Lombard House – Model of Care

PRIORY HEALTHCARE

Responsible Clinician: **Dr Jawarange**
Therapy Lead: **Sumin Ooi**
January 2022

Introduction and Philosophy of Ward:

"Our philosophy is to safely care for and rehabilitate men with developmental intellectual disabilities and/or autistic spectrum disorder or condition. Our practice takes an evidence-based and recovery orientated approach, and uses Positive Behaviour Support, to provide more fulfilling lives for our service users and to help them develop the skills to safely and securely re-integrate back in to the community".

Our mission statement is to introduce optimism into people's lives. We stabilise mental wellbeing and reduce clinically significant behaviours that communicate distress to allow service users to achieve the optimum level of functioning with the aim to integrate into the community.

Lombard House is a high dependent, highly specialist, male Rehabilitation service for individuals with learning disabilities and autism spectrum condition who require a rehabilitation pathway and/or additional support. The Joint Commissioning Panel for Mental Health (2016) stated "Mental health rehabilitation services are intended to provide specialist assessment, treatment, interventions and support to enable the recovery of people whose complex needs cannot be met by general adult mental health services". In line with this, the main aim of our service model is to support service users individualised journey of recovery, working towards discharge to a less restrictive environment.

We also focus on empowering individuals in developing confidence and strategies to overcome obstacles that limit service users ability to cope effectively with life stressors and challenges. We provide individually tailored professional support and treatment to meet the needs of different individuals and promote positive change. This includes the facilitation of the development of coping skills, social skills, educational skills and vocational skills.

Our goal is to safely care for those in our care by offering individualised treatment and adapting strength-based approaches to help not only address problem behaviours, but also to build on strengths. In order to achieve this we work with service users, families, professionals, agencies, and social networks to help develop an understanding of and formulation about our service users, including their strengths, presenting problems and mental health needs.

This involves a highly specialist multi-disciplinary team (MDT) approach to caring for our service users. The service offers controlled access to prescribed medication to assist with their treatment. A Responsible Clinician, with the help from a qualified pharmacist, regularly reviews this to ensure appropriateness. We offer individual and group based psychological interventions to help service users develop emotional resilience and to address offending behaviour, self-harm, substance misuse, relationship difficulties or other behaviours of concern.

We also work with commissioners and NHS England to implement the principles of Transforming Care by providing high quality intensive support, which focuses on ensuring that service users have the required skills to move into the community as soon as it is safe to do so.

To help service users develop and enhance emotional resilience, we use a treatment package based on an adapted version of Novaco's stress inoculation treatment for anger control, developed by Helen O'Neil. This cognitive behavioural therapy (CBT) informed model takes a contextual view of anger and emotion in which places emphasis on environmental factors and internal processes.

In terms of offence-specific treatment, we provide both individual and group therapies that address problems with violence, substance misuse, or sex offending.

The Drug and Alcohol Awareness Course (DAAC) was developed using a variety of sources, and was adapted to meet the needs of individuals with learning disabilities. The course aims to develop an awareness of the physical, mental and social effects of drugs and alcohol to provide service users with the knowledge to understand the use and misuse of drugs and alcohol, as well as the consequences. The course also focuses on helping individuals develop decision-making skills and achieving life goals by using pro-social strategies.

In terms of sex offending treatment, we use the Sex Offender Treatment Services Collaborative - Intellectual Disability (SOTSEC-ID) model that was developed specifically for people with learning disabilities. This evidence based, CBT informed treatment entails components such as Good Lives model; human relationships and sex education; cognitive model; victim empathy; sex offending model; and relapse prevention, to help reduce the risk of reoffending.

Given that people with a learning disability are at greater risk of developing dementia at a younger age, we provide group therapy that aims to slow down the cognitive deterioration for older service users in our care. The Cognitive Stimulation Therapy (CST) group is an evidence-based group programme designed to support people with mild to moderate dementia to improve their cognitive ability and functioning. The programme comprises 14 group sessions, with entertaining activities that encourage group members to develop ideas and cognitive abilities in a new and stimulating way.

We also facilitate Animal Assisted Interventions. This is a treatment strategy we have found particularly useful with our service users who demonstrate autism spectrum traits. Treatment goals for this intervention will vary according to each service user but include improved mindfulness, distress tolerance, relationship skills and impulse management.

In order to encourage greater autonomy, our Occupational Therapy (OT) department works in collaboration with service users and Nursing to create an individualised menu of meaningful activities, which support personal goals and recovery principles. This entails a biopsychosocial needs assessment, which will include aspects such as physical health, community and social inclusion, embedding skills, enhancing mental wellbeing and exploring cultural and spiritual preferences.

An essential element of our rehabilitation and recovery service is to enable daily living skills to be assessed within a community setting, for new skills to be taught and existing skills to be further developed in order to enable progression towards a least restrictive care pathway in the community. An important part of this process is building on a person's strength and instilling optimism.

Education is available to our patients and can focus on patient needs and requests, e.g. developing money skills and budgeting while in the community. All patients can take part in initial and diagnostic educational assessments in Literacy and Numeracy to identify current skills and areas for future development; this provides information across the MDT so that the patients we work with are working at the correct level, individually.

We offer our patients the opportunity to work towards gaining accredited qualifications while with us, this is with the awarding and national recognised body- OCR (Oxford and Cambridge Royal Society of Arts).

Speech and Language therapy is available to patients, assessments take place to identify current needs and formulations are then implemented in the form of 'Communication Passports'. Group work is provided to focus on social interactions and modelling of appropriate behaviours is emphasised.

We have a number of dedicated spaces that we can use for individual or group therapy within our setting. Group therapies often take place in the games room and individual sessions are conducted in the lounge at the flat within the premises. The flat is unoccupied during daytime and provides a quiet and soothing environment for face-to-face sessions or discussion. Depending on service users preference, 1-to-1 talk time or individual sessions sometimes take place in the conservatory or computer room that is away from the house environment.

Service user Involvement:

Service users are encouraged to be involved at all stages of the treatment pathway. On admission, service users are supported to collaborate with their MDT teams on care and treatment plans, Positive Behaviour Support (PBS) plan, activity planning and risk reduction plans. Service users have regular monthly meetings during which they are asked for their views on their progress and their monthly goals and requests. Service users are actively involved in setting their treatment goals and developing realistic plans for community integration.

All service users are actively encouraged to participate in the activities offered. All activities are positively promoted to develop, support and maintain positive self-esteem, a sense of self-worth and independence in addition to developing existing skills while learning new skills within a supportive environment. Service users are provided with the opportunity to attend local religious services for their faith.

All Service users are also encouraged to participate in the daily tasks of the unit such as cooking and cleaning and are supported to attend to their own laundry to develop and maintain activities of daily living skills. Assisting with the unit shopping develops social and practical skills and offers the staff the opportunity to continually assess the service users within a community setting, the outcome of which can be used in the planning of future care needs.

Service users take an active lead in supporting new staff and service users to become familiar with group

therapy. Service users also lead the organisation of festive events or farewell parties for staff and service users enabling them to mark the departure of others in a way that is meaningful for them. Service users are also involved in the recruitment process for new staff, as an expert by experience, to further participate in the development of interview questions where appropriate.

Occupational Therapy facilitate weekly community meetings with all residents. They, alongside other nursing staff, also support Service user Representatives to attend formal meetings to give them a clear voice in the development of positive change to the hospital. Service user Representatives are nominated and elected by other service users and take part in monthly meetings across the site, such as Clinical Governance, Reducing Restrictive Practice, and Physical Health and Engagement.

To enhance self-esteem and promote independence, all service users are encouraged to engage in various therapeutic engagement activities, real work opportunities (RWO) and educational programmes on and off site. Individuals will be supported to acquire information from charitable or non-profit organisations of interest and make applications for a work opportunity in the local community. Good contact between the service and these organisations are maintained and they will be supported by the MDT on how to better support the individual service user.

Carer Involvement

As a service, we recognise that people in our care are part of a wider circle of family, society and network. We are aware of the importance of strong carer involvement and this is encouraged throughout the service users journey. Therefore, we aim to work in partnership with carers to make sure that we provide the right service for their needs but also to support them in their own right as carers.

Family and carers are encouraged to develop and maintain good contact with the site leader, house manager and clinical team. All people within a service users network are invited (with service users consent) to CPA reviews held every six months. Carers are encouraged to have input into the PBS and care plans and give their views on the service users progress. MDT members can provide regular updates to carers on individual service users progress, provided the service users consent to this. Regular surveys are conducted to obtain the views of careers on how the service can be improved. Families and Carers are kept informed of Lombard House news through regular service user produced newsletters.

Where service users would benefit from additional support there is a ‘befriender’ scheme available to help provide external social support. An external Advocacy Service called POhWER will provide formal advocacy for service users to deal with specific issues raised by individuals within the ward. In addition, an Independent Mental Health Advocate and Independent Mental Capacity Advocacy service is available upon request.

Referral/Admission Process:

We accept referrals from NHS Clinical Commissioning Groups (CCGs). These referrals are usually made by the service users community care co-ordinator. Referrals can be made in writing, emailed to the Rehabilitation and Recovery Services MDT.

All referrals must adhere to the following admission criteria:

A) Age 18 and above at the time of admission (no upper limit)

B) Have a primary diagnosis of learning disability or developmental disorder (e.g. autism spectrum disorder, ASD)

C) Has been detained under the Mental Health Act 1983 as amended in 2007

D) Present with seriously irresponsible conduct (e.g. significant deliberate self-harm, serious violence, fire setting, sexual offending, drug and alcohol misuse etc. but this is not an exhaustive list).

The person may or may not have a Forensic Risk history.

Once a referral is made, the MDT will review the referral information and where possible will have a meeting with the referring service and the service user to determine if the referral is suitable. A pre-admission report is completed and discussed with the MDT to decide if and when the service user can be admitted.

Clinical Model – Clinically Effective Treatment Approaches and Core Interventions Used- Evidence Base:

We aim to achieve our mission statement through applying best practice and care delivery as outlined by the Health and Social Care Act (2008), Regulated Outcomes, Valuing People (2010) and Equality Act (2010) and Our Philosophy of Care is based upon principles of recovery. The service operates taking into consideration the CQC Fundamental Standards: Person-centred care, dignity and respect, consent, safety, safeguarding from abuse, food and drink, premises and equipment, complaints, good governance, staffing, fit and proper staff, duty of candour and display of ratings.

The service operates within the context of the Mental Health Act (2007) and it’s Code of Practice (2015).

The standards of professional care, treatment, and practices are in accordance with recognised good practice as outlined by the Royal College of Psychiatry (RCPsych); Nursing and Midwifery Council (NMC); National Institute of Health and Clinical Excellence (NICE); British Psychological Society (BPS); the Health and Care Professions Council (HCPC); NIHME; and the Department of Health.

Throughout the time at Lombard House, there is an emphasis on Rehabilitation and Life Skills, which are delivered via the therapeutic milieu of a mutually supported environment, driven by the MDT in collaboration with service users. This can involve all areas of education, skills acquisition and occupational or vocational rehabilitation, psychological interventions, enhancing communication and activities of daily living skills (ADLs), developing links with family and the community. Specific sensory assessments are conducted when areas of impairment are identified.

All identified physical health conditions are treated with input from Primary Care providers – our contracted GP Services. Referrals are made to secondary care as appropriate. The focus is on tackling obesity, improving physical activity, respiratory health, sexual health, medicine optimisation, dental and oral health. Emphasis is placed upon the provision of a safe, therapeutic environment where patients will be encouraged to take an active part in their own treatment and recovery process.

Effective MDT Working – Make-up of MDT/MDT Working Practices & Support Structures:

The MDT consists of a consultant psychiatrist, hospital director, ward manager, qualified psychologist, assistant psychologist, occupational therapist, nursing and health care worker, with access to a Teacher, Dietitian, and Speech and Language Therapist. The MDT are regularly present in the house and are a familiar presence to both staff and service users. We meet formally each month for Ward rounds. In addition, there are monthly Clinical Governance meetings and six monthly Care Programme Approach (CPA) and Care and Treatment Review (CTR) cycles.

Outcome Measures:

We deploy a battery of outcome measures including:

- **Psychometrics including emotional, interpersonal and capability assessments (e.g. HoNOS-LD, HCR-20v3, WAIS-IV, MOCA, ACE-III, CAMDEX-DS)**
- **OT assessments (e.g. MOHOST)**
- **Functional Skills and Ability assessments (e.g. ABAS-3)**
- **Educational Assessments**
- **SALT**
- **Incident data – via Datix**
- **Length of stay**
- **Safeguarding and Complaints monitoring**
- **Service user & Carer and Staff satisfaction surveys**

Care Pathway – Indicators of readiness to move on/Key working relationships:

Typically, our service users move from high dependency, highly specialist units into supported living, residential or bespoke care services in the community or return to living with family. We work closely with service users, family members and care co-ordinators, commissioners to support the development of the most suitable community care plan.

We maintain close links with Care Co-ordinators, Commissioners and Local Authorities keeping them informed about service users progress informally and through formal meetings such as CPAs. In order to support this, regular reports are written by all members of the MDT summarising the progress made and future needs (within hospital and within the community as appropriate).

Lombard House,
Anchor Corner,
Little Ellingham,
Attleborough,
NR17 1JY
Phone: 01953 457082