

Lombard House

Quality Report

Anchor Corner
Little Ellingham
Attleborough
Norfolk
NR17 1JY

Tel: 01953 457082

Website: www.partnershipsincare.co.uk

Date of inspection visit: 7 March 2017

Date of publication: 09/05/2017

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:

- Ward areas were clean and well maintained. Patients completed cleaning and laundry tasks as part of their rehabilitation programme to develop life skills. Staff supported patients with kitchen tasks and ensured items such as cleaning products were accounted for after use.
- All ward and treatment areas contained blind spots due to their layout, but this was mitigated by use of convex mirrors to aid lines of sight for staff.
- The provider had completed a ligature risk audit for the main house. Staff were observed to monitor patient whereabouts within the main house and the 'flats' in line with their procedures.
- Staff collected risk information before admission and reviewed this regularly at multi-disciplinary meetings and during shift handovers. Staff updated risk assessments following incidents. Information on historic risks including those linked to index offences, self-harming behaviours and episodes of being absent without leave from previous settings was assessed before admission.
- The provider had a policy in place for patients requiring increased levels of observation and monitoring during the day and overnight. There were procedures in place for searching property, patients and their bedrooms during their stay.
- Patients received ongoing health monitoring, with onward referrals to the local GP surgery for medical input. Arrangements were in place for patients to receive a learning disability specific annual health care check with the local GP.
- Patients had access to psychological therapies as recommended in the national institute for health and care excellence guidelines.
- As part of the rehabilitation programme, patients were encouraged to develop independent medication management skills.
- Staff morale was good, they spoke passionately about their jobs whilst acknowledging the challenges they faced. Staff cited cohesive, strong team working and peer support as the means of sustaining their role, along with regular supervision and managerial oversight.
- Staff completed mandatory Mental Capacity Act (MCA) training. Training completion compliance was 100%.
- Staff discussed admission and discharge arrangements in the daily handover meetings and as part of regular formulation, care programme approach and risk management meetings.
- Patient areas contained artwork and pictures, and patients could personalise their own bedrooms.
- Patients discussed weekend activities during weekly community meetings. Staff ensured activities linked to rehabilitation goals and development of life skills, along with increasing community integration. Staff worked collaboratively with the patients to ensure activities were meaningful to maximise engagement.
- Staff were up to date with mandatory training, with completion rates between 91%, and 100%.
- Completion of annual appraisal rates were 98%. There was one appraisal to be signed off by the management team.
- Staff received regular supervision, with completion compliance at 93%. The provider key performance indicator was for 85% completion rate.

Summary of findings

Contents

Summary of this inspection

| | Page |
|------------------------------------------------------------|------|
| Background to Lombard House | 5 |
| Our inspection team | 5 |
| Why we carried out this inspection | 5 |
| How we carried out this inspection | 5 |
| What people who use the service say | 6 |
| The five questions we ask about services and what we found | 7 |

Detailed findings from this inspection

| | |
|-----------------------------------------------------------|----|
| Mental Health Act responsibilities | 11 |
| Mental Capacity Act and Deprivation of Liberty Safeguards | 11 |
| Overview of ratings | 11 |
| Outstanding practice | 21 |
| Areas for improvement | 21 |

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 was a locked rehabilitation service for male patients with a primary diagnosis of a learning disability, with secondary diagnosis of mental health conditions, forensic or offending behaviours.

Accommodation consisted of a seven-bedded house and a separate property called the 'flats' which accommodated up to two patients. The 'flats' were intended for use by patients nearing the end of their rehabilitation programme.

Patients in the main house had their own bedrooms with access to shared bathrooms and communal kitchen and living areas.

Patients in the 'flats' had ensuite bathrooms and communal living and kitchen areas.

There was an enclosed garden to the rear of the house. A large shed in the grounds of the complex accessed by patients with staff to participate in activities such as woodwork.

Lombard House was registered to carry out the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act (1983)
- Treatment of disease, disorder and injury.

The service manager was registered with CQC in 2017. The service had a controlled drugs accountable officer in post shared with other Partnerships in Care sites.

Lombard House was last inspected in February 2016, and was rated as good in all domains. The following area for improvement was identified:

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

During this inspection, this area of improvement was reviewed. The provider had reviewed their patient search policy and implemented localised protocols to reduce blanket restrictions and ensure completion of searches was linked to individualised risk assessments.

Our inspection team

Team leader: Joanna Thomas.

The inspection team consisted of two CQC inspectors.

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. This was an announced inspection.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

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

During the inspection visit, the inspection team:

Summary of this inspection

- We examined the quality of the treatment environment and observed how staff interacted with patients
- met with four patients who were using the service
- interviewed three managers for the service and provider
- interviewed five other staff members; including doctors, nurses, social workers, occupational therapist assistant, and support staff
- spoke with three family members or carers
- attended and observed a formulation meeting
- collected feedback from six patients using comment cards
- examined in detail four care and treatment records
- reviewed four patient medication cards
- checked two staff employment files including supervision and appraisal records
- examined a range of policies, procedures and other documents relating to the running of this core service.

What people who use the service say

Patients shared examples of projects and activities they were involved with such as developing the fish pond in the shared garden, and communal cooking tasks where the food produced was shared and enjoyed by patients and staff. Patients used photograph scrapbooks to show what the garden looked like before and after building the pond.

Patients reported to feel safe at Lombard House, and enjoyed being able to access the community and participate in activities such as woodwork and going shopping.

Patients were responsible for keeping all areas of the house and 'flats' clean and tidy and took pride in showing the inspection team their bedrooms and treasured personal effects such as model vehicles, photographs and sports items for the teams they supported.

Patients reported to feel well looked after by staff, treated with dignity and respect.

Family members and carers of patients spoken with told us they were happy with the care and treatment patients

received. They attended care review meetings and were encouraged to be involved in the patient's care. If family or carers had any concerns, they reported to be comfortable speaking to staff to seek resolution. Staff were reported to be approachable and welcoming, and Lombard House was said to be a homely and caring environment. Family and carers told us patients were given opportunities to have special day trips out, and activity programmes were tailored to individual patient's needs, recognising their vulnerabilities in relation to accessing the community.

For those patients preparing to leave Lombard House, family and carers told us that staff prepared the patients and supported their family or carers through the transition, and doing so at the patient's pace.

Family and carers suggested that it would be helpful if they were informed of changes to patient's key workers or where new members of staff started in post to aid familiarity when visiting.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated Lombard House safe as good because:

Good



- All ward and treatment areas contained blind spots due to their layout, but this was mitigated by use of convex mirrors to aid lines of sight for staff.
- The provider had completed a ligature risk audit for the main house. Staff were observed to monitor patient whereabouts within the main house and the 'flats' in line with their procedures.
- Staffing numbers were calculated in line with NHS safer staffing principles. A staffing tool was used for day and night shifts to reflect planned verses actual staffing resources.
- Staffing levels for each shift considered ward activities, patient support levels, risks and care needs of the patient group and those patients due to have one to one meetings with their named nurses.
- Staff were up to date with mandatory training with safeguarding training completion at 100%.
- Staff collected risk information before admission and reviewed this regularly at multi-disciplinary meetings and during shift handovers. Staff updated risk assessments following incidents. Information on historic risks including those linked to index offences, self-harming behaviours and previous episodes of being absent without leave was assessed before admission.
- The provider had a policy in place for patients requiring increased levels of observation and monitoring during the day and overnight. There were procedures in place for searching property, patients and their bedrooms during their stay.
- Consultants regularly reviewed medications and any side effects and prescribed in line with the national institute for health and care excellence guidelines with consideration given to the impact high dosage can have on daily function and interaction.
- Lombard House reported no serious incidents in the 12 months prior to the inspection. Staff were aware of the incident reporting process.
- Ward areas were clean and well maintained. Patients completed cleaning and laundry tasks as part of their rehabilitation programme to develop life skills. Staff supported patients with kitchen tasks and ensured items such as cleaning products were accounted for after use.

Summary of this inspection

Are services effective?

We rated Lombard House effective as good because:

- Patients received ongoing health monitoring, with onward referrals to the local GP surgery for medical input. Arrangements were in place for patients to receive a learning disability specific annual health care check with the local GP.
- Patients had access to psychological therapies as recommended in the national institute for health and care excellence guidelines.
- As part of the rehabilitation programme, patients were encouraged to develop independent medication management skills.
- Staff liaised with community teams and professionals involved with patients prior to admission regularly and invited them to attend review meetings.
- Staff completed Mental Health Act (MHA) training and demonstrated a clear understanding of the rights of detained patients. Training completion compliance was 100%. Patients could access easy read, pictorial information regarding their rights under the MHA.
- The multi-disciplinary team completed joint risk assessments where planned leave was authorised. Before leave was granted, security measures were implemented by staff for all patients, including recording clothes and footwear. This information would be passed to the Police in the event a patient did not return from leave, in line with the provider's leave policy.
- Staff completed mandatory Mental Capacity Act (MCA) training. Training completion compliance was 100%.

Good



Are services caring?

We rated Lombard House caring as good because:

- Patients said staff treated them with politeness, dignity and respect and supported them to access the local community.
- Patients had drawn up a document called 'our choice, living together' explained in writing and pictorial format expected codes of behaviour and conduct.
- Patients attended weekly community meetings. This offered an opportunity to raise issues and provide feedback to the service.
- Patients were encouraged to develop life skills and choose activities and special days. Family and carers identified that staff recognised patient's vulnerabilities and risk factors, and that this was carefully considered when supporting patients to access the local community.

Good



Are services responsive?

We rated Lombard House responsive as good because:

Good



Summary of this inspection

- Staff discussed admission and discharge arrangements in the daily handover meetings and as part of regular formulation, care programme approach and risk management meetings.
- Discharge reports and handovers were given to community teams and residential settings as part of the planning and discharge process. Social care teams and probation services were involved and attended meetings where applicable, and liaised with the multi-disciplinary team.
- Patient areas contained artwork and pictures, and patients could personalise their own bedrooms.
- Children were not allowed to visit Lombard House, but staff supported patients to meet family and children in the community. Staff monitored other visits and implemented risk assessments to ensure the safety of all patients and visitors.
- Patients could access drinks and snacks 24 hours a day.
- Activities at weekends were discussed during weekly community meetings. Staff ensured activities linked to rehabilitation goals and development of life skills, along with increasing community integration. Staff worked collaboratively with the patients to ensure activities were meaningful to maximise engagement.
- Patients reported the food to be of a high standard, with patients planning their meals each week and participating in cooking and shopping tasks with support from staff. Diets for health or religious needs were accommodated.
- Lombard House had received one complaint in the 12 months prior to the inspection. The complaint was under investigation at the time of the inspection. No complaints had been upheld or been referred to the ombudsman.

However:

- Average length of patient stay was 43 months in the six months prior to the inspection.

The main reasons for increased lengths of stay related to securing funding and availability of suitable alternative placements or support packages, particularly for patients with index offences linked to their admission.

Are services well-led?

We rated Lombard House well led as good because:

- Senior management from within the organisation visited the site and maintained regular contact with the manager. There

Good



Summary of this inspection

were patient representatives who attended management meetings to advocate on behalf of their patients. These representatives also provided training to new staff and participated in staff interviews.

- Staff were up to date with mandatory training, with completion rates between 91%, and 100%.
- Completion of annual appraisal rates were 98%. There was one appraisal to be signed off by the management team.
- Staff received regular supervision, with completion compliance at 93%. The provider key performance indicator was for 85% completion rate.
- Staff completed regular audits, managers shared the findings from the audits in team meetings, and areas of improvement or changes to practice and procedures implemented.
- The ward manager and member of the senior management team completed spot checks during weekends and night shifts to review practices and ensure staff were working consistently across shifts.
- Staff were aware of the provider's whistleblowing policy and reported to be confident to raise concerns without fear of reprisals. There were no bullying and harassment cases under investigation at the time of the inspection.
- Staff morale was good, they spoke passionately about their jobs whilst acknowledging the challenges they faced. Staff cited cohesive, strong team working and peer support as the means of sustaining their role, along with regular supervision and managerial oversight.

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.

- Staff completed MHA training and demonstrated a clear understanding of the rights of detained patients. MHA training was part of the core induction programme for new staff.

Training completion compliance was 100%.

- There was a MHA administrator based at a nearby hospital run by the same provider, who scrutinised

paperwork prior to and on admission of patients in line with the MHA codes of practice. They completed audits and shared findings with staff and the provider's senior management team where applicable.

- All nine patients admitted were detained under the MHA.
- Consent to treatment forms were stored with patient records.
- The provider had developed easy read, pictorial information booklets to support patients to understand their rights.
- An independent mental health advocate visited weekly, and supported patients with complaints and tribunals.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff completed mandatory Mental Capacity Act (MCA) training with completion compliance 100%.
- Lombard House had made no Deprivation of Liberty Safeguard applications in the six months prior to the inspection.

- Staff knew the five principles of the MCA. They were aware of how this applied to their practice. Staff were aware of the provider's MCA and DoLs policies and procedures and where to source advice.

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 |

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

- Lombard House had bedrooms in the main house and in a separate single story building called the 'flats'. The main house consisted of two bedrooms on the ground and five on the first floor. There was a shared bathroom with shower cubicle, bath and toilet on the ground floor and second bathroom with a bath and toilet on the first floor. Access to the first floor was via a flight of stairs, there was no lift in situ. The communal dining room, kitchen, lounge and conservatory were based on the ground floor. A laundry room on the ground floor contained cleaning products; this room was locked when not in use, but patients were encouraged to access this room with support from staff. There was an enclosed communal garden.
- Adjacent to the main house was a paved area with routes to the activity shed, then to two buildings containing games and meeting rooms and to the 'flats'.
- The building containing meeting rooms and the games room had a billiards table, craft items and board games. There was a small kitchenette and a toilet. Patients accessed these rooms under staff supervision or with family members during visits.
- The 'flats' consisted of a clinic room, communal lounge with kitchen diner, and two bedrooms.
- All ward and treatment areas contained blind spots due to their layout, but this was mitigated by use of convex

mirrors to aid lines of sight for staff. Staff monitored the site grounds using closed circuit television (CCTV), but there was no use of CCTV inside the main house or the 'flats'.

- Bedroom doors did not contain viewing panels, therefore staff physically entered each patient's bedroom when completing observational checks.
- Some of the bathroom and bedroom furniture and fittings were designed to prevent risk of ligature (fittings to which patients intent on self-injury might tie something to harm themselves). However, there were items within the main house such as the bannister rails, taps and shower fittings that could be used as a ligature point. These were included on the environmental ligature risk audit.
- The provider had completed a ligature risk audit for the main house. This document stated that 'all patients admitted to Lombard House are considered to be low or very low risk of suicide and self-harm. The house is staffed 24 hours a day and all patients are observed in line with observational policy. Staff are always present within communal areas, and have good observation of the hallway and staircase area. At the time of the inspection, the manager confirmed that there were no patients assessed to be at risk of self-harm or suicide. We observed staff monitoring patient whereabouts within the main house and the 'flats' in line with their procedures. If staff were accompanying patients for example into the garden area, we observed staff to report where they were going to a colleague.
- The provider did not complete a ligature risk audit for the 'flats' as patients using the flats were nearing the end of their rehabilitation programme and assessed to be at low risk of self-harm or ligature. If a patient's

Wards for people with learning disabilities or autism

presentation changed, staff advised that the patient would either be relocated from the 'flats' to the main house, or an alternative source of placement found to meet individual risks and support needs.

- There were two clinic rooms, one based in the 'flats' and one in the nurses station in the main house. Emergency equipment in a grab bag was based in the main house clinic room. The emergency equipment including adrenaline was checked each night by staff. Ligature cutters were located in both clinic rooms. Staff completed practice drills for responding to emergency situations.
- Ward areas were clean and well maintained. Patients completed cleaning and laundry tasks as part of their rehabilitation programme to develop life skills. Staff supported patients with kitchen tasks and ensured items such as cleaning products were accounted for after use.

Safe staffing

- Lombard House employed 15 staff. Clinical staff worked 12 hours shifts from 8am to 8pm, 8pm to 8am, attending a handover meeting at the start of each shift. An additional member of staff worked a twilight shift in the evenings to ensure staffing levels allowed for evening activities and monitoring patients during the evening. Additional staff were used when patients required increased monitoring levels linked to their risk assessments for example to facilitate community activities.
- At the time of the inspection, Lombard House had one registered nurse vacancy, for night shifts. There were no staff on long term sick leave. They had no staff members suspended or under investigation. Active recruitment and retention strategies were in place.
- Staffing numbers were calculated in line with NHS safer staffing principles. A staffing tool was used for day and night shifts to reflect planned verses actual staffing resources.
- Staffing levels for the day of the inspection were two nurses and two health care workers. Night shift was planned as one nurse and one health care worker for the main house. The 'flats' were covered during the day and overnight by one health care worker.
- There was day and night cover arrangements for consultant psychiatrists, with an on call system out of hours to enable the staff to access support over the

weekend. The allocated consultant worked between nearby hospitals run by the same provider, and held a caseload of approximately 25 patients, which they found to be manageable.

- From 1 January 2017 to the date of the inspection, there had been eight day and 25 night shifts covered by bank staff and two shifts covered by agency staff. Bank and agency staff received training and supervision as required by the provider.
- Staffing levels for each shift considered ward activities, patient support levels, risks and care needs of the patient group and those patients due to have one to one meetings with their named nurses.
- The registered manager monitored staff training completion rates in line with the provider's key performance indicators. Where concerns were identified, staff were sent a reminder by email and given two weeks to complete outstanding training courses.
- Staff files contained evidence of rights to work assessments, job descriptions evidence of references, Disclosure and Barring Service (DBS) completion, contracts, appraisals, supervision records and induction checklists.

Assessing and managing risk to patients and staff

- Lombard House did not have a designated seclusion room; there had been no episodes of seclusion or long term segregation reported in the six months prior to the inspection.
- Some ward areas such as the corridor outside the nurses station on the ground floor had limited space for completion of physical intervention or for staff to accompany patients for example when needing to walk on each side of a patient when requiring high levels of observation and monitoring. However, this level of oversight or intervention by staff was reported to be low due to the nature of the patients admitted.
- There had been no episodes of restraint (restraint is any direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person) reported in the six months prior to the inspection. Management of Violence and Aggression training completion compliance was at 91%. There was a member of the team exempt from completing MVA training due to physical injury. This staff member did not take patients off site to ensure they had access to support from other staff in the event of an incident.

Wards for people with learning disabilities or autism

- Lombard House reported no episodes of the use of rapid tranquilisation in the six months prior to the inspection. Staff confirmed they used verbal de-escalation and that use of restraint techniques were a last resort.
- Staff carried personal alarms. The staff team completed practice drills for responding to alarms when activated. Lone working policies were adhered to by the health care workers based in the 'flats' as they worked alone during the day and overnight. Arrangements were being made for those staff to have radios, at the time of the inspection the staff had access to mobile telephones.
- We examined four care and treatment records including patient risk assessments. Staff collected risk information before admission and reviewed this regularly at multi-disciplinary meetings and during shift handovers. Staff updated risk assessments following incidents. Information on historic risks including those linked to index offences, self-harming behaviours and episodes of being absent without leave from previous settings was assessed before admission.
- Tools were used to identify risks, formulate action plans and identify severity of patient needs. Before accepting new admissions, staff considered the existing patient group, their complexity and vulnerability. Formulation meetings were held every three months to review patient's care and support needs and risk management plans. Care programme approach meetings were held every six months.
- Patients had access to their bedrooms with use of their own key. Bedrooms and bathrooms did not contain nurse call buttons but patients could call for assistance if required.
- The provider had a policy in place for patients requiring increased levels of observation and monitoring during the day and overnight. There were procedures in place for searching property, patients and their bedrooms during their stay. A rating system was used to assess risk and frequency of observation e.g. 15 or 30 minutes or one to one monitoring. Risk ratings were reviewed daily at shift handovers and after incidents. Local protocols were implemented linked to individualised risk assessments to reduce restrictive practices.
- The provider room search policy indicated that all patients within locked rehabilitation services would be subject to routine room searches 'once every three months'. A local protocol with an individualised risk assessment for each patient was in place. The manager advised this was intended to reduce restrictive practices, and address the 'should' from the last inspection report.
- On the day of the inspection, all patients were on 30 minute observations during the day and hourly overnight.
- Staff completed daily security checks of the grounds to prevent prohibited items entering Lombard House that could be placed in the grounds by members of the public.
- Staff received mandatory safeguarding training and demonstrated good understanding of escalation and reporting procedures. The ward social worker held the lead role for safeguarding and had links with the local authority multi-agency safeguarding hub.
- There had been no safeguarding referrals submitted to the local authority in the six months prior to the inspection. Staff contacted the local authority for guidance and advice when required, and the manager attended the provider safeguarding meeting held every six weeks. Staff were up to date with mandatory training with safeguarding training completion at 100%.
- Clinic rooms were examined during the inspection. Staff complied with the provider medicines management policy for storage, dispensing and reconciliation of medication. Staff completed medication audits in addition to the external pharmacy. Fridge and room temperatures were routinely monitored. The medication fridge was locked. This was located in a separate office, on the first floor of the main building. The fridge contained prescribed creams, Lombard House did not have any diabetic patients admitted.
- Robust arrangements were in place when patients visited visiting Lombard House from nearby hospitals run by the same provider as part of the transition process. Their medication was contained in a wallet, with the patient's details. This was stored in the clinic room medication cupboard, and staff received a handover when the patient arrived, and logged all information on their computer system to sign the medication on and off site.
- Four medication cards were examined. Consultants regularly reviewed medications and any side effects and prescribed in line with the national institute for health and care excellence guidelines with consideration given to the impact high dosage can have on daily function and interaction. There were no missed medication

Wards for people with learning disabilities or autism

doses on the cards examined, and where a patient refused medication, a code was used to record this. Each medication card included the patient's photograph to reduce the risk of administering medication to the wrong patient. Consent to treatment documentation was held with the medication cards.

- All staff received basic life support training, which included resuscitation and use of automated external defibrillator equipment. Three nurses had completed immediate life support training (ILS). The manager confirmed that rotas were drawn up to reflect the limited number of nurses with ILS training. Each shift contained staff who had completed basic life support training.
- Due to the rural location of Lombard House, the management team had agreed for health care workers to start completing ILS training to support the nursing team in the event of an emergency.
- Completion of infection control training was 100% and medication administration training for nurses was 100%.

Track record on safety

- Lombard House reported no serious incidents in the 12 months prior to the inspection. Staff were aware of the incident reporting process.
- Reporting mechanisms were in place to escalate incidents and investigation findings to clinical commissioning groups and notifications to CQC where applicable.

Reporting incidents and learning from when things go wrong

- Staff knew how to report incidents and escalate concerns. The manager reviewed all risk incident records and shared investigation findings with the senior management team across the organisation. Incidents were reviewed at handover meetings to ensure information and management plans were shared between shifts.
- Findings from incidents, and investigations were discussed in weekly team meetings, with lessons learnt and action plans shared with staff. Changes to practices and procedures were implemented to mitigate risk of reoccurrence where applicable, with evidence of shared learning within the organisation seen in management meeting minutes.
- Staff and patients received debriefing and support after incidents or challenging situations.

- Staff completed training modules regarding duty of candour. Staff demonstrated awareness of the importance of transparency and apologising when something had gone wrong. Duty of Candour was a standard agenda item on team meeting minutes viewed during the inspection.

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

Good 

Assessment of needs and planning of care

- We reviewed four care and treatment records. All contained thorough assessments of patient needs, detailed risk assessments with evidence that these were reviewed and updated regularly and after any incidents. Care and behaviour support plans were holistic and recovery focussed and incorporated the views of the patients. The multi-disciplinary team designed specialist behavioural support plans with use of the green light tool kit.
- Admission assessments included physical health care checks. Patients received ongoing health monitoring, with onward referrals to the local GP surgery for medical input. Arrangements were in place for patients to receive a learning disability specific annual health care check with the local GP.
- Assessments included use of HCR-20 v3 (historical risk management tool), health of the nation outcomes scales and the short-term assessment of risk and treatability tool. Staff provided weekly progress updates to the community commissioning groups. This information included care programme approach reviews and outcomes from multi-disciplinary meetings.
- Care records were all in paper and electronic format. Arrangements were in place to ensure patient information was accessible for all staff including agency and ensuring records were updated. This information was stored securely in locked cabinets. Weekly quality checks of documentation were part of the provider's audit schedule.

Best practice in treatment and care

Wards for people with learning disabilities or autism

- Patients had access to psychological therapies as recommended in the national institute for health and care excellence guidelines. These included dialectical behavioural therapy, adapted sex offender treatment programme, ready for change programme, enhancing the quality of user-involvement in care planning in mental health services, mindfulness, anger management and disaster response and recovery. Sessions were held for patients in groups and on a one to one basis. The psychologist held the lead role for development and implementation of positive behavioural support planning within the team.
- Patients received education sessions and one to one input on areas such as healthy eating, exercise and smoking cessation.
- Patient records contained completed physical health screening tools. Patients could access annual health care checks tailored to the needs of patients with learning disabilities through the local GP surgery. Patients accessed opticians, podiatry and the dentist when required.
- As part of the rehabilitation programme, patients were encouraged to develop independent medication management skills. Staff used a phased approach to maximise independence and confidence with continual reassessment. Each patient had a locked unit in their bedroom that could be used for storage of medication when the patient was assessed to be at the stage to hold medication in their room.

Skilled staff to deliver care

- The multi-disciplinary team consisted of psychiatry, psychology, nursing, occupational therapy and assistants, social work and support workers. The team worked collaboratively to support the individual needs of each patient with the nurses and health care workers.
- Experienced staff were on duty during the inspection. The provider used regular bank and agency staff wherever possible to ensure they were familiar with the ward environment and needs of the patients.
- Staff accessed role specific training. This included support workers completing the Care Certificate programme. Mandatory training completion compliance was between 91% and 100%. Training compliance was a key performance indicator for the service. Role specific training and development opportunities could be

authorised by the manager, with justification for accessing these courses linked to staff appraisals and development objectives to enable staff to meet the requirements of their job roles.

- New staff members completed an induction programme. This included shadowing shifts with experienced staff members to familiarise themselves with the ward environment and patients. Newly qualified nurses completed the preceptorship programme.

Multi-disciplinary and inter-agency team work

- Monthly ward round meetings were held to review patient progression and their assessed needs. Patients were encouraged to attend and share their concerns and opinions with the multi-disciplinary team. Formulation meetings were held every three months. Care Programme Approach meetings were held every six months.
- Staff liaised with community teams and professionals involved with patients prior to admission regularly and invited them to attend review meetings. Community teams had the option of teleconferencing when patients were placed at Lombard House from out of area. Eight out of the nine patients admitted had allocated community care coordinators. There were two patients admitted to Lombard House from out of area.
- Staff completed comprehensive shift handovers.

Adherence to the MHA and the MHA Code of Practice

- Staff completed Mental Health Act (MHA) training and demonstrated a clear understanding of the rights of detained patients. Training completion compliance was 100%. Patients could access easy read, pictorial information regarding their rights under the MHA.
- There was a MHA administrator based at a nearby hospital run by the same provider who scrutinised admission paperwork in line with the MHA codes of practice, and completed audits.
- On the day we inspected, all patients were detained under the MHA, with additional conditions attached to their detention in relation to Ministry of Justice sentencing.
- Consent to treatment forms were stored with patient medication records. Easy read, pictorial booklets were available to explain medication and treatment programmes. Staff advised that consent to treatment was reviewed at least once a year, and more regularly

Wards for people with learning disabilities or autism

where concerns were identified. One patient was awaiting a review by a Second Opinion Appointed Doctor (SOAD), as they disagreed with the level of medication being prescribed.

- The multi-disciplinary team completed joint risk assessments where planned leave was authorised. There were two patients with unescorted community leave authorised. Before leave, security measures were implemented for all patients, including recording clothes and footwear. This information would be passed to the Police in the event a patient did not return from leave, in line with the provider's leave policy.
- Patients detained under the MHA were informed of their rights on admission, then regularly during their stay. The detention paperwork examined was well documented, updated regularly and stored correctly.
- Independent mental health advocates (IMHA) visited Lombard House on a weekly basis, and any patient could request an appointment. There were posters in ward areas with information and photographs of the IMHA to aid recognition. The IMHA contributed to, and supported patients with tribunals, care programme approach and multi-disciplinary meetings.

Good practice in applying the MCA

- Staff completed mandatory Mental Capacity Act (MCA) training. Training completion compliance was 100%.
- Staff knew the five principles of the MCA and how this applied to their practice. Staff were aware of the provider's MCA and DoLs policies and procedures and where to source advice.
- Lombard House had made no Deprivation of Liberty Safeguard applications in the six months prior to the inspection.
- The multi-disciplinary team completed question, date and time specific MCA assessments with patients, to assess treatment factors such as consent. Patients were encouraged to make informed decisions, and received information on areas such as medication side effects. Staff considered cultural and religious wishes within the treatment and assessment process. Staff reported to work to least restrictive practices, and completed best interest assessments where applicable. There were no patients assessed to lack capacity at the time of our inspection.

Are wards for people with learning disabilities or autism caring?

Good 

Kindness, dignity, respect and support

- Staff interacted with patients in a kind and caring manner, and offered time when needed to listen and give support.
- Patients said staff treated them with politeness, dignity and respect and supported them to access the local community.
- Patients had drawn up a document called 'our choice, living together' explained in writing and pictorial format expected codes of behaviour and conduct. Staff gave examples of how this document was used to support patients to resolve issues or as a reminder if a patient started to behave inappropriately.
- Family and carers told us that staff were approachable, and that Lombard House was welcoming, offering support to the patient and their family and carers.
- Where patients were preparing to move to alternative placements, their family and carers told us staff supported them through each stage of the process, and that changes happened at the patient's pace.

The involvement of people in the care they receive

- Patients told us they were involved in their treatment and the development of their care plans.
- Patients took pride in their environment, and were responsible for completion of cleaning and laundry. This offered patients the opportunity to develop independent living skills.
- Staff encouraged patients to participate and engage in all activities available. Patients planned their daily meals including budgeting, and went shopping with staff. They worked with staff to prepare food to share between patients and staff.
- Patients attended weekly community meetings. This offered an opportunity to raise issues and provide feedback to the service. Minutes from these meetings and any action points were shared with the management team, and decision feedback given to patients to maintain open lines of communication.

Wards for people with learning disabilities or autism

- There was a staff photograph board located outside the main office, to aid recognition and assist with settling new patients into the environment.
- Family and carers reported to be encouraged to attend review meetings and contribute to care and treatment planning for patients. They reported to be listened to by staff, and be comfortable to raise concerns or seek clarification when required.
- Patients were encouraged to develop life skills and choose activities and special days out. Family and carers spoke positively about this, expressing their gratitude for the time taken by staff to get to know patient's likes and dislikes. They told us activity programmes were tailored to individualised needs. Family and carers identified that staff recognised patient's vulnerabilities and risk factors, with consideration given when supporting patients to access the local community.
- Patients were admitted from anywhere in the country, by clinical commissioning groups. Staff liaised with community teams to coordinate discharge arrangements and ensure they were kept regularly updated on progression.
- Beds were available when patients returned from planned leave.
- Staff discussed admission and discharge arrangements in the daily handover meetings and as part of regular formulation, care programme approach, community treatment reviews and risk management meetings.
- If a patient's condition or presentation deteriorated, facilities would be sourced at an alternative setting as Lombard House did not offer that level of care on site. When an alternative placement was required, this was escalated to commissioners by the multi-disciplinary team.
- Discharge reports and handovers were given to community teams and residential settings as part of the planning and discharge process. Social care teams and probation services were involved and attended meetings where applicable, and liaised with the multi-disciplinary team.

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

(for example, to feedback?)

Good 

Access and discharge

- Lombard House had an admissions criteria, this included consideration of the needs and risks of existing patients. They did not hold a waiting list for admissions, but had patients who started to spend time at Lombard House in preparation for moving there once a bed became available. All patients were referred to Lombard House through clinical commissioning groups.
- Lombard house had an average bed occupancy of 89% between 1 June and 1 December 2016. They had no delayed discharges from 1 June to 1 December 2016. The main reasons for increased lengths of stay related to securing funding and availability of suitable alternative placements or support packages, particularly for patients with index offences linked to their admission. Average length of patient stay was 43 months in the six months prior to the inspection.
- Lombard House had designated activity rooms and clinic rooms for medication storage. Patients had single bedrooms and access to shared bathrooms, except for those patients in the 'flats' who had ensuite bathrooms.
- Patient areas contained artwork and pictures, and patients could personalise their own bedrooms. Patients took pride in showing the inspection team their rooms and personal belongings.
- Children were not allowed to visit Lombard House, but staff supported patients to meet family and children in the community. Staff monitored other visits and implemented risk assessments to ensure the safety of all patients and visitors.
- Patients could personalise their bedrooms with posters and personal effects. Each patient had access to a lockable cupboard in their bedrooms to secure items. This cupboard was also used where patients were working with staff to manage their own medication independently.
- Bedrooms and communal areas contained equipment and items such as DVDs, music CDs, arts and crafts items for use in therapeutic treatment and activity sessions.

The facilities promote recovery, comfort, dignity and confidentiality

Wards for people with learning disabilities or autism

Staff confirmed items were accounted for, and that there were not patients admitted assessed to be at risk of self-harm. If a patient's presentation changed, access to potential risk items would be reviewed by staff.

- Staff were seen to be sitting with patients completing activity timetables and reviewing their support plans. Patients attended morning planning meetings to ensure daily activities were planned for and accommodated.
- Patients accessed drinks and snacks 24 hours a day, although staff reported that patients often asked for permission as they were used to residing in restrictive environments where this was not permitted.
- Lombard House had an enclosed garden. Patients spent time showing the inspection team work they had completed to improve the garden including building a pond. They used a photograph scrapbook to explain the processes they had followed. Patients were making a new garden bench in their woodwork sessions.
- Patients had access to ward based telephones to make private calls. Patients were risk assessed to have their own mobile telephones, these were basic model phones that could not take photographs. Some patients had access to their own laptops, although staff supervised internet access. All patients had individual risk assessments and entered into an agreement with the provider around adhering to the terms and conditions associated with having access to technology.
- Activities at weekends were discussed during weekly community meetings. The activity timetable was being updated at the time of the inspection. Staff ensured activities linked to rehabilitation goals and development of life skills, along with increasing community integration. Staff worked collaboratively with the patients to ensure activities were meaningful to maximise engagement.

Meeting the needs of all people who use the service

- Lombard House had bedrooms across two floors in the main house. Staff considered patient's physical health needs before accepting new referrals to ensure all needs could be met within the hospital environment. The main house had floor height differences on the ground floor leading to the bedrooms, and required a portable ramp to give access to the main entrance door. There were baths or a cubicle shower with a large step to access. The main house was not wheelchair accessible throughout.

- The 'flats' contained level access showers and was built on one level, but would not be suitable for all patients admitted, as intended for use with patients moving towards the end of their rehabilitation programme.
- The manager reported that they had previously installed grab rails and had shower seats for patients needing low-level equipment to aid independence, these items were removed once those patients had been discharged.
- Patients reported the food to be of a high standard, with patients planning their meals each week and participating in cooking and shopping tasks with support from staff. Diets for health or religious needs were accommodated.
- Staff ate with patients at meal times and used this as an opportunity to interact with the patients. Staff supported patients to consider healthy eating options and weight management.

Listening to and learning from concerns and complaints

- Lombard House had received one complaint in the 12 months prior to the inspection. The complaint was under investigation at the time of the inspection. No complaints had been upheld or been referred to the ombudsman.
- Patients were aware of how to make a complaint, with information leaflets and posters in ward areas including easy read and pictorial formats. Patients were encouraged to participate in the community meetings as a forum to raise concerns and share views. Specific staff had been trained in how to use a computer programme to produce pictorial information on site.
- The manager reviewed all complaints, gave feedback and discussed lessons learnt with staff in supervision and weekly team meetings. This information was discussed at a senior management level within the organisation. Information was shared with commissioners where appropriate. Changes in practice and procedure were implemented to mitigate risk of reoccurrence based on findings from complaint investigations.
- From the weekly community meetings, minutes were taken. Staff advised minutes were reviewed at the next community meeting to review actions completed.

Wards for people with learning disabilities or autism

- The provider did not have arrangements in place to capture data on the number of compliments received. However, there were thank you cards displayed in the clinic room area.
- Patients had drawn up a document called 'our choice, living together' this was used as a tool to manage complaints.

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

Good 

Vision and values

- Lombard House vision and values were 'valuing people, caring safely, integrity, working together, quality'. Staff were aware of the provider's vision and values and implemented them into their practice.
- Senior management from within the organisation visited the site and maintained regular contact with the manager. There were patient representatives who attended management meetings to advocate on behalf of their patients. These representatives also provided training to new staff and participated in staff interviews.

Good governance

- Staff were up to date with mandatory training, with completion rates between 91%, and 100%. It was noted that management of violence and aggression training and safeguarding adults level one training had expired for one member of staff. Assurances were sourced from the manager that the staff member was booked to complete the outstanding training courses.
- Completion of annual appraisal rates were 98%. There was one appraisal to be signed off by the management team.
- Staff received regular supervision, with completion compliance at 93%. The provider key performance indicator was for 85% completion rate.

- Nurses received clinical supervision every four weeks from the manager or clinical nurse lead. Support workers received supervision every six to eight weeks from the nurses. Supervision was utilised as a means of monitoring staff practice, linked to provider performance indicators.
- Staff completed regular audits, these included environmental, ligatures, mattresses, medication (external pharmacy), patient records including mental health act and adherence to the codes of practice. The findings from the audits were shared with staff, and areas of improvement or changes to practice and procedures implemented.
- The manager addressed staff performance issues with support provided by the HR department. At the time of the inspection, no staff were suspended or under performance management.
- The provider had a risk register in place. Staff reviewed and updated the register in consultation with the manager.
- The ward manager and member of the senior management team completed spot checks during weekends and night shifts to review practices and ensure staff were working consistently across shifts.

Leadership, morale and staff engagement

- Staff were aware of the provider's whistleblowing policy and reported to be confident to raise concerns without fear of reprisals. There were no bullying and harassment cases under investigation at the time of the inspection.
- Staff morale was good, they spoke passionately about their jobs whilst acknowledging the challenges they faced. Staff cited cohesive, strong team working and peer support as the means of sustaining their role, along with regular supervision and managerial oversight.

Commitment to quality improvement and innovation

- The Manager advised that Partnerships in Care participated in quality improvement programmes, but the areas being looked at for 2017 did not apply to locked rehabilitation settings.

Outstanding practice and areas for improvement

Outstanding practice

A booklet 'our choice, living together' co-produced between patients and staff in written and pictorial format explained expected codes of conduct and standards of

behaviour while living at Lombard House. This was used as method of improving care and treatment, and as a tool to manage patient complaints and address areas of conflict between patients.

Areas for improvement

Action the provider SHOULD take to improve

The provider should review processes in place to ensure patients are discharged in a timely manner.