

# Options for Care Limited

# Montague Court

## Quality Report

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This report describes our judgement of the quality of care at this hospital. 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.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

- Staffing levels were not adequate to ensure that patients' rehabilitative needs were met. Staff rotas provided supported this view. For example, there were usually two qualified nurses and four support workers during the day. On the day of our inspection there was one qualified nurse and two support workers on duty. An agency member of staff was called to come in so there were three support workers. There was one qualified nurse vacancy. Montague Court provided us with duty rotas which indicated lower levels of staff on duty than is usual when at full complement. We found that not all of the patients' clinical needs could be effectively met.
- Staff told us they knew how to report incidents. However, in care records incidents had been identified but the patient's risk assessments had not been updated. We also noted that of the 15 incidents that had been recorded only half of them had shown any analysis and plans to reduce further incidences. There was no evidence of debrief following incidents.
- There was no identified infection control lead or any infection control policies in place. As a result there was no way of ensuring that the hospital kept patients safe from harm of infections. Some of the patients were in poor physical health and further infections could lead to complications.
- The hospital had an emergency bag although it was not readily available and no staff on duty that day were trained to use the defibrillator due to recent staffing changes. There were two qualified staff trained in intermediate life support within the staff group.

### Are services effective?

- Although the manager used a clear model for care planning and this was identified in the care records the manager completed, the remainder of the staff in the hospital were not trained to use this particular model. Patients were not routinely involved in or given a copy of their care plans.
- Patient notes were not always contemporaneous and there were errors in factual recordings. For example, one patient's weight was recorded without an identified unit of measurement which could cause confusion and impact on treatment.
- Individual patient records were held in various locations throughout the hospital which could impact on treatment.

# Summary of findings

- Overall, we were unable to establish that the hospital had a training programme that would support the rehabilitation of patients, which was the hospital's purpose. For example, one member of staff reported having no rehabilitation training.
- Only the qualified nurse attended the multi-disciplinary team meetings alongside the psychology assistant and consultant psychiatrist and outcomes were shared with the staff group through handovers attended by all staff. However, it was not clear that all staff received the information they needed to ensure knowledge sharing and good practice that would support good rehabilitation for patients.
- One qualified member of staff did not have a good working knowledge and understanding of some aspects of the Mental Health Act. For example, one patient was detained under a section 37/41. The qualified staff member did not understand this section and how it impacted on this patient's care at the hospital, for example, restrictions and discharge.

## Are services caring?

- We identified that patients, families and carers were not always involved in their care.
- We observed limited interaction and communication between staff and patients.
- One patient's care plan was noted to be of a high standard however this method of care planning had not been embedded as a result of outstanding training in the method. The manager told us that he would train all staff to use this effective method of care planning which should improve treatment planning with patients.

Six of the patients told us that staff treated them with dignity and respect and observed their dignity. For example, patients told us that staff always knocked on their bedroom doors before entering.

## Are services responsive?

- There was no complaints policy or system in place to support complaints and respond to them.
- One patient was discharged on the day of our inspection. However, another patient told us he had no information from staff about moving on. Records did not show evidence of discharge planning.
- There were facilities available to patients to promote recovery and independence, for example, a gym and a patient kitchen.

# Summary of findings

However, we observed that the gym was not fit for purpose. It did not have any guidance on how to use the equipment and there was no qualified staff to support patients in using the equipment.

- There was an in-house activities schedule but we saw no evidence that this was implemented.
- Throughout the day we observed patients smoking outside or sitting in the lounge either watching TV with the volume down or sleeping on the sofa's in the lounge.
- One patient told us about his activity plan but said that it was not followed.
- There was no visiting policy for friends and family or child specific visiting facilities.

We were told that some patients went on section 17 leave to help with their rehabilitation. For example, two patients went to work placements during the week and another was supported to go to the local community shopping.

## Are services well-led?

- We found there were no systems to monitor the care and treatment provided, there were gaps in care records, a lack of local audits and no clear policies to define the programme for patients or guidelines to standardise daily activities.
- The acting manager did not have any knowledge or understanding of duty of candour. This is a statutory requirement for the hospital to encourage transparency and openness.
- There was no staff appraisal system.

Staff spoken with reported being well led, supported and said they worked together well as a team.

# Summary of findings

## Our judgements about each of the main services

### Service

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

### Rating

### Why have we given this rating?

The five questions we ask about our core services and what we found since the last inspection in January 2015. We found that little progress had been made to meet the Regulations. We found that the provider continued to breach Regulations 9, 12, 17 of the regulations relating to care in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Despite us making the provider aware of these failings following the last inspection and the need to make notifications these breaches of the Care Quality Commission (Registration) Regulation 2009 continued.

- The clinic rooms were not equipped and did not have accessible resuscitation equipment or emergency drugs available.
- Staff did not receive regular supervision and there were no appraisal systems in place. We did not see any evidence of regular team meetings.
- Staff were not adequately knowledgeable about the Mental Health Act, however the service employed a Mental Health Act administrator at another site.
- We found no evidence of audits, clinical or otherwise.
- Patients and families/carers were not involved in the care planning process.
- Patients did not have an understanding of advocacy services.
- There were insufficient medicines management systems in place and the recording systems were not adequately monitored or kept up to date.

Patients' cultural and religious dietary requirements were met. Patients were encouraged and supported to engage with local religious groups. Staff knew how to use the whistle blowing process.

# Montague Court

## Detailed findings

### Services we looked at

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

# Detailed findings

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### Detailed findings from this inspection

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## Background to Montague Court

Montague Court is a mental health hospital for up to 18 men. 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.

## Our inspection team

Our inspection team included four CQC Inspectors, one specialist advisor and one expert by experience.

## 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?

Montague Court is an 18 bed hospital. There were 14 patients there on the day of our inspection. All patients were detained under the Mental Health Act (MHA).

Before the inspection visit, we looked at the previous report and information we held about this provider.

During the inspection visit, the inspection team:

- looked at the quality of the hospital environment and observed how staff were caring for patients
- spoke with seven patients who were using the service
- spoke with the Interim Manager and Operational Manager for the unit
- spoke with four other staff members; including a qualified nurse and support workers
- observed the lounge area and two patient bedrooms.
- looked at five patient's records

We also:

- carried out a specific check of the medication management on the unit.

We looked at a range of policies, procedures and other documents relating to the running of the service.

# Detailed findings

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?



# Are services safe?

## Our findings

### Safe and clean environment

- The hospital was single sex accommodation.
- The layout did not allow all staff to observe all parts of the hospital. There was a blind spot in the corridor by the ground floor lift and staff area.
- At our last inspection we identified that there were ligature risks on wash hand basins in the en suites. Staff told us then and at this inspection that a patient at risk of self-harm would not be admitted there as the service provided was for those patients ready for rehabilitation. At this inspection the manager told us that the taps were not to be replaced. They assured us that they risk assessed this for each patient and this had shown that there was no risk to patient safety. There was no evidence of any ligature audits or risk assessments to mitigate risks.
- There were ligature risks on wardrobe doors in patients bedrooms and on the gym equipment.
- On the third floor we saw a bedroom where the window could be opened easily. The window restrictors were covered by a plastic cable. We asked the manager to ensure that this was risk assessed and therefore safe so that it could not be easily cut. Window restrictors were on each window in the hospital. Staff said they could not be opened by patients unless staff assisted.
- A patient showed us round the gym. There were no instructions on how to use the gym equipment. Staff and patients told us that patients could use the gym when they wanted to. There were no individual risk assessments available for patients using the gym. There were no policies and procedures in place for how to use gym equipment.
- We saw that the clinic room was disorganised. There were carrier bags of drink thickener on the floor blocking access to the clinical waste bins. There was paperwork, boxes and medication to be disposed of on the couch.
- There was washing up from the morning's medication round in the sink that had not been cleaned.
- The clinic room had a number of patient identifiers which included notes scattered about various parts of the clinic room, including the window sill which was open and accessible.
- The clinic room had no decontamination folders to ensure safe, clean, disinfected or sterilised equipment to control the spread of micro-organisms.
- The emergency bag was not available. The manager told us that this was because staff had not received training so would not know how to use it.
- The hospital had an emergency bag although it was not readily available and no staff on duty that day were trained to use the defibrillator due to recent staffing changes. There were two qualified staff trained in intermediate life support within the staff group. The manager told us that staff did basic life support training and they would call 999 in an emergency. They were unaware if there were plans for further staff to do intermediate life support training.
- We could not find any records that any clinical equipment had been calibrated. This meant that when patients physical health was monitored it would be unclear as to whether the readings were accurate or not.
- There was no seclusion room, we found no evidence that patients were secluded or segregated from other patients and staff.
- There was a domestic on-site Monday to Friday 9 to 5. The domestic told us the unit was not cleaned over the weekend and was very dirty when she returned Monday morning. The domestic was concerned that this was not done and it would be an unpleasant environment for patients who were resident over the weekends as well as unpleasant for her to clean when she returned to her duties on the Monday morning.
- We saw the toilet in the activity room was dirty and there was an offensive smell in the activity suite. The kitchen windows were dirty, the blinds were broken and dirty and the bin was dirty.
- In one unoccupied bedroom we saw faeces on the toilet pan and that it had not been cleaned. The manager was unable to tell us why it was not cleaned.
- Staff told us that the lounge carpets and furniture were steam cleaned monthly.
- There was no infection control policy and the manager told us there was no infection control lead.
- In the therapeutic kitchen in the activity suite there was no system in place to monitor sharps. However they were locked away. The manager was unable to provide any policies or procedures for guidance in how to use the kitchen. The manager was unsure if any staff had received basic food hygiene training, however one member of staff said they had but it was out of date.

# Are services safe?

- The temperature of the fridge was monitored in the kitchen and this was up to date.
- There was no way of checking whether the required equipment in the first aid box was provided and whether it needed to be restocked. There was no first aid policy or designated staff as first aiders. We found out of date equipment in the first aid box.
- There were no cleaning records to demonstrate the environment was cleaned regularly.
- There was an alarm system but the manager told us this rarely needed to be used. There were no audits or documentation relating to fire drills.

## Safe staffing

- The manager told us that during the day there were usually two qualified nurses and four support workers. At the time of inspection there were 14 patients.
- On the day of our inspection there was one qualified nurse on duty and two support workers. The manager was in addition to this and told us they had asked for an agency support worker to come in.
- The manager provided us with a colour coded duty rota for the month of June and emails requesting agency nurses to support gaps. This showed that agency staff were used regularly.
- The hospital had an activity worker, however they were on holiday and their duties had not been covered.
- The manager said that one qualified nurse vacancy had been advertised.
- One patient told us that there were enough staff on duty all the time and one said most of the time. However, two patients said the hospital was sometimes short of staff. One patient said it was unsettling when agency staff were brought in to cover when short staffed.
- Staff told us that occasionally they were short staffed and occasionally activities were cancelled because there were too few staff.

## Assessing and managing risk to patients and staff

- Six patients told us they felt safe at the hospital.
- We saw one patient's risk assessment had not been reviewed since their admission in November 2014 despite there being a significant incident.
- We observed the manager writing on the office board who was on section 17 leave. They told us and records showed that risks were assessed before and on return from leave.

- The qualified nurse on duty said that there was an observation policy in place and observation depended on patient's needs. However, one patient's care plan for observation levels had not been reviewed following an incident.
- Staff observed all patients hourly at night by opening their bedroom door. This was not based on individual risks and could impact on their privacy and dignity.
- A safeguarding alert was made following an incident between two patients to the local authority so that this could be investigated appropriately.
- Four patients and all staff spoken with told us that restraint was not used. Staff said de-escalation techniques were used. All staff received training on managing aggression.
- One patient's care records said that "Show of force" was used to ensure the patient received the medication they were prescribed. Staff said this meant guiding a person to the clinic room and they did not have to restrain or force the patient. The terminology used could confuse unfamiliar staff as to what was needed.
- Domestic and administration staff did not have any knowledge of safeguarding procedures. One staff member demonstrated awareness of safeguarding procedures, how to spot and how to report.
- Medication was provided by a local community pharmacy.
- The manager told us that they were changing the ordering system for medication so that all patients were on the same 28 day medication cycle. However, another staff member had also ordered on a different day. This had confused the system which was currently out of sync and meant that some medication had to be disposed of.
- The temperature of the medication fridge had not been tested for four days before our inspection. The temperatures were also recorded as being outside the safe level but there was no evidence that adjustments had been made to rectify this.
- We saw a folder that recorded patients' blood glucose monitoring. There were records for eight patients. They did not record the patient's diabetes type, frequency of monitoring or the review dates. The manager told us that this form of monitoring was no longer being used. We did not see an alternative monitoring procedure for this.

# Are services safe?

- Six patients told us that their medication and side effects were explained to them and given to them as prescribed. One patient had been prescribed an antibiotic and we saw that this had been given as prescribed.
- One person was prescribed an injection to be given monthly. Records did not show that the patient had received their last dose. The manager told us that the injection had been used, however it was not clear that it had been given to this patient. Other medication administration records sampled recorded that medication had been given as prescribed.
- One patient had absconded via the gates on the Friday before our inspection and was returned by police on the Sunday. The height of the gates was being extended during our inspection.
- Staff told us that patients were searched upon return from leave however there was not a search policy or procedure.

## Track record on safety

- There were no ongoing safeguarding investigations for the hospital.

## Reporting incidents and learning from when things go wrong

- Most staff knew what and how to report incidents. However, domestic staff did not know how to do this.
- There was an incident between two patients at the end of May. We saw one of those patient's risk assessment had not been updated since this.
- We looked at 15 incident reports. These were dated, timed and signed. They all described the incident that occurred. Half of the incidents had been analysed and a plan was in place as to how to reduce further incidents. However, the other half described the incident but there was no analysis.
- The manager showed us an audit of incident forms they had completed for May 2015. Some analysis had been made of the incidents and a conclusion provided.
- There was no evidence of debrief with staff following incidents. The manager had recommended in the May 2015 audit that a debrief may be useful post incident.
- Despite there being a contractual duty of candour, the manager did not know what duty of candour was.

# Are services effective?

## Our findings

### Assessment of needs and planning of care

- We looked at five care records and observed care plans were available. One care plan we looked at was detailed and assessed all of the patient's needs. The manager had completed this and told us that they were going to train staff in using this model.
- One person's records recorded their weight as 56 but it was not clear whether this was kilogram or stone.
- A care plan said that weight should be recorded weekly but we only found one record of this being done two weeks before the inspection. The patient was admitted on 26 May 2015 and as such there had only been one entry in the three weeks since admission.
- One patient had been referred to specialists for their physical health needs.
- One care plan did not have any recovery focussed goals.
- A number of patient records were held in separate locations and loose leaf information held in the clinic room in no particular order. This meant not all information would be readily available or easily sourced.

### Best practice in treatment and care

- Five care records were examined during the inspection.
- Records showed that one patient had a physical health examination on admission. There was some evidence of ongoing physical care. However, information about this was kept in different folders and was not up to date. It was therefore difficult to assess whether the patient had received suitable healthcare to meet their needs.
- We found no reference to NICE guidelines or its use.

Conversely, one patient's records showed they had been seen by a chiropodist recently. One patient told us that they had seen a dentist and an optician recently. One patient told us they would ask staff so they could access healthcare appointments. One member of staff told us that a speech and language therapist had assessed one patient's swallowing needs and they were following their advice which indicated care planning to meet physical care needs.

### Skilled staff to deliver care

- The manager told us a doctor worked at the hospital two days a week. There were two psychology assistants who were shared between this hospital and another. The operations manager told us that emergency cover was provided by an on-call doctor seven days a week.
- Two psychologists were recently in post and were also shared between two hospitals. We found no evidence of their input into care at Montague Court at this stage.
- There was a Mental Health Act administrator who was based at another hospital.
- The hospital was advertising for an Occupational Therapy Assistant. A new Occupational Therapist was also starting soon.
- A pharmacist was available, however the manager reported that the pharmacist did not visit the hospital but he visited the pharmacist at his place of work. This meant there were no pharmacy checks at the hospital.
- Three patients told us that staff had the correct skills to care for them.
- One staff told us that they had not received training in rehabilitation.
- Two staff told us they had received monthly supervision. Other staff spoken with told us they had not received this.
- One staff told us that they had received mandatory training in fire safety, physical interventions and food hygiene, although they said their certificate was not up to date. Another member of staff told us that they had not received much training apart from fire safety.
- The operations manager said that no staff had received an appraisal and that they were developing an appraisal system with human resources.

### Multi-disciplinary and inter-agency team work

- All staff told us that it was only qualified nurses who attended handovers and multi-disciplinary team (MDT) meetings alongside the psychology assistant and consultant psychiatrist. The operations director informed us that outcomes were shared with the staff group through handovers attended by all staff. However, it was not clear that all staff received the information they needed to ensure knowledge sharing and good practice that would support good rehabilitation for patients.

## Are services effective?

- There was no evidence to suggest any of the learning or discussions from the MDT were shared with the rest of the team.
- The multi-disciplinary team had recently changed. There was no evidence that the new team worked together with the patient to ensure they received the care and treatment they needed.

# Are services caring?

## Our findings

### **Kindness, dignity, respect and support**

- Six patients told us that staff treated them with respect and maintained their dignity.
- One patient said staff always knocked on his door before entering.
- We observed that the qualified nurse engaged with patients, however other support staff stood or sat in the room observing but did not engage.
- We observed one patient's clothes were dirty and his coat was in tatters.

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

- Two patients told us there were no copy of their care plans given and no regular discussion about their care. Two patients told us they have a care plan and they signed it and had regular discussions with staff about their care.

- One patient told us his care co-ordinator visited once each month to discuss his care plan. They said they had signed it but did not have a copy.
- One patient told us there were monthly patient meetings and two patients told us these were fortnightly. There were no minutes available from these meetings.
- We saw no evidence in the care records or care plans of family or carers being involved in patients care.
- Two patients had family visits and they said their family were made welcome by staff.
- Four patients told us they knew what an advocate was but did not know how to contact them. One patient told us they knew about advocacy and how to contact them.

# Are services responsive?

## Our findings

### Access and discharge

- The manager told us there were some difficulties discharging patients who needed a longer term placement such as a care home. This was because it was difficult to find the right placements. This meant that patients were delayed in their discharge.
- One patient told us they did not have any information from staff about moving on.
- One patient told us they wanted to live in a hostel but staff had not told him when which meant he was unclear about where he would be discharged to and if his wishes were being taken into account.
- Another patient told us that discharge planning had been discussed.
- One patient was discharged on the day of the inspection. The patient had visited their new placement prior to discharge and there had been a handover between staff from the hospital to the new placement.

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

- One patient told us they watched TV, went to the local shops, occasionally used the gym, and had recently been on a day trip. Another patient told us they used the computer and gym, listened to music and had section 17 leave to the community.
- One patient told us they used the computer and the gym occasionally. They said other than that there was not much to do except listen to music, watch TV and play cards. Another patient told us they had section 17 leave to the local community, however apart from that there was nothing to do during the day.
- Staff told us that two patients used the gym equipment without supervision or a qualified gym instructor.
- The in-house activities schedule indicated creative writing, however we saw no evidence of this. One patient showed us their activity plan and said it was not followed.
- Two patients attended a work placement during the week to support their rehabilitation and reintegration.
- We observed during the afternoon in the lounge that four patients were lying on the sofa's asleep and four patients were sat up asleep in the lounge.

- The radio was on and the TV was on silent with subtitles on. One patient told us it was always like this and they quite liked watching TV with the radio on in the background.
- One patient told us they were not happy with the food choices as they were not always what they wanted. Another patient told us the food was okay sometimes but menu choices could be better.
- One patient told us the food was not too bad and they had enough choice.
- One patient's records showed that they often ordered a take away meal. One staff spoken with confirmed this and that each person paid for their own takeaway. There was no evidence of monitoring this to ensure the patient had a balanced diet.
- One patient's room was observed to have no net curtains on the windows and the public could see in to his room from public transport and cars. The patient had asked for the net curtains to be provided several months ago. They had to pull their curtains during the day for privacy.
- Staff said that an Occupational Therapist was to assess patients using the kitchen. This was outstanding from our last inspection and meant that patients did not have an opportunity to develop their independence skills.
- There was a family room opposite reception with a window for viewing. This room was not suitable for use by children. The hospital had no policy on family, friends or children visiting.

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

- One patient told us he was encouraged to follow his faith and visited the Hindu temple weekly.
- There was information available to patients about a variety of faiths and religious festivals.

### Listening to and learning from concerns and complaints

- There was no folder of complaints and the manager said there was no complaints policy but that they would develop one.
- We found no data to support the number of complaints or their responses over the last 12 months.
- One patient said they would make a complaint during the patients meeting if they wanted to, otherwise they had not been told how to complain.

## Are services responsive?

- Two patients told us they knew how to make a complaint. However, two patients had not been told how to make a complaint.



# Are services well-led?

## Our findings

### **Vision and values**

- We did not observe a staff vision or any promotion of the organisations' values during our inspection.
- We saw no minutes of any staff meetings. Staff told us that there were no regular staff meetings.

### **Good governance**

- There was no governance framework. The manager said this was being considered and would be implemented when all new staff were in place.
- There was little evidence of audits or monitoring systems. The manager had recently audited care plans but the recommendations from this had not been actioned.
- There was an analysis of incidents in May 2015 but this had not been completed.

- The records we looked at did not follow contemporaneously. Dates did not follow and the records were disorganised.
- The manager when asked reported he did not know what duty of candour was.

### **Leadership, morale and staff engagement**

- All staff spoken with reported being well led, supported and they worked together well as a team.
- There was no appraisal system for the team. The manager said he was working with the human resources staff to develop and implement this.

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

- There was no evidence of any participation in national quality improvement methodologies.

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

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

### Summary of findings

#### Overall Summary

The five questions we ask about our core services and what we found. Since the last inspection in January 2015 we found that little progress had been made to meet the Regulations. We found that the provider continued to breach Regulations 9, 12, 17 of the regulations relating to care in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Despite us making the provider aware of these failings following the last inspection and the need to make notifications these breaches of the Care Quality Commission (Registration) Regulation 2009 continued.

- The clinic rooms were not equipped and did not have accessible resuscitation equipment or emergency drugs available.
- Staff did not receive regular supervision and there were no appraisal systems in place. We did not see any evidence of regular team meetings.
- Staff were not adequately knowledgeable about the Mental Health Act, however the service employed a Mental Health Act administrator at another site.
- We found no evidence of audits, clinical or otherwise.
- Patients and their families or carers were not involved in the care planning process.
- Patients did not have an understanding of advocacy services.
- There were insufficient medicines management systems in place and the recording systems were not adequately monitored or kept up to date.

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

Patients' cultural and religious dietary requirements were met. Patients were encouraged and supported to engage with local religious groups. Staff knew how to use the whistle blowing process.

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

- Staffing levels were not adequate to ensure that patients' rehabilitative needs were met. For example, there were usually two qualified nurses and four support workers during the day. On the day of our inspection there was one qualified nurse and two support workers on duty. An agency member of staff was called to come in so there were three support workers. There was one qualified nurse vacancy. Montague Court provided us with duty rotas which indicated lower levels of staff on duty than is usual when at full complement. We found that not all of the patients' clinical needs could be effectively met.
- Staff told us they knew how to report incidents. However, in care records incidents had been identified but the patient's risk assessments had not been updated. We also noted that of the 15 incidents that had been recorded only half of them had shown any analysis and plans to reduce further incidences. There was no evidence of debrief following incidents.
- There was no identified infection control lead or any infection control policies in place, as a result there was no way of ensuring that the hospital kept patients safe from harm of infections. Some of the patients were in poor physical health and further infections could lead to complications.

The hospital did not have an emergency bag or any trained staff to use the defibrillator in the event of an emergency. This meant that the hospital would be unable to respond to an emergency

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

- Although the manager used a clear model for care planning and this was identified in the care records the

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

manager completed, the remainder of the staff in the hospital were not trained to use this particular model. Patients were not routinely involved in or given a copy of their care plans.

- Patient notes were not always contemporaneous and there were errors in factual recordings. For example, one patient's weight was recorded without an identified unit of measurement which could cause confusion and impact on treatment.
- Individual patient records were held in various locations throughout the hospital which could impact on treatment.
- Overall, we were unable to establish that the hospital had a training programme that would support the rehabilitation of patients, which was the hospital's purpose. For example, one member of staff reported having no rehabilitation training and there were no training records to indicate that this training was provided.
- Only the qualified nurse attended the multi-disciplinary team meetings and handovers. This did not encourage day to day knowledge sharing and good practice that would support good rehabilitation for patients.
- One qualified member of staff did not have a good working knowledge and understanding of some aspects of the mental health act. For example, one patient was detained under a section 37/41. The qualified staff member did not understand this section and how it impacted on this patient's care at the hospital, for example, restrictions and discharge.

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

- We identified that patients, families and carers were not always involved in their care.
- We observed limited interaction and communication between some staff and patients.
- One patient's care plan was noted to be of a high standard. However, this method of care planning had not been embedded as a result of outstanding training in the method. The manager told us that he would train all staff to use this effective method of care planning which would inevitably improve treatment planning with patients.

- Six of the patients told us that staff treated them with dignity and respect and observed their dignity. For example, patients told us that staff always knocked on their bedroom doors before entering.

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

- There was no complaints policy or system in place to support complaints and respond to them.
- One patient was discharged on the day of our inspection however another patient told us he had no information from staff about moving on. Records did not show evidence of discharge planning.
- There were facilities available to patients to promote recovery, for example, a gym and a patient kitchen. However, we observed that the gym was not fit for purpose. It did not have any guidance on how to use the equipment and there was no qualified staff to support patients in using the equipment. There was an in-house activities schedule but we saw no evidence that this was implemented. Throughout the day we observed patients smoking outside or sitting in the lounge either watching TV with the volume down or sleeping on the sofa's in the lounge. One patient told us about his activity plan but said that it was not followed.
- There was no visiting policy for friends and family or that was specific to children visiting.

We were told that some patients went on section 17 leave to help with their rehabilitation. For example, two patients went to work placements during the week and another was supported to go to the local community shopping.

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

- We found there were no systems to monitor the care and treatment provided, there were gaps in care records, a lack of local audits and no clear policies to define the programme for patients or guidelines to standardise daily activities.

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

- The acting manager did not have any knowledge or understanding of duty of candour. This is a statutory requirement for the hospital to encourage transparency and openness.

- There was no staff appraisal system.

Staff spoken with reported being well led, supported and said they worked together well as a team.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- Staffing levels must be adequate to ensure that patients' rehabilitative needs are met.
- The provider must ensure that patient's risk assessments are reviewed and updated following incidents. Analysis of incidents and action to reduce further incidents must take place.
- The provider must ensure that the risk of infection is assessed and controlled.
- Staff must receive the necessary training to deal with an emergency.
- The provider must ensure that patients' needs are assessed and their care and treatment is planned to meet these.
- The provider must ensure that patients care and treatment records are accurate, complete and contemporaneous.
- Staff must receive the training they need to effectively provide safe care and treatment to patients.
- There must be a complaints policy or system in place to support complaints and respond to them.
- Equipment provided for patients use must be safe and used appropriately.
- The provider must ensure that each patient is supported to promote and maintain their autonomy and independence.
- The provider must ensure that patients are supported to maintain relationships that are important to them while there are receiving care and treatment.
- The provider must ensure that there are systems in place to monitor the care and treatment provided and these lead to improvements to benefit the patients where needed.
- The registered persons must have a knowledge and understanding of duty of candour to encourage transparency and openness.
- All staff must receive a regular appraisal of their performance in their role.

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

- There should be a debrief for the patient and staff following an incident.
- Patients and their relatives where appropriate should be involved in their care planning and their views considered.
- Knowledge and good practice should be shared with all staff involved in the care and treatment of patients.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users were searched on return from their leave. There was no search policy in place or individual care plans for this.</p> <p>Staff were not trained in the use of the Mental Health Act, some staff did not have any safeguarding training and staff were not trained in immediate life support.</p> <p>This is in breach of Regulation 13 (1) (3).</p>

## 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
Assessment or medical treatment for persons detained under the Mental Health Act 1983	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems in operation to adequately assess and monitor the quality of the service provided. The manager did not have knowledge about their responsibilities under the duty of candour.</p> <p>The provider did not have an effectively operating system to share learning from incidents in order to make changes to service users care in order to reduce the potential for harm to service users.</p> <p>The provider did not have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The provider did not maintain accurate, complete and contemporaneous records in respect of each service user and the care and treatment provided to them.</p> <p>The provider did not seek and act on feedback from relevant persons on the carrying on of the regulated activity, for the purposes of continually evaluating and improving the service.</p> <p>The provider had limited systems implemented to support staff to evaluate and improve their practice.</p> <p>This was in breach of regulation 17 (2) (a, b, c, e, f)</p>
Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>



## Enforcement actions

The provider did not assess the risks to the health and safety of service users of receiving the care or treatment and did not do all that is reasonably practicable to mitigate any such risks.

The provider did not ensure that the premises and equipment used by the service provider were safe to use for their intended purpose and used in a safe way.

The provider did not ensure the proper and safe management of medicines.

The provider did not assess the risks of and preventing, detecting and controlling the spread of infections.

This was in breach of Regulation 12 (2) (a, b, d, e, g, h)

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider did not ensure that the care and treatment of service users was appropriate and met their needs.

The provider did not ensure that service users' needs and preferences were assessed, planned and the risks and benefits of this were balanced.

This was in breach of Regulation 9 (1) (a, b) (3) (a, b, c)