

Knightsbridge House

Quality Report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive?

Good



Are services well-led?

Good



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

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

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

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

Summary of findings

Overall summary

We rated Knightsbridge House as good overall because:

- The level of care and commitment from staff towards patients was outstanding. There was a real sense of community spirit at Knightsbridge House. Where possible, patients were actively supported to take ownership of their lives, care and treatment. A 'this is me' system was in place which held details specific to each individual patient's needs. A recovery tool called life star was being introduced, that promoted independence, choice and wellbeing. Staff were also being trained in person centred care planning. There was a 'my day' system in place that offered patients the opportunity to make recreational plans outside of their usual routine. Staff who were new or unfamiliar with the patients held prompt cards on their person to guide them as to each patient's needs. Some patients had assumed roles within the building, supporting staff in their daily activities. This helped build confidence and strengthen independence.
- The leadership within Knightsbridge House was visible and accessible. Governance procedures were in place to ensure a high standard of care delivery at all times.

Medicine management arrangements were good as were all legal requirements surrounding the MHA and MCA. There was easy read information available, including information about the MHA and MCA. Where restrictions were in place, this was clinically justified and risk assessments completed, sometimes with the assistance of patients.

- The environment was clean and inviting. Cleaning schedules and environmental assessment were in place. All patients had their own bedroom and bathroom facilities where they were supported by staff to take care of their own personal space. All patients had a personal emergency evacuation plan in place.
- However:
- Although overall, statutory and mandatory training completion rates for staff were good, there were some subjects, including infection control and life support training, that many staff had not completed training in. This was due to the transition between one company to another as some training requirements had changed. However, staff were now booked onto training. Not all staff had received regular supervision but this was being addressed.

Summary of findings

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Good



Knightsbridge House

Services we looked at

Wards for people with learning disabilities or autism

Summary of this inspection

Our inspection team

Lead Inspector – Lisa McGowan

The team comprised of two CQC Inspectors

Why we carried out this inspection

We inspected this core service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

During the inspection visit, the inspection team:

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

- spoke with five patients who were using the service
- spoke with the hospital director and other senior management for the hospital
- spoke with four other staff members; including a doctor and nurses
- looked at six treatment cards with regards to overall medicines management practices and looked at all seven treatment cards where Section 58 of the MHA applied.
- carried out a specific check of the medication management at the hospital
- looked at a range of policies, procedures and other documents relating to the running of the service.

Information about Knightsbridge House

Knightsbridge House is a 13 bed hospital in Fareham that provides assessment and treatment in an open rehabilitation setting for men with learning disabilities. Within the main building (Knightsbridge House) are nine bedrooms, all with ensuite. Further accommodation which was within the main grounds of Knightsbridge House, is a four bed detached bungalow called Solent House, which will provide open rehabilitation for patients ready for greater independence and potential discharge back into the community. At the time of the inspection Solent House was closed for refurbishment works and was due to open again in October 2017.

The service is registered to deliver the following regulated activities: assessment or medical treatment for persons detained under the Mental Health Act 1983, and treatment of disease, disorder and injury. There is a registered manager in place.

The service is part of the Priory Group with the hospital being part of the Priory Healthcare and Partnerships in Care (PiC) Division of Priory, having been purchased in 2016 by Acadia (overarching company). Knightsbridge House had been previously owned by PiC and Oakview Estates Limited.

Knightsbridge House was last inspected on the 21 September 2015 under its previous ownership. This is the first inspection since Knightsbridge House was merged with the Priory and PiC care division.

Summary of this inspection

What people who use the service say

Patients we spoke with were clearly happy with the care they received at Knightsbridge House.

Patients we spoke with told us that they had happy, good relationships with staff.

Some patients told us that they were able to help and support staff around the hospital with their roles and those that did, took great pleasure from this.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- There were measures in place that meant staff could observe patients in all parts of the hospital building. The use of CCTV, relational security and observations supported this.
- There were ligature points within Knightsbridge House but an up to date ligature risk assessment had been completed and all areas had been covered. In some bedrooms personal items were missing off the ligature assessment; however, these were added during the inspection.
- Emergency medical equipment was checked regularly by staff and records confirmed this. Medication management procedures were in place. Fridge temperatures where medication was stored were within range and checked regularly. Rapid tranquilisation practises were in line with hospital policy.
- A support services manager had been appointed who had full oversight of all maintenance and cleaning schedules. The building was clean and orderly. Cleaning schedules were in place and complete. Quality walkabouts were also being completed on a regular basis.
- Staff carried personal alarms which would be used to call for assistance during times of psychiatric or medial emergency.
- Staffing vacancies existed but most had been recruited to. In addition, the hospital had undertaken a staffing review and were increasing their registered nurse numbers to two each shift.
- We reviewed five care records and found that all patients had a risk assessment completed on admission. Any identified risks were then translated into plans of care.
- Staff we spoke with understood safeguarding and knew when and how to report safeguarding concerns. Staff we spoke with knew how to report incidents and what type of incidents should be reported. All patients had a personal emergency evacuation plan in place.
- Incidents were reviewed, discussed and monitored through the local governance committee.

However

Good



Summary of this inspection

- The transition between the last owner and the merger between the Priory and PiC company had impacted on staff completing some statutory and mandatory training, including infection control, and life support training. However staff were booked onto training.

Are services effective?

We rated Knightsbridge House good because:

- Agency staff that were unfamiliar with the patients and new starters were given prompt cards to keep on their person. These helped them understand the needs of each patient better. Each treatment card had a 'recognising side effects' chart attached, which would guide staff to recognise when patients may be experiencing adverse side effects.
- Patients had their physical health assessed on admission and an annual health check was carried out thereafter. All patients had care plans that were specific to their needs. There was a 'this is me' process in place which captured the individual needs, likes and preferences of each patient.
- All prescribing was in line with best practice as required by the National Institute for Health and Care Excellence (NICE).
- The hospital had introduced the Life Star recovery tool. Life star is a tool that aids recovery through the development of positive behaviour plans and interventions that promote independence.
- Patients had access to a range of professionals including medical and nursing staff, a speech and language therapist (SALT), psychologists and occupational therapists.
- Staff were being trained in person centred planning. This training was being led by the Priory's quality improvement leads (QIL's).
- 'Your say' meetings were held monthly. This meeting was an opportunity for staff to share any concerns or ideas they may have.
- The use of the Mental Health Act was appropriate and the Mental Health Act (MHA) paperwork accurate and well managed.
- Patient information relating to the Mental Health Act (MHA) and the Mental Capacity Act (MCA) was available in an easy read format.

However:

Good



Summary of this inspection

- Supervision levels for staff were low but the hospital were working to address this through the recruitment of more senior staff.

Are services caring?

We rated caring as outstanding because:

- Relationships between staff and patients were positive, warm, respectful and supportive. Patients we met were clearly happy with regards to the care they received and were more than willing to share their experiences with us. There was a strong sense of community spirit within the hospital.
- There was a strong sense of patient centred care; this was evident in the way staff wrote about how care was planned and provided to patients and our observations of how staff interacted with patients.
- All staff, including the senior team, were knowledgeable about patient's needs and spoke passionately about wanting to achieve the best possible outcomes for the patients through partnership working and relationship building.
- The hospital had completed a patient satisfaction survey in May 2017. The results were overwhelmingly positive.
- Staff that were new or unfamiliar with patients were issued with prompt cards to carry on their person, so that they had information readily available to them when encountering patients around the building. This helped with communication and building relationships.
- Some patients had voluntarily adopted specific roles within the hospital. Patients had also helped staff risk assess the new hot water machine that was being installed in the hospital.
- Involvement of patients in the day to day activity of the hospital was actively encouraged. A morning meeting occurred every day where the day and weeks activities would be discussed and organised.
- Staff worked hard to ensure that patients were included in decisions about their care and treatment. Alternative forms of communication were used where necessary.

Outstanding



Are services responsive?

We rated responsive as good because:

- Knightsbridge house admitted patients from all over the country. However, most admissions were from the surrounding areas.

Good



Summary of this inspection

- The newly refurbished Solent House will form part of the discharge pathway, creating opportunities for patients to live more independently before discharge into the community, whilst still receiving support from staff at Knightsbridge House.
- Once admitted bedroom remained allocated to one patient at a time. Patients who took leave, were always able to return to their own bedrooms upon return.
- All bedrooms were single occupancy with ensuite facilities. Both the main hospital and Solent House were well furnished, clean and comfortable. Patients were able to personalise their bedrooms.
- The activities room has been adapted to include kitchen facilities which allowed patients to learn new cooking skills.
- There was a weekly community meeting held for patients. There was a 'my day' system in place where patients could choose how they would like to spend one day per week outside of their normal routine and schedule.
- The hospital aimed to resolve all complaints within 20 working days. Compliance surrounding this was monitored through the governance committee.

Are services well-led?

We rated well led as good because:

- The hospital was well led and well organised. The senior team were a visible presence around the hospital. Staff we spoke with told us that they felt supported by the senior team and the interim ward manager.
- As a result of the merger, some changes had taken place, including changes to the statutory and mandatory agenda, policies and procedures and the visions and values of the organisation. There were systems in place to monitor the effect any changes to service provision may have on patients and staff.
- There was a clinical governance committee in place that had oversight of patient safety, infection control, health and safety and security. Key performance indicators (KPI) such as delayed transfers of care were monitored through the governance committee. The hospital had its own risk register which was detailed and up to date. The hospital had set a series of quality improvement objectives for the year. Some of which had been met. There was a company audit plan that was spread over twelve months. This meant each month a specific audit topic would be completed.
- Morale was high. Staff we spoke with were universally positive about their experiences working within Knightsbridge House.

Good



Summary of this inspection

All staff we spoke with told us that they would be able to raise any concerns with senior management without fear of recrimination. Staff appreciated the 'your say' forum where they were able to raise any concerns or service ideas they may have.

Detailed findings from this inspection

Mental Health Act responsibilities

- We looked at five records relating to patients detained under the MHA and all were present and correct.
- We found that all legal papers relating to Section 58 of the MHA and consent to treatment were present and correct. All contained information relating to treatment discussions that were held with patients.
- We reviewed all seven medication cards for patients who were detained under the MHA. All held information relating to Section 58 of the MHA and consent to treatment.
- Patient's rights were discussed with patients regularly and routinely. There were easy read versions for those patients who needed them.
- Information was available to patients about how to access the Independent Mental Health Advocacy service (IMHA) and the independent advocacy service that visited the hospital weekly.

Mental Capacity Act and Deprivation of Liberty Safeguards






- At the time of our inspection there were a small number of patients who were subject to Deprivation of Liberty Safeguards (DoLS). We reviewed all paperwork relating to this and found all to be present and correct. Decision specific information was clearly documented as were best interest meetings.
- Patient information relating to the Mental Capacity Act (MCA) was available in an easy read format.

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for people with learning disabilities or autism	Good	Good	Outstanding	Good	Good	Good
Overall	Good	Good	Outstanding	Good	Good	Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good 

Safe and clean environment

- There were measures in place that meant that staff could observe patients in all parts of the hospital building. For example, CCTV cameras were in operation where there were blind spots and staff monitored patient's whereabouts through regular general observation. We reviewed all nine records relating to the use of general observations and all were complete and up to date.
- There were ligature points within Knightsbridge House A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. An up to date ligature risk assessment had been completed and all areas had been covered. In some bedrooms personal items were missing off the ligature assessment; however, this was discussed with the hospital director at the time of our inspection and action was taken to remedy the situation immediately.
- Emergency medical equipment was checked regularly by staff and we saw records to show that this was the case.
- A support services manager had been appointed who had full oversight of all maintenance and cleaning. Cleaning schedules were in place and complete. Quality walkabouts were also being completed on a regular basis and we saw records to show that this was the case. Where issues were found, actions were addressed.

- The clinic room was well organised. Medication management procedures were in place including the storage, disposal and recording of medicines. Fridge temperatures where medication was stored were within range and checked regularly. We saw records to show this was the case. Knightsbridge House received support from an external pharmacy with medication management and pharmacists would visit the premises weekly to undertake stock checks and audit.
- There were visual prompts for hand washing techniques in the communal toilet facilities and infection control information displayed on notice boards.
- Staff had access to personal alarms which would be used to call for assistance during times of a psychiatric or medical emergency.

Safe staffing

- At the time of our inspection there was one vacancy for a ward manager. This had been recruited to and this staff member was progressing through the employment check process. There was one registered nurse vacancy, which had been filled and nine health care assistant (HCA), six of which had been recruited too.
- The hospital ran a two shift system, with staff working long days from 7am until 7.30pm. The night shift started at 7pm until 7.30 am. This allowed for a 30 minute handover.
- There was always one registered nurse on duty at all times. The hospital director recognised that some additional duties such as ward and medication rounds placed registered nurses under increased pressure. As a result, the hospital had undertaken a staffing review and were increasing their registered nurse numbers to two each shift.

Wards for people with learning disabilities or autism

- The hospital used bank and agency staff that were sourced from local agencies. The hospital always tried to use the same staff to provide consistency and familiarity for patients. Some agency staff were on long term contracts.
- Patients had access to the doctors based on the site during the day. In an emergency, staff used the 999 service or took patients to the local acute hospital. The hospital was currently renegotiating its terms and conditions with regards to receiving general medical care from the local GP.
- Overall, 83% of statutory and mandatory training had been completed by staff. Some subjects were currently showing as low, such as infection control at 27% and life support training at 36%. We were told by the hospital director this was due to the transition from the previous owners to the new provider and the introduction of new and or altered subjects. Where figures were low, staff were booked onto training and we saw records to show that this was the case.

Assessing and managing risk to patients and staff

- We reviewed five care records and found that all patients had a risk assessment completed on admission, which was routinely and regularly updated thereon. Any identified risks were then translated into plans of care. Staff worked hard to ensure that all patients were included as far as possible with regards to planning their own treatment and care.
- Staff we spoke with understood safeguarding and knew when and how to report safeguarding concerns.
- Knightsbridge House made 14 safeguarding alerts to the local authority between March and August 2017. Of these, one was escalated to a section 42 enquiry. A section 42 enquiry is any action that is taken (or instigated) by a local authority, in response to indications of abuse or neglect.
- At the time of our inspection there was a blanket restriction in place surrounding access to food and drink. However, there was a clinically justifiable reason for this and was necessary in order to maintain the health and safety of patients.
- The hospital operated a policy in the event of violent behaviour from patients that included the use of rapid tranquilisation (RT). The policy was up to date, making reference to the National Institute for Health and Care Excellence (NICE) guidelines with the emphasis being on

least restrictive practice. The policy detailed how staff should ensure the health and safety of patients following administration of rapid tranquilisation, including both intramuscular and oral routes. We saw evidence of how this had been adhered to, with a specific physical health observation chart when intramuscular (IM) RT was used.

- There was a fire evacuation plan in place. All patients had a personal emergency evacuation plan (PEEP) in place. PEEP is a bespoke escape plan for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. Staff had access to a fire emergency 'grab' bag containing all PEEP plans and instructions for evacuating the building safely.

Track record on safety

- There were no serious incidents reported since the last inspection two years ago.

Reporting incidents and learning from when things go wrong

- Incidents were reviewed, discussed and monitored through the local governance committee. Actions around learning would then be disseminated to the staff.
- Staff we spoke with knew how to report incidents and what type of incidents should be reported.
- Feedback from the investigation of incidents was shared amongst the team via team meetings and supervision.

Are wards for people with learning disabilities or autism effective? (for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Patients had their physical health assessed on admission and an annual health check was carried out thereafter. We reviewed five care records and saw that this was the case. On-going physical health checks such as blood pressure or weight monitoring took place routinely and regularly.

Wards for people with learning disabilities or autism

- We reviewed five care records and all patients had care plans that were specific to their needs. There was a 'this is me' process in place, including patient's likes and dislikes and what patients preferred routines were. There was evidence of patient and family involvement.
- Agency staff that were unfamiliar with the patients and new starters were given prompt cards to keep on their person. These helped them understand the needs of each patient better.

Best practice in treatment and care

- We looked at six treatment cards and all had been written in line with best practice as required by the National Institute for Health and Care Excellence (NICE).
- Each treatment card had a 'recognising side effects' chart attached, which would guide staff to recognise when patients may be experiencing adverse side effects.
- The hospital had introduced the 'life star' recovery tool. Life star is a tool that aids recovery through the development of positive behaviour plans and interventions that promote independence, choice and a sense of wellbeing.
- The hospital undertook a series of audits that were set by the wider organisation. These included annual audits of ligatures, infection control, safeguarding, preventing suicide and risk assessments. This audit schedule was arranged over the year, therefore each month, staff would be engaged in completing them.

Skilled staff to deliver care

- Patients had access to a range of professionals including medical and nursing staff, a speech and language therapist (SALT), psychologists and occupational therapists.
- 'Your say' meetings were held monthly. This meeting was an opportunity for staff to share any concerns or ideas they may have. This meeting is also attended by a staff side representative and the minutes are shared at regional meetings. Outcomes of the your say forum included the hospital transport being replaced and senior HCA staff involved in staff resource planning.
- Supervision for nursing staff since March ranged between 50% and 80%. The hospital director explained that these figures were low due to previously, a lack of seniority within the nursing structure. This had been addressed in part by the appointment of an interim ward manager. This post had since been recruited too. Equally some consideration was being given to how

meaningful supervision had been for staff in the past. As a result, work had begun to address the practice of supervision within Knightsbridge House. One hundred per cent of appraisals had been completed for staff.

- Knightsbridge House were receiving support from the Priory's quality improvement leads (QIL's) to train staff person centred care planning. Person centred care planning improves the experiences of the patient by creating opportunities for patients to take control and ownership of their own care and treatment.

Multi-disciplinary and inter-agency team work

- The hospital worked closely with the local authority, the area clinical commissioner and the local police, oversight of which was through the clinical governance structure. These working relationships, in partnership with staff, helped promote and safeguard the health, safety and general wellbeing of the patients whilst they were resident at Knightsbridge House. The local area commissioner supported the staff with regards to admissions and discharges of patients.
- Ward round was held weekly. The hospital director acknowledged the fact that at these times, there was additional pressure on the nursing staff due to only one registered nurse being on duty at any one time. As a result, the hospital had raised the number of registered nurses to two on a Friday to assist with ward rounds. This allowed the remaining staff to carry out other ward duties safely.

Adherence to the MHA and the MHA Code of Practice

- We did not complete a formal Mental Health Act monitoring visit as part of this inspection. However, we did review some Mental Health Act (MHA) paperwork as part of the overall inspection and the use of the act was appropriate and well managed.
- There were seven patients detained under the MHA on the day of our inspection.
- We looked at five records relating to patients detained under the MHA and all were present and correct.
- We found that all legal papers relating to Section 58 of the MHA and consent to treatment were present and correct. All contained information relating to treatment discussions that were held with patients.

Wards for people with learning disabilities or autism

- We reviewed all seven medication cards for patients who were detained under the MHA. All held information relating to Section 58 of the MHA and consent to treatment.
- Patient's rights were discussed with patients regularly and routinely. There were easy read versions for those patients who needed them.
- Information was available to patients about how to access the Independent Mental Health Advocacy service (IMHA) and the independent advocacy service that visited the hospital weekly.

Good practice in applying the MCA

- At the time of our inspection there were a small number of patients who were subject to Deprivation of Liberty Safeguards (DoLS). We reviewed all paperwork relating to this and found all to be present and correct. Decision specific information was clearly documented as were best interest meetings.
- Patient information relating to the MCA was available in an easy read format.

Are wards for people with learning disabilities or autism caring?

Outstanding



Kindness, dignity, respect and support

- Relationships between staff and patients were positive, warm and supportive. We observed interactions between both staff and patients that were based on mutual respect. Patients we met were clearly happy with regards to the care they received and were more than willing to share their experiences with us. There was a strong sense of relational security within the hospital.
- Staff that were new or unfamiliar with patients were issued with prompt cards to carry on their person, so that they had information readily available to them when encountering patients around the building. This included specific information about each patients, including their individual needs and preferences and how best to approach them.

- The hospital had completed a patient satisfaction survey in May 2017. The results were overwhelmingly positive, with 11 areas (out of 14) scoring 100%.

The involvement of people in the care they receive

- There was a real sense of community at the hospital. Staff and patients were very welcoming. There was a strong sense of patient centred care, evidenced in care records and care plans and by observations of how staff interacted with patients.
- All staff including the senior team were knowledgeable about patient's needs and spoke passionately about wanting to achieve the best possible outcomes for the patients through partnership working and relationship building.
- Some patients had voluntarily adopted specific roles within the hospital, including supporting the maintenance staff undertaking their tasks. Patients had also helped staff risk assess the new hot water machine that was being installed in the hospital. This helped patients understand why there was a clinical need to sometimes restrict access to hot water and drinks.
- Involvement of patients in the day to day activity of the hospital was actively encouraged. A morning meeting occurred every day where the day and weeks activities would be discussed and organised. Patients were actively encouraged to lead on these discussions and take ownership of their own time tables.
- Staff worked hard to ensure that patients and where appropriate their families, were included in decisions about their care and treatment. Alternative forms of communication were used where necessary, for example picture cards.
- Patients that we spoke with told us that their families were able to visit at any time. Hospital information confirmed that there were no restrictions on visiting hours during the day.
- Patients were asked to complete a 'your dining experience'. As a result, a food survey action plan had been introduced which looked at improving the experience of patients and their catering needs. This included the catering staff introducing a 'taster session' for patients, ensuring that food is served promptly and for the chef to attend the community meeting on a monthly basis.

Wards for people with learning disabilities or autism

Are wards for people with learning disabilities or autism responsive to people's needs?

(for example, to feedback?)

Good 

Access and discharge

- Knightsbridge House admitted patients from all over the country. At the time of our inspection six of the nine patients were from local areas.
- The average length of stay for patients was approximately four years. The newly refurbished Solent House will form part of the discharge pathway, creating opportunities for patients to live more independently before discharge into the community, whilst still receiving support from staff at Knightsbridge House.
- With the exception of Solent House which was closed for refurbishment, Knightsbridge House was at full capacity. During March and April 2017, there had been one admission.
- At the time of our inspection there were four delayed discharges. This was due to a lack of appropriate alternative accommodation that could support patients care.
- Once admitted, bedrooms remained allocated to one patient at a time. Patients who took leave, were always able to return to their own bedrooms upon return.

The facilities promote recovery, comfort, dignity and confidentiality

- All bedrooms were single occupancy with ensuite facilities. The four bedrooms in Solent House were also single occupancy. Three were ensuite and the fourth had direct access to an allocated bathroom. Both the main hospital and Solent House were well furnished, clean and comfortable.
- Patients were able to personalise their bedrooms. Several patients showed us their bedrooms. All said that they were comfortable and that where necessary staff supported patients to keep bedroom clean and tidy.
- The activities room has been adapted to include kitchen facilities which allowed patients to learn new cooking skills.

Meeting the needs of all people who use the service

- There was a weekly community meeting held for patients. Staff and patients all attended and shared ideas, thoughts, complaints and compliments.
- There was a 'my day' system in place where patients could choose how they would like to spend one day per week outside of their normal routine and schedule. Some examples were swimming, shopping or lunch out.

Listening to and learning from concerns and complaints

- The hospital aimed to resolve all complaints within 20 working days. Compliance surrounding this was monitored through the governance committee.
- Between March and April 2017, Knightsbridge house received two complaints, both of which were upheld. These related to loud music being played by patients at Knightsbridge house and that there were no mirrors as standard fixtures in the bedrooms. As a result, all bedrooms were fitted with mirrors.

Are wards for people with learning disabilities or autism well-led?

Good 

Vision and values

- Knightsbridge was undergoing a period of change following the Priory and PiC Group merger, which has seen changes made to the statutory and mandatory training agenda and the visions and values of the company. The hospital director and the senior team had oversight of all changes that were happening. The impact of change on practice, the patients and the staff group remained under constant review by the hospital director and senior team through supervision, the monitoring of staff morale and through a strengths, weaknesses, opportunities and threats (SWOT) analysis tool. SWOT analysis is a planning tool to monitor and evaluate projects, organisational performance and or business venture.

Clinical Governance

- There was a clinical governance committee in place that had oversight of patient safety, infection control, health

Wards for people with learning disabilities or autism

and safety and security. Minutes and actions from other meetings including 'your say', morning meetings and medical advisory council meetings were reviewed through the clinical governance committee.

- Key performance indicators (KPI) such as delayed transfers of care were monitored through the governance committee.
- The hospital had its own risk register which was detailed and up to date. Mitigation plans were in place and actions evident. The top three risks for the hospital were nursing vacancies, the blanket rule around access to drinks and the demands placed upon nurses due to three patients being on long term one to one and two to one nursing. In addition, low supervision rates were identified on the risk register.
- The hospital had set a series of quality improvement objectives for the year. These included identifying leads for certain clinical topics such as infection control and the Mental Health Act (MHA). It also included delegating additional roles to senior HCA staff to support development and introduce the 'your say' forum. At the time of our inspection these objectives had been met.
- There was a company audit plan that was spread over twelve months. This meant each month a specific audit topic would be completed, such as infection control compliance one month and adherence to rapid tranquilisation (RT) policy the next.
- There were no staff performance issues at the time of our inspection. The hospital director was able to provide examples of when they had previously supported staff through performance related issues.

Leadership, morale and staff engagement

- The hospital was well led and well organised. The senior team were a visible presence around the hospital. The senior team consisted of the hospital director, the medical director, the support services manager and the director of clinical services. The senior team were supported by administration staff.
- Staff we spoke with told us that they felt supported by the senior team and the interim ward manager.
- Morale was high. Staff we spoke with were universally positive about their experiences working within Knightsbridge House. This was also evidenced by the introduction of a 'morale-o meter' which provided data related to the level of morale within Knightsbridge House. Staff told us that they felt well supported by managers and medical staff.
- We were not told by any staff of any bullying and harassment issues on the day of our inspection.
- All staff we spoke with were able to say how and when they might access whistleblowing procedures. All staff told us that they would be able to raise any concerns with senior management without fear of recrimination.
- Staff appreciated the 'your say' forum where they were able to raise any concerns or service ideas they may have.

Commitment to quality improvement and innovation

- The hospital were not currently involved in any quality improvement programmes but were using the Royal College of Psychiatrists guidance surrounding accreditation for inpatient mental health services to help improve and maintain good standards of care.

Outstanding practice and areas for improvement

Outstanding practice

- Staff that were new or unfamiliar with patients were issued with prompt cards to carry on their person, so that they had information readily available to them when encountering patients around the building. This included specific information about each patients, including their individual needs and preferences and how best to approach them.
- Each treatment card had a 'recognising side effects' chart attached, which would guide staff to recognise when patients may be experiencing adverse side effects.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that staff have access to supervision.
- The provider should ensure that it continues to provide mandatory training to staff, particularly those subjects that a low number of staff have completed and are crucial to support safe care (such as infection control at 27% and life support training at 36%).