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?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

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

Summary of findings

Overall summary

We rated Knightsbridge House as good because patients received care in a safe environment and there were enough staff of different disciplines to meet patient's needs. The provider was recruiting to fill the vacant posts for qualified nurses.

Staff had received mandatory and specialist training and knew how and when to make safeguarding alerts. Staff managed medicines appropriately and safely in line with guidance and legislation.

Patients had detailed mental capacity act assessments. Staff we talked with had a good working knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff were kind and respectful to patients and recognised their individual needs. Staff spoke to patients in a respectful manner that suited each individuals preference. All the patients we spoke with told us they liked the staff and staff treated them with respect.

There were comprehensive assessments of patient's needs. Patients had access to their own easy read care plans and the team made a good effort at adapting documents so they were accessible. There were no waiting times for treatment and discharge planning was thorough.

Good governance processes identified where the service needed to improve. This had led to improvement plans for the service. Staff expressed the vision and values of the service. Staff morale was good and team worked well together.

The manager told us, and records confirmed that, supervision took place every month and appraisals were completed annually. Staff told us they felt supported and they talked positively about their manager.

Staff, patients and families knew how to complain and comments books were easily available.

However, staff had not recognised that some medications in use at the hospital should be classed as rapid tranquilisation. While nursing staff were dispensing, administering and monitoring the medication correctly, they did not understand that this was called rapid tranquilisation. The consultant psychiatrist and registered manager acknowledged this and agreed that training was required. Rapid tranquilisation included the use of oral Lorazepam and Haloperidol which was being given to patients as and when required, this is known as (PRN) medication.

Some areas appeared in need of decoration and some had not been thoroughly cleaned. For example, we found a build up of dirt, dust and some cobwebs in higher areas including the tops of some door frames and window frames and in the laundry area of Carard Cottage (Carard Cottage is a four-bed step down property that forms part of Knightsbridge Hospital).

Some mental capacity assessments were identical in detail. For example, one patient had eight assessments of their understanding of each of their care plans. These assessments had been completed on the same day and were identical in detail with the exception of the care plan title. Mental capacity assessments should be decision specific and this was not reflected in the detail of these eight assessments.

For the mental capacity assessments we reviewed, it was not clear patients had been fully involved. For example, there were no quotes from patients or clear recording of patient responses to questions asked.

The hospital had no system in place to log concerns or complaints resolved at a local service level. This meant staff might not identify potential trends.

Summary of findings

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Services we looked at
Wards for people with learning disabilities or autism and complex mental health needs

Summary of this inspection

Background to Knightsbridge House

Knightsbridge House is a 13 bed hospital in Fareham that provides assessment and treatment in locked rehabilitation and supported living settings for men with a learning disability and complex mental or physical health needs. Carard Cottage, within the main grounds, is a four bed detached bungalow providing supported living accommodation for residents ready for greater independence. It enables them to put their skills for living into practice before they are discharged into community settings.

The service is registered with 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 was taken over by a new provider from 1 September 2015 and is now run by Partnerships in Care Limited. The service was previously owned by Oakview Estates Limited and was last inspected by CQC in December 2013 when it was found to be compliant with the Health and Social Care Act 2008 Regulations 2010. This is the first inspection of Knightsbridge House since being owned by Partnerships in Care Limited.

Our inspection team

The team that inspected Knightsbridge House comprised of a CQC inspector, a CQC inspection manager, a CQC mental health act reviewer, a nurse specialist advisor and an expert by experience. An expert by experience is someone who has developed expertise in relation to health services by using them or through contact with those using them – for example, as a carer.

Why we carried out this inspection

We inspected this 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?

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations and local people to share what they knew about the mental health services provided by Partnerships in Care Limited. We reviewed information that we held about these services and sought feedback from patients, families and carers by telephone interviews.

During the inspection visit, the inspection team:

- visited the hospital site, looked at the quality of the environment, and observed how staff were caring for patients
- spoke with four patients who were using the service
- spoke with the manager

Summary of this inspection

- spoke with seven other staff members; including a doctor, a nurse, an occupational therapist, an administrator, an activities co-ordinator and two support workers
- spoke with one care manager.

We also:

- spoke with two relatives over the phone
- looked at eight patient treatment records
- carried out a specific check of the medications management
- looked at a range of policies, procedures and other documents relating to the running of the service
- looked at Mental Health Act documentation and that relating to Deprivation of liberty Safeguards (DoLS).

What people who use the service say

We talked with four patients and two relatives. All were positive about their experience of care at Knightsbridge House. They told us they found staff to be caring, friendly and supportive and that they were involved in decisions about their care or that of their family member. Relatives spoke highly of the hospital and the staff. They told us that there were enough staff available to meet patients' needs and that staff were kind and caring. One relative told us clothes regularly go missing and that the building is in need of refurbishment.

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?

Good

We rated safe as **good** because:

- measures were in place that meant 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 patients' whereabouts through regular general observation
- staff regularly checked the emergency resuscitation equipment and it was kept in a place where it was readily accessible
- there were enough staff providing direct care. Staff vacancies were being advertised when we visited and regular bank staff were being used to cover until the permanent posts were filled
- patients had detailed individual risk assessments. Staff were skilled in de-escalating challenging situations
- staff had been trained and knew how to make safeguarding alerts
- staff managed medicines appropriately.

However, staff had not recognised that some medications in use at the hospital should be classed as rapid tranquilisation. While nursing staff were dispensing, administering and monitoring the medication correctly, they did not understand that this was called rapid tranquilisation. The consultant psychiatrist and registered manager acknowledged this and agreed that training was required. Rapid tranquilisation included the use of oral Lorazepam and Haloperidol which was being given to patients as and when required, this is known as (PRN) medication.

Some areas appeared in need of decoration and some had not been thoroughly cleaned. For example, we found a build-up of dust and some cobwebs in higher areas, including the top of some door frames and window frames and in the laundry room of Carard Cottage.

Are services effective?

Good

We rated effective as **good** because:

- clinical staff comprehensively assessed patients who were admitted to the service. This included a good assessment of patients' physical health needs

Summary of this inspection

- each patient had an up to date care plan. Care plans were available in easy read formats
- regular multi-disciplinary team working took place
- staff had access to training and supervision to enable them to perform their role effectively
- staff were aware of the National Institute for Health and Care Excellence (NICE) guidelines around positive behaviour support and we saw this was embedded in 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 paperwork as part of the overall inspection and found the use of the act was appropriate and well managed
- information was available to patients about how to access the Independent Mental Health Advocacy service (IMHA)
- detailed Mental Capacity Act (MCA) assessments were in place that adhered to the principles of the Mental Capacity Act. Staff were knowledgeable about the use of the MCA and DoLS.

However, some mental capacity assessments were identical in detail. For example, one patient had eight assessments of their understanding of each of their care plans. These assessments had been completed on the same day and were identical in detail with the exception of the care plan title. mental capacity assessments should be decision specific and this was not reflected in the detail of these eight assessments.

For the mental capacity assessments we reviewed, it was not clear that patients had been fully involved. For example, there were no quotes from patients or clear recording of patient responses to questions asked. However, this was determined to be a recording issue because from our observations, review of other records and discussions with staff and patients, we saw that staff were very good at involving patients.

Are services caring?

Good

We rated caring as **good** because:

- we spent time observing how patients were treated and spoken to. We saw staff were kind and respectful to patients and recognised their individual needs
- all patients and relatives we talked with spoke positively of the staff
- staff supported patients in a number of ways to be involved in their care

Summary of this inspection

- patients and relatives felt staff listened to them and they could raise issues about their care and or that of their family member.

Are services responsive?

Good

We rated responsive as **good** because:

- arrangements were in place to support patients with their admissions and discharges
- patients were supported in a comfortable environment and had access to a programme of therapeutic activities
- information on how to complain was available and staff learnt lessons based on the feedback
- there were no delays from referral to admission to active treatment
- families could visit easily and they told us they had been given information about how to complain.

However, the hospital had no system in place to log concerns or complaints resolved at a local service level. This meant staff might not identify potential trends and therefore take action from any identified learning.

Are services well-led?

Good

We rated well led as **good** because:

- the service was well led and there were clear governance processes in place to monitor and improve the quality of the service
- there was a commitment towards continual improvement and innovation
- the service was responsive to feedback from patients, staff and external agencies
- morale among staff was good, and staff felt supported by the manager
- there was clear learning from incidents
- the service had been proactive in capturing and responding to patients' concerns and complaints
- there were creative attempts to involve patients in all aspects of the service.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

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. This was in relation to medication T2 and T3 forms and section 17 leave. T2 forms are a requirement under the MHA section 58(3)(a) as a certificate of consent to treatment. T3 forms are a requirement for detained patients under the MHA section 58(3)(b) where a certificate of a second opinion doctor is required.

There was evidence that detained patients were prescribed medications in accordance with section 58 of the MHA. There was evidence that section 62 had been used. However, a request for a SOAD was made and a T3 authorisation form was in place.

Patient's rights were given monthly and it was recorded if patients had understood them or not. There were easy read versions for those patients who needed them. The new code of practice gives further guidance on this in chapter 20, specifically 20.40 where it states, '…some people with learning disabilities or autism may prefer to have written material in simple language with images or symbols to assist…' For one patient it was consistently recorded that they didn't understand their rights. Where patients didn't understand their rights, the manager told us this was discussed in ward review with patients, reviewed regularly and clearly documented in patients care plans. The new code of practice at 6.23 states, '…If a patient lacks capacity to decide whether to seek help from an IMHA, an IMHA should be introduced to the patient'.

Information was available to patients about how to access the Independent Mental Health Advocacy service (IMHA) and SEAP (voice ability) the advocate visited fortnightly. SEAP is an independent charity that provides free independent and confidential advocacy to patients separate to the IMHA service. If an IMHA was required then a referral was made to Hampshire learning disabilities team. Staff told us that this could be slow at times. Records confirmed that patients who were identified as not having capacity had been referred for IMHA services.

Mental Capacity Act and Deprivation of Liberty Safeguards

There were detailed mental capacity act assessments in place that adhered to the principles of the Mental Capacity Act (MCA) 2005. Staff were knowledgeable about the use of the MCA and Deprivation of Liberty Safeguards (DoLS).

However, there were some mental capacity assessments that were identical in detail. For example, one patient had eight assessments regarding understanding each of their care plans. These assessments had been completed on the same day and were identical in detail with the exception of the care plan title. Mental capacity assessments should be decision specific and this was not reflected in the detail of these eight assessments.

From the mental capacity assessments that we reviewed, it was not clear that patients had been fully involved. For example, there were no quotes from patients or clear recording of patient responses to questions asked. However, this was determined to be a recording issue because from our observations, review of other records and discussions with staff and patients, we saw that staff were very good at involving patients.

Four patients were subject to DoLS authorisation. We reviewed the paperwork and found all necessary forms were present, and completed appropriately. However, two of the authorisations that we reviewed had lapsed. The manager told us that they had requested extensions but the local authority had a backlog of assessments to complete and there were delays in processing DoLS

applications. Letters from the local authority confirmed this. The hospital had done everything it was able to do to ensure they were adhering to the Mental Capacity Act 2005 and requirements relating to DoLS.

Good

Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good

Safe and clean ward 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 saw the emergency medicine bag was checked regularly by hospital staff. All the contents were in date.
- The manager told us the hospital did not have a seclusion room and seclusion was not carried out at the service. Our observations confirmed this.
- We saw that there were some ligature points (places to which patients intent on self-harm might tie something to strangle themselves). There was no specific ligature risk assessment. However, these risks were being safely managed through comprehensive individual risk assessments, observation and CCTV. The manager and staff explained clear processes in relation to managing ligature risks and we could see from individual risks assessments that all risks had been considered.
- The service had cleaning staff who worked to a cleaning schedule. Most areas of the hospital were clean including the toilets, bathroom facilities, clinical areas and communal areas. However, some areas including the top of some door frames and window frames had a build up of dust, dirt and cobwebs. There were cobwebs on the ceiling in the bungalow and in the utility room there was a build up of dirt by the washing machine and dishwasher. The cleaning schedule was not detailed and did not include all areas that required cleaning. For example, the schedule listed rooms but did not list the aspects of those rooms that needed cleaning. This meant that some areas had been missed and unclean environments pose risks to the health of patients.
- The clinic room was well organised and appeared to be very clean. There was a range of equipment available and all medicines appeared to be stored appropriately. There was a medicines fridge and we observed that fridge temperatures were regularly checked and were within recognised limits
- There were visual prompts for hand washing techniques in the communal toilet facilities and infection control information displayed on notice boards.
- Environmental risk assessments were in place and regularly reviewed. The team had been made aware of these assessments and identified risks were discussed in staff meetings. Meeting minutes confirmed this
- The records that we reviewed showed that building safety and maintenance checks had been undertaken as required, for example, gas safety checks and portable appliance tests to ensure gas and electric appliances and equipment were safe. There were regular maintenance reviews and fire alarm tests. We saw that there had been two fire drills in the past 12 months. The fire action plan was up-to-date, along with relevant risk assessments around fire safety.
- The manager showed us the ward's safety alarm system. There is a Pin point alarm system in all the buildings that was interlinked for support. The system was

serviced by Pinpoint every six months and the last service was completed in June 2015. We found a Pinpoint alarm tester in the nursing office and observed the maintenance man checking a few alarms during the visit.

Safe staffing

- The services had sufficient staff on duty to meet the needs of patients. We looked at staffing rotas for the week prior to and for the week of the inspection, which confirmed the staffing levels described to us.
- In the previous 12 months up to June 2015 the staffing turnover rate was 26%, with nine substantive staff leaving. The manager told us that this was due to a number of reasons including career progression and staff wanting job changes.
- The established level of qualified nurses was four and, at the time of inspection, there were three qualified nurses in post. The qualified nurse vacancy was being filled by regular bank or agency nurses. We saw that the use of bank and agency nurses was consistent and that they were present on most shifts. In the past three months all required shifts had been successfully filled, with 220 shifts being filled with bank staff, and 223 shifts with agency staff. The hospital had an established staffing level of 18 support workers with seven vacancies. The manager was in the process of recruiting new staff to fill the vacancies and adverts were out for these posts.
- The staff sickness rate in the 12-month period up to June 2015 was high at 47%. The manager told us that the figure was very high because of the small permanent staff team and vacancies. Sickness was due to a variety of reasons and was a mixture of short-term and long-term sickness. Some staff had ongoing health conditions that had an impact on the hospitals sickness rate. The manager explained how staff were supported with supervision and input from occupational health and human resources. Return to work processes were implemented for all staff on long-term sick leave and those with ongoing health conditions. The staff we spoke with told us that they felt supported by the manager. Despite the significant sickness rate the service did not struggle to cover shifts. Regular bank staff who knew the hospital and the patients were employed to cover sickness. This reduced the risk of negative impacts on patient care. The manager told us that recruitment of new staff and implementation of new policies and procedures will dramatically reduce the sickness rate.
- The lead nurse, manager and staff confirmed they were able to increase staffing levels when additional support was required. This meant patients could attend appointments and take leave. From speaking with staff and patients, and reviewing records, we saw there was no restriction on leave.
- All patients had a named nurse and were allocated one-to-one time, with their nurse, to discuss their care and wellbeing. We observed patients receiving one-to-one time and records reflected that this time was regularly given.
- Patients had access to the doctors based on the site during the day. At night, patients accessed medical services through local out-of-hours services. In an emergency staff used the 999 service or took patients to the local acute hospital. Patients had access to local GP services.
- Patients had access to speech and language therapists (SALT) and we saw that assessments had been completed and acted on.
- The hospital had permanent occupational therapist (OT) in post five days per week. The OT conducted comprehensive assessments of patients.

Assessing and managing risk to patients and staff

- Out of the eight records we examined, we found that there were up-to-date risk assessments in place for each person. We were able to see that risk assessments were comprehensive and updated at least weekly and daily in some cases. Risks were discussed at each shift handover. Staff and records confirmed this.
- We observed that there were no blanket restrictions in place.
- We saw that most staff were trained in safeguarding. All staff we spoke with knew how to make a safeguarding alert when appropriate. The manager told us that the training records for staff were in the process of being updated following the change in provider. The figures provided to us showed that slightly fewer than 80% of staff had received training in safeguarding. The manager

told us that the new provider learning systems were in the process of being set up and new training schedules were being implemented alongside the new training programme. A training induction programme was being implemented in the first week of each month and the next sessions scheduled are 2 November 2015 and 7 December 2015.

- Staff including bank staff had completed training so they could use physical interventions where needed. Staff knew that they had to try to de-escalate incidents and only use restraint as a last resort.
- Patients had individual positive behaviour support plans in place that were agreed by the multi-disciplinary team. There were no recent examples of restraint having been used. Staff told us that where restraint was used it was recorded with the appropriate details, notified as an incident, discussed as part of a debriefing session, covered as part of the handover and reviewed in weekly multi-disciplinary team meetings. The patient would be involved in discussions after the restraint had taken place to reflect on what had happened and how this could be avoided in the future.
- Leaflets were available in an easy read format for some medications used for epilepsy and for mental health conditions.

Medicine Management

- Medicines were stored securely and maintained accurately. Records were made of medicine refrigerator and room temperatures on a daily basis and these were all within the expected temperature ranges. The contents of the emergency bags were checked regularly by hospital staff and all contents were found to be in date.
- The ordering, receipt, storage, administration and disposal of controlled drugs were in accordance with the Misuse of Drugs Act 1971 and its associated regulations.
- The pharmacist visited and carried out weekly checks of the medicines and a technician visited the ward every two weeks to check expiry dates of medicines and replenish hospital stocks. We saw the pharmacist also checked for drug interactions as well as ensuring the correct authorisation was in place for medication prescribed to detained patients. Controlled medication was stored and checked appropriately.
- The prescribing of medicines against T2/T3 forms was checked by the pharmacists. All the medicines prescribed were in accordance with the Mental Health Act T2/T3 forms.
- The allergy status for all patients was clearly recorded. The prescribing of anti-psychotic medicines was monitored and physical health checks were in place.
- The training information provided to us indicated that no staff had completed medicines management training. The manager told us that staff had received training but with the change in provider not all training data was accessible or accurate. New training systems were in the process of being set up and the manager informed us that all staff would be completing the training as part of the new system.
- Some patients were prescribed medication that should be recognised, recorded and administered as an oral rapid tranquiliser. However, the staff had not identified these medications as rapid tranquilisers. Rapid tranquillisation is when medicines are given to a patient who is very agitated or displaying aggressive behaviour to help calm them quickly. This is to reduce any risk to themselves or others, and allow them to receive the care that they need. The consultant psychiatrist agreed that these medications should have been recognised as rapid tranquilisers. We informed the manager who reassured us that all staff would be updated and the appropriate processes implemented immediately.
- All medicine incidents were reported via the organisation reporting system. From our review of the incident reports we found that there had been no recent medication incidents.
- The organisation had a policy on the administration of covert medication. No patients were subject to covert medications.

Track record on safety

Good

Wards for people with learning disabilities or autism

- There have been four serious untoward incidents reported in the past twelve months. All four incidents occurred prior to the new provider taking ownership of the hospital with the last incident recorded in June 2015.
- We reviewed the incident records; these reflected that appropriate actions had been undertaken.

Reporting incidents and learning from when things go wrong

- When we spoke to staff, they were able to show us that they knew how to report incidents.
- Feedback from the investigation of incidents was shared amongst the team via team meetings and supervision.
- Changes made following an incident were seen during our inspection in current risk assessments and care plans. For example, observation levels were changed to reduce the likelihood of one incident being repeated. The changes were reviewed regularly and there had not been a repeat of the incident. This was done in a way that was recognised as being least restrictive for the patient.
- The hospital operated in an open and transparent way where incidents were reported and investigated appropriately. Learning from these incidents was completed through team debriefing, supervision and team meetings.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Patients were assessed prior to and during admission and received continued assessments as part of the care planning process. This assessment process covered their physical and psychological wellbeing.
- Patients had their physical health assessed on admission and an annual health check was carried out. Records confirmed this. On-going physical health checks such a blood pressure or weight monitoring took place as needed.
- Care plans and risk assessments were all in hard copy paper format and were accessible by staff working in the service. All eight records we reviewed confirmed that care plans were regularly reviewed and updated. Patients had access to their care plans and they could be made available in easy read format as required. We saw examples of where patients had been involved in their assessment of need and planning of care. For example, care plans contained comments made by the patients regarding their preferences to different aspects of their care.
- During our inspection, we talked with staff and reviewed records relating to handover meetings. Each patient using the service was discussed in detail including levels of current observations, sleeping patterns, medication changes, current Mental Health Act status and Section 17 leave. Levels of risk were discussed before Section 17 leave was implemented. Reminders about consent to treatment orders that were coming up, physical health monitoring and appointments with multi-disciplinary team members were also discussed.
- Two patients had been at the hospital for several years and the manager explained the difficulties they experienced with local authority teams in identifying suitable placements. It was clear that the hospital was working with other organisations and relatives to achieve the most effective and appropriate discharge for these patients who had complex needs.

Best practice in treatment and care

- The service had followed the guidance set out in the Department of Health guidance 'positive and proactive care: reducing the need for physical intervention'. The hospital had done this in line with the recommendations made by the British Institute of Learning Disabilities (BILD). Each patient had a detailed and individual 'positive behaviour support plan'.
- Health of the nation outcome scales for patients with learning disabilities assessments were completed to measure the outcomes of care and treatment.
- When we spoke to patients and relatives, we heard that they had medication and treatment options, and we saw that the management team conduct monthly audits of medication.

- The psychiatrist talked to us about best practice in treatment and care, detailing the work they did at the hospital. This involved initial and on-going assessments of patients to achieve effective rehabilitation and discharge into the community. He stated that the service aimed to be a locked rehabilitation service only but currently had a mix of long stay, acute and rehabilitation patients. There were active plans in place to move towards this aim.
- Staff were aware of the National Institute for Health and Care Excellence (NICE) guidelines around positive behaviour support and we saw that this was embedded in practice.

Skilled staff to deliver care

- The team had input from occupational therapist based at the hospital. There was access to speech and language therapists and psychologists as well as pharmacists. Referral to other services was made if needed. We saw in admission notes that the full range of professionals were involved during initial assessments and as part of a patient's on-going care.
- Supervisions and appraisals were completed regularly for all staff. We reviewed a sample of supervision records. These showed a range of work and performance-related issues were discussed. The staff we talked with confirmed that they had supervision and appraisals. They told us that they found supervision beneficial and that they were given the opportunity to discuss learning and development as well as any concerns regarding work.
- We saw evidence of effective and supportive management of performance concerns, regarding a member of staff.
- The induction training included training on learning disability awareness. Bank staff were also informed about the needs of the patients and the procedures for keeping patients safe.
- Staff were monitored to ensure that they had updated training. The current training records showed that 100% of staff had completed training in first aid, health and safety, moving and handling, equality and diversity, fire safety, MCA and DoLS and the Mental Health Act 1983. Training in restraint and breakaway methods, infection control and data protection all exceeded 80%. Slightly fewer than 80% of staff had completed safeguarding training and, according to data provided, no staff had completed medications management training. The manager explained that they were in the process of booking staff on to training and that the current training records might not accurately reflect the actual training figures. This was partly due to the transition of the hospital to a new provider. While records indicated that not all staff were up to date with training, our observations and discussions with patients and staff showed that staff had the skills necessary to deliver effective care at this hospital.

Multidisciplinary and inter-agency team work

- We were able to view staff meeting minutes that were taking place on a weekly basis. All were dated and attendees were noted. A list of actions and outcomes along with the responsible person was seen at the end of the minutes.
- There were weekly multidisciplinary meetings. These discussed each patient receiving treatment at the hospital and their progress. The meeting also covered risk management and safeguarding. We saw patients were supported to attend the meetings. The meetings were comprehensively recorded in patients notes.
- Staff told us that if patients did not wish to attend a multidisciplinary team (MDT) meeting, the views of the patient would be represented. We saw that following any MDT meeting, the content is discussed with the patient in a one to one setting so they understand what had been discussed.
- The manager told us that they had a good working relationship with other external agencies including community teams, the GPs and the local authority. There was clear evidence of communication in the form of letters between these agencies and the hospital.

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

- We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.
- 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. This was in relation to

medication T2 and T3 forms and section 17 leave. T2 forms are a requirement under the MHA section 58(3)(a) as a certificate of consent to treatment. T3 forms are a requirement for detained patients under the MHA section 58(3)(b) where a certificate of a second opinion doctor is required.

- There was evidence that detained patients were prescribed medications in accordance with section 58 of the MHA. There was evidence that section 62 had been used. However, a request for a SOAD was made and a T3 authorisation form was in place.
- Patient's rights were given monthly and it was recorded if patients had understood them or not. There were easy read versions for those patients who needed them. The new code of practice gives further guidance on this in chapter 20, specifically 20.40 where it states, '…some people with learning disabilities or autism may prefer to have written material in simple language with images or symbols to assist…' For one patient it was consistently recorded that they didn't understand their rights. Where patients didn't understand their rights, the manager told us this was discussed in ward review with patients, reviewed regularly and clearly documented in patients care plans. The new code of practice at 6.23 states, '…If a patient lacks capacity to decide whether to seek help from an IMHA, an IMHA should be introduced to the patient'.
- Information was available to patients about how to access the Independent Mental Health Advocacy service (IMHA) and SEAP (voice ability) the advocate visited fortnightly. SEAP is an independent charity that provides free independent and confidential advocacy to patients separate to the IMHA service. If an IMHA was required then a referral was made to Hampshire learning disabilities team. Staff told us that this could be slow at times. Records confirmed that patients who were identified as not having capacity had been referred for IMHA services.

Good practice in applying the Mental Capacity Act

- There were detailed mental capacity act assessments in place that adhered to the principles of the Mental Capacity Act (MCA) 2005. Staff were knowledgeable about the use of the MCA and DoLS.
- However, there were some mental capacity assessments that were identical in detail. For example, one patient had eight assessments regarding understanding each of their care plans. These assessments had been completed on the same day and were identical in detail with the exception of the care plan title. Mental capacity act assessments should be decision specific and this was not reflected in the detail of these eight assessments.
- From the mental capacity assessments that we reviewed, it was not clear that patients had been fully involved. For example, there were no quotes from patients or clear recording of patient responses to questions asked.
- Four patients were subject to DoLS authorisation. We reviewed the paperwork and found all necessary forms were present, and completed appropriately. However, two of the authorisations that we reviewed had lapsed. The manager told us that they had requested extensions but the local authority had a backlog of assessments to complete and there were delays in processing DoLS applications. Letters from the local authority confirmed this. The hospital had done everything it was able to do to ensure they were adhering to the Mental Capacity Act 2005 and requirements relating to DoLS.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

- We observed staff speaking to patients in a kind manner. Staff were polite and softly spoken.
- Patients said they liked the staff and were treated with respect.
- Staff supported patients in a number of ways to be involved in the care they received. For example, they dedicated one to one time to speak with patients and used easy read information to inform patients about the service provided.
- Patients and relatives felt that staff listened to them and they could raise issues about their care.

The involvement of patients in the care they receive

Good

Wards for people with learning disabilities or autism

- The staff worked towards trying to involve patients in the care they received. This included providing patients with copies of their care plan. Patients were also invited to attend their review meetings. Patients who we were able to speak with said that they felt staff listened to them and that they could give their views about their care. There were opportunities for patients to meet and discuss the service through weekly patient meetings and one to one time with a member of staff.
- We saw positive behaviour support plans using clear language such as talking about 'de-escalation' methods. This enabled staff and patients to understand exactly what support was needed to de-escalate volatile or unsettling situations.
- Where appropriate, and where patients wanted them to be, relatives were involved in the care planning process. The relatives we talked with told us they felt involved. Patients said they could speak to their relatives whenever they wished. Staff told us that any restrictions that were in place would have a clear rationale and be covered in the care plan.
- Notice boards and leaflet racks were available in communal areas for all patients to access. Easy read information was available to patients where required.
- Patients had access to an Independent Mental Health Advocacy (IMHA) service. We saw from records and from what patients and staff told us, that the IMHA was readily available and accessible when needed.

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

(for example, to feedback?)

Good

Access, discharge and bed management

- At the time of this inspection, the hospital was not at full capacity and there were two empty beds in Carard Cottage, the step down bungalow.
- There were no delays from a person's referral to initial assessment or from initial assessment to the start of treatment.
- Patients and relatives told us that there were no restrictions or problems in accessing a psychiatrist when needed. The psychiatrist responded quickly. This was confirmed when we reviewed patients records.
- We found detailed discharge plans for each person using the service. The staff told us and records confirmed that the team held discharge planning meetings. Discharge care plans detailed the patient's views on their discharge, the views of the multi-disciplinary team involved and the names and roles of the people involved. When we spoke with relatives, they were all aware of their family member's discharge date and had been involved in the planning around discharge.
- There were two delayed discharges at the service. Both were due to difficulties in finding appropriate placements. The manager was working with external agencies to locate appropriate placements. Patients and relatives were kept informed of the process.

The ward optimises recovery, comfort and dignity

- Three previous mental health act monitoring visits had identified concerns with the environment. At these previous visits, we observed that the communal areas were in a state of disrepair. Staff told us this was due to incidents involving patients. This included physical damage to the walls and coffee stains. These observations were made prior to the change in provider. The manager told us and we saw from records that there were proposed works to improve the building and garden areas. Work had commenced on areas of the hospital that had been raised as a concern by relatives. For example, damaged walls had been plastered but not yet painted. The maintenance staff stated that on the second and third floor within Knightsbridge there was a plan to remove stud walls at the top of stairs to improve the sense of space and observation.
- The hospital was generally clean and comfortable. Bedrooms were personalised to different degrees. One bedroom was sparse but had the patient's own paintings on the wall. The patient told us that they liked their room this way.
- During our inspection, we found the environment to be calm and hospitable. There was an adequate amount of

communal living space. Generally, these were appropriately and comfortably furnished. They also provided areas for patients to watch television or listen to music.

- There is a small garden at the step down bungalow that links to the rear of the garden for Knightsbridge House. The garden was a good size and it had a smoking shelter and a children's swing in the middle of the garden. This did not appear to be age appropriate to an adult population and the manger acknowledged this and stated they were looking to invest in this area and to remove the swing.
- There was a large and a separate small lounge and we observed a number of activities going on. There was an air conditioning unit within the lounge area.
- There was a room where patients can meet visitors. Visiting hours are not restricted and patients have good access to their relatives.
- Patients were able to use mobile phones for personal calls.
- There had been complaints from patients about food and this had led to developing feedback forms for the chefs. We saw from community meeting records and from speaking with patients that there had been improvements. Patients were supported to purchase and prepare their own food. Patients had varying degrees of abilities and the staff prepared food for patients who required more assistance. There was evidence of a range of options that patients could choose from and where patients wanted something that was not an option this could be provided with adequate notice. Special dietary requirements were supported as required.
- At lunchtime, those patients taking lunch provided by the hospital sat with staff who ate the same lunch at the same time. Conversation was light-hearted and cheerful. There was good two-way communication, including patients who had less verbal ability. It was clear from our observations that patients were enjoying the experience.
- One patient ate very little of their meal and took their plate back to the serving hatch. Both the chef and support worker asked the patient if they had enjoyed their meal. The patient told them that they did not like the meal. The staff offered several alternatives, which were declined. The staff reassured the patient that if they felt hungry at any time then they should ask for food.
- Access to drinks and snacks was not restricted.
- While group activities were available, most activities were individualised and patients were supported to pursue and undertake their hobbies and interests. For example, one patient loved running and staff had sourced a suitable running track, which was 15 minutes away. Another patient was a football fan and was supported to pursue that interest. Patients went out into the community every day to go for lunch, watch a film at the cinema or visit friends and relatives. One patient told us how they go to a local café for a coffee and use the internet access to connect their smart pad device.

Meeting the needs of all people who use the service

- Patients had a full assessment of need including their life history. Staff had an understanding of each patient's cultural and religious background. They also understood about patient's relationships and sexual orientation.
- Patients were freely able to practice their religious beliefs and could access the local church and chaplain services if they wished.
- We saw some easy read information displayed around the unit and each patient had access to an easy read copy of their care plan. Signs were not clearly displayed in all areas of the hospital. For example, not all exits had notices explaining the rights of informal patients to leave upon request. However, staff told us that patients were informed of their rights and were supported to access the community on a daily basis.
- There were notices in communal areas that explained safeguarding procedure. These were available in easy read format.
- Staff told us that if someone required an interpreter they would be able to access one.
- We saw meaningful interaction between staff and patients and activities occurring throughout the day during our inspection.

Good

Wards for people with learning disabilities or autism

Listening to and learning from concerns and complaints

- We found that there were no recorded formal complaints for the hospital in the last six months. The manager told us that any complaints were managed at a local level and would be escalated if they could not be resolved. However, there was no system in place to log concerns or complaints that had been resolved at a local service level. This meant staff might not identify potential trends.
- Patient meetings were held at the service every Friday. We saw meeting minutes that showed patients were able to raise any issues and give feedback. We saw examples of how this had been acted on, for example, introducing food feedback forms to give more patients a way to feedback directly to the chefs.

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

Good

Vision and values

- The staff and the manager were passionate about the service and displayed values of compassion, and respect. The wider organisational values were unclear because of the recent transition to a new provider. These values would take time to embed and the manager was confident that they would.
- The team spoke positively about the manager. The manager had a very active presence at the hospital and supported the staff to deliver good values based care.
- The manager was optimistic about the future and talked positively about the new provider and senior managers.

Good governance

- The manager had undertaken a series of audits to check the quality of the services provided for patients. Sample checks of the quality of care provided were carried out. These included checking care records and ensuring staff training and supervision were up-to-date. Patients and their relatives were given full opportunity to comment on the service.
- Staff sickness was being appropriately managed and was not having a detrimental impact on service delivery.
- Environmental risks were discussed at staff and governance meetings and were reviewed monthly or as changes occurred.
- There was a meeting structure in place to provide an overview of the service, for example, health and safety and clinical governance. We saw meeting minutes that showed that a range of safety and quality issues were discussed, including complaints and incidents. These meetings were used to identify areas for improvement and instigate steps towards achieving better outcomes for patients.
- The medicine management policy was followed and was supported by procedures that were appropriate and safe; with the exception of the use of oral tranquilisers that had not been identified as tranquilisers.
- A medicines audit was completed weekly. This included medicine storage, allergy status, medicines reconciliation completed and prescription charts checked by pharmacist. Gaps on the administration records on prescription charts were monitored and recorded as medicine incidents.
- Shifts were covered by a sufficient number of staff. This was confirmed by our observations, what staff, managers and patients told us and from our review of care records.

Leadership, morale and staff engagement

- Staff talked positively about the manager. Staff said they felt listened to and we able to raise concerns safely and with confidence. They felt that their staff morale and commitment to the job was high.
- The manager told us that they adopted an open practice and felt safe to raise concerns with the new provider.
- All staff told us they could access extra support if they felt they needed it. They told us that senior staff were always available, and if they were not available on site, they could be contacted by telephone.
- The consultant psychiatrist said the service was well led and that the hospital was a supportive environment to work in.

Good

Wards for people with learning disabilities or autism

- We spoke with staff about their levels of involvement in service provision. The staff we talked with told us they were involved in decisions about the service and any concerns were raised at team meetings.

Commitment to quality improvement and innovation

- The manager was clearly dedicated to providing a good service to patients and this was evident from our observations and confirmed by what staff, patients and relatives said.
- There was evidence from records that care and treatment was evidence based and driven by national legislation.
- The manager had developed good links with external agencies and other organisations to develop the service and improve the discharge process for patients. The manager and the staff told us that the atmosphere at hospital had significantly changed for the better over the past 12 months. Staff told us that there are fewer incidents, reduced use of emergency medication, less restraint and a quicker turnover of patients.
- The service had recently been taken over by a new provider and there was evidence of on-going improvements to the environment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that all staff have completed mandatory training and that training is effectively monitored and kept up to date.
- The provider should ensure that staff are aware of the medicines policy and that the 'as and when required' (PRN) oral lorazepam and haloperidol are recognised as rapid tranquilisers.
- The provider should ensure that all areas of the hospital are kept clean and free from a build-up of dust, dirt and cobwebs.
- Mental capacity act assessments should be decision specific and should not be identical copies of each other.
- Patients involvement in mental capacity act assessments should be clearly documented or where this has not been possible, a clear rationale given.
- The provider should ensure that there is a system in place to log concerns and complaints that have been raised at a local level so that trends can be identified and appropriate action taken.