

My Views Matter: Priory Lombard House Little Ellingham



Healthwatch Norfolk visited Lombard House on 30/01/2023 to to see and hear how people experience care there.

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to the people of Norfolk, through us. So, whether they share a good or bad experience with us, people's views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather people's views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better sign posting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Introduction

Enter and View

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service. Equally they can occur when services have a good reputation, so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

My Views Matter

From September 2022 – April 2023, our Enter and View visits were part of a project called 'My Views Matter'. This project specifically focused on residential and in-patient care for people with learning disabilities and autistic people in Norfolk. We implemented this project in response to the tragic events at Cawston Park, in which three residents with learning disabilities died between 2018 and 2020. One of the key findings from the Safeguarding Adults Review was that residents and in-patients and their families were not being listened to.

My Views Matter involved visiting 21 residential homes and four in-patient units across Norfolk to find out what people with learning disabilities and autistic people, and their families, want from their residential care. It also investigated whether residents' and their families' views are being taken into account in how care is delivered. The visit sites were selected to provide a representative sample of homes in different areas of the county, different CQC ratings, different sizes of home, and different sizes of provider chain. These are all aspects which professionals told us affect the ability of homes to deliver personalized care effectively.

Alongside the Enter and View visits to homes, we also interviewed family members and professionals in the sector and organised focus groups with care home residents outside their homes. The project was being implemented with the assistance of About with Friends, NANSAs (Norfolk and Norwich SEND Association) and Opening Doors.

A final report from this project, which will report on data from across the county, will be published in July 2023.

How we gathered people's views on this care home

We visited Lombard House on 30/01/2023, and the visit was announced in advance, in order to minimise disruption to the patients. We spent around two hours talking to patients and staff, and observing life in the service on that morning, and examining the building and its facilities. We were able to speak to five of the seven patients at some length, and spoke to two staff, including the manager. After the visit, relatives of the patients were contacted to ask whether they wanted to talk to us, but none chose to.

The visit team was:



Fiona Tyas -
Community
Development
Officer



Daniel Norgrove -
Community
Development
Officer

About Priory Lombard House

Lombard House is a secure rehabilitation service for men with a learning disability and a history of offending and mental health conditions. It is based in the village of Little Ellingham, and when we visited there were nine people living there. It is part of Priory Group, which is a large independent provider of mental health and adult social care, including secure hospitals and residential homes.

In Norfolk, Priory services include an acute mental health hospital, a low secure forensic hospital for men who have a learning disability, and a secure rehabilitation unit for women who have a learning disability, as well as three residential homes for people with a learning disability.

The last CQC inspection was carried out in 2017, and the service was rated as 'Good'.

Summary

During this Enter and View visit we focused on what patients thought about their care, and the degree to which they were being listened to by staff. We considered the following themes, with the following findings:

- **Voice choice and personalisation:** All of the people we spoke to were satisfied with how well they were listened to in the service. Fortnightly group meetings were held where patients could discuss activities and raise concerns. There were also regular one-to-one meetings with named nurses.
- **Premises:** The premises were clean, well-maintained and well-organised. There were good facilities for patients to use including a woodworking shed, games room and gym, and two annex flats for those preparing to leave the service.
- **Activities:** The facilities available in the home made a range of in-house activities possible that people told us they enjoyed. Some people volunteered outside the service, and people were encouraged to make outings into the community. They could request outings from staff, who would usually agree to requests.
- **Relationships and community:** All the people we spoke to had high opinions of the staff and we witnessed positive interactions between staff and patients during our visit. Relations were less cordial between patients, but people told us that they were satisfied with their living situation all the same. Patients were encouraged to spend time in the community, including through volunteering.
- **Food and health:** The food options that we saw were healthy and sounded appetising. Menus were formulated with the input of patients, who were satisfied with the choices offered and participated in food preparation. People stayed active through outings in the community and accessed local community gyms and swimming pools.
- **Relations with the broader health and social care system:** The manager told us that relations with other services were good, but there had been some problems contacting the local GP surgery.

Overall, the people we spoke to were happy with the care they received at Lombard House, and seemed to be listened to well by a responsive service.

Findings

Voice, choice and personalisation

Detail on how the service responds to patient voice in specific areas is given in the sections below. In this section, we give some more general information about how patients were listened to and responded to.

Mechanisms for ensuring residents' voices were heard and responded to

All of the people that we spoke to said that they liked living at Lombard House, although all of them were looking forward to being discharged and were keen to leave. This is perhaps to be expected, given that they were not yet free to leave and go to live somewhere of their own choice. Nevertheless, all of the patients we spoke to said that they were happy that they were listened to well. They all told us that they were aware of their rights under the Mental Health Act, and that staff read their rights to them regularly. They said that they can ask staff for what they want, and that staff respond well when they do this.

There were fortnightly group meetings where patients could discuss the activities that were on offer, raise any concerns and give feedback to staff. Patients had the option to have these meetings every week, but had decided that they did not want them that often. The decisions and any changes made as a result of these meetings were fed back to patients. People also had regular one-to-one meetings with their named nurses. Patients also had representatives who attended management meetings to speak on behalf of patients, and they were able to access an advocacy service on request.

Patients also participated in the upkeep of the home, including helping in the garden, regularly assisting with meal preparation and cleaning the hospital car.

Premises

Lombard House is a fairly modern building, set back from the road in the village of Little Ellingham. It is set in generous grounds, and apart from the main house, it has a separate annex flat, a games room and woodworking shed. There is also a large open car park area at the front of the premises. Since the service is aiming to rehabilitate people for discharge into the community, it does not have security gates and fences to keep patients inside.

The main house was clean, tidy and well-organised when we visited. It had ample communal space, including a dining room, living room and conservatory. The dining room had lots of natural light, and was equipped with a dining table and serving hatch through to the kitchen. The living room was connected to the dining room through an archway, and contained a sofa, television and bookshelves. It had french windows leading out to the conservatory, which had additional comfortable seating and a door into the garden. There was also a faith room, but we were unable to go in because there was a meeting happening there during our visit.

The walls of the house were decorated with objects that were meaningful to the patients, including paintings, photographs of residents and visitors to the service, and positive affirmations.

Five of the patients' bedrooms are in the main house, and one patient showed us his bedroom. It was a simple room with a television and landline phone in it. It showed a good level of personalisation, and he told us that it had everything that he wanted in it. The other two bedrooms are in the annex flat, which is intended to assist patients to start to live more independently as they get closer to discharge into the community.

The garden is large, and contained garden furniture and a football goal. When we arrived, some patients were gardening, and told us that they help in the upkeep of the garden. One person told us that the garden was bumpy and that they would like it to be levelled, but another told us that they will be 'doing up' the garden this year.

The games room is in the garden, and had a pool table and darts board in it when we visited, and provides some more communal space. The woodworking shed is also in the garden.

Overall, we found that the premises were pleasant, well-equipped and welcoming. All of the patients we spoke to told us that they like the premises

and seemed to take pride in helping to maintain them.

Finally, the information displays were well-organised and accessible, and seemed to be well-used by patients. A poster announcing our visit was displayed on the wall, and people told us they had read it and knew to expect us.

Activities

As mentioned above, patients had the opportunity to request activities in the fortnightly group meetings. There were a number of different in-house activities and outings that people could participate in.

Inside the home, people told us that they enjoyed gardening; playing games in the games room and garden, including pool, darts and football; making lego models; playing musical instruments; playing board games and cooking. They also did woodworking in the dedicated shed in the garden. People we spoke to were happy with the range of choices they were given inside the home.

There were also in-house social events organised for special occasions. During the summer, patients told us that they would have barbecues in the garden with the patients of a sister service, and also spoke about Christmas celebrations and how they decorated the house and went out to a restaurant for a Christmas meal. These events seemed to be well-adapted to people's cultural backgrounds, with special efforts being made to accommodate different cultural events.

Patients were encouraged to engage in activities in the community as part of their rehabilitation. One patient told us how much they enjoyed volunteering with a local charity. Another told us of one of his main interests, and of how staff were trying to find a suitable work placement to help him to pursue it.

People also told us that they could request outings accompanied by staff, such as to shops or cafés, and would be accompanied either on a one-to-one or two-to-one basis.

Relationships and community

Between staff and residents

When we visited there were three healthcare workers and one nurse on duty, as well as the service manager. The provider chain also has its own multi-disciplinary team, including an occupational therapist, physiotherapist and psychologist. The staff members we saw appeared very comfortable in their interactions with the patients and we observed them undertaking activities with patients, such as playing a game of monopoly. The patients all spoke highly of all staff there, and told us that they felt supported by the staff, and could go to them whenever they had a problem.

This contributed to a feeling of safety for people in the service. All of the patients we talked to told us that they felt safe there. One person told us that they had witnessed someone being hurt in a previous service they lived in, but that they did not think that anything like that would happen at Lombard House.

Some patients also told us that they appreciated some of the boundaries that staff set to help them with their rehabilitation. One patient said that there was an issue with a programme that was put on the TV that was inappropriate for him to see, but this was quickly resolved by the manager.

Relations between patients

Two patients told us that they did not always get on with the other people in the house, but that they could avoid conflicts by going to their rooms if something was upsetting them in one of the communal areas. Relationships between patients did not seem to be overly friendly, but the people we spoke to seemed to be satisfied with how relationships in the home worked.

Relations between residents and the broader community

As mentioned above in the 'Activities' section, patients are encouraged to spend time in the community. This meant visiting cafés, restaurants and shops, and some people volunteered with local organisations.

People also seemed to be well-supported to maintain contact with their families. One of the patients was planning a visit to relatives quite some distance away, and another, with relatives closer by, saw them every weekend.

Food and health

The people we spoke to were happy with the choice of food that they were offered, and took an active role in both selecting and preparing food. The menu was chosen by the patients and they each had a day where they cooked the evening meal. They had a choice of breakfasts which they also made themselves. Lunches were generally a mix of salads and sandwiches. The main hot meals in the evening were all healthy choices and everyone got to eat their favourite dishes during the week. Everyone also had their own snack cupboard with their own food in.

People told us that they enjoyed joint events with the other local Priory services, and they seemed to get exercise on their outings (for example swimming, visiting the trampoline park and alpaca walking).

Interactions with the broader health and social care system

The manager told us that the unit's relationship with other services is generally good and as mentioned in the section on staff above, some of the services that they use are internal to Priory. At the time of the visit, all of the patients were registered with an NHS dentist, whom they access in the community.

The only problem that was raised was with Attleborough GP practice, with whom the manager finds it difficult to communicate, as the service is unable to telephone direct to discuss specific health concerns with the GP/health professionals regarding outcomes from investigations and have to use online forms and await feedback. The unit has therefore by-passed the surgery now for some patients and has direct contacts with the relevant departments at the Norfolk and Norwich hospital. We were told that they receive a good service from the hospital.

Conclusion

None of the patients we spoke to raised any concerns with the service. Despite all of the patients being keen to be discharged, they were all happy with the care they receive at Lombard House and with their quality of life. They also all felt safe. People told us that they were satisfied that their views were listened to and acted upon, and the service seemed to respond well to their feedback.

It might improve some people's quality of life if ways could be found to improve relations between patients, but we appreciate that this could be challenging given the nature of the service.

Service Provider Response

Dear Healthwatch Norfolk,

We were delighted to welcome Healthwatch to visit Lombard House for the first time in January 2023.

The report evidences the positive, person-centred care we are proud to provide and reflects the views of our patients' engagement and satisfaction within their care and treatment.

Best regards,

Sharon Drake
Hospital Director



healthwatch

Norfolk

Suite 6, Elm Farm
Norwich Common
Wymondham
Norfolk NR18 0SW

www.healthwatchnorfolk.co.uk
t: 0808 168 9669
e: enquiries@healthwatchnorfolk.co.uk



@HWNorfolk



@healthwatch.norfolk