Lombard House

Quality Report

Anchor Corner
Little Ellingham
Attleborough
Norfolk
NR17 1JY
Tel:01943 457082
Website: www.partnershipsincare.co.uk

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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 Lombard House as good because:

- Patients were encouraged to be fully involved in their own care and treatment. They were active partners in their care and treatment and supported where needed.
- Staff made comprehensive assessments of risk and patient needs, including physical health, and devised care plans that addressed these. They assessed risk before during and after admission, reviewed, and updated these assessments regularly. Staff monitored physical health regularly.
- There was good multi-disciplinary input into planning patient discharge, transfer or transition to other services. This was reviewed regular to facilitate discharge at the earliest possible stage.
- Patients were appropriately safeguarded and managers had systems for tracking and monitoring safeguarding referrals. They take steps to prevent abuse occurring and work effectively with others to implement any protection plans in place. The provider has a service wide approach to learning from incidents, allowing lessons to be learnt across the organisation
- There were good audits in place and managers were well sighted on any issues within the hospital and were working to address these

However:

- The provider should continue to implement and review their patients' search strategy for locked rehabilitation units to reduce any blanket restrictions in place.

Summary of findings

Contents

Good

Lombard House

Services we looked at

Wards for people with learning disabilities or autism.

Summary of this inspection

Background to Lombard House

Lombard House is a community locked rehabilitation hospital for men with a history of offending behaviour who have learning disabilities and other conditions including autistic spectrum disorders, personality disorders and mental illness. Lombard House is managed by Partnerships in Care, which is a national company, which provides specialist mental health and learning disability services.

Lombard House provides hospital care for patients who require a slower transition to rehabilitation and whose length of stay in the rehabilitation service is assessed as being longer term.

Lombard House has nine beds, comprising seven in the main house and two in a recently built flat that is used to prepare patients for semi-independent living. At the time of our visit, the main house was fully occupied and the flat was unoccupied.

They are registered to provide the following regulated activities: assessment or medical treatment for persons detained under the Mental Health Act 1983 and treatment of disease, disorder or injury. There is a registered manager who also had the role of accountable officer.

Lombard House has been registered with the Care Quality Commission (CQC) since 29 December 2010. There have been three previous inspections carried out at Lombard House. The most recent inspection took place on 4 June 2013 and they were assessed as compliant across the five standards we looked at on that inspection which were;

- consent to care and treatment
- care and welfare of people who use services
- safety and suitability of premises
- staffing and
- complaints.

Lombard House has been subject to their most recent Mental Health Act monitoring visit on 23 June 2015. A provider action statement was produced following the visit and we found the actions had been implemented during this inspection.

Our inspection team

The team that inspected the service comprised two CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our on going comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the patients' experience, we always ask the following five questions of every service and provider:

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

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

During the inspection visit, the inspection team:

Summary of this inspection

- looked at the quality of the environment of the hospital;
- observed how staff were caring for patients;
- spoke with three patients who were using the service;
- spoke with the registered manager and acting director of nursing;
- spoke with nine other staff members including a consultant psychiatrist, nurses, an occupational therapist, a psychologist, a social worker, a complaints officer, a recovery and rehabilitation lead, the deputy manager and a health care worker;
- spoke with two relatives;
- attended and observed one patient meeting;
- observed a kitchen handover meeting;
- collected feedback from one patient using comment cards;
- looked at four care and treatment records of patients;
- looked at a range of policies, procedures and other documents relating to the running of the service;
- listened to a presentation from a patient about their experiences of being in Lombard House.

What people who use the service say

- The patients told us they felt safe on the unit, as staff were always available and visible. The patients' relatives told us the unit was kept clean and tidy
- The patients told us the staff met all their needs and their physical health care needs were addressed promptly
- The patients said they were involved in developing individualised treatment and care plans and were supported by staff to achieve their goals. Patients said they had their own copies of the plans
- Patients, relatives, and carers told us they were treated with dignity and respect by the staff and that patients' confidentiality was protected. Patients, relatives/carers told us they understood how to complain
- Patients told us they knew their rights under the Mental Health Act and had them explained to them on a monthly basis
- The unit had a patient representative who told us they were fully involved in local forums and management meetings. The patients told us they had access to advocacy services and staff supported them to access the services
- Patients told us they were trained and involved in staff recruitment and the induction of new staff
- The staff told us they worked with patients to produce a timetable of activities for weekday and weekend activities, which was changed every 13 weeks. The patients said they were involved in the activity planning and the activities provided were varied and interesting
- The patients told us the food was good and they were involved in planning a varied menu.

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:

- Clinical areas were clean and equipment was well maintained
- The provider reduced the risks to patients by increasing staffing levels and observation where needed
- The manager could adjust staffing levels when required to meet the needs of patients
- The hospital had reduced and removed blanket restrictions where possible
- Seclusion was not used and restraint had not been used
- Patients' risks were well managed through detailed up-to-date risk management plans
- There were effective security arrangements
- Staff were trained in safeguarding processes and knew how to make safeguarding referrals
- Incidents were appropriately managed and recorded in line with the hospital's policy
- Senior staff arranged debriefs quickly after any incident to support both staff and patients
- Patients told us they felt safe in the environment
- Ligature risks were identified and documented. Local management plans were in place to mitigate any risks.

However:

- The provider is to review the strategy for searching patients in locked rehabilitation units. This should continue to be reviewed and implemented to reduce any blanket restrictions in place.

Are services effective?

Good

We rated effective as good because:

- Staff had received an annual appraisal of their work performance and received regular managerial supervision
- Senior staff checked the competence of staff to administer medicines safely and to carry out physical health checks on patients
- Patient records were complete and accurate
- Care plans were comprehensive and individualised
- Patient's physical health needs were promoted through physical health action plans.
- Patients had access to a good multi-disciplinary team
- The hospital treated a wide range of patients' needs and adapted their models of care well to meet these needs

Summary of this inspection

- There were good systems to ensure staff adhered to the Mental Health Act (MHA) and MHA Code of Practice
- Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) to ensure they worked within the rules around DoLS
- Staff had regular one to one time with patients and recorded this in their care records.

Are services caring?

Good

We rated caring as good because:

- Patients told us they felt safe in the environment and we saw the staff and patients had built good relationships that were caring, supportive and empowering
- Patients told us they were involved in care plan setting, reviewing, setting new goals and managing their risks
- Patients were provided with copies of their care plans. Patients told us the staff were caring, open and honest and they felt they could raise concerns with staff and be supported to make a complaint, if needed
- Patients had access to independent advocacy services and staff helped them access the services
- The unit had a patient representative who represented the patients' views at a number of forums including hospital governance meetings
- Feedback from family members was positive, about their relatives care and treatment and they were supported.
- Daily meetings were held with patients to discuss the activities for the day and held weekly community meetings with patients to share views and ideas
- Patients were encouraged and trained to take part in the recruitment and induction process for new staff
- Staff interaction with patients was respectful and discreet
- Staff were responsive to the patients' needs
- Staff demonstrated a good understanding of the patients, care and treatment needs and were enthusiastic to provide individualised care to meet the patients' complex needs, including physical healthcare needs.

Are services responsive?

Good

We rated responsive as good because:

- The provider offered a pathway transition for patients between more secure wards and Lombard House
- Discharge planning is reviewed and discussed with patients and commissioners to facilitate discharge to more appropriate services following rehabilitation

Summary of this inspection

- We saw a range of rooms and equipment to support treatment and care including a single story detached annex used for patient recreation and meetings
- A weekly occupational timetable included activities in the community and on site. The unit offered activities at weekend, which the patients took part in planning
- The patients had access to private rooms where they could meet visitors and make telephone calls
- The unit had a large garden area that patients help maintained, grew their own vegetables and herbs and areas where patients could smoke
- Patients were encouraged to plan the healthy options menus for the week, shop for the ingredients, prepare and cook the food. This process allowed them to cater for specific dietary requirements. Patients told us the food was of good quality
- The notice boards displayed posters and leaflets including how to complain, patients' rights, treatment information, advocacy services and CQC information
- Patients personalised their own bedrooms
- Staff supported patients with their identified religious and spiritual needs
- Patients, relatives, and carers told us they knew how to complain and staff would support them in the process.

Are services well-led?

Good

We rated well led as good because:

- The registered manager provided effective leadership and staff felt they managed the service well
- There was a great commitment towards continual improvement and innovation. The provider managed quality and safety using various tools, such as a hospital dashboard to monitor performance, quality and safety against agreed targets
- The service was very responsive to feedback from patients, staff and external agencies
- There was clear learning from incidents
- The service had been proactive in capturing and responding to patients concerns and complaints
- There was proactive involvement of patients in all aspects of the service
- There were good audits in place and the managers were well cited on any issues within the hospital and were working to address these
- There was good clinical governance with clinical team leaders overseeing the quality of care and treatment and auditing the wards

Summary of this inspection

- Staff felt well supported to raise concerns, without fear of victimisation, and managers were understanding, supportive and approachable
- Staff morale was good
- The 'ward to board' dashboard data provided indicated that staff could maximise shift time on direct care activities with patients.
- Patients confirmed that staff were always available to them.

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.

Lombard House had a Mental Health Act review visit on 23 June 2015.

Staff were trained in and had an understanding of the MHA, the MHA Code of Practice and the guiding principles. Consent to treatment and capacity requirements were adhered to when medication for mental disorder was given to detained patients.

Patients had their rights under the MHA explained to them on admission and routinely thereafter.

Detention paperwork was filled in correctly for all four patient records we checked; paperwork was up to date and stored appropriately.

There were regular audits in place to ensure that the MHA was being applied correctly.

Detained patients had direct access to the independent mental health advocacy service (IMHA).

The patients and relatives/carers we spoke to confirmed the staff supported them to understand their rights under the Mental Health Act (MHA) and the MHA Code of Practice and how it applied to the patients care and treatment.

Mental Capacity Act and Deprivation of Liberty Safeguards

There has been one Deprivation of Liberty Safeguard (DoLS) application made in the last six months. DoLS applications had been made as required when patients were subject to significant restrictions.

All staff were trained in and had a good understanding of MCA 2005, in particular the five principles. There was a policy on the MCA including DoLS, which staff could refer to.

Records indicated that capacity to consent was assessed and recorded where appropriate. Patients were given every possible assistance to make a specific decision for themselves before decisions were made.

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	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

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 environment

Patients accessed the hospital by the front door, which was locked, each patient had a security and risk assessment care plan in place. If there were informal patients in the hospital they needed to ask staff at the hospital to open the door and a policy was in place in support of this.

Lombard House had blind spots where staff could not observe all areas. The hospital was based over two floors with patient bedrooms being located on the ground and first floor. The nursing office was also based on the first floor where staff were located during the day and night as necessary. Staff managed this by carrying out general observations of all patients during the day and night based on individual risk assessment. We observed staff doing this throughout the inspection.

There were ligature points throughout the unit such as doors and window handles, taps, non-collapsible shower fittings, exposed pipes, radiators and doorknobs. These were present in some bedroom areas and bathrooms. Staff assessed individual patients before admission to ensure that patients' safety was not compromised by the remaining ligature risks. Regular observations of patients was being implemented and staff managed patient's risks through positive risk taking as the risks reflected the same risks patients would face in their own homes. There was a recent ligature risk audit dated September 2015, this included identified risks and the management of these risks. The health and safety manager and the manager of the unit had completed the ligature risk audit. The manager provided an up dated ligature risk assessment following the inspection, this identified how the identified risks would be managed locally and the consideration to replace anti-ligature fixtures and fittings dependent upon individual patient risk.

The service complied with same sex accommodation because the hospital only admitted male patients. Patients had individual bedrooms and shared toilet and bathroom facilities. The annexe building had rooms that were en suite. There was a large patient kitchen area to promote the skills patients required to live more independently.

The unit did not have a separate clinic room. The staff office was used to store patient medication within a locked medication cupboard. The office was always locked when not in use. There were no controlled drugs in use and the registered manager was the accountable officer.

Emergency equipment was available and checked regularly. Appropriate checks and audits were maintained to ensure medicines were stored appropriately through regular fridge and room temperature checks. Patients at Lombard House used a local GP to help meet their physical healthcare needs. Patients had annual health checks. They were also offered a monthly well-person clinic at the unit when blood pressure, weight, temperatures and pulse were taken. Ward staff were required to undergo an e-learning training module to reinforce the importance of promoting patients' physical health.

All patients had fire evacuation plans in place.

There was no seclusion room at the unit. Staff told us that they did not use seclusion. We did not identify any incidents of seclusion by looking at records and speaking to staff and patients.

Good

Wards for people with learning disabilities or autism

The unit was clean and tidy. Patients and staff assisted in the cleaning of the unit. The unit had recently been re-furbished. Cleaning audit checks were in place and up to date.

Partnerships in Care (PiC) had an operational policy manual to manage health and safety across the hospital. There were quarterly health and safety committee meetings and infection control meetings held throughout the learning disability directorate. There were monthly health and safety audits and action plans were in place for any issues identified in the audit. These audits were fed into quarterly health and safety meetings. They had an annual health and safety plan in place. Any maintenance issues were reported electronically and managed. CCTV was in use and this monitored only the outside of the buildings. Patients were fully involved in the consultation process and the patients initially raised the request for the external CCTV, as they were concerned about unidentified cars parked in the grounds. There was a CCTV security systems policy dated October 2015.

Patients had access to a large garden area with direct access from the Hospital.

Safe staffing

Lombard House's establishment, vacancy levels and use of bank and agency staff for the three months period between 1 August 2015 and 31October 2015 were as follows:

- Establishment levels: qualified nurses (WTE) - 5.1
- Establishment levels: nursing assistants (WTE) - 12.7
- Number of vacancies: qualified nurses (WTE) - 1.4
- Number of vacancies: nursing assistants (WTE) - 4.7

There were 156 shifts filled by bank or agency staff to cover sickness, absence or vacancies in this three-month period.

There were 26 shifts that had not been filled by bank staff where there was sickness, absence or vacancies in the three-month period.

Lombard House provided information regarding sickness and turnover vacancies for the period 1 November 2014 to 31 October 2015. The total percentage of staff off sick was 3 %.

During this period, three substantive staff members left Lombard House and data provided for this time identified a 28% vacancy rate. PiC had a national recruitment process for all vacancies. In addition, Lombard House held local recruitment events to attract staff from the local rural area.

The provider had estimated the number and grade of nurses required based on patient risks, activities and observation levels. Lombard House had a nurse and two health care workers (HCW) during the day and one nurse and one HCW during the night. These figures were increased when the additional rehabilitation flat was in use.

Weekly staff resource meetings were in place and there was always a senior nurse on call. We saw that where increased risks were identified for patients then additional staff were allocated to undertake enhanced observations of patients on a daily basis if required.

The senior managers were addressing recruitment throughout the organisation to reduce the use of agency staff. No agency staff were being used at Lombard House. Nurses and HCW familiar with the patients were accessed when needed through bank staff. The manager was able to adjust staffing levels daily to take account of risk and patient need.

There were enough staff so that patients could have regular 1:1 time with their named nurse. Patients confirmed they had regular 1:1 time and there were always staff available to talk to.

For the two months, December 2015 and January 2016, Lombard House reported there were 94 planned and adhoc escorted leaves. Five planned escorted leaves for patients were cancelled in this period, two of which were due to additional staff not being available to supervise a patient who had increased risk levels. They were proactive in informing patients about any cancelled leave and rearranged this as soon as possible.

There was adequate medical cover during the day and night and a rota was in place for on call consultant psychiatrists at night and at weekends.

All staff had received and were up to date with appropriate mandatory training. Training for staff consisted of mandatory and more specialist training. The senior

management team and manager monitored training adherence. All staff had received basic life support training with the exception of one member of staff. All nursing staff had completed their intermediate life support training.

Assessing and managing risk to patients and staff

We looked at four patient records. Staff had completed a risk assessment of each patient on admission that was updated regularly and after every incident. The live dashboard included security and risk information for each patient and the full multidisciplinary team reviewed this. All of the records we looked at confirmed patients had individual short term assessments of risk and treatability (START) completed. The Historical Clinical Risk 20 risk assessment was also completed by the psychologist for each patient and formed part of the pre admission assessment and was reviewed yearly.

Six of seven patients were detained under the Mental Health Act and one individual had a Deprivation of Liberty Safeguard authorisation in place. The Care Quality Commission had been informed of this. There was an informal patients' rights leaflet should any patients be informal, to inform them of their rights to leave the hospital as well as a policy in place to support this.

There were policies and procedures for use of observation. Information on observation levels was recorded on the data dashboard. The observation policy had various levels of observation and included four levels, these were increased and decreased dependent on patient's presenting risks. Level three and four observations were marked in the records with a red flag to remind staff of the need for formal daily reviews to look at whether observations needed to continue at the same levels. Observation levels were used to minimise any risk from ligature points to keep patients safe.

PiC had implemented a positive behavioural support strategy (PBS) at Lombard House, which linked to their learning disability service wide strategy. PBS is an approach that is used to reduce challenging behaviour in people with a learning disability, reinforcing positive interventions and aiming to reduce restrictions. All patients had been assessed and had an assessment plan in place. The strategy action plan addressed the implementation and review of any restrictive interventions. The plan also stated that all new patients had to have an initial safe and therapeutic PBS plan in place on the day of admission. Record we reviewed confirmed these were in place.

Patients were randomly searched for items that were identified as high-risk items and controlled items that were subject to individual risk assessment and MDT agreement on returning from leave and this was triggered by an automated system. This was to prevent the same patient being searched and allowed some fairness to all of the patients so that restricted items were not brought into the hospital. This was not in line with the MHA code of practice chapter 8, (Paragraphs 8.5 - 8.9 and par 8.29- 8.46) as this formed a blanket restriction applied to all patients. Information provided by the manager following inspection identified that their search strategy for locked rehabilitation units was under review by PIC and was being submitted to the security committee for approval. They had also taken action and with immediate effect, they had stopped all random searches upon patients return from leave unless risk issues determined otherwise.

There were no incidents of the use of restraint or rapid tranquilisation from May 2015 – November 2015. Rapid tranquillisation is where patients may receive strong sedative medicine to help with extreme episodes of agitation, anxiety and sometimes violence. The manager and consultant psychiatrist and records we saw confirmed this. All staff have been trained in the management of violence and aggression and positive behavioural support (PBS) strategies.

Staff were trained in safeguarding and knew how to make a safeguarding alert when appropriate. Staff from the hospital attended six weekly meetings with the local authority safeguarding teams as well as the police to discuss and review any safeguarding issues.

The hospital had good systems in place to ensure that medicines were managed appropriately. The manager was the controlled drugs accountable officer. This meant that a senior member of staff oversaw the arrangements for managing controlled drugs, which require special recording and storage to prevent misuse. Patients were given medication in safe ways. Medication charts were completed showing that medication was given at the times and dose prescribed. Medication was stored securely. The senior nurses on duty completed daily and weekly checks and the manager reviewed these as well as reviewing any actions needed to make improvements. There was monthly

medicines audit carried by the independent pharmacy company used by the hospital. This showed good compliance to the standards for safe storage, prescribing and administering medication.

We observed a handover between staff in the kitchen area and saw that staff identified potential risks. Staff were clear in describing what preparation and cooking tasks the patient was undertaking and what needed to be completed to manage any risk issues.

Track record on safety

There was one serious incident reported in the last 12 months. This occurred in October 2015. Following the serious incident, safety improvements had been made. The perimeter fence had been extended, CCTV had been installed, the use of agency staff has stopped and patient's section 17 leave arrangements were reviewed. A review of this incident was in place and had been completed jointly by a doctor and hospital director from another hospital within Partnerships in Care (PiC) outside of the learning disability directorate.

Reporting incidents and learning from when things go wrong

Staff knew how to recognise and report incidents. Incidents were reported on a computerised care record system. Managers and senior managers reviewed these. We saw evidence of appropriate incident reporting and follow up. The care record system populated a live dashboard, which was viewed daily by senior managers. This ensured that all incidents were reviewed and actioned in a timely manner and senior managers could identify themes and or trends that may need further investigation, where appropriate. Learning from investigations and incidents was cascaded through their service governance structure and at team meetings. Staff we spoke with were able to demonstrate a good understanding of their responsibilities for explaining to patients when things go wrong in line with duty of candour requirements. We saw staff being open and transparent with patients during our inspection.

Staff were provided with debriefs after any incident, to support both staff and patients. Staff told us they felt supported by senior managers when incidents occurred. Patients were also supported following any incidents.

The management of risk and risk reduction protection plans were in place for all patients in the records we reviewed. These were discussed and reviewed within the monthly full multi-disciplinary team (MDT) meetings to ensure they were effective and up to date. Staff were made aware of any protection plans in place by attending the MDT's as well as at daily handovers and team meetings. The care notes also provided daily updates so that staff were always kept up to date.

Other relevant providers, care managers and commissioners were made aware of any current protection plans in place for patients and were kept updated with copies of monthly individual care reviews, three monthly treatment formulation meetings and care programme approach reviews, which occurred every six months.

Patients, relatives and carers reported they felt confident in raising any concerns. They said staff listened to their concerns and took appropriate action. Staff reported they knew the patients well and said they dealt with behaviours, which were challenging quickly by talking to patients.

Are wards for people with learning disabilities or autism effective?

(for example, treatment is effective)

Good

We looked at four care and treatment records. These were comprehensive and contained up to date, personalised, holistic, recovery-oriented care plans.

Comprehensive and timely assessments were completed before admission due to the patient pathways being in place and ongoing after admission. The care plans helped patients receive support to address their diagnosis and symptoms as well as addressing any offending or management issues, which led them to be admitted to rehabilitative care. Patients' needs and care packages were reviewed on a regular basis at multi-disciplinary meetings and at allocated care programme approach (CPA) meetings as well as daily handover meetings. Patients were invited to attend any meetings about them and were offered copies of their care plans if they wanted, of which some patients had copies.

Care records showed that physical examinations had been undertaken and that there was ongoing monitoring of physical health problems. Health action plans were in place. During interviews with the manager and staff, they

confirmed all patients were registered with a local GP and a monthly nurse led wellbeing clinic was provided. Patients had access to local primary health services and this was encouraged within the rehabilitation service. Patients were supported to identify, understand and manage their health needs; these included nutritional health, physical health and any sexual health related issues.

By the end of March 2016, Partnership in Care set themselves a target to report that 100% of patients had collaborated in the development of their own risk assessment and management plan or they could specify a reason why this has not been possible and what steps had been taken to try to rectify this situation. We found patients were fully involved and consulted in all aspects about their care and treatment.

All information needed to deliver care was stored securely and was available to staff when they needed it. All current information had been printed out so that staff could easily access up to date information about the patients.

Best practice in treatment and care

All patients within the service were cared for within the framework of the Care Programme Approach (CPA). Staff utilised the 'My Shared Pathway' to ensure involvement of the patients in all aspects of their care. My Shared Pathway is a recognised outcome tool in secure care settings where patients and clinicians use booklets to focus discussions in a number of important areas including secure care, health, relationships, safety, risks and recovery.

Patients had access to psychological therapies through the dedicated psychology service available. Psychologists worked with patients on an individual basis and in groups. The live data dashboard also recorded the frequency of appointments offered and attended.

Staff used recognised rating scales to assess and inform treatment for patients on an individualised basis, which included Health of the Nation Outcome Scales (HoNOS). Managers in the hospital carried out a range of clinical audits to ensure that the service was meeting best practice guidance. The unit used a range of recognised questionnaires to assess and record severity and outcomes for each patient (e.g. HCR20, and EuroQOL) These were used to measure risks, health outcomes and functioning of patients. The unit recorded patient's scores and the date for the next review in the case notes and on the dashboards. Any risk issues were also mirrored in the risk management plans for each patient.

Senior managers within PiC assessed the effectiveness of the interventions used by utilising a range of measures related to both process-related outcomes (use of physical interventions, medications, frequency of community trips, range of activities provided and the number of home visits) and patient outcome measures (reduction of risk, HoNOS secure score). These were used to inform managers and staff about patient care.

There was an understanding of positive behaviour support at an individual patient, staff and organisational level. Information was displayed throughout the hospital and staff had received training.

Records showed that staff had reviewed the use of psychoactive medication, this is medication used to temporary change perception, mood, consciousness and behaviour. The consultant psychiatrist reviewed the use of medication and this was audited and reviewed by the visiting pharmacist.

We saw evidence of clinical staff being involved in clinical audits. We were provided with information about their audits and these showed that the hospital were monitoring, reviewing and improving their service. There was a family and friends questionnaire, with a detailed action plan to underpin the family involvement strategy.

Skilled staff to deliver care

The full range of mental health disciplines and workers provided input to the unit including an occupational therapist, psychologists, social workers, nurses and support workers, pharmacists and a consultant psychiatrist. A dedicated learning disability speech and language therapist was employed by PiC and could be accessed when needed as well as a dietician.

Staff were experienced and qualified to undertake their roles and this was documented in the training and supervision records we viewed. Staff received the necessary specialist training for their role and the records provided showed that all training was up to date.

Good

Wards for people with learning disabilities or autism

Staff we spoke with reported they were fully supported to identify additional training to increase their knowledge and practice. Funding and paid leave were provided by the organisation.

We saw records from the provider showing all staff received the required six weekly supervision and 100% of staff had yearly appraisal records. Staff confirmed they had quarterly appraisal reviews with their manager. Staff confirmed during interview that they attended regular team meetings. Staff performance was addressed in 1-1 meetings and team meetings.

Patients received appropriate training in recruiting staff and were supported to be involved in recruitment interviews. Patients took part in delivering the staff induction programme

Newly appointed healthcare support workers completed the national care certificate. This qualification was aimed at providing health and social care support workers with the knowledge and skills needed to provide safe, compassionate care.

Staff received training during their induction and ongoing training included breakaway and conflict resolution, this included training to staff in positive behavioural support. Staff received specific role based training and this included training to staff about autism, the Mental Health Act (MHA), Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

The manager ensured staff had the right values to work with patients with learning disabilities and patients with autism by completing 1-1 supervision, ongoing assessment involving patients when interviewing staff initially. This also included staff probationary reviews during their three month induction.

Revalidation dates of doctors were recorded and in date.

Multi-disciplinary and inter-agency team work

There were regular and effective multi-disciplinary team meetings (MDTs). A multidisciplinary daily shift handover was undertaken using the live dashboard framework for each patient. The full MDT met every four weeks and completed an individual care review of each patient. Every third month treatment formulation meetings took place to review all care plans, risk assessments and treatment plans.

We saw evidence there were effective working relationships with teams outside of the organisation including with the local authority and funding partners.

The practice nurse within the organisation attended the hospital and maintained good links with the local GPs. 'Care notes' which was a recording tool used, allowed GPs to be kept updated about patients where needed.

Some patients were detained under a restriction order of the MHA. This meant that these patients had been involved in criminal proceedings and the Ministry of Justice was also involved in decisions about these patients' leave, transfer and discharges. The consultant psychiatrist provided information to the Ministry of Justice as required. The acting director of nursing confirmed this that the registered clinician provided information to the Ministry of Justice for all restricted patients.

Adherence to the MHA and the MHA Code of Practice

Lombard House had a Mental Health Act review visit on 23 June 2015. A provider action statement was produced following the visit and actions had been taken to address the issues reported against.

Staff were trained in and had an understanding of the MHA, the MHA Code of Practice and the guiding principles. Consent to treatment and capacity requirements were adhered to when medication for mental disorder was given to detained patient and copies of the legal certificates to authorise consent to treatment were attached to medication charts.

Patients had their rights under the MHA explained to them on admission and routinely thereafter. This was recorded on their live dashboard monitoring. Red flags on the care note dashboard indicated to staff when the patient individual rights needed to be explained or revisited again.

Administrative support and legal advice on the rules of the MHA and the MHA Code of Practice was available from a central MHA coordinator.

Detention paperwork was filled in correctly for all four patient records we checked; paperwork was up to date and stored appropriately.

Good

Wards for people with learning disabilities or autism

There were regular monitoring audits to ensure that the MHA was being applied correctly and the live dashboard monitoring recorded manager reviews, tribunal dates, consent, and historical use of the MHA as well as current period of patient detention.

Detained patients had direct access to the independent mental health advocacy service (IMHA). Staff were clear on how to support patients to access the IMHA. Staff held discussion with the IMHA around referrals, capacity issues and non instructed advocacy, access to the wards and records.

The patients and relatives/carers we spoke to confirmed the staff supported them to understand their rights under the Mental Health Act (MHA) and the MHA Code of Practice and how it applied to the patients care and treatment. The patients said rights were explained every month to them and information was given in a way that patients understood what it meant to them. The MHAR report (June 2015) and the dashboards evidenced this.

Good practice in applying the MCA

There has been one Deprivation of Liberty Safeguard (DoLS) application made in the last 6 months. The DoLS decision was supported by the correct legal paperwork. Managers could access specialist advice regarding the Mental Capacity Act (MCA), including DoLS, within their organisation. DoLS applications had been made as required when patients were subject to significant restrictions.

All staff were trained in and had a good understanding of MCA 2005, in particular the five principles. There was a policy on the MCA including DoLS, which staff could refer to.

Records indicated that capacity to consent was assessed and recorded where appropriate. This was done on a decision-specific basis about significant decisions. Patients were given every possible assistance to make a specific decision for themselves before decisions were made.

Are wards for people with learning disabilities or autism caring?

Good

Kindness, dignity, respect and support

We observed good relationships between staff and patients. Staff were respectful, discreet, and responsive to patients' needs. This was confirmed during interviews with patients and relatives. Patients told us that staff treated them with dignity and respect by knocking on their bedroom doors before entering.

Patients told us the staff were available to talk either as a group or one to one and staff helped them manage their anxiety and behaviour. The patients said this reduced the risk of increased levels of distress and anxiety. Staff said this approach assisted in maintaining a safe environment.

We observed the community morning meeting where staff encouraged patients to plan the day's activities, review the menu for the day and cooking duties, discussed the cleaning rota and raise any concerns. We observed staff fully involving patients at the meeting, there was a positive atmosphere in the room and staff gave each individual time to contribute to the discussions.

Staff were enthusiastic and had a good understanding of the care and complex treatment needs of patients. We observed staff working with patients to support them in completing activities and recognised when patients needed a break from the activities. Staff praised the patients throughout the session on their achievements.

We observed a nurse responding immediately to the needs of a patient who asked for treatment for a minor ailment.

Patient peer support or a buddy was provided to any new patients being admitted to Lombard house. They supported new patients and helped them settle in.

The involvement of people in the care they receive

The admission process informed and oriented patients to the ward and the unit.

Patients told us they were actively involved and participated in their care planning and risk assessments. Patients said they had copies of their care plans and we

saw evidence of this. Four patient's case notes were reviewed and we saw evidence of patients evaluating and setting new goals. Care plans were offered in easy read format, if required.

Patients were provided with information about their psychological treatments, for example cognitive behavioural treatment. This enabled them to understand the treatment they were receiving and develop skills to manage their own behaviour.

All patients had a weekly timetable of planned meaningful and therapeutic activity, with a minimum of 30 hours planned activity. Patients were actively involved in developing and reviewing these timetables.

All patients had access to advocacy services and we saw advocacy services details displayed on notices boards. Patients reported staff talking to them about advocacy and we saw evidence of leaflets in patients own personal files. Patients said staff would assist them access the services, if required.

We spoke to two relatives/carers who told us that they were involved in the patients care and attended CPA meetings. Staff updated relatives on patient progress when asked. Family members stated the staff knew the patients individually and tailored care plans and activities to their needs. Partnerships in Care had a family involvement strategy in place and with the patients consent the hospital identified a team member (key contact) who would;

- initiate and maintain contact
- identify both patient's and family's needs with regards to the admission and familiarisation process
- notify family members of assessment and admission dates
- establish the contact details of the nearest relative and closest relative/friend at the point of assessment
- communicate all information and needs to the patient's multi-disciplinary team.

Patients were involved in planning the service they received and we saw a file available to all patients with minutes from the patient meetings, rehab service management meetings, patient council meetings, and East of England recovery and outcome meetings. Patients and staff confirmed that the meeting minutes were discussed with patients and actions taken forward.

Patients have been actively involved in discussions about the positive behavioural support strategy and an action plan produced. Examples of this were where patients had been consulted with and wanted a change of name from 'house rules' to 'how we like to live together at Lombard'.

Lombard House had a patient representative who reported they were very active in their role attending external meetings including representing patient's views at the governance meetings. They also met with the multidisciplinary team to address any patients concerns and to organise events and activities. They also fed back to the other patients on issues discussed at these meetings.

Patients received training to be involved in recruiting new staff. They also took part in delivering the new staff induction programme. Patients were also provided with the opportunity to participate in the real work opportunities scheme. This allowed them to access onsite and community based roles. One patient described his involvement in a walking dog scheme. We observed patients had completed information about their interests, hobbies and skills and future aspirations.

During interviews relatives/carers and patients confirmed visiting times were not restricted. The relatives/carers confirmed they could ring up the day before and arrange to visit and staff supported telephone contact and the use of video calling. Family members were allowed to access patients bedrooms and the ward had a private meeting room available on visits.

Patients and staff confirmed information was explained to patients and if necessary easy read documents were produced for patients Staff had recognised there needed to be further investment in developing easy read documents for meeting minutes such as the governance, rehabilitation, and service management meetings.

The provider sent out a family and friends questionnaire to patients, relatives, and carers, as part of the family involvement strategy. The questions focussed on care, treatment, patient and relative involvement. The findings of the questionnaire were positive and any issues identified were addressed in an action plan to improve the service. The results were published in the clinical audit report.

Good

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

The provider offered a pathway of care and transition for patients between a more secure environment to Lombard house and then onto more specialist community services. During interviews staff said they visited, the patients on the ward to assess needs and developed a treatment programme with the patient including updating the care plan and risk assessment. Patients were supported in making the transition by visiting Lombard House for short periods such as staying for meals and then increasing the time spent on the unit before being transferred fully. Relatives confirmed this happened.

All patients had a named nurse who was involved in the care programme approach (CPA) process. CPA meetings discussed supporting patients to transfer into the flat to develop further semi-independent living skills. Staff reported discharge planning involved external professionals and families. Staff from the unit arranged section 117 discharge meetings to ensure detained patients received appropriate aftercare.

Patients at the unit had been in secure facilities for many years and planned transition was care planned to prepare them for successful discharge. Patients confirmed they felt supported by staff in making the changes and were able to discuss any anxieties they had with staff.

Discharge planning was reviewed at six monthly CPA meetings and formed part of the goals in patients care plans. Staff said the discharge plan was individualised, as the timeframes for discharge was different for each patient. The patients we spoke to agreed with this and felt that the pace of change was manageable and their anxieties about discharge were addressed. There was evidence of good working between the hospital and commissioners to review and facilitate patient discharge.

One patient had recently been discharged back into his local area and had gained meaningful employment. A planned discharge was in place for another patient at Lombard House and this had been delayed.

The patient whose discharge had been delayed was because they were awaiting a more appropriate placement being found to meet their needs. Staff were working to reduce the delay by continuing to assess and review their needs. A section 117 MHA after care and discharge meeting was planned and a slow transition was underway with weekly visits for the patient to the new placement.

The facilities promote recovery, comfort, dignity and confidentiality

We saw a range of rooms and equipment to support treatment and care including a single story detached annex used for patient recreation and meetings. Patient used the annex often as it had gym equipment, a computer with internet access, a selection of games, CD player, and kitchen facilities. Patient held coffee mornings in the annex. There was a large shed on site for woodworking activities and we observed patients using the equipment.

There was an extensive range of activities to develop patients' educational, vocational, and independent living skills such as numeracy and literacy classes, swimming sessions, gardening work, woodwork, CV writing, looking and applying for a job and interview skills. Staff reported the life and living skills programmes were accredited and patients who completed the course attended award ceremonies. The activities calendar was changed every 13 weeks and patients were always consulted. Patients told us they enjoyed the activities offered.

Any new activity was risk assessed by staff and a proposal written for the provider's approval. Staff reported proposals submitted had always been agreed such as patients' requests to go swimming. Staff sourced local swimming pool that would offer specific times for patients to swim without members of the public. Swimming was a weekly activity and patients confirmed they enjoyed it. We saw a rota detailing times and patients attendance.

Patients organised and planned coffee mornings where relatives, commissioners and outside agencies attended.

Escorted outings were planned with staff and patient reported they visited local places of interest, and went shopping for personal items or food for the unit. Patients reported in the past some planned visits had been delayed

or rearranged for the next day due to low staffing numbers. Patients said this had improved recently as staff vacancies had been filled and another vehicle had been bought to transport patients.

During the week, patients had a structured timetable of activities during the day and at evenings. At weekends, the activities focussed on recreation such as hobbies, going out for meals, gaming, swimming and watching sport on television. Patients said they also cleaned and cooked meals on a weekend as part of their on-going rehabilitation programme.

A large communal area was available for patients to relax and see visitors. Patients could take visitors to their room or if privacy was required, the conservatory was also available. Staff reported that CPA and meetings with other professional were normally held in the annex to avoid disruption on the unit.

Patients had access to a room to make private phone calls. Patients were allowed to have their own mobile phones.

Patients had access to a large garden and were involved in the upkeep of the garden. Patients had built a bird feeder with a plant stand, planted a selection of herbs and vegetables, and took part in the providers 'growing to plate' competition. Patients had built a fishpond in the garden, which won them an award from the provider. Patients were allowed to smoke in the gardens under supervision.

Patients and relatives told us that the food was very good, with varied menus choices, which were planned by the patients. Patients had access to many cookbooks and enjoyed choosing healthy meals from them. Patients told us they enjoyed the planning, shopping and making of meals. Lombard House was awarded a food hygiene rating of 5 (Very Good) by Breckland District Council.

Patients' nutritional and hydration needs were assessed and met and patients were encouraged to plan menus for the week. Staff helped patients choose healthy meal options and patients were weighed regularly.

Patients had access to hot drinks and snacks when they wanted and were able to make drinks and snacks themselves.

The unit had recently been refurbished including the bedrooms. As part of the refurbishment process, patients were involved in designing their bedrooms to increase storage such as additional shelving. This allowed them to personalise their rooms and display their items of interest or books. A patient showed us their bedroom and they talked through how he had personalised it.

Patients had secure storage for their possessions. This helped prevent damage or theft of their possessions.

Meeting the needs of all people who use the service

The unit was not fully accessible for patients or visitors with physical disabilities. This was due to the layout of the unit. For example, there was no lift to the second floor. However, there are downstairs bedroom and bathroom facilities available, ramps were available which enabled access to the hospital, and reasonable adjustments had been made. Disabled parking was also available.

We observed posters and leaflets on noticeboards in easy read format related to treatments, patients' rights, and how to complain. Local services and advocacy leaflets were displayed. The patients told us they could complain if they wanted to and knew how to.

Care plans were regularly reviewed and amended when circumstances changed. For example, care plans were amended to support and meet the needs of patients in response to any changes in their presentation. This allowed adjustments to be made to the planned activity to allow patients to continue with it.

The current patients on the unit did not require interpreters and/or signers. The manager stated these could be accessed through the provider when needed. The staff and patients reported food to meet dietary requirements were made available as needed and this was addressed in the admission process.

Patients reported they had access to appropriate spiritual support. Access to prayer mats and information about varying beliefs or faiths could be accessed.

Listening to and learning from concerns and complaints

Systems were in place for managing complaints and information was available to patients on the noticeboards and in the patient's personal file. Data provided showed two complaints were received between 23 September 2015

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Wards for people with learning disabilities or autism

and 10 November 2015 at Lombard House. One of the complaints was upheld and the other complaint was not upheld. This had been reviewed and investigated to make improvements.

The patients' relatives and carers we spoke with told us they knew how to complain and staff gave feedback on progress or outcome. Patients we spoke with told us the staff supported patients to make complaints.

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

Good

Vision and values

The hospital had a philosophy of care mission statement which was:

To work in partnership with the individual to achieve their optimum level of functioning, to maximise their quality of life by building on their existing strengths, facilitating the gaining of new skills and promoting personal development. To enable them to live in the least restrictive environment possible, while maintaining the safety of themselves and others.

We saw evidence of partnership working, as patients were involved in decisions about the hospital and managers worked to ensure staff delivered patient centred care. Staff and patients were working in collaboration, for example, patients sat on interview panels and were involved in the training of new staff.

Staff said senior managers visited the hospital on a regular basis. We observed patients interacting with senior staff and they had positive relations with the senior managers. Staff reported they felt the senior management team were approachable and they felt confident to telephone them if needed.

Good governance

The provider managed quality and safety using various tools, for example, a 'ward to board' dashboard was used across the service to monitor performance, quality, and safety against agreed targets. Lombard House had a unit specific dashboard to monitor patients' needs and performance. As staff continually updated this dashboard, the information was live and was used at handovers to inform staff of patients' needs, difficulties and progress. Monthly meetings took place and Partnerships in Care (PiC) had mapped their ward to board meetings to consider the five key questions we look at. Each month key areas of focused work were selected and pieces of work implemented to effect improvements across PIC. The key areas of focus for PiC in January 2016 were:

- to improve record keeping and knowledge of dashboard to aid busy

clinicians

- to respond to complaints within agreed timescales
- to reduce the number of clinical vacancies across PiC
- to reduce the amount of agency usage.

Escorted leave, incidents, and ward activities were monitored via a live dashboard and information was inputted daily for each patient. The manager had oversight and monitored the dashboards. The manager reviewed the dashboard to identify any trends within the service. The senior management team met monthly to discuss and action plan any areas highlighted. The multidisciplinary team also reviewed individual patient data monthly. The dashboard information system was used daily and in handovers with staff and all staff had access to this.

PiC's learning disability service had a dedicated audit officer and an audit committee.

All staff at Lombard House had received mandatory training against a target of 95% and all staff had received an annual appraisal and six weekly clinical supervision.

The provider planned staffing resources in advance to ensure the skill mix required met patients' needs. We were told that on the rare occasions when due to sickness/ unplanned emergency leave or increase observations, staffing numbers fell below established levels, staff were sent from other PIC sites to cover and/or bank staff were used to cover the shortfall.

The managers and staff told us that recruitment was an ongoing issue due to the rural location of the house. On inspection, the house had a full complement of staff and had used both the provider's national recruitment process and local events to fill positions.

Good

Wards for people with learning disabilities or autism

Agency staff were no longer used and a pool of bank staff had been established to fill any shortfall. The bank staff undertook the same induction process as new permanent staff and training including the use of the IT systems.

The dashboard data showed the number of activities undertaken and the time of the activity recorded. This showed staff spent the majority of the shifts on care activities and the patients confirmed staff were always available.

The provider confirmed handover meetings were undertaken every shift where full updates on each patient was given. Handover reporting was comprehensive and relevant.

The provider had a policy and procedure in place for reporting and recording incidents. All incidents were discussed at governance and unit meetings and tracked via the dashboard system.

We saw minutes from a range of governance meetings that clearly demonstrated how learning from incidents were disseminated across all the provider sites and filtering through to team meetings.

Systems were in place to monitor compliance with the Mental Health Act and the Mental Capacity Act 2005.

Leadership, morale and staff engagement:

The provider undertook a staff survey in 2014 and the responses from the staff were detailed below. The results were not specific to Lombard House but incorporated the learning disability directorate.

- 71% of staff reported staff worked effectively as a team
- 70% of staff reported they were given clear objectives for their job
- 76% of staff reported they know what Partnership in Care values were
- 67% of staff reported they got the support needed to develop their knowledge and skills (not necessarily professional training)
- 74% of staff reported their line manager gave the support they needed in order for them to do a good job

Sickness and absence rates averaged 3% over the past 12 months. This was lower than the average sickness absence rate for the NHS in England, which is currently around 4%.

Staff told us they would feel supported to raise concerns without fear of victimisation. They were aware of the whistleblowing policy, where to access it, and how to follow it. There were no incidents of bullying and harassment reported.

The staff told us they worked very closely together as a multi-disciplinary team, which contributed to good morale and high levels of job satisfaction. They said managers were understanding, supportive and approachable.

The staff reported that they were given the opportunity to contribute to the planning and delivery of new initiatives and better ways of working within the unit.

We were told that the provider senior management team were proactive in retaining staff by offering them training in specialisms. Staff reported they had been supported to undertake professional qualifications to advance their career for example training to be a trainer for the management of violence and aggression training and management qualifications for nurses.

There was an out of hours on call rota for senior nurses, managers and doctors for staff to contact and discuss issues with.

Commitment to quality improvement and innovation:

We were shown evidence of the provider participating in audits, for example audits on

- National Institute for Health and Care Excellence (NICE) guidelines
- Long Term Management of Self-harm (CG133)
- suicide ligature audit
- the friends and family test

Lombard House did not participate in any national service accreditation and peer review schemes. The provider used a monitoring tool 'ward to board' to monitor quality across all provider sites. We observed that this tool was comprehensive and allowed the location to monitor and maintain improvements.

Outstanding practice and areas for improvement

Outstanding practice

- The live patient dashboard provided up to date information from care records to ensure all aspects of patients care and treatment were being monitored and reviewed.
- Patients had opportunities to get involved in hospital governance processes, by attending meetings where decisions on the running, effectiveness and planning of hospital services were considered.
- Patients were respected, valued and empowered to be active partners in their own care.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should continue to implement and review their patient search strategy for locked rehabilitation units to reduce any blanket restrictions in place.