Options for Care Limited

Montague Court

Inspection report

2 Montague Road
Edgbaston
Birmingham
B16 9HR
Tel: 01214541129
www.optionsforcare.com

Date of inspection visit: 15 and 16 February 2023
Date of publication: 01/06/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Requires Improvement
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Summary of findings

Overall summary

The Chief Inspector of Hospitals, Dr Sean O'Kelly, is placing Montague Court into special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that here remains a rating of inadequate overall or for any key question or core service, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Our rating of this location went down. We rated it as inadequate because:

- The hospital did not provide an environment which was safe, clean, well equipped, well furnished, well maintained and fit for purpose. Staff could not observe patients in all parts of the hospital. We saw multiple blind spots throughout the three floors which were not mitigated by mirrors or individual risk assessments. We saw multiple ligature points which had been identified on the ligature risk assessment, however the mitigation documented was not followed. We were concerned that there were insufficient alarms to keep staff, visitors, and patients safe.
- Staff did not routinely check medical equipment. Blood glucose monitoring machines were not routinely checked or calibrated.
- Staff did not always develop care plans which were holistic and recovery-orientated and record the patient's involvement in developing their plan. Staff did not regularly review and update care plans according to the provider's expectation of six-monthly updates and a monthly review.
- Staff did not receive regular supervision and annual appraisals. Clinical and managerial supervision rates were 32% and appraisal rates were 52%. Managers did not hold regular team meetings; we saw two sets of meeting minutes from the 12 months prior to this inspection.
- Staff did not follow General Data Protection Regulations (GDPR) to keep patient information confidential.
- The governance systems in place were not sufficient to identify potential risk to patients. Significant risks were identified that the hospital had not recognised, assessed, monitored, and mitigated. This represented significant failings in the overall hospital governance processes as the hospital was not aware of the level of risk regarding multiple issues.

However:

- We spoke with four patients, all said staff worked with and supported them. Throughout the inspection we saw that staff treated patients respect, offered choice of food and drinks. We observed staff were responsive when caring for patients. We saw evidence that staff sought feedback from patients on the quality of care provided in the "house" meeting minutes which were held on a weekly basis.
- Staff used a full range of rooms and equipment to support treatment and care. There was a dedicated activity centre which had a therapy kitchen, IT suite and games room. The hospital had quiet areas and a room where patients could meet with visitors in private, including a dedicated family room. Patients had access to their own mobile phones.
- The hospital had enough nursing and support staff to keep patients safe, they had 2.5 whole time equivalent (wte) vacancies for registered nurses and 1.5 wte vacancies for healthcare support workers. The hospital had reducing rates of agency nurses as substantive roles were being filled, as there was an active recruitment process in place. The hospital used three main agencies and requested staff familiar with the hospital to ensure continuity for patients. We saw all bank and agency staff had a full induction and understood the hospital procedures before starting their shift.

Summary of findings

Following this inspection, we issued the service with a warning notice served under Section 29 of the Health and Social Care Act 2008. We found the service was failing to comply with Regulation 17(2)(c)(d) Good Governance, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the service had failed to ensure the quality of the care and service provided was regularly monitored, assessed and mitigated to protect patients from the risks of avoidable abuse and harm.

Managers failed to provide an environment which was safe, clean, well equipped, well furnished, well maintained and fit for purpose. Standards of cleanliness at the unit were below what people should be able to expect. The hospital was visibly dirty with food debris on both furniture and the floor. We saw engrained dirt on the staircase and high- and low-level dust on skirting boards and cupboards. The patient kitchen had a damaged worktop which exposed porous areas and the patient fridge door was significantly soiled.

Managers had failed to ensure staff could observe patients in all parts of the hospital. We saw multiple blind spots throughout the three floors of the building which were not mitigated by mirrors or individual patient risk assessments. We saw multiple ligature points which had been identified on the ligature risk assessment, but the risk mitigation actions documented were not followed by staff. Ligature knives were stored in locked rooms with no signage to indicate their presence. Managers had also failed to ensure there were sufficient alarms to keep staff, visitors and patients safe.

Managers had failed to ensure staff routinely checked medical equipment. Blood glucose monitoring machines were not routinely checked or calibrated.

Managers failed to ensure staff had developed care plans which were holistic and recovery-orientated and recorded the patient's involvement in developing their plan. Staff did not regularly review and update care plans according to the providers policy of six-monthly updates and a monthly review.

Managers failed to ensure staff received regular supervision and annual appraisals. Clinical and managerial supervision rates were 32% and appraisal rates were 52%. Managers did not hold regular team meetings; we saw only two sets of minutes from the 12 months prior to inspection.

Managers failed to ensure staff followed General Data Protection Regulations (GDPR) to keep patient information confidential.

Managers did not have governance systems in place that were sufficient to identify potential risk to patients. Significant risks were identified that the hospital had not recognised, assessed, monitored and mitigated. This represented significant failings in the overall hospital governance processes as the hospital was not aware of the level of risk regarding multiple issues.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Inadequate 	Our rating of this location went down. We rated it as inadequate because: • The hospital did not provide an environment which was safe, well maintained and fit for purpose. Staff could not observe patients in all parts of the hospital. We saw multiple blind spots throughout the three floors which were not mitigated by mirrors or individual risk assessments. We saw multiple ligature points which had been identified on the ligature risk assessment, however the mitigation documented was not followed. We were concerned that there were insufficient alarms to keep staff, visitors, and patients safe. • Staff did not routinely check medical equipment. Blood glucose monitoring machines were not routinely checked or calibrated. • Staff did not always develop care plans which were holistic and recovery-orientated and record the patient's involvement in developing their plan. Staff did not regularly review and update care plans according to the provider's expectation of six-monthly updates and a monthly review. • Staff did not receive regular supervision and annual appraisals. Clinical and managerial supervision rates were 32% and appraisal rates were 52%. Managers did not hold regular team meetings; we saw two sets of meeting minutes from the 12 months prior to this inspection. • Staff did not follow General Data Protection Regulations (GDPR) to keep patient information confidential. • The governance systems in place were not sufficient to identify potential risk to patients. Significant risks were identified that the hospital had not recognised, assessed, monitored, and mitigated. This represented significant failings in the overall hospital governance processes as the hospital was not aware of the level of risk regarding multiple issues. However:

Summary of findings

- We spoke with four patients, all said staff worked with and supported them. Throughout the inspection we saw that staff treated patients respect, offered choice of food and drinks. We observed staff were responsive when caring for patients. We saw evidence that staff sought feedback from patients on the quality of care provided in the "house" meeting minutes which were held on a weekly basis.
- Staff used a full range of rooms and equipment to support treatment and care. There was a dedicated activity centre which had a therapy kitchen, IT suite and games room. The hospital had quiet areas and a room where patients could meet with visitors in private, including a dedicated family room. Patients had access to their own mobile phones.
- The hospital had enough nursing and support staff to keep patients safe, they had 2.5 whole time equivalent (wte) vacancies for registered nurses and 1.5 wte vacancies for healthcare support workers. The hospital had reducing rates of agency nurses as substantive roles were being filled, as there was an active recruitment process in place. The hospital used three main agencies and requested staff familiar with the hospital to ensure continuity for patients. We saw all bank and agency staff had a full induction and understood the hospital procedures before starting their shift.

Following this inspection, we issued the service with a warning notice served under Section 29 of the Health and Social Care Act 2008. We found the service was failing to comply with Regulation 17(2)(c)(d) Good Governance, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

Contents

Summary of this inspection

Background to Montague Court

Montague Court is a long-term complex care locked rehabilitation 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 organisational goal is to support individuals to realise their potential. They aim for improvement and developments in quality of life leading to a gradual progression through the recovery pathway and eventual discharge. At the time of our inspection there were 16 patients' resident at Montague Court. All of them were subject to detention under sections of the Mental Health Act. The patient group displayed complex co-morbid conditions that require longer inpatient rehabilitation to stabilise. Most patient referrals come from high dependency rehabilitation units. The hospital was last inspected in September 2018 and was rated as outstanding overall. The inspection was undertaken as we had been notified of concerns regarding training compliance, staff supervision and lack of staff and patient involvement at the hospital.

What people who use the hospital say

Feedback from patients that use the hospital was positive. We spoke with four patients, they stated that they felt cared for and safe. They also stated that they felt staff knew them well and they were treated as individuals. All patients we spoke with said they could go out into the courtyard whenever they liked to smoke which was not always the case at their previous hospital. We were also told that there was plenty of activities on offer, but three patients said they had to "be in the mood" to participate. We were told about recent day trips which they said were very enjoyable, movie and music group sessions and the breakfast club where patients decided what they would like, and staff supported them to cook it.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

Before the inspection visit, we reviewed information that we held about the location,

During the inspection visit, the inspection team:

- visited all areas of the hospital and looked at the looked at the quality of the environment and observed how staff were caring for patients
- spoke with four patients who were using the hospital
- spoke with three carers of patients currently receiving treatment at the hospital

Summary of this inspection

- spoke with the registered manager and the nominated individual
- spoke with seven other staff members: including a doctor, nurses, psychologist, occupational therapist, Mental Health Act administrators and a domestic assistant
- observed one staff handover meeting, house meeting and two activity sessions
- looked at six care and treatment records of patients
- carried out a specific check of medication management at the hospital
- Looked at a range of policies, procedures and other documents relating to the running of the hospital.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Areas for improvement

Action the hospital MUST take to improve:

- The hospital must ensure the environment meets infection control standards, is safe, clean well equipped, well furnished, well maintained, fit for purpose and clutter free. Regulation 12 (1)(2) (a)(b)(d)(e)(h)
- The hospital must ensure that regulations regarding the control and storage of substances hazardous to health (COSHH) are followed. Regulation 15 (1)(2)(b)(c)(e)(f)
- The hospital must ensure blind spots are reviewed and mitigation to reduce them put in place. Regulation 12 (1)(2)(a)(b)
- The hospital must ensure staff routinely check medical equipment. Blood glucose monitoring machines were not routinely checked or calibrated. Regulation 12 (1)(2)(a)(c)(e)
- The hospital must ensure staff develop care plans which are holistic and recovery-orientated and record the patient's involvement in developing their plan, and that they are regularly reviewed. Regulation 9 (1)(a)(c)(3)(a)(b)(c)(f)
- The hospital must ensure risk assessments are reviewed according to the provider's policy. Regulation 12 (1)(2)(a)(b)
- The hospital must ensure staff receive regular supervision and annual appraisals. Regulation 18 (1)(2)(a)(b)
- The hospital must ensure the hospital holds regular team meetings and that the minutes of these meetings are available to all staff. Regulation 17 (1)(2)(a)(b)
- The hospital must ensure staff adhere to General Data Protection Regulations (GDPR) to keep patient information confidential. Regulation 17 (1)(2)(d)(i)(ii)
- The hospital must ensure governance systems are in place to identify potential risk to patients. Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f)
- The hospital must ensure searches of patients, where indicated is undertaken in a private area. Regulation 10 (1)(2)(a)
- The hospital must ensure there are sufficient alarms to keep staff, visitors, and patients safe. Regulation 12 (1)(d)(e)
- The hospital must ensure it seeks feedback from both staff, patients and carers and use this to make improvements. Regulation 17 (1)(2)(e)(f)

Action the hospital SHOULD take to improve:

- The hospital should consider a process that ensures it is clear that equipment has been cleaned.
- The hospital should consider installing a handle to the accessible toilet in the activity centre.
- The hospital should ensure staff and patients receive feedback from incidents and complaints.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Overall	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Inadequate	Inadequate

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Safe	Inadequate
Effective	Requires Improvement
Caring	Requires Improvement
Responsive	Requires Improvement
Well-led	Inadequate

Is the service safe?

Inadequate

Our rating of safe went down. We rated it as inadequate.

Safe and clean care environments

The hospital did not provide an environment which was safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and updated a daily environmental checklist of all areas; however, we saw they had not identified or removed furniture which was partially obstructing a fire exit.

Staff could not observe patients in all parts of the hospital. We saw multiple blind spots throughout the three floors which were not mitigated by mirrors or individual risk assessments. CCTV was in operation in communal areas.

Staff did not have easy access to ligature cutters. The hospital had three sets of ligature cutters, whilst all staff had keys all three were stored in locked rooms with no indication on the door of their presence, which could lead to a delay in access. We brought this to the attention of the hospital manager who ensured posters indicating the locations were displayed immediately.

We saw multiple ligature points which had been identified on the ligature risk assessment, however the mitigation documented was not followed. Ligature risks were present in the ward office and a communal toilet adjacent to the day room. Managers had recorded the areas as low risk as they were locked unless staff were present. However, it was of concern that we found both rooms were unlocked for the duration of our inspection.

The hospital did not have enough personal alarms to keep staff and visitors safe. We were offered one alarm for the inspection team of four people which was insufficient as all visitors to the hospital should be provided with a personal alarm. Managers told us that alarms had been allocated to additional staff brought in to undertake enhanced observation of patients.

Patients had access to a nurse call system.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Maintenance, cleanliness, and infection control

The provider failed to ensure that the hospital was clean.

Upon arrival we observed the day area to be visibly dirty with food debris on both furniture and the floor. We saw engrained dirt on the staircase and high- and low-level dust on skirting boards and cupboards. The patient kitchen had a damaged worktop which exposed porous areas making it an infection prevention and control risk, difficult to clean and the patient fridge door was significantly soiled.

We saw a barbeque stored in the activity centre which had a considerable amount of very stale food sticking to the grill. We were concerned that it had not been cleaned following use. Staff were unable to confirm when it had last been used. We brought this to the attention of the hospital manager who rectified it immediately.

We saw two locked vacant bedrooms which were being used as storerooms. Both were very cluttered, and one had equipment and supplies stored to ceiling height. This posed risks to staff from falling objects. We brought this to the attention of the hospital manager who rectified this immediately.

Managers did not ensure regulations regarding control and storage of substances hazardous to health (COSHH) were followed. We saw several large containers of corrosive, hazardous liquids stored on top of each other in a locked room which were buckling under their weight. This posed a significant risk, we brought this to the attention of the hospital manager who rectified it immediately.

Staff followed infection control policy, including handwashing, posters were displayed throughout the unit.

Seclusion room

There was no seclusion room at Montague Court.

Clinic room and equipment

The clinic room was cluttered, staff had stored large boxes of continence products which limited the amount of space available for physical examinations. The examination couch was ripped and presented an infection control risk.

The unit had appropriate resuscitation equipment and emergency drugs that staff checked regularly, however staff did not routinely check medical equipment. We saw there were eight blood glucose monitoring machines kept in the clinic room. Staff were unable to confirm which machines were currently in use. The machines are required to be calibrated on a weekly basis; we could not see any evidence that any of the machines had been calibrated in 2023. We looked at the medical equipment checklist for 2022 and found that staff had recorded patient blood glucose levels however we could not see any records of a control solution being used to calibrate the machines. Two of the machines had stickers on them to indicate that the next check was due in May 2019 and one indicated May 2022. We brought this to the attention of the hospital manager who rectified this immediately.

We were unsure as to when equipment had been cleaned after use. “I am clean stickers” were not evident.

Safe staffing

The hospital had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Nursing staff

The hospital had enough nursing and support staff to keep patients safe. We reviewed the last three months of the duty rota which showed minimum staffing levels of two registered nurses and four healthcare support workers was achieved on both day and night shifts.

The hospital had 2.5 whole time equivalent (wte) vacancies for registered nurses and 1.5 wte vacancies for healthcare support workers.

The hospital had reducing rates of agency nurses as substantive roles were being filled. The hospital used three main agencies and requested staff familiar with the hospital to ensure continuity for patients.

We saw all bank and agency staff had a full induction and understood the hospital procedures before starting their shift.

Managers supported staff who needed time off for ill health.

Levels of sickness were low at 4% in the six months prior to this inspection.

Managers accurately calculated and reviewed the number and grades of nurses, nursing assistants and healthcare assistants for each shift. We saw the hospital manager could adjust staffing levels according to the needs of the patients.

Patients we spoke with said they had regular one- to-one sessions with their named nurse.

Patients told us they rarely had their escorted leave or activities cancelled.

We observed one handover and saw staff shared information to keep patients safe when handing over their care to others.

Medical staff

The hospital had enough daytime and night-time medical cover and a doctor available to go to the ward quickly in an emergency. There was one full time consultant psychiatrist and an on-call rota to cover out of hours.

Managers could call locums when they needed additional medical cover.

Managers made sure all locum staff had a full induction and understood the hospital procedures before starting their shift.

Mandatory training

Staff had completed and kept up to date with their mandatory training. Overall training compliance rates were 89% against the provider target of 80%. The mandatory training programme was comprehensive and met the needs of patients and staff and included equality and diversity, safety intervention, infection prevention and control and intermediate life support training.

Managers monitored mandatory training compliance rates and alerted staff when they needed to update their training by allotting time on the staff rota.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate patients' recovery. Staff followed best practice in anticipating, de-escalating, and managing challenging behaviour. The hospital staff participated in the provider's restrictive interventions reduction programme.

Assessment of patient risk

We looked at six care records, staff completed risk assessments for each patient on admission using the Short-Term Assessment of Risk and Treatability (START) and Historical Clinical and Risk Management (HCR-20) tool, where indicated. However, one patient who was admitted in April 2021 had not had his risk assessment updated since June 2021.

Management of patient risk

Staff described specific risks relating to individual patients and told us how they would reduce these risks for example observing patients whilst they cooked meals.

Staff could not observe patients in all areas. There were multiple blind spots and none of the bedroom doors had viewing panels.

Staff did not follow the provider's policy when they needed to search patients to keep them safe from harm. Patients' dignity was not maintained, we observed a patient being asked to show the contents of his bag and to turn his pockets out in the day area, in front of his peers.

Use of restrictive interventions

Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. The hospital was a member of the restraint reduction network and were working to reduce restrictive practice.

There had been no use of restraint in the 12 months leading up to this inspection.

There had been no use of rapid tranquilisation in the 12 months leading up to this inspection.

Safeguarding

Staff understood how to protect patients from abuse and the hospital worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training appropriate for their role on how to recognise and report abuse.

Staff kept up to date with their safeguarding training. The training compliance of staff for mandatory level three for safeguarding adults and children training was 94%.

Staff we spoke with described of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff followed clear procedures to keep children visiting the ward safe. The hospital had a dedicated family visiting room, away from the clinical area.

Staff told us how to make a safeguarding referral and who to inform if they had concerns. There had been no safeguarding referrals in the 12 months leading up to this inspection.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

There had been no serious case reviews in the 12 months leading up to this inspection.

Staff access to essential information

Staff had access to clinical information which was stored on two electronic systems.

Patient notes were comprehensive, and we were told regular staff could access them easily. However, agency staff said they had difficulty navigating the electronic records and relied on regular staff to help them.

Medicines management

The hospital used systems and processes to prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed the provider's electronic systems and processes to prescribe and administer medicines. We looked at nine medicine records and found no errors in recording of the administration of medicines. However, staff completed blood glucose monitoring prior to administering insulin using equipment that had not been calibrated. We were therefore not assured that the correct dose of insulin had been given.

Staff stored and managed all medicines and prescribing documents safely. Consent to treatment forms were scanned and stored with the electronic prescription.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. Staff also monitored the effects of medication particularly regarding high dose anti-psychotic medication.

We saw medicine safety alert posters were displayed in the clinic room.

Staff regularly repeated advice to patients about their medicines during ward rounds. This ensured all patients were able to engage and understand information about their medicines.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services, we saw prescriptions had been reconciled appropriately. This includes guidance on medicines management from the National Institute for Health and Care Excellence.

Track record on safety

Reporting incidents and learning from when things go wrong

The hospital managed patient safety incidents well. Staff recognised incidents and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff described to us how they identified what incidents to report and how to report them on the provider's electronic system.

The hospital did not have any serious incidents in the 12 months prior to this inspection.

The hospital had not never events in the 12 months prior to the inspection.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Staff explained the duty of candour to the inspection team. They were open and transparent and gave patients and families a full explanation when things went wrong, one carer we spoke with confirmed this.

Managers debriefed and supported staff after any serious incident, the assistant psychologist provided reflective practice sessions on a monthly basis.

Managers investigated incidents thoroughly, we saw managers from another hospital had been commissioned to undertake investigations and involved patients and their families where appropriate.

Staff did not meet regularly to discuss the feedback and look at improvements to patient care.

We looked at ward meeting minutes from February 2023 and December 2022, there was no record that feedback from incidents had been shared with the team.

Is the service effective?

Requires Improvement

Our rating of effective went down. We rated it as requires improvement.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They did not always develop individual care plans which were personalised, holistic and recovery oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after.

Patients had their physical health assessed soon after admission and regularly reviewed during their time in the hospital.

Staff completed comprehensive physical health observations daily using the National Early Warning Score (NEWS2), however five out of six records we looked at recorded physical health monitoring every two to three weeks, whereas the care plan stipulated weekly monitoring.

We looked at six care records. Staff developed care plans for each patient, however four out of the six plans we looked at were not holistic and recovery-orientated and did not record the patient's involvement in developing their plan.

Staff told us care plans should be reviewed on a monthly basis and updated every six months. We looked at six care plans, of these four had not been updated as per the provider's policies.

Staff did not regularly review and update care plans according to the provider's expectation of six-monthly updates and a monthly review. Three out of the six care plans had not been reviewed within the timescale.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills and meaningful occupation. Staff supported patients with their physical health and encouraged them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes.

Staff followed National Institute for Health and Clinical Excellence (NICE) guidance when prescribing medication. A private pharmacy provided pharmacological input to the hospital and visited weekly to ensure staff administered medication in compliance with NICE guidelines.

The hospital had a full-time assistant psychologist and a part time clinical psychologist who offered a range of psychological therapies as recommended by NICE. Following an initial assessment, the team devised a treatment pathway in conjunction with the patient, based on their individual need and risk. Treatment options offered include Dialectical Behaviour Therapy (DBT), Cognitive Behavioural Therapy (CBT) and a range of skills groups, however we were told that uptake of treatments was low as patients were reluctant to engage.

The assistant psychologist produced a monthly report detailing patients' progress and areas for development which was co-produced with both patients and staff.

The occupational therapy team completed the Model of Human Occupation Screening Tool (MOHOST), a standardised assessment focused on occupation with each patient. A plan of intervention was then devised to address limitations within their occupational profile which would include the development of an individualised timetable.

The hospital had suspended the smoke free initiative and patients were allowed to smoke or use vapes at any time in the courtyard.

Staff supported patients to live healthier lives, for example, through encouraging participation in smoking cessation schemes, healthy eating advice and managing cardiovascular risks.

Staff used recognised rating scales to assess and record severity and outcomes.

We saw the hospital's annual audit schedule, this included audits of infection prevention control, safeguarding, health and safety and display screen equipment.

Skilled staff to deliver care

The team included or had access to the full range of specialists required to meet the needs of patients. Managers made sure they had staff with the range of skills needed to provide high quality care. Managers provided an induction programme for new staff. However recorded compliance rates for staff appraisals and supervision were low.

The provider ensured the full range of mental health disciplines and workers provided input to the hospital, including a consultant psychiatrist, psychologist, assistant psychologist, occupational therapists, nurses, and health care support workers.

Managers ensured that staff received the necessary specialist training for their roles, for example autism and learning disability awareness.

The provider ensured staff were experienced and suitably qualified. Staff received an appropriate induction, which covered their mandatory training programme. Agency and new staff were required to complete a hospital induction before working independently in the hospital.

Staff did not receive regular supervision and annual appraisals. Clinical and managerial supervision rates were 32% and appraisal rates were 52%. Staff we spoke with however said they were well supported and had ad hoc supervision on a regular basis, but this was not recorded.

Managers did not hold regular team meetings; we saw two sets of meeting minutes from the 12 months prior to this inspection.

Local managers addressed poor staff performance promptly and effectively and developed performance improvement plans for staff requiring additional support with their role. Managerial staff were clear on the processes for addressing poor staff performance and we saw evidence of how managers liaised with the human resources team where required.

Multi-disciplinary and interagency teamwork

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with staff from services providing care following a patient's discharge.

The hospital held individual care review meetings on a monthly basis.

We attended one of the handover meetings held between each shift. The meeting was effective and included the patient's diagnosis, Mental Health Act status, current presentation, and any changes to their treatment plan.

Staff reported positive working relationships with local GPs, local authority social services and local community mental health teams.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Compliance rates for training on the Mental Health Act was 90%. Managers had ensured that staff were booked onto training and provided evidence of this to the inspection team. Staff told us who their Mental Health Act administrators were and when to ask them for support. The hospital had clear, accessible, relevant, and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. Patients had easy access to information about independent mental health advocacy and patients who lacked capacity were automatically referred to the advocate. Advocacy posters were displayed on ward noticeboards

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded clearly in the patient's notes each time. Patients we spoke with confirmed this. Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Staff told us that leave had only been cancelled or rearranged when Covid – 19 rules stated that it was not possible, and patients confirmed this. We saw that staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Care plans included information about

after-care services available for those patients who qualified for it under section 117 of the Mental Health Act. Managers and staff made sure the hospital applied the Mental Health Act correctly by completing monthly audits and discussing the findings. Staff were supported by a dedicated Mental Health Act administrator and assistant who completed audits and produced action plans to address any issues found.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the organisations policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up to date with training in the Mental Capacity Act and had a good understanding of the five principles, compliance rates were 90%.

Staff we spoke with were able to describe their responsibilities in relation to the Mental Capacity Act. There was a clear policy on the Mental Capacity Act and deprivation of liberty safeguards, which staff could describe and knew how to access.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. This was provided by the Mental Health Act/Mental Capacity Act administrator. Staff gave patients all support to make specific decisions for themselves before deciding a patient did not have the capacity to do so, this was reflected in the care notes we looked at. We saw in the care records staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture, and history. The Mental Health Act administrator audited on an annual basis of how they applied the Mental Capacity Act and identified and acted when they needed to make changes to improve.

Is the service caring?

Requires Improvement

Our rating of caring went down. We rated it as requires improvement.

Kindness, privacy, dignity, respect, compassion, and support

Staff treated patients with compassion and kindness, however they did not always respect patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment, or condition.

We observed staff treating patients with compassion and kindness, for example, when helping patients with physical health monitoring and taking their medication, however we saw staff carrying out a search of a patient in a communal area.

Staff supported patients to understand and manage their own care treatment or condition. We saw one patient was self-administering medication and being helped with budgeting prior to discharge.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Staff understood and respected the individual needs of each patient. Staff directed patients to other services and supported them to access those services if they needed help for example joining a gym.

Staff did not follow General Data Protection Regulations (GDPR) to keep patient information confidential, we saw multiple boxes of patient identifiable documents in the meeting room. The room was used to conduct multi-disciplinary meetings where visiting professional and carers were invited to attend.

Involvement in care

Staff did not always involve patients in care planning and risk assessment or sought their feedback on the quality of care provided. **They ensured that patients had easy access to independent advocates.**

Involvement of patients

We spoke with four patients, who all said staff worked with and supported them. Throughout the inspection we saw staff offered patients choice of food and drinks. We observed staff were responsive when caring for patients.

We saw evidence that staff sought feedback from patients on the quality of care provided in the "house" meeting minutes which were held on a weekly basis and minuted. There was also a daily planning meeting where plans and activities for the day were discussed. We did not see any evidence of patients receiving feedback following incidents and complaints or being involved in developing the service.

There was evidence that changes had been made as a result of feedback from the patient community meeting these included suggestions for day trips and free gym membership.

We saw advocacy posters displayed in communal areas explaining how to contact an advocate, patients we spoke with confirmed they had been supported to access the service.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

We spoke with three carers, one said that staff were really good, and they felt the care was good.

One carer said communication was good and they attended ward rounds. They told us they had met staff and the doctor explained things in a way they understood and gave them all the information they needed. However, another carer said they had difficulty contacting the hospital by phone and another said they would have liked to speak to the consultant more often.

All three of the carers we spoke with said they had not been approached to give feedback about the hospital.

Is the service responsive?

Requires Improvement

Our rating of responsive went down. We rated it as requires improvement

Access and discharge

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Staff worked with services providing aftercare and managed patients' move out of hospital. As a result, patients did not have to stay in hospital when they were well enough to leave.

Bed occupancy at the time of the inspection was 88% with one patient due for imminent discharge.

Managers were unable to provide us with the average length of stay for patients, we were told that patients had been at the hospital for several years.

The hospital had no out-of-area placements.

There was always a bed available when patients returned from leave or following a stay in the acute hospital.

We were told patients were moved or discharged during the day.

We looked at six care plans, four out of the six did not have proactive discharge plans.

Managers ensured discharge plans, where present, were reviewed at the multi-disciplinary meeting (MDT). This was supported in the notes of the MDT.

Discharge and transfers of care

At the time of the inspection the hospital did not have any delayed discharges.

We were told patients did not have to stay in hospital when they were well enough to leave.

Staff worked with care managers and coordinators in the area they were due to be discharged to make sure this went well. We reviewed the notes of multi-disciplinary meetings which supported this.

Discharge was never delayed for other than clinical reasons.

Staff supported patients when they were referred or transferred between services for example if they were admitted to the acute hospital.

Facilities that promote comfort, dignity, and privacy

The design, layout, and furnishings of the ward did not always support patients' privacy and dignity.

Each patient had their own en suite bedroom, which they personalised.

Patients had a secure place to store personal possessions, snacks, and drinks.

Staff used a full range of rooms and equipment, however at the time of the inspection the hospital was visibly dirty, paintwork was damaged and some rooms, including the accessible toilet were in a state of disrepair. There was a dedicated activity centre which had a therapy kitchen, IT suite and games room.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

The hospital had quiet areas and a room where patients could meet with visitors in private, including a dedicated family room.

Patients had access to their own mobile phones.

The hospital had a large courtyard with tables, seating, and a dedicated covered smoking area. Patients we spoke with said the courtyard was freely accessible.

There was a kitchen adjacent to the day room where patients could make their own hot drinks and snacks and were not dependent on staff, however the worktop was damaged with a porous top, this posed an infection control risk.

When clinically appropriate, staff supported patients to self-cater.

Patients we spoke with said the hospital offered a variety of good quality food.

Patients' engagement with the wider community

Staff supported patients with activities outside the hospital, such as work, education, and family relationships.

Patients were encouraged to engage in a Model of Human Occupation Screening Tool (MOHOST) assessment with the occupational therapy team. Patients were supported to consider past and current productive roles and hopes for future work and education.

Staff told us they worked with patients to explore adult education, voluntary and paid work, for example one patient had attended a course run by Mind locally.

Staff told us they aimed to build routines and encourage motivation, to enable patients to pursue more formal education or employment when they felt ready.

Meeting the needs of all people who use the hospital

Staff helped patients with communication, advocacy, and cultural and spiritual support.

The hospital could support and make adjustments for disabled people and those with communication or other specific needs. However, the accessible toilet in the activity room did not have a handle and therefore was not easily accessible if closed. Patients told us the door was always unlocked and they had free access. Staff had access to specialist equipment for example pressure relieving mattresses and there was a lift for patients admitted to the first floor of the hospital.

Staff made sure patients could access information on treatment, local services, their rights and how to complain, they were notice boards in communal areas. We saw a wide range information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients could get help from interpreters or signers when needed.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

The hospital provided a variety of food to meet the dietary and cultural needs of individual patients and where appropriate were encouraged and supported to shop for themselves. One patient told us the food was always hot and the choice was good. Patients had access to spiritual, religious, and cultural support and a multi faith room was available.

Listening to and learning from concerns and complaints

The hospital treated concerns and complaints seriously, investigated them appropriately, however they did not share learned lessons from the results with the whole team.

Patients and carers, we spoke with told us how they could make a complaint or raise concerns.

The hospital clearly displayed information about how to raise a concern on noticeboards in patient areas.

Staff described the policy on complaints and knew how to manage them.

Managers investigated complaints and identified themes. There had been one formal complaint in the 12 months leading up to this inspection, regarding care delivery which was investigated and not upheld.

We did not see evidence that feedback from compliments, comments, suggestions, and complaints was shared with patients or staff. Review of complaints, actions and outcomes was not a standing agenda item on the quarterly governance board meeting.

The hospital used informal compliments to learn, celebrate success and improve the quality of care. The hospital produced a monthly newsletter "the Mail" for patients, the purpose of this newsletter was to provide information and showcase patients' achievements. It also repeated the hospital mission statement of realising potential, offering best practice interventions to enable personal recovery and wellbeing and the vision to inspire, stimulate and empower people to achieve and grow through compassionate, supportive, and protective relationships.

Is the service well-led?

Inadequate

Our rating of well-led went down. We rated it as inadequate.

Leadership

Local managers had the skills, knowledge, and experience to perform their roles. They had a good understanding of the hospital they managed and were visible in the hospital and approachable for patients and staff.

We were told very senior leaders were not visible or supportive and were out of touch with what is happening on the front line. There were several vacancies for very senior staff which meant that local managers did not have access to supervision or development. Staff we spoke with did not know who their very senior leaders are, what they do, and they had rarely seen them at the hospital.

Long stay or rehabilitation mental health wards for working age adults

Inadequate

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

We saw evidence of the hospital vision and a mission statement in the patient newsletter, however there was no effective approach to monitoring, reviewing, or providing evidence of progress against the actions within it.

Culture

Staff felt respected, supported, and valued by their direct line managers. They said the hospital promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear.

We were concerned that weak senior leadership and management could lead to the development of a closed culture. There was a lack of openness and transparency between senior and local managers as governance, quality and management meetings were infrequent. Managers had failed to undertake any staff and patient surveys to enable them to improve the service.

Staff we spoke with said they felt supported and valued by local managers however they said they did not feel respected, valued, supported, or appreciated by the senior management team.

Governance

Our findings from the other key questions demonstrated that governance processes did not operate effectively at team and senior management level.

The provider did not have governance systems and processes to ensure the delivery of high-quality care.

We saw governance arrangements were unclear and there was a lack of clarity about authority to make decisions. There was no process to review key items such as the strategy, values, objectives, plans or the governance framework.

There was a lack of oversight in several areas which posed risks to patients, these included, cleanliness of the hospital, storage of patient identifiable information, checking of medical equipment and lack of mitigating actions regarding managing potential ligature risks at the hospital.

Management of risk, issues, and performance

Managers did not have access to the information they needed to provide safe and effective care.

We looked at the current hospital risk register which had not been updated since May 2020. Managers did not have timely access to performance data to ensure compliance with the providers key performance indicators.

Information management

Local managers were unable to easily access information to assist them in their role for example, training compliance and sickness levels.

Engagement

We saw minimal formal engagement with patients and staff. We were told the last patient and staff survey was in 2021 and there were no current plans to repeat.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The hospital did not ensure searches of patients, where indicated were undertaken in a private area.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The hospital did not ensure seek feedback from both staff, patients and carers and use this to make improvements. The hospital did not ensure regular team meetings and that the minutes of these meetings were available to all staff. The hospital did not ensure staff adhered to General Data Protection Regulations (GDPR) to keep patient information confidential. The hospital did not have governance systems were in place to identify potential risk to patients.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The hospital did not ensure staff developed care plans which were holistic and recovery-orientated and record the patient's involvement in developing their plan, and that they were regularly reviewed.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The hospital did not ensure the environment met infection control standards, was safe, clean well equipped, well furnished, well maintained, fit for purpose and clutter free. The hospital did not ensure blind spots were reviewed and mitigation to reduce them put in place. The hospital did not ensure there were sufficient alarms to keep staff, visitors, and patients safe. The hospital did not ensure staff routinely checked medical equipment. Blood glucose monitoring machines were not routinely checked or calibrated. The hospital did not ensure risk assessments were reviewed according to the provider's policy.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The hospital did not ensure staff received regular supervision and annual appraisals.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The hospital did not ensure staff followed regulations regarding the control and storage of substances hazardous to health.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Following this inspection, we issued the service with a warning notice served under Section 29 of the Health and Social Care Act 2008. We found the service was failing to comply with Regulation 17(2)(c)(d) Good Governance, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the service had failed to ensure the quality of the care and service provided was regularly monitored, assessed and mitigated to protect patients from the risks of avoidable abuse and harm. Managers failed to provide an environment which was safe, clean, well equipped, well furnished, well maintained and fit for purpose. Standards of cleanliness at the unit were below what people should be able to expect. The hospital was visibly dirty with food debris on both furniture and the floor. We saw engrained dirt on the staircase and high- and low-level dust on skirting boards and cupboards. The patient kitchen had a damaged worktop which exposed porous areas and the patient fridge door was significantly soiled. Managers had failed to ensure staff could observe patients in all parts of the hospital. We saw multiple blind spots throughout the three floors of the building which were not mitigated by mirrors or individual patient risk assessments. We saw multiple ligature points which had been identified on the ligature risk assessment, but the risk mitigation actions documented were not followed by staff. Ligature knives were stored in locked rooms with no signage to indicate their presence. Managers had also failed to ensure there were sufficient alarms to keep staff, visitors and patients safe.

This section is primarily information for the provider

Enforcement actions

Managers had failed to ensure staff routinely checked medical equipment. Blood glucose monitoring machines were not routinely checked or calibrated.

Managers failed to ensure staff had developed care plans which were holistic and recovery-orientated and recorded the patient's involvement in developing their plan. Staff did not regularly review and update care plans according to the providers policy of six-monthly updates and a monthly review.

Managers failed to ensure staff received regular supervision and annual appraisals. Clinical and managerial supervision rates were 32% and appraisal rates were 52%. Managers did not hold regular team meetings; we saw only two sets of minutes from the 12 months prior to inspection.

Managers failed to ensure staff followed General Data Protection Regulations (GDPR) to keep patient information confidential.

Managers did not have governance systems in place that were sufficient to identify potential risk to patients. Significant risks were identified that the hospital had not recognised, assessed, monitored and mitigated. This represented significant failings in the overall hospital governance processes as the hospital was not aware of the level of risk regarding multiple issues.