Partnerships in Care Limited

Lombard House

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Outstanding
Are services well-led?	Good

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to show how they fully met the principles of right support, right care, right culture.

The service supported people to have the maximum possible choice, control, and independence, be independent and they had control over their own lives. Staff supported all the people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Staff supported all people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. The leaders and staff shared a passion for supporting people which shaped the culture across the service.

This was a comprehensive inspection where we looked at all the key questions in full. We looked at safe, effective, caring, responsive and well led. As a result of this inspection, the overall rating of this location stayed the same. We rated it as good because:

- Feedback from the people who used the service were unanimously positive, the people were extremely happy living in the hospital and spoke very highly of all the staff and managers, describing them as kind, respectful and the hospital as home.
- People's care and support was provided in a safe, clean, well equipped, well-furnished, and well-maintained environment which met people's sensory and physical needs. People were protected from abuse and poor care and the service had sufficient, appropriately skilled staff to meet people's needs and keep them safe.
- People's risks were assessed regularly and managed safely and involved in managing their own risks whenever possible. If restrictive practices were used, which was rare, there was a reporting system in place and there were comprehensive reviews to try and reduce the use of these practices.
- People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs. The service provided a range of treatments suitable to the needs of the people cared for in a rehabilitation setting and in line with national guidance about best practice. Managers ensured staff had relevant training, regular supervision and appraisal. People received care, support and treatment from trained staff and met their needs and aspirations. Care focused on people's quality of life and followed best practice and staff used clinical and quality audits to evaluate the quality of care.

Summary of findings

- People and those important to them, including advocates, were actively involved in planning their care. The multidisciplinary team worked well together. Staff and managers understood their roles and responsibilities, had excellent relationships and spoke freely of each other's roles and responsibilities in a positive and supportive way.
- People's emotional and social needs were highly valued by staff and all the people spoke of how staff listened to them and supported them to achieve their goals. Relationships between people were strong, caring, and supportive, these relationships were highly valued by staff and managers. People received kind and compassionate care from highly motivated staff, who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way which could be understood.
- All people were supported and empowered to be independent and spoke of being in control of their care and support. The staff were exceptional in enabling people to remain independent and uphold their human rights. People made choices and took part in activities which were part of their planned care and support. Staff supported people to achieve their goals and the service worked to a recognised model of mental health rehabilitation.
- People were in hospital to receive active, goal-oriented treatment and people had clear plans in place to support them to return home or move to a community setting. Staff worked well with external services which provide aftercare to ensure people received the right care and support when they went home. Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- The leadership, governance and culture drove and improved the delivery of high-quality, person-centred care. All staff were very proud to work at the hospital and spoke in an extremely and complimentary way about colleagues and how dedicated they were to support the people to succeed. There was a fully embedded and systematic approach to improvement and a strong record of sharing work locally, nationally, and internationally. Leaders continuously thrived to improve, by undertaking external accreditations, benchmarking their services and including people from their service with as many opportunities as possible to be involved.
- There was a strong collaboration and support across the staff teams to continuously improve the quality of care and people experience. There was a positive culture at the hospital and a shared drive and determination to deliver excellent standards of care and support. Staff we spoke to were highly motivated and inspired to offer care which was kind and promoted people's dignity. There was a very strong visible culture of person-centred care and all staff went the extra mile to support all the people. The leadership processes ensured the service kept people safe, protected their human rights and provided good care, support and treatment.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay or rehabilitation mental health wards for working age adults	Good	

Summary of findings

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Summary of this inspection

Background to Lombard House

Lombard House is a high dependent, highly specialist and male Rehabilitation service for indivduals with learning disabilities and autism spectrum condition who require a rehabilitation pathway and/or additional support. The accommodation consisted of 1 ward which was set up as a 7 bedded house and a separate property called 'the flats' which accommodated 2 people. The flats were intended for use by people nearing the end of their rehabilitation programme. The service had full bed occupancy when we inspected. People in the main house had their own bedrooms with access to shared bathrooms, communal kitchen and living areas. People in the flats had ensuite bathrooms, communal living space and kitchen areas. There was an enclosed garden to the rear of the house. There was a greenhouse and outdoor gym equipment people could use. There was a separate building for multiple use as a multi faith room, staff training, people therapy, activities, and family meetings. There was a separate kitchen area where people could make drinks which also housed gym equipment, a computer people could use and other recreational items such as Lego and a pool table.

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.

We carried out this unannounced inspection as the service had not been inspected since March 2017.

What people who use the service say

Everyone told us the staff were lovely, extremely helpful, and caring. People told us they could trust the staff and felt respected. They said they were empowered by the work they had completed with hospital staff and spoke of being in control of their care and felt safe. People told us the food was good and they could make snacks and drinks at any time. People told us it was very homely, and they did not think of it as a hospital. All the people enthusiastically told us about the vocation and recreational activities they loved to do, such as attending the pride event in Norwich and attending their weekly jobs in the community.

How we carried out this inspection

The inspection team comprised of 2 Care Quality Commission inspectors, an Expert by Experience, and an Occupational Therapist Specialist Advisor.

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

During the inspection, the inspection team:

- visited the hospital, reviewed the quality of the ward environment and observed how staff were caring for people;
- carried out a Short Observational Framework Inspection in the communal dining room;
- spoke with 4 staff members on the ward, 2 nurses and 2 health care assistants;
- spoke with the hospital director;

Summary of this inspection

- spoke with 5 multidisciplinary team members - a consultant, an occupational therapy assistant, a speech and language therapist, a psychologist and an assistant psychologist;
- spoke with 5 people in person and 3 carers on the telephone;
- reviewed meeting minutes and audits of the service;
- observed posters on display in the ward and in the flats;
- reviewed 3 records of people;
- reviewed 6 prescription charts;
- reviewed policies and procedures relevant to running the service;
- reviewed legal status paperwork for people;
- toured the clinic room within the office;
- carried out a tour of the ward including the kitchen and outdoor spaces.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- The hospital had developed unique Drake Awards, these were internal award achievements, this scheme assisted people to develop their life skills based on their individual needs and interests. The awards covered 3 sections developing skills, making a difference in the community and healthy living. People and staff told us they found these highly motivational.
- The hospital had achieved an accreditation with Oxford Cambridge and RSA qualifications. With the hospital teacher, people worked towards Oxford Cambridge and RSA qualifications courses such as life and living skills, horticulture, information technology and healthy living. People were able to achieve credits towards a diploma.
- The hospital and people had actively engaged with the Norfolk and Waveney Five Year Joint Forward Plan (2023-2028) in partnership with the NHS Norfolk and Waveney Integrated Care Board and the Learning Disabilities Research Priority Setting Partnership Report April 2023.

Areas for improvement

Action the service SHOULD take to improve:

- The service should consider having a separate clinic room including an area to examine people and carry out routine health checks.
- The service should consider making multifactorial risk assessments easier for staff to read and follow. All people's physical health care needs should be recorded in every health care document within the care records.
- The service should consider if the suction-based airway clearance device on the kitchen wall should be removed, The Resuscitation Council UK do not currently support their use, as there was insufficient research and evidence on the safety or effectiveness of these devices.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	☆ Outstanding	Good	Good
Overall	Good	Good	Good	☆ Outstanding	Good	Good

Long stay or rehabilitation mental health wards for working age adults

Good

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

Is the service safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean care environments

People were cared for in a ward that were safe, clean well equipped, well furnished, well maintained and fit for purpose

Safety of the ward layout

People were cared for in wards where staff had completed risk assessments of the environment and removed or reduced any identified risks. There were mirrors in the corridor upstairs where there were blind corners. The ground floor had some steps throughout, which following a risk assessment, were identified with yellow hazard tape, these were potential trip hazards for people with mobility needs. The director told us the hospital had been approved for planned maintenance works in 2023, this included an additional bathroom on the ground floor and a change in levels indoors and outdoors. The hospital told us installation of air source heating and liquefied petroleum gas started on site in September 2023. Further planned maintenance works are out to tender with a start date end of October 2023 subject to contractors' availability. The flats were sited in a modern building on the same site and the two people living there had their own bedrooms and ensuites, a large communal lounge and open plan kitchen. People were fully supported by staff in the flats.

Staff knew about any potential ligature anchor points and mitigated the risks to keep people safe. Staff told us prior to admission a comprehensive preadmission assessment would be completed, the hospital would assess suitability and would not admit a person with an active high risk of any self-harming or suicidal behaviours including using ligatures to self-harm. All people at the hospital were not considered at risk of self-ligature and as such their environment was suitable for them. If a person presented with a new behaviour of ligature risk the hospital would review their risk assessments and make reasonable environmental adjustments as detailed in the ligature audit. The hospital would consider increasing the level of observations for a person to manage the risk short term until a more appropriate clinical setting could be found.

The nurse on charge, the member of staff on security duty that day and any lone workers carried radios and people had easy access to a nurse call system in their bedrooms. One person told us if they use the call bell the staff came quickly.

Long stay or rehabilitation mental health wards for working age adults

Good

The main building and the flats were light, airy, and colourfully decorated.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean. The upstairs bathroom had a broken shower for a week prior and during our inspection and managers told us it was due to be mended that week. The hospital confirmed and evidenced the shower was mended the week after our inspection. On site we saw all safety, domestic and housekeeping checks were up to date. The flats were clean and well maintained. Staff followed infection control policy, including handwashing.

Clinic room and equipment

The clinic room was fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff checked, maintained, and cleaned equipment. However, the clinic room was in the staff office upstairs and there was no dedicated area for people's routine health checks or physical examinations, except in the conservatory or in privacy in their bedrooms. The office where people's medication was kept was clean and tidy and met the appropriate infection control measures, we would expect from a clinic room. We saw a suction-based airway clearance device on the kitchen wall, the Resuscitation Council UK do not currently support their use and we informed the manager.

Safe staffing

The service had enough nursing and medical staff which included the use of regular bank and agency staff, who knew the people well, and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and medical staff, who knew the people and received basic training to keep people safe from avoidable harm. The core staffing was 1 Registered Nurse and 3 Health Care Assistants. We viewed duty rotas during the inspection and all shifts were covered with at least baseline staff. There was evidence extra staff were employed for activities and escorts. On the day of inspection there were extra staff on shift, as many people were going on an activity to a trampolining centre that afternoon.

The service had variable vacancy rates. In June 2023 there were 4.5 nurses in post and 1.3 vacancies however there were 9.9 Health Care Assistants in post and 4.2 Health Care Assistant vacancies and the service had 22% bank and 16% agency nurses covering shifts from January to June 2023. There were no unfilled shifts and regular bank and agency staff were used when required.

Managers requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. The service had reducing turnover rates for Health Care Assistants. In June this was 23% which was the lowest rate for the previous 6 months. The turnover rate for nurses for the last 6 months was 0%. Levels of sickness were 6% in June 2023.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants for each shift. The ward manager could adjust staffing levels according to the needs of the people. Staff told us extra staff were on shift when additional activities were planned off site for people. People satisfaction in the March 2023 survey showed 40% of people thought there were enough meaningful activities to do, but when we were on site all people were very happy with activities planned and undertaken.

Long stay or rehabilitation mental health wards for working age adults

Good

People had regular one-to-one sessions with their named nurse. People told us staff were available to talk to them when they needed, and staff told us they had named people who they supported on an individual basis. We saw evidence in the care plans of regular staff discussions with the people they supported.

People rarely had their escorted leave or activities cancelled, even when the service was short staffed. Staff confirmed leave was never cancelled due to staff shortages and the data from January to June 2023 confirmed this.

The service had enough staff on each shift to carry out any physical interventions safely. People and staff told us physical interventions were very rarely carried out. Hospital data showed there were no incidents of restraint used during the period January to June 2023.

Staff shared key information to keep people safe when handing over their care to others. Staff had handovers at the end of each shift and nursing staff shared information through a group email to all staff.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. There was a full-time consultant psychiatrist for the hospital and a rota for an on-call doctor at the evening and weekends. Staff told us the hospital consultant knew the people individually very well. There was evidence nurses carried out regular physical health care monitoring.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. At the time of inspection, 85% of staff at the hospital had carried out their mandatory training, which was within the hospital compliance rates. There were no courses below the hospital minimum compliance rate of 75% and the hospital works towards a 90% compliance rate. The mandatory training programme was comprehensive and met the needs of people and staff. The mandatory training for Lombard House included 6 specific courses for autism of which 88% of staff had completed. Ninety-two percent of staff had completed the recommended Oliver McGowen mandatory training on Learning Disability and Autism, and, in addition, 92% of staff had attended a course on an introduction to learning disabilities.

Managers monitored mandatory training and alerted staff when they needed to update their training. Team meeting minutes alerted staff to upcoming training so staff knew any training which needed to be prioritised.

Assessing and managing risk to people and staff

Staff assessed and managed risks to people and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate people's recovery. Staff followed best practice in anticipating, de-escalating, and managing emotional reaction, restraint was rarely used.

Assessment of people risk

Staff completed risk assessments for each person on admission, using a recognised tool, and reviewed this regularly, including after any incident. Staff used a recognised risk assessment tool. We reviewed 3 care plans fully and each had been regularly reviewed. We saw evidence of people involvement including one care plan which included a 'My Safety Plan'. We saw risk assessments had been updated following incidents and staff told us risk assessments were updated following incidents. However, 1 person's care plan had a complicated multifactorial risk assessment, which was not easy to understand and when discussed with staff, they found it difficult to discuss each part of the plan.

Long stay or rehabilitation mental health wards for working age adults

Good

Management of people risk

People were involved in managing risks to themselves and in taking decisions about how to keep people safe. Staff knew about any risks to each person and acted to prevent or reduce risks. Staff identified and responded to any changes in risks to, or posed by, people. Staff were very vigilant in ensuring visitors did not bring restricted items into the hospital and regularly checked kitchen items that could cause a risk, to ensure none were missing. We saw the hospitals restricted items list and this was not overly restrictive. Each person had their own restrictions list, personalised to their risks and reviewed regularly. We saw evidence of this in care plans and review meetings. Staff reported there was a good balance of positive risk taking but also understanding and listening to people's interests and planning activities with them. People were encouraged to think about their risks and what helped them and each people had a progression plan written in an easy read format and in the person's voice. During the inspection that afternoon most people from the hospital and another service were attending a trampolining session at a local resource, which had been privately booked.

Staff followed procedures to minimise risks where they could not easily observe people. Staff conducted observations in the communal lounge where they were able to observe people coming down the stairs. Observations were carried out regularly but in a random way and staff had a good understanding for the reason in doing so.

Staff followed trust policies and procedures when they needed to search people or their bedrooms to keep them safe from harm. People living in the service were all escorted when they left the service, so no current searches were undertaken. We saw the hospital's policy on banned and restricted items, but each person had their own restricted and non-restricted items list. These items were regularly discussed with the person, so they understood why these items were restricted, the lists were regularly reviewed at multidisciplinary meetings.

Use of restrictive interventions

Levels of restrictive interventions were extremely low. The service's leaders and staff were focused on reducing restrictive interventions. Staff participated in the provider's restrictive interventions reduction programme, which met best practice standards. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained people only when these failed and when necessary to keep the person or others safe. People and staff told us incidents of restraint and rapid tranquilisation were very rare. Data from January to June 2023 showed there were no incidents of people being restrained. The hospital was dedicated to reducing restrictive practice and restrictive interventions. In April 2023, the hospital achieved a British Institute of Learning Disabilities Association of Certified Training Certification for their Reducing Restrictive Intervention Training. Staff told us they use de-escalation techniques, redirecting and had lots of activities to offer. In care records we saw people had Positive Behaviour Plans which were written in easy read format. People each had a progression book to show what was going well and to encourage their own reflections.

Safeguarding

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff had easy access to clinical information, and it was easy for them to maintain high quality clinical records- whether paper-based or electronic.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff kept up-to-date with their safeguarding training. The hospital data showed 96% staff had completed safeguarding adults training, 89% of staff had completed safeguarding children training and 83% of staff had completed the safeguarding combined training adults and children. Two courses were e learning and 1 course was face to face. All nurses and managers had undertaken safeguarding training to level 3.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff were confidently able to describe the safeguarding procedures for the hospital.

Staff followed clear procedures to keep children visiting the ward safe. Staff were able to describe how children were safeguarded on site, there was a separate building, where families and their children could meet with people away from the main house.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. A staff member described in detail a recent example of how they escalated a safeguarding concern to their manager and made a safeguarding referral to the local safeguarding team.

Managers took part in serious case reviews and made changes based on the outcomes. Staff were able to describe how after a serious case review, person observations had been increased by the hospital. Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. People notes were comprehensive, and all staff could access them easily. Care plans were available on the computer for all staff to access, there was also a file in the staff office which new staff could refer to, which gave a one-page information on each person.

Records were stored securely. The hospital was using an electronic system for record keeping.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each person's mental and physical health.

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each person's medicines regularly and provided advice to people and carers about their medicines. The hospital had good pharmacy support and a pharmacist visited regularly. The doctor reviewed all medication charts weekly and spoke with people and nursing staff. The doctor explained in language people could understand and checks understanding and always asks if they were happy with their medication regime. People and carers told us they understood what medication they or their loved ones were taking. Staff told us there were easy read information for people' medications and this was as easy as the person needs it. People told us they knew what medications they were taking, staff helped them to understand by explaining to them slowly by repeating the information if required and providing easy read information.

Staff completed medicines records accurately and kept them up to date. Staff stored and managed all medicines and prescribing documents safely. Staff followed national practice to check people had the correct medicines when they were admitted, or they moved between services. The clinic room was located within the upstairs office, ideally the clinic room should be sited in one room for the purposes of infection control.

Staff learned from safety alerts and incidents to improve practice. Following a recent medication incident, a nursing group email was set up for the pharmacist to use.

Long stay or rehabilitation mental health wards for working age adults

Good

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both) and ensured people's medicines were reviewed by prescribers in line with these principles. We reviewed treatment records. These showed there was low use of antipsychotic and hypnotic medication on a required basis to control people's emotional reactions.

Staff reviewed the effects of each person's medicines on their physical health according to National Institute for Health and Care Excellence guidance. Each person had a hospital passport, information on their physical health and evidence of regular physical health monitoring and a communication passport.

Track record on safety

The service had a good track record on safety.

Reporting incidents and learning from when things go wrong

The service managed people safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave people honest information and suitable support.

The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Staff were accurately able to describe what incidents they reported and the procedures they followed including updating care and treatment plans, risk assessments and positive behaviour plans.

Staff reported serious incidents clearly and in line with trust policy. When things went wrong, staff apologised and gave people honest information and suitable support. Staff told us, depending on the communication needs of the people, they would provide an easy read format and read this to the person several times if required. If people gave consent to their family being informed, staff would share the information and document this in the person's care notes. Staff told us they would debrief people afterwards.

Managers debriefed and supported staff after any serious incident. Learning was fed back to the staff team every week by email and lessons learnt were shared across the organisation. If there was a serious incident, staff received safety bulletins which were displayed in the staff offices and discussed in handover and staff meetings. Staff had weekly team meetings and staff wellbeing was discussed as part of these meetings.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff minutes included an agenda item to discuss serious incidents and lessons learnt with staff as well as any people incidents for that month. Minutes of these meetings were received by all staff via email.

There was evidence that changes had been made as a result of feedback. Staff described an incident at an NHS ward where toilet rolls were found to be unsuitable due to a health and safety concern. The toilet rolls were checked and changed at the hospital, because of this learning as they were found to be of a similar design. Staff reported managers communicated quickly through safety alerts so any changes could be made swiftly.

Long stay or rehabilitation mental health wards for working age adults

Good

Is the service effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.

Staff told us people had daily temperature, oxygen and pulse readings on the day and night shifts. In care plans there was evidence of physical monitoring using the National Early Warning Score. If there were any concerns, staff carried out a full assessment and this was escalated accordingly. One person told us they were diabetic, and staff tested their blood sugars 4 times a day, this was evidenced in care plans. One person who had recently left hospital showed us how their health was monitored virtually since leaving the hospital using equipment from the hospital. The person was fully involved and was able to demonstrate the equipment and how it worked. Another person told us the nurse checked their blood pressure. There were no separate clinic room, so monthly observations were carried out in the conservatory. The hospital told us people were asked if they preferred to hold these observations in their bedroom. People, privacy, and dignity could not be maintained when receiving physical health observations, as other people could see into the conservatory.

Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. We looked at 3 people's care records in detail. People had Health Care Plans and Health Action Plans and a hospital passport with information on their physical health. People told us, and we saw in care records, there were easy read versions of their care plans. One person had a Speech and Language Therapy Assessment which was documented in an 'All About Me' document and in an easy read version. However, we could not find evidence of the outcome of this assessment in the care notes. One person had a multi factorial risk assessment completed but in the People Health Action Plan it was missing this information. A person's physical health care needs should be recorded in every care plan and every other Health Care document.

Staff regularly reviewed and updated care plans when people's needs changed. Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff told us and we saw care plans had been regularly updated. Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support, sensory needs and were recovery focused. Care plans included Keeping Connected Care Plans, risks for people including My Safety Plan, Positive Behaviour Support Plans in an easy read format, Care Programme Approach documents and communication needs, available in an easy read version. Each of the 3 care records had documented discussions with people about discharge and progression.

Long stay or rehabilitation mental health wards for working age adults

Good

Best practice in treatment and care

Staff provided a range of treatment and care for people based on national guidance and best practice. This included access to psychological therapies, support for self-care and the development of everyday living skills. Staff supported people with their physical health and encouraged them to live healthier lives. Staff were aware of and followed best practice and the principles of right support, right care, right culture.

Staff provided a range of care and treatment suitable for the people in the service. Staff told us care was individualised for people. The team offered group therapy sessions on a weekly basis and people had the choice if they wished to join a group session or an individual session. Any therapy sessions included an offence focus, would be carried out individually. General groups sessions included coping skills, psychological interventions would benefit most people, including coping skills, were provided as co therapy. The therapy used was Cognitive Behaviour Therapy based. Therapy also covered mindfulness and relaxation sessions.

Staff were recovery focused in how they supported people and were able to describe in detail how they helped people to develop their individual goals and aspirations in order to move into more independent living. We saw people carried out chores in the house including cleaning, laundry and cooking and staff supported individuals with their daily living skills in the flats. People had jobs in the community and community visits which supported their future goals. One person visited Norwich regularly to become familiar with this city as he was moving out to Norwich.

Staff delivered care in line with best practice and national guidance (from relevant bodies e.g. National Institute for Health and Care Excellence). Staff identified people' physical health needs and recorded them in their care plans. We saw evidence in the 3 care plans we reviewed, physical health care was monitored regularly and recorded.

Staff made sure people had access to physical health care, including specialists as required. In care plans we saw people had been seen by a specialist when required. One person had been seen by a dietician and another person had received a Speech and Language Assessment.

Staff met peoples' dietary needs and assessed those needing specialist care for nutrition and hydration. The speech and language therapist employed by the hospital, was a dysphagia specialist and was involved in any risk assessments where a person had swallowing difficulties, and for trips out in the community to minimise any risks. One care plan we viewed detailed how a dietician was involved with this person's care as their care plan identified keeping to a healthy weight. In the kitchen in the main house, we saw an example of what a soft diet would look like for staff reference, should a person require a soft diet.

Staff helped people live healthier lives by supporting them to take part in programmes or giving advice. In the kitchen where people regularly entered, there was an Eatwell diet poster and people were encouraged to eat fruit and yogurt for their snacks. One person had seen a dietician to help to achieve a healthy weight. People had a choice of foods available and the food menu in the kitchen showed food was healthy and balanced.

Staff used technology to support people. One person wore a falls detector, which alerted staff if they fell. One person wore virtual monitoring equipment supplied by the acute hospital to monitor their on-going health with live updates to the acute hospital through a worn sensor.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. Quality improvements projects and clinical audits were monitored in governance meetings. The director told us the hospital environment was due extensive improvements in 2023/2024 to include internal and external works, an additional bathroom, solar panels, and a heat

pump. The hospital was awarded a British Institute of Learning Disabilities Association of Certified Training Certification for their Reducing Restrictive Intervention Training April 2023. The hospital had completed the Royal College of Psychiatrist Quality Network for Learning Disabilities accreditation. The service was awaiting the outcome, but the draft report highlighted some of the excellent work the hospital were achieving with people.

Managers used results from audits to make improvements. The hospital used a Restrictive Practice self-Assessment Audit Tool which included an action plan to eliminate or reduce the restriction.

Skilled staff to deliver care

The ward team included or had access to the full range of specialists required to meet the needs of people on the ward. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff. People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.

The service had access to a full range of specialists to meet the needs of the people on the ward. The multi-disciplinary team included an assistant occupational therapist, a consultant, a speech and language therapist, psychologist, an assistant psychologist, and a basic life skills teacher. The hospital also employed a teacher who supported people to work towards Oxford Cambridge and RSA qualifications courses such as life and living skills, horticulture, information technology and healthy living.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the people in their care, including bank and agency staff. Managers gave each new member of staff a full induction to the service before they started work. We spoke to a health care assistant, who told us they received 5 days face to face training as well as completing 30 courses online, including the Oliver McGowen training Learning Disability and Autism, and 5 other specific mandatory training courses staff completed for Autism and Learning Disabilities. The training then continued in the hospital where they shadowed another member of staff for 1 week before commencing their role. Staff told us it was a good place to work and there was a supportive team. A staff member we spoke to who had been transferred from another hospital, had received a full induction onto the new ward and a competency refresh.

Managers supported staff through regular, constructive appraisals of their work. Staff told us they had regular supervision, clinical supervision, and appraisals. Hospital data from January to June 2023, showed overall 100% of clinical staff had received supervision and 98% of managerial staff.

Managers made sure staff attended regular team meetings or gave information to those that could not attend. Staff we spoke with told us they attended staff meetings monthly and minutes were emailed out to staff. We saw copies of staff meeting minutes which were very comprehensive and included staff wellbeing as part of the discussion.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us the training the hospital provided was good. Staff told us they had opportunity to carry out specialist training if they requested. When we spoke to staff about policies and procedures at the hospital, they were knowledgeable and able to answer in full detail.

Managers made sure staff received any specialist training for their role. Training records showed staff had undertaken training in autism and learning disabilities.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. They had effective working relationships with staff from all services providing care following a person's discharge.

Staff held regular multidisciplinary meetings to discuss people and improve their care. Multidisciplinary meetings were held in the hospital once a month - people, nurses and health care assistants attended as well as family or external professionals if they wished.

Staff made sure they shared clear information about people and any changes in their care, including during handover meetings. Staff told us handover meetings took place at the end of each shift when staff shared information. Care plans were updated regularly, in date and detailed.

Ward teams had effective working relationships with external teams and organisations. A Senior Occupational Therapist was visiting a person while we were on inspection and was a frequent visitor to talk to their person and staff.

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

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain people' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles. At the time of inspection, 76% of staff had completed their Mental Health Act training.

Staff had access to support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support. Staff told us they were easy to contact by email or telephone and answered promptly.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice.

People had easy access to information about independent mental health advocacy and people who lacked capacity were automatically referred to the service. People told us there were 2 advocates who visited the hospital weekly if they needed them. The Independent Mental Health Reviewer visited weekly. The hospital displayed a poster in the main house and in the flats, in an easy read format, showing advocates visited weekly, giving their names and their picture.

Staff explained to each person their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the people's notes each time. People's care records showed people had been explained their rights under the Mental Health Act and this was recorded.

Staff made sure people could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Hospital data January to June 2023 showed all section 17 leave had been taken as prearranged and documented accurately and in detail.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff stored copies of people's detention papers and associated records correctly and staff could access them when needed. During the inspection we were able to review these documents.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings.

Good practice in applying the Mental Capacity Act

Staff supported people to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for people who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of at least the five principles. Staff were able to describe how a person had been safeguarded with their finances using the code of practice in collaboration with their social worker. At the time of inspection, 81% of staff had completed their Mental Capacity Act training.

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff described to us and knew how to access. Staff we spoke with knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff gave people all possible support to make specific decisions for themselves before deciding a person did not have the capacity to do so. One person told us they understood the tribunal process, as staff explained things slowly and they had been able to give their points of view. Another person told us they felt in control, staff ask them what they wanted and then helped them to achieve it.

Staff assessed and recorded capacity to consent clearly each time a person needed to make an important decision. We saw evidence of this in people's care plans.

Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Feedback from people who use the service those who were close to them and stakeholders was continually positive about the way staff treat people. People think that staff go the extra mile and their care and support exceeds their expectations. There was a strong visible person-centred culture.

Staff were highly motivated and inspired to offer high quality care that was kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. Staff recognise the totality of people's needs. They always take people's personal, cultural, social, and religious needs into account and find innovative ways to meet them. People's emotional and social needs were seen as being as important as their physical needs. There was an extraordinary caring ethos throughout the service.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff saw people as their equal and created a warm and inclusive atmosphere. All people told us they felt respected, staff were attentive, lovely, and very caring. A person told us this was the best hospital they had lived in, they felt welcomed, and they had become a better person. A person told us they owed their life to the staff when they had COVID-19 as it was very scary. People said staff listened to how they were feeling and supported them to understand their care. They found staff were always honest and open with them.

Consideration of people's privacy and dignity was consistently embedded in everything staff did. A person told us, staff knocked before entering their bedroom.

Staff were patient and used appropriate styles of interaction with people. They were calm, focused, and attentive to people's emotional and other support needs and sensory sensitivities.

People told us staff helped when they did not understand letters. A person told us they had everything they needed and liked being out with their friends, the other residents. All people had regular one to one's with their named staff member.

Staff supported people to understand and manage their own care treatment or condition. Staff found innovative ways to enable people to maintain their own health and care when they could and to maintain independence as much as possible. Staff were exceptional in supporting people and enabling them to remain independent. They adapted their approach to each individual and worked with people's individual preferences. People told us they were invited to multidisciplinary meetings, did their own laundry, and used the kitchen with staff. The 2 people who lived in the flats carried out all their own shopping, cooking, cleaning and self-care with staff support. Staff supported people with the opportunity to try new experiences, develop new skills and gain independence. People were given a daily chore to do in the hospital and grounds, which people enjoyed and took pride in. A person told us how they liked to visit the cat café with staff support, another person told us they were interested in history and visited stately homes and classic car shows with staff support. A person told us staff ask and listen to what they want to do in their spare time.

Staff spoke respectfully about people and had in-depth knowledge of their personal needs and preferences and took the time to establish relationships. People feel really cared for and that they matter. People felt valued by staff who showed genuine interest in their well-being and quality of life. All people said staff were extremely helpful, caring, kind and polite.

A carer told us their family member was well supported. A person told us the hospital was a very comfortable place, being here was like being at home as it was very homely, they did not think of it as a hospital.

A person told us staff helped them to visit their mum and information was available in pictures. Another person told us they were given information they could read, which they liked as it included pictures and a person told us when staff told them information, they spoke slowly and repeated the information if needed.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards people. Staff knew how to use the provider whistleblowing process and talk to the speak up guardian. Staff followed policy to keep people's information confidential.

We carried out a 20-minute Short Observation Framework for Inspection in the dining room and communal lounge. All staff showed warmth and compassion when interacting with people. Staff were discreet, respectful, and responsive when caring for people. They did not ignore or reject people with repetitive requests, they responded respectfully each time. All interactions between people and staff and between people were very positive. People were involved in many

activities - watching TV, singing, talking to each other and staff and reading. The communal area had a positive atmosphere, staff and people had positive interactions and we observed them looking happy and laughing together. There was some enjoyable background music playing. Staff took active notice and had positive interactions with people who asked them questions. People were keen to show us photos of their activities they had been involved with and work placements they participated in and shared with us their activity plans for the next few weeks.

Involvement in care

People who use services and those close to them were active partners in their care. Staff were fully committed to working in partnership with people and making this a reality for each person.

Staff always empowered people who use the service to have a voice and to realise their potential. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were always reflected in how care was delivered. Staff recognised people need access to, and links with, their advocacy and support networks in the community and they supported people to do this. They ensured people's communication needs were understood, sought best practice, and learned from it.

Each person had a support plan that identified their own unique goals and aspirations and supported them to achieve greater independence including skills development. The people we spoke to, told us that staff helped them to understand the medicines they took, what they were for, and they were included in all meetings and tribunals and staff gave them a debrief afterwards.

Involvement of people

People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally. Staff supported people to take an active role in decisions about the service. The hospital had a person who acted as a representative on people's involvement groups, attended the safety plan forum and was actively involved in recruitment of staff. The people representative conducted the tour of the hospital with staff while we visited.

Staff introduced people to the ward and the services as part of their admission. One person told us when they first came to the hospital, staff showed them around, so they became familiar with their new surroundings.

Staff involved people and gave them access to their care planning and risk assessments. A person showed us their care plan, which was in an easy read format. Care plans evidenced people were highly involved in their care planning and risk assessments including their positive behaviour plans many of which had been made available for them in an easy read format. A person told us they reviewed their care plan with staff every Tuesday.

Staff made sure people understood their care and treatment and found ways to communicate with people who had communication difficulties. People told us staff provided information for them in an easy read format, used pictures, read information to them and explained information to them slowly and repeated if needed. All people were extremely complementary about staff and how they supported them.

Staff involved people in decisions about the service, when appropriate. People told us they had weekly community meetings and staff actioned any major concerns quickly. People were part of the development plans for the hospital and actively participated in external strategies and forward plans.

People could give feedback on the service and their treatment and staff supported them to do this. One person said why would they complain as staff were extremely helpful.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff supported people to make decisions on their care. Staff made sure people could access advocacy services. People told us there were 2 advocates who visited weekly and if they needed them, they were available for a chat.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. A carer told us they felt very much included in reviews of their family member and staff were very open to family inclusion. Another carer told us they had seen a copy of their family members care plan and had read through their notes. The most recent carer satisfaction survey undertaken in 2022 showed all relatives were very positive about the care of their loved ones.

Staff helped families to give feedback on the service. Staff gave carers information on how to find the carer's assessment. Carer told us they were given a family brochure about the hospital and which their family member would also receive.

Is the service responsive?

Outstanding ☆

Our rating of responsive improved. We rated it as outstanding.

Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice, and continuity of care.

Access and discharge

Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing the discharge care pathway. As a result, people did not stay in hospital longer than needed, and discharge was rarely delayed for other than a clinical reason.

Managers regularly reviewed length of stay for people to ensure they did not stay longer than they needed to. Discharge was a regular agenda item on the Clinical Governance Monthly committee meetings, staff meetings discussed and planned transition visits. Care notes included discharge plans in place for people. Two people had been discharged from the hospital in 2022, of those, 1 person had been at the hospital for 20 months and the other person 2 years. Of the current people living in the hospital 2 people had moved into the hospital in the last 2 years. The remaining 7 people had lived in the hospital between 4 and 14 years.

The service was a specialist service for people who had a learning disability or and autism and a forensic history and as such most of the people were out of county placements. If a person was not from the local area staff supported them, in line with their wishes, to have regular contact with family, friends or an advocate.

Managers and staff worked to make sure they did not discharge people before they were ready.

People moves were planned with detailed discharge and transition plans.

Long stay or rehabilitation mental health wards for working age adults

Good

Discharge and transfers of care

Staff carefully planned people' discharge and worked with care managers and coordinators to make sure this went well. There were people who were living at the hospital who were well enough to be discharged but due to the needs of the individuals, it was difficult to find services that would offer them a community placement and be able to manage their care and support needs. There were sometimes challenges in supporting people to move back into their own home as there was limited available appropriate supported accommodation. To address some of the challenges in supporting people back into the community, the hospital had built good relationships with care managers and coordinators to facilitate peoples' discharge. As part of the search for suitable move on placements and to facilitate discharge the service invited care managers to visit the hospital and meet the people they supported.

Facilities that promote comfort, dignity, and privacy

The design, layout, and furnishings of the ward supported people' treatment, privacy and dignity. Each people had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and people could make hot drinks and snacks at any time. When clinically appropriate, staff supported people to self-cater.

Each person had their own bedroom, which they could personalise. People showed us their bedrooms and belongings, which were decorated to their own personal tastes. One person told us they could change their room around as they wanted it, and another told us they were going to paint their room 2 different colours. People had their own electronic devices in their rooms, including games console, televisions, and mobile phones.

People had a secure place to store personal possessions. They had keys to their rooms so they could lock their bedrooms.

Staff used a full range of rooms and equipment to support treatment and care. Staff showed us a building across from the main house, next to the flats, had a large communal room and a smaller room as well as a small kitchen for making hot and cold drinks. These rooms were used for people. There was a conservatory in the main house and a communal lounge in the flats could be used for group therapy or 1 to 1 meetings with people.

The service had quiet areas and a room where people could meet with visitors in private. People could make phone calls in private. There was a conservatory, a meeting room and games room which was used for quiet activities or for visitors.

The service had an outside space that people could access easily. There was a large garden space that could be used by all people, to the rear of the main house.

People could make their own hot drinks and snacks in the flats. In the main house the kitchen was kept locked due to risk and people needed the support of staff to make snacks and drinks. One person told us staff supported them so they could make their snacks and drinks at any time.

The service offered a variety of good quality food. There was a good choice of food and people were given an opportunity during the planning of the menu to choose foods they liked to eat. One person told us they enjoyed the food especially fry up's, stews, chips and curry. People were given the opportunity, in the main house, to cook a meal with staff each week. People in the flats cooked independently with staff support when needed.

Long stay or rehabilitation mental health wards for working age adults

Good

People' engagement with the wider community

Staff supported people with activities outside the service, such as work, education and family relationships. People's individual needs and preferences were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care. There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promotes equality.

Staff made sure people had access to opportunities for education and work, and supported people. People were encouraged and supported by staff to identify and reach their goals and aspirations. The hospital offered people the opportunity to complete Oxford Cambridge and RSA qualifications courses in life and living skills, such as horticulture, information technology, maths, English, communication skills, multifaith, religious needs and healthy living. Three people had completed work towards these qualifications this year. These people had participated in sessions in a variety of subjects such as Home Management, Personal Skills and Environment and Community. The hospital had several students who were close to achieving an Extended certificate of Diploma this year. Once the certificates were received, an award ceremony took place each year and certificates were given out to individuals and this achievement was celebrated. Oxford Cambridge and RSA qualifications were an external body with which the hospital had gained accreditation. The hospital teacher visited the hospital every week and provided individual sessions. The teacher worked with people in the flats to develop their independent living skills. On occasion the teacher and speech and language therapist worked together during sessions.

The hospital had developed The Drake Award Program. This program was designed to empower people by allowing them to take the lead in developing their engagement activities, focusing on their hobbies, interests and identified needs to promote their independence. These were internal award achievements, people could obtain for achieving goals and developing skills. This scheme assisted people to develop their life skills based on their individual needs and interests. The awards covered 3 focus areas, developing new skills and enhancing existing ones, encouraging social integration and community involvement, and healthy living, promoting physical and mental well-being. People and staff told us they found these awards highly motivational.

There were 9 people enrolled and actively participating in the program. The hospital actively reviewed the outcomes of participates. One person through physical activity on the program, had made significant improvement in their motor skills development which had enabled them to actively engage in their hobby of board games. The program included a diverse range of activities including photography, brass rubbing, clay modelling, playing a musical instrument, gardening and charitable work. As more people were engaged on sessions, participants demonstrated enhanced confidence, increased staff engagements and talk time, and a cultural shift towards a more collaboration and person led approach. Staff also benefitted as they shared knowledge and exchanged best practice.

People were keen to tell us what jobs they did in the community. One person told us 'I am in control, people ask me what I want and help me achieve it' and they were enthused by their community visits and activities they had planned. One person told us he was a pensioner and did not want to work but was keen to help in the community when he was well. One person told us they liked to carry out the chores in the house and they liked visiting charity shops. Another person had a job at a social enterprise which they went to once a week with staff. A person told us they would like a gardening job.

Staff supported people to take part in their chosen social and leisure activities on a regular basis.

A newsletter was sent out to families monthly showing activities the people had been involved in, including trips to local attractions and a recent visit from a local company who bring in small animals.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff gave person-centred support with self-care and everyday living skills.

A carer told us their family member had been supported to hold a car boot sale. Another carer told us their family member worked at a fruit farm as a volunteer.

Staff supported people to take part in their chosen social and leisure activities on a regular basis.

A carer told us people had the opportunity for a special visit once every 6 weeks of their choice. Their family member was using their visits to go to Norwich to get to know the city as they would be moving there after discharge. Other people had recently visited Oxford and London.

People who were living away from their local area were able to stay in regular contact with friends and family using the telephone, online voice or video calls, and social media. They were supported by staff to visit their family and if their family were not able to visit due to ill health, they were supported to keep in contact by telephone. One carer told us their family member came home for a visit and the person put the appointment in the office diary independently. Another carer visited their family member in the flats every weekend. They were able to take a local walk and their family member visited home every 2 weeks.

Staff encouraged people to develop and maintain relationships both in the service and in the wider community. While on inspection we saw people talking to each other in a friendly way and 1 person apologised to another person after a previous upset and they made friends. On the day of the inspection there was a group activity to a trampolining centre which another local service was attending. The people were all excited to be attending this activity together. The psychologist told us social skills and relationships were part of the courses they led, to build social skills to be able to make friends, maintain friendships and resolve conflict and manage rejections. While on site people were eager to talk to inspectors and were proud of what they had achieved while living in the hospital. It was extremely notable how confident, happy, empowered and content the people were, living at the hospital and how they treated it as a home.

The service met the needs of all people – including those with a protected characteristic. Staff helped people with communication, advocacy, and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Everyone had communication plans in their care records, and we saw evidence of multiple documents being available in an easy read format for people. People told us staff talked slowly to explain things and repeated if necessary and they liked information shown in pictures, which was available for them. One person who had a physical disability had a falls detector, to alert staff if they had a fall. The person had mobility aids to mitigate the risks of falls, a profile bed and double doors had been installed leading to the courtyard to enable easy access to the garden. Another person had recently left hospital and staff were supporting them to live in the service but monitored virtually through wearing monitoring equipment.

Staff made sure people could access information on treatment, local service, their rights and how to complain. We saw while on inspection an easy read complaints form. When we spoke to people, they were aware they were able to complain. One person told us why would we want to complain as staff were extremely helpful. Care plans evidenced people were regularly read their rights. In 1 of the 3 care plans it was flagged in a clinical governance meeting, this had not been undertaken on 1 occasion and was actioned.

The service provided a variety of food to meet the dietary and cultural needs of individual people. One person was on a soft diet, and this was documented in their care plan and staff guidance was posted on the wall in the main kitchen. In the flats people were supported to plan, shop and cook their own meals independently with staff support. People liked the food and there was a good choice on offer on the menus on display in the kitchen.

People had access to spiritual, religious and cultural support. People told us they were not interested but staff told us 1 person they supported to attend a church as they enjoyed singing. The hospital offers multifaith sessions for any religious needs. There was a room that could be used for any multifaith sessions.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

People and those important to them could raise concerns and complaints easily, and staff supported them to do so. When we spoke to people they knew how to complain, they told us there were fortnightly community meetings and any major concerns or complaints were dealt with promptly. Carers told us they were given a family brochure when their family member moved in, another carer told us they would ring up the hospital and tell them if they had a concern.

The service clearly displayed information about how to raise a concern. The hospital held community meetings every 2 weeks, people could complain, or they could raise concerns individually with staff who would carry out an investigation. People were given a letter to acknowledge their complaint and to explain what was being done, then given a letter or communicated in an accessible format for the individual, to explain whether the complaint had been upheld and the outcome of any investigation.

Managers investigated complaints and identified themes. We saw in Clinical Governance Meetings complaints and compliments were a regular agenda item.

Staff knew how to acknowledge complaints and people received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff team minutes showed complaints were a regular agenda item on monthly staff meetings.

The service used compliments to learn, celebrate success and improve the quality of care. We saw compliments were a regular agenda item on monthly clinical governance and staffing meeting minutes.

Is the service well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Long stay or rehabilitation mental health wards for working age adults

Good

Leadership

The leadership, governance and culture

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for people and staff.

There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care.

Management and staff put people's needs and wishes at the heart of everything they did. Leaders and managers were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates, and other professionals had to say.

Staff told us the hospital director was freely available to talk to staff and people at the hospital and was on site 2 days every week. Staff told us members of the senior executive team, visit the hospital, were approachable and often stay for dinner. Leaders continuously thrived to improve by undertaking external accreditations, benchmarking their services including giving people as many opportunities as possible to be involved in making improvements to the service. Staff told us senior leaders were extremely visible during the COVID-19 pandemic. People were familiar and comfortable with the leadership team. Leaders continued to drive improvements and supported staff and people in developing the service.

Vision and strategy

The strategy and supporting objectives and plans were stretching, challenging and innovative while remaining achievable. There was a systematic and integrated approach to monitoring reviewing and providing evidence of progress against the strategy and plans.

Staff knew and understood the provider's vision and values and how they applied it to the work of their team. Staff were able to describe what these were. The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the possible best outcomes. The hospital and staff had a strong ambition to successfully achieve community discharge for the people they supported. The service was recovery focused, including individualised, collaborative care planning, encouraging self-management skills and positive risk taking.

The leaders described the future aims for the hospital including the planned maintenance work, green environmental plans, external accreditations and benchmarking they had recently applied for and achieved. Staff lived these values through their respectful and inclusive interactions and behaviours with people and they felt they were improving the wellbeing and life skills of people in the service.

Culture

Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. There was strong collaboration, team working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. Staff could raise any concerns without fear.

Staff were very proud to work at the hospital and spoke in a very complimentary and supportive way about the hospital, their colleagues and were dedicated to support all people to succeed.

Long stay or rehabilitation mental health wards for working age adults

Good

Staff we spoke to were highly motivated and inspired to offer care that was kind, caring and promotes people's dignity. There was a strong visible culture of person-centred care and staff go that extra mile to support people in their care.

Staff felt respected, supported, and valued. Staff told us the provider promoted equality and diversity in their daily work and provided opportunities for development and career progression. They could raise any concerns without fear. Staff did not report any cultural issues at the hospital, and they felt able to raise issues with the speak up guardian and use the whistleblowing procedure if required. Staff reported there was excellent teamwork and told us concerns were dealt with very promptly. New staff members felt well supported by their colleagues and managers. Members of the multidisciplinary team told us concerns could be escalated and senior staff were very approachable. Staff had the opportunity through reflective practice as a safe platform and an open environment to speak about any concerns. Other multidisciplinary staff told us the hospital director could be approached with any concern. Multidisciplinary and other staff told us they had excellent opportunities for leadership development, the team was a very happy team, stress was well managed, and staff were given the opportunity to feedback and input into service development. Staff and managers had excellent relationships and spoke of each other's roles and responsibilities in a positive and supportive way. There was a very positive culture at the hospital and a shared drive and determination to deliver excellent standards of care and support for people.

Staff had opportunities for development through additional training opportunities and many staff and leaders had worked at the service for significant periods of time. New staff who were previously employed by an agency had chosen to join the team as permanent staff. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. There were no incidents of staff bullying, harassment or discrimination reported during the inspection.

Governance

Governance arrangements reflected best practice. Clinical governance meeting and staff and people told us actions were acted on swiftly. The leadership, culture and robust governance were used to drive and improve the delivery of high-quality, person-centred care.

Our findings from the other key questions demonstrated governance processes operated very effectively at team level and performance and risk were managed well. Governance processes were effective and helped to hold staff to account, kept people safe, protected their rights and provided good quality care and support.

When spoken with, staff were able to describe processes and procedures accurately and in great detail. Staff and multidisciplinary staff met frequently in handover meetings, clinical governance meetings and staff meetings. Minutes of meetings evidenced there was excellent governance as meetings were conducted thoroughly and any outstanding actions were reported and followed through at subsequent meetings. Accidents and incidents were discussed thoroughly, and lessons learnt as a team. Incidents from external organisations were reviewed and acted upon if the lessons learnt were relevant to the hospital. People had regular community meetings and any issues actioned promptly.

Staff were clear about their roles and responsibilities, and they understood the management structure within the service. The management team worked closely with staff to enhance learning and drive continual improvement. Staff received appropriate mandatory and specialist training, supervision and their work performance was appraised.

There were enough staff to ensure staff delivered care in a way was safe and effective, and risks were managed well.

Management of risk, issues and performance

Long stay or rehabilitation mental health wards for working age adults

Good

Teams had access to the information they needed to provide safe and effective care and used information to good effect.

Leaders demonstrated commitment to best practice performance and had risk management systems and processes in place. The hospital reviews how they function and ensures staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

Staff were able to easily access care records including risk assessments. Staff had shared email addresses, any important information was shared across teams. Staff had regular supervisions, reflective practice and appraisals and staff felt able to raise any concerns with their managers whom they found to be approachable and acted swiftly.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The service invested in innovative and best practice information systems and processes. The information used in reporting performance management and delivering quality care was consistently found to be accurate valid reliable timely and relevant.

Clinical governance and team meetings evidenced managers used data to monitor staff compliance with training and development as well as completing regular supervision and appraisals with their staff. Staff meetings and care records showed people's progress was regularly reviewed, including discharge planning and progression tracked through from the transition process, to moving into their new home. Quality improvement initiatives were strongly embedded within the service. All staff were familiar with the process and methodology of quality improvement.

Engagement

There were consistently high levels of constructive engagement with staff and people who use services. Services were developed with the full participation of those who use them. Innovative approaches were used to gather feedback from people who use services.

The hospital had a person representative who was actively involved in recruitment and the hospital safety plan forum. People actively participated in the development plans for the hospital and in external strategies and forward plans.

Leaders and managers engaged actively with other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. The service and managers worked in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their health and life outcomes. People told us that they had access to regular advocacy on site. Staff told us, we saw in care plans and saw visitors on site, that the hospital worked in partnership with other health organisations and social care organisations.

Learning, continuous improvement and innovation

There was a fully embedded and systematic approach to improvement. There was a strong record of sharing work locally nationally and internationally. The provider kept up to date with national policy to inform improvements to the service. There was strong collaboration and support across all the staff teams to continuously improve the quality of care and people experience. The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The hospital and people had actively engaged with the Norfolk and Waveney Five Year Joint Forward Plan (2023-2028) in partnership with the NHS Norfolk and

Long stay or rehabilitation mental health wards for working age adults

Good

Waveney Integrated Care Board and the Learning Disabilities Research Priority Setting Partnership Report April 2023. The hospital had completed the Royal College of Psychiatrist Quality Network for Learning Disabilities accreditation - they were awaiting the outcome, the draft report had highlighted some of the excellent work the hospital was achieving with people. The Principle Clinical Psychologist had co-produced 2 research papers in 2021 and 2023 – 'Clinical psychologists experience of cultivating reflective practice in trainee clinical psychologist during supervision' and 'a systematic review of reflective practice questionnaires and scales for healthcare professionals.