were subject to detention under sections of the mental health act.

The service was inspected in December 2015 and was rated as good overall. At that inspection we found errors in the administration of medication. All of these errors related to recording. We also found that there was no access to independent mental health advocacy services. Montague Court did not have an established set of key performance indicators in order to measure performance and staffing levels were low resulting in high use of bank and agency staff.

## Our inspection team

Team leader: Matt Brute Inspector Central West.

The team that inspected the service included 3 CQC inspectors, CQC pharmacist and an expert by experience.

## 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 December 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 three patients who were using the service.
- spoke with the registered manager.
- spoke with nine other staff members including doctors, nurses, occupational therapist, psychologist, cleaning staff and admin staff.
- attended and observed one multi-disciplinary meeting.
- looked at six care and treatment records of patients.
- carried out a specific check of the medication management.
- looked at a range of policies, procedures and other documents relating to the running of the service

# Summary of this inspection

## What people who use the service say

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

# 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 unit was clean and well maintained. Staff had a visible presence and were aware of any risks attached to ligature points around the building. These meant patients could move around the building freely as staff managed the risk well.
- Staffing levels had improved from the previous inspection. Use of agency staff was limited to those who knew the service and had received an induction. Qualified agency staff were never left in charge and always had the support of a permanent member of staff while on duty. The only exception to this would be if the agency member of staff had been block booked to cover a period of absence, in which case they would be treated in the same way as a full time member of staff.
- Patients records showed that staff completed risk assessments in a timely manner and updated them regularly so that everyone working with patients could support patients with potential changes.
- Staff understood which incidents to report and managers gave feedback both individually and in team meetings. The unit used learning from incidents to improve working practices.

However

Mandatory training was not up to date for all staff and below the key performance indicator set by the provider. This included areas such as safeguarding and could affect the skills of staff in managing patients' needs. The service had a plan in place for managing and improving this.

Good



### Are services effective?

We rated effective as good because:

- The service provided a nurse with a focus on physical healthcare to ensure patients received support with this particularly for those with pre-existing conditions.
- Montague Court provided a full range of mental health professionals including psychologists, occupational therapists and nursing staff. This gave patients access to a wide range of therapeutic activities tailored to their individual needs.
- Staff facilitated a hand over at the beginning of every shift and individually for staff coming on duty at other times to ensure everyone knew about changes to patients' needs and potential new risks.

Good



# Summary of this inspection

Staff received training in the Mental Health Act and the Mental Capacity Act and demonstrated they had good knowledge and felt able to use these to support their patients.

## Are services caring?

We rated caring as good because:

- Staff interacted positively with patients and had relationships built on trust. They responded to the changing needs of patients based on their knowledge of the patient's individual needs.
- Staff involved patients in care planning and offered patients a copy of their care plan. Families and carers had also when involved when this was appropriate.
- Patients had regular access to advocacy and posters about this were available throughout the service. Staff knew how to make a referral and supported patients to do this.

Good



## Are services responsive?

We rated responsive as good because:

- Montague Court provided a full range of therapeutic activity sessions and these were available seven days a week. Staff discussed these with patients and provided sessions that met the needs of the patients.
- Food was a good standard and patients could access drinks and snacks as the needed to.
- The unit was accessible for people with mobility issues with wide doors and ramps to enter and exit the building. Information was available on a wide range of topics and local services and could be translated in to a range of languages if required.
- Patients knew how to complain and staff said they supported patients to do this. Managers investigated complaints and fed back to staff and patients when this was completed.

Good



## Are services well-led?

We rated well-led as good because:

- Staff felt valued and supported by management and supported the organisations value in driving forward improvement. This was evident through their daily work and commitment to the organisation.
- The unit had key performance indicators in place, which covered, staff management and care delivery. Managers had put plans in place to improve the delivery and monitoring of staff training.

Good





# Summary of this inspection

- Montague Court was working with other organisations on a research project linked to staff and patient attitudes to care delivery

# Detailed findings from this inspection

## Mental Health Act responsibilities

Montague Court employ 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 15 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

- 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 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 (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.

## Overview of ratings






Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

### Notes

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

Good 

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

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

Good 

### Safe and clean environment

- The unit was laid out in such a way that it was possible for staff to observe all communal areas. Blind spots in bedroom corridors were mitigated with working practices.
- There were some ligature risks in the day areas and in some bedrooms. These had been mitigated by individual risk assessments and regular audits. There had been no incidents involving the tying of ligatures in the twelve months prior to our inspection.
- Montague Court was a male only unit and as such is compliant with same sex accommodation.
- There was a well-equipped clinic room with easily accessible resuscitation equipment. There was evidence that all checks that were required to ensure that equipment was operating properly had been undertaken. There were checks in place to ensure that emergency drugs were checked regularly and the documentation for this was up to date.
- Montague Court did not use seclusion and did not have any facilities for this.
- The unit was clean and well presented. We viewed cleaning rotas and these were in date and showed that the unit was cleaned regularly. Furnishings and soft furnishings were all in good condition and well maintained.

- Hand sanitiser was available for staff to use upon entering and exiting the unit. We saw that staff were adhering to infection control principles. This included when food was being served.
- We saw evidence that environmental risk assessments were undertaken regularly. This included an audit of ligature risks.

### Safe staffing

- Montague Court had allocated substantive posts for nine qualified nurses and 10 healthcare assistants at the time of our inspection. They had undertaken several rounds of recruitment since our last inspection and had vacancies for two qualified members of staff and two healthcare assistants. Two members of agency staff were used regularly to cover the two qualified vacancies. These two staff were well known to the service and had undertaken all the training that would be required of a full time member of staff.
- We saw evidence in the rotas that the correct number of qualified nurses were being used on all shifts.
- Approximately 28 shifts per month were covered by the use of bank or agency staff. Where bank or agency staff were used they always worked with an experienced member of staff.
- The unit manager informed us that the nurse in charge is able to adjust staffing levels to respond to the needs of the patient group.
- We observed that there was always a qualified member of staff present in the communal areas of the wards. This was also what we were told by the patients that we spoke to.
- There was evidence in patients notes and feedback that we got from staff and patients that indicated that there is enough staff available to ensure that patients get regular 1:1 time with their named nurse.

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

Good 

- We were told that ward activities or escorted leave were rarely cancelled and if they were this was never due to staffing levels on the unit. If sessions were cancelled, we were told that every effort was made to ensure that the session took place at a later time.
- There was always enough trained staff available to undertake physical interventions if required.
- Medical cover was provided by the consultant and middle grade doctor employed by the organisation in the first part and then local trust and G.P. surgeries. In an emergency staff at Montague Court would phone emergency services
- Though mandatory training figures in some areas were above 75% compliance, of the 25 mandatory training subjects, 19 were below 75% compliance with Options for Care targets. This was due to a fault with the organisations e-learning process which meant that staff had been unable to refresh training in these areas. Montague Court had a plan in place to address this and expected to be compliant with these targets soon after the inspection. Montague Court was in the process of developing internal trainers to reduce reliance on external providers.

## Assessing and managing risk to patients and staff

- There were no episodes of seclusion and we found no evidence of the use of defacto seclusion in the 12 months prior to our inspection.
- There had been two periods of restraint reported in the six months prior to our inspection. Neither of these had used the prone position.
- We reviewed six patients records during our inspection. Montague Court used a paper recording system. The files were in good order with separate sections that were clearly marked. These were stored in a locked cupboard in the nursing office and all staff could access these at any time.
- All care records we checked had risk assessments. These had been undertaken at admission and regularly updated thereafter.
- Risk assessments had been undertaken using nationally recognised tools. A short term assessment of risk and treatability (START) risk assessment was undertaken. In the longer term a Sainsbury risk assessment was in place.
- We found no evidence of blanket restrictions.
- Though the unit was locked there were processes in place to ensure that informal patients could leave at

will. Clear instructions concerning how informal patients could request that the door be unlocked were posted around the unit and near all exits. These instructions were clear and concise.

- There were clear policies in place concerning the use of observations and searching patients. Staff we spoke with knew about these policies and were able to tell us how they could be accessed
- There was clear guidance in policy that stated that all efforts must be made to verbally de-escalate patients before physical restraint could be used.
- We found that medications management including the use of rapid tranquilisation followed national institute for health and care excellence (NICE) guidance.
- Staff were aware of safeguarding alerts and when to make one however training compliance in this area was 73% which is under the national target of 75%. The organisation had trained a member of staff to deliver safeguarding training and there was a plan in place to address this deficit.
- We found that there was good practice in place for medication management, dispensing, storage and transport.
- There were safe procedures in place for children to visit the unit. Though this was rare, when it did occur a visitors room was available that was not in the main communal areas. Children could enter and exit the building without having to pass through these areas.

## Track record on safety

- There had been two reported serious incidents in the twelve months prior to our investigation.
- Neither of these serious incidents had resulted in any harm to any individual. One was concerned with potential financial abuse by a party outside the organisation and the other related to a patient absconding from the hospital. Investigations had taken place in both cases and improvements had been implemented as a result.

## Reporting incidents and learning when things go wrong

- All staff we spoke with knew what to report and how to report it. They all stated that they would feel able to use the reporting systems and would feel confident about doing so.

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

Good 

- We did not see any examples of duty of candour during our visit but we were informed by all staff that they would be open and honest in telling patients if things went wrong.
- Staff received feedback from investigations at staff meetings which occurred regularly.
- There was evidence that there had been changes to protocols and working practices as a result of investigations.
- There was a process in place to ensure that staff received de-brief and support after serious incidents.

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

(for example, treatment is effective)

Good 

### Assessment of needs and planning of care

- We found evidence in patients notes that comprehensive assessments were completed for each patient. These were started prior to admission and continued after to ensure they were complete.
- Care records showed that each patient had undergone a physical examination upon admission and that these had resulted in ongoing monitoring of any existing physical health conditions.
- Care records contained personal, holistic and up to date information. Where possible the patient had been involved in the creation of their care plan. Where this was the case the care plan contained statements and information in the patient's own words. Where it had not been possible to engage the patient in the creation of the care plan this was made plain and the language used throughout the care plan reflected this.
- All information needed to deliver care is stored in paper records in a locked cupboard in the nursing office. All staff have access to these records.

### Best practice in treatment and care

- We undertook a full inspection of medication and medications management during our inspection. We found that staff followed national institute for health and care excellence (NICE) guidance in prescribing and administering medication.
- There was input from a psychologist and an assistant psychologist within the service. There was evidence that therapies recommended by NICE were on offer. These included cognitive behaviour therapy (CBT) and dialectic behaviour therapy (DBT).
- An experienced nurse had been nominated as physical health care lead. This had resulted in complete physical healthcare packages contained within care records. Where required, access to specialist had been arranged.
- Staff used recognised rating scales to assess severity and outcomes. These included Recovery Star, and the model of human occupation screening tool (MoHOST) and the short term assessment of risk and treatability (START)
- All clinical staff took an active role in clinical audits. Staff had been nominated to lead different aspects of care delivery. For example a member of staff had been identified as the lead for safeguarding and another was the lead for infection control. It was the responsibility of these leads to arrange and oversee audits and feed back to management.

### Skilled staff to deliver care

- There was a full range of mental health disciplines in place at Montague Court. This included a psychiatrist, a psychologist, an assistant psychologist, an occupational therapist, an activity worker and a physical health care lead. There was also good input from external professionals such as pharmacists and social workers.
- Staff were experienced and qualified. During their recent rounds of recruitment Options for Care had placed importance on recruiting staff with prior knowledge and experience. This had resulted in the recruitment of two band six nurses into the post of deputy unit manager.
- Staff received appropriate induction training after securing a post with Options for Care. This took place prior to staff members taking up their position in the team.
- All staff that required an appraisal had one in place. Five members of staff had been with the organisation under

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

Good 

twelve months and were not due to undertake an appraisal at the time of our inspection. All staff received supervision every six to eight weeks. Team meetings occurred monthly.

- Specialist training was available to staff depending on their role. For example the safeguarding lead had been trained to deliver training in safeguarding.
- We did not find any evidence relating to poor staff performance.

## Multi-disciplinary and inter-agency team work

- Multi-disciplinary team meetings occurred every week. These included input from the internal team and, where required, external agencies.
- Handovers occur at the beginning of every shift. For staff that do not start at these times, for example occupational therapists or assistant psychologists, a handover was given in person when their working day began.
- There was evidence of good working relationships with people outside of the organisation for example community mental health teams, care co-ordinators from the local trusts and local social work teams.

## Adherence to the MHA and the MHA code of practice

- Eighty eight percent of staff had received training in the Mental Health Act (MHA).
- Staff we spoke with had sound knowledge of the MHA and its guiding principles.
- Where required, consent to treatment forms were attached to medication charts. All consent to treatment and capacity requirements had been adhered to.
- We found that patients had their rights read and explained to them after admission. This process had been repeated in some cases until staff were confident that the patient had understood. This process had been repeated routinely thereafter.
- Montague Court employed a Mental Health Act administrator. This meant that all staff had support available should they require it.
- We found that all detention paperwork we checked was in good order, filled in and stored correctly. At a recent inspection undertaken by a CQC Mental Health Act Reviewer we found that there were some errors in recording relating to the MHA documentation. These had all been corrected at the time of our inspection.

- The MHA administrator undertook regular audits of MHA paperwork to ensure that the act was being applied correctly.
- There was access to an independent mental health advocacy service (IMHA). Montague Court had contracted the services of a local supplier in this area.

## Good practice in applying the MCA

- Fifty seven percent of staff had received training in the Mental Capacity Act (MCA). There was a plan in place to ensure that this figure is brought in line with trust targets of 80%
- All patients resident at Montague Court were subject to restrictions under the Mental Health Act and as such no Deprivation of Liberty Safeguard (DoLS) applications had been made in the last 12 months
- All staff we interviewed had a good understanding of the MCA and its five statutory principles.
- There was a policy on the MCA and DoLS which staff could all refer to. Staff we spoke to were aware of this policy
- For patients who may have impaired capacity, capacity to consent had been assessed and recorded appropriately. Capacity assessments had been made by the registered clinician using a recognised tool. This had been done on a decision specific basis and patients were given every assistance to make specific decisions for themselves. There was evidence that consideration had been given to an individual's customs, beliefs and culture throughout the process.
- Staff understood the MCA definition of restraint. This had been built into their training.
- Staff knew who to approach to get support and advice regarding the application of the MCA and DoLS. In the first instance support was provided by the MHA administrator following that support was provided by the unit manager.

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

Good 

**Kindness, dignity, respect and support**

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

Good 

- We observed staff interacting with patients during our inspection. We found them to be responsive and engaging. They treated all patients with dignity and respect and were able to tailor interactions to each individual patient. We also saw staff offering emotional support and engaging patients in meaningful activities and conversation.
- Patients we spoke to were complimentary of the staff. They stated that they felt cared for and that staff treated them with respect.
- Staff we spoke with were able to speak about individual patients. They were able to talk about their specific needs and could talk about how best to engage and support them.

## The involvement of people in the care that they receive

- The admission process orientated patients to the unit. This consisted of a tour of the building with introductions to the other patients. The newly admitted patient was also introduced at the patients meeting.
- Wherever possible the patient was involved in care planning and risk assessments. We saw good evidence of patient involvement in the notes and care plans that we looked at. Where the patient had not been involved in their care planning, reasons were given and the language used made it clear that this was the case. Patients were offered a copy of their care plan.
- There was access to advocacy services. Options for Care had a contract with a local advocacy body. Advocates visited the unit regularly and information relating to advocacy services was posted around the unit on noticeboards.
- There was evidence in care records that, where appropriate, families and carers had been consulted and involved in the care planning process.
- Patients had a regular weekly meeting to discuss any matters arising and plan activities. This gave patients a chance to regularly give feedback on the service. There was also a daily diary meeting every morning to discuss the days activities.
- Patients were not involved in decisions about their service. They were not used to help recruit staff.
- Patients decision around future plans and what to do if they became unwell had been recorded in their care records.

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

Good 

## Access and discharge

- Bed occupancy had increased from 11 patients to 15 in the last twelve months. This followed a period where Montague Court had suspended new admissions whilst improvement measures were undertaken.
- Due to the nature of the service there were no out of area placements. Montague Court was a private provider and as such offered beds to the public sector on a commissioning basis.
- As beds were commissioned by third party providers there was always a bed available on return from leave.
- We were told by the unit manager that discharges only occurred between the hours of nine

and five Monday to Friday.

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

- There was a full range of equipment available for both treatment and therapy. Montague Court has an annex building that is dedicated to the delivery of therapeutic sessions and was well equipped. Building work was underway to extend the bottom floor of the main unit to provide more space. This work had been planned to cause the least amount of disruption possible to the smooth running of the unit. It was fully risk assessed and did not infringe into areas that were occupied by patients. There were rooms available for patients to have private meetings and visits.
- All patients could keep their own mobile telephones and, if required, could use a cordless phone from the nursing office. This meant that they could make calls in private.
- There was a large outside area to the rear of the unit that the patients could access throughout the day.
- The food was prepared at Options for Care's sister unit and transported to Montague Court. It was of a good standard.



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

Good 

- Patients had access to facilities to make hot drinks and had access to cold drinks and snacks 24/7
- Patients were permitted to personalise their own bedrooms up to and including having their own furniture providing it had passed a risk assessment.
- Patients could lock their own bedrooms and as such always had somewhere secure to store their possessions.
- There was a full programme of activities including at weekends.

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

- Adjustment had been made for people with disabilities. Doors were wide enough for wheelchair users, there was a bathroom fitted out for people with mobility issues and there were ramps to enter and exit the building.
- Information leaflets on a broad range of subjects including therapies and local support services were available. These were available in a range of languages if required.
- Information available also included leaflets related to making a complaint and patients' rights.
- Options for Care had access to interpreters including signers.
- There was a choice of food available which took into account the dietary requirements of the patient group. This included dietary needs relating to culture and ethnicity.

## Listening to and learning from concerns and complaints

- There had been 17 complaints made in the 12 months prior to our inspection. Fifteen were upheld, one was not upheld and one is still under investigation. Of the 17 complaints nine related to patients complaints and eight were not from the patient group.
- Staff we spoke to knew the complaints system and stated that they felt they would be able to handle a complaint appropriately.
- Staff received feedback on the outcome of complaints at monthly staff meetings. We were also told that, if required, information would be fed back to staff immediately in person by the unit manager.

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

Good 

### Visions and values

- Staff were aware that the organisations values centred on improvement.
- Team objectives reflected the organisations drive to improve and there was good evidence that staff development was planned in line with this.
- The most senior staff on the unit and in the wider organisation were well known to staff. We were told that they were a regular presence around the unit and staff felt that they were approachable.

### Good governance

- Though the mandatory training package that had been developed was complete and fit for purpose, compliance levels in over half of the mandatory training subjects was low.
- Staff received regular supervision and appraisal.
- We saw evidence that the correct number of staff were used on each shift. The correct grades were also used and consideration had been given to the experience levels of staff.
- There was an admin team in place at Montague Court which meant that clinical staff could maximise their time on direct care delivery.
- All staff participated actively in clinical audit. Montague Courts managers had identified members of staff to act as leads in different areas of care delivery. The leads were responsible for ensuring audits occurred. Incidents had been reported and staff stated that they understood the reporting system and knew what to report.
- There was evidence that staff learned from investigations into incidents, complaints and patient feedback. We saw where improvements had been made to therapy areas as a direct result of patient feedback.
- We found no errors in the recording or reporting or safeguarding, Mental Health Act procedures or processes linked to the Mental Capacity Act.
- The provider had developed a set of key performance indicators (KPIs) to measure performance. This list was



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

Good 

complete and covered many areas of staff management and care delivery. There was evidence that monitoring of KPIs had led to the development of action plans to address deficits. In the area of staff training action plans had been developed to raise compliance levels.

- We found that the unit manager had sufficient authority and administration assistance to undertake their role.

## Leadership and staff morale

- At the time of our inspection Montague Court had 24 substantive members of staff in the clinical team. In the past 12 months 43.8% of staff had left and new staff had been recruited. Total vacancies at the time of our inspection was 8% and total staff sickness over the previous twelve months was 3%
- We did not find any evidence of bullying or harassment cases in the twelve months prior to our inspection.
- Staff stated that they understood the whistle blowing process and would feel confident to use it if required.
- Staff all stated that they felt they would be able to raise concerns without fear of victimisation.
- We found that staff morale was high. Staff stated that they liked working at Montague Court and felt proud of the work they were doing.
- We saw that there were opportunities for staff to develop into leadership roles. The system of identifying leads in different areas had encouraged staff to develop new skills.

- We saw good examples of staff working well together as a team. We observed several sessions that were being delivered by groups of staff. These were engaging and well thought out.
- We did not see any examples of duty of candour during our inspection. We did observe that staff were open and honest with patients and there were effective lines of communication.
- Regular staff meetings occurred which gave staff the opportunity to give feedback and input into service development.

## Commitment to quality improvement and innovation

- Since our last inspection Montague Court has introduced various new processes and tools to make improvements. Recognised tools such as the short term assessment of risk and treatability (START) assessment and the Manchester ligature risk assessment tool had been introduced to improve assessment methodology. Key performance indicators had been introduced to measure performance and there was evidence that improvement strategies had been undertaken.
- At the time of our inspection Options for Care was not involved in any national quality improvement programmes.
- Montague Court was partnering with other organisations and educational bodies to undertake a research project. This linked with staff and patient attitudes to care delivery.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure compliance with its own targets relating to staff training. This should include ensuring that there is sufficient training available to staff.