Lombard House

Family and Friends Information Booklet

Our purpose is:

"To make a real and lasting difference for everyone we support"

What We Do

We aim to provide:

- Assessment, Treatment, Rehabilitation and Patient care services for people with Learning Disabilities who are difficult to place, by improving their mental health, eliminating or reducing inappropriate behaviours, and establishing appropriate patterns for coping and problem solving, within a recovery treatment model.
- The Hospital is registered and regulated by the care quality commission (CQC)
- A high quality, safe environment in which our patients can grow educationally, socially, and psychologically.
- A service that works closely with the referring community clinical team and through pre-discharge profiling of our patient, which helps in identifying appropriate future placements.

Our aim is to add value to people's lives with the highest standards of treatment, rehabilitation, consultancy and care related needs.

Who and Where We Are

Lombard House is part of the range of services offered by Priory Healthcare, which is part of Priory. Priory is the largest independent provider of psychiatric services in the United Kingdom.

We provide assessment and treatment services for people with a learning disability who are detained under the Mental Health Act 1983, as amended by the Mental Health Act 2007, within a multi-disciplinary, medium and low secure environment.

Lombard House is set in the beautiful market town of Attleborough in South Norfolk. Situated just 14 miles from Norwich city centre and 14 miles to the larger town of Thetford. We offer many opportunities for our patients to access community life.

Overnight local places to stay

Breckland Lodge, London Road, Attleborough, Norfolk, NR17 1AY – 4.3 miles *Breckland Lodge caters for all tastes and budgets and offer a selection of dining experiences including a cosy coffee lounge, the casual atmosphere of a beamed bar or dining in the main restaurant that offers a la carte menu and wonderful roasts every day of the week.*

The Griffin Hotel, 19 Church Street,Attleborough, NR17 2AH – 3.4 miles *Hospitality has been dispensed at The Griffin for the last 450 years. For these of you interested in the history - The doors opened for the first time in about 1560 during the early reign of Queen Elizabeth I, in the part of the building fronting Church Street. It was extended in the 17th and 18th centuries with a frontage onto the churchyard. The Griffin was designed as a coaching inn, one feature being wooden cobbles in the archway to muffle the horses hooves, so as not to disturb the guests sleeping upstairs! Although guests no longer normally arrive by coach and horses, the Griffin continues to provide for all the needs of a weary traveller – a warm welcome, reviving drinks in the bar, a hearty meal in the restaurant and a comfortable bed for the night.*

Old Field Barn Bed And Breakfast, Abbey Road, Old Buckenham, Norfolk NR17 1QA – 7.2 miles
An ideal location just minutes away from the major road running through the heart of Norfolk, Old Field Barn Bed & Breakfast offers quiet, peace and seclusion rarely found in your average accommodation. All modern facilities are provided with a full en-suite, dedicated dining area, unlimited fresh coffee & tea and luxurious bedding to ensure your stay is as pleasant as possible.

We are an adult only B & B, so can not accommodate children or pets.

Accommodation

Each patient may have a key to their own bedroom, and can use their rooms whenever it is not time for day activities/sessions.

Locks are fitted to the inside of bedroom doors, so that patients may lock themselves in if they require privacy, although staff can override these locks if

required at times when a patient's personal safety is in question. The nursing staff check on patients at least once an hour, or more often if the Clinical Team states they need to. Staff will knock before using their keys to open bedroom doors.

The patient will be provided with their own wardrobe, chest-of-drawers, bed-side cabinet, bed and a television. Each patient is encouraged to make their room as homely as possible, although if friends and family wish to provide further items, patients are asked to make these requests to their Clinical Teams at the Internal Reviews.

Safe Ward Agreement

Each ward has regular ward meetings, supported by staff, and patients have the choice to attend. Sometimes the patients living in wards agree to rules to help them all get on together. However, there are general rules that apply to all the wards and patients and these are:

1 No Bullying
2 In line with recent government legislation, smoking is not permitted in the hospital or grounds
3 No buying, selling or trading is allowed between patients or staff
4 No unescorted pass during mealtimes
5 Patients are not allowed in each others' bedrooms
6 Stereos and TVs are to be played at an acceptable volume

Access to Telephones

Patients have access to a pay phone. Patients are encouraged to use the telephone outside day activities / session times. Patients who need to contact families/ professionals can use the ward telephone for either incoming or outgoing calls.

Patients may have permission to have their own mobile phone/smart device subject to individual risk assessment.

A member of the nursing team will help patients to use the telephone where necessary.

Patients can use the ward phone to call solicitors, social workers or other professionals involved in their care. This will happen by arrangement with the Nurse in Charge. Calls will sometimes be monitored by the staff, when requested by the Clinical Team. We also ask patients to keep these calls to a minimum, as other people may need to use the telephone.

Patients' family and friends can sometimes experience difficulties in contacting patients by telephone, particularly in the evenings. We apologise if this is your experience and ask you to be patient and persistent. As you will appreciate, evenings are times of high demand for the telephone system. We know how important it is for patients to be able to stay in contact with their family and friends.

Many patients have a Nursing Care Plan (NCP) to ensure that they contact, or are contacted by, their family and friends on specified days of the week.

If you are having problems with keeping in touch with your relative or friend while they are a patient here, please contact the nursing team to discuss the problem
If you have constraints on your time, which means that you are only able to make or receive phone calls at particular times (e.g. because of shift work or caring responsibilities) please ensure that we know this.

Laundry
All patient clothing is laundered by themselves with staff support within our on-site laundry service.

All items of bed linen, towels etc are provided and laundered.

Personal Property

On admission, the nurse will complete a list of personal property. This is called an inventory. This list will be kept up to date throughout each patient's stay at Lombard House. All personal belongings are risk assessed before patients are allowed to have them in their room. Electrical items will need to be electrically safety tested before they can be used. This also applies to new purchases.

There is a limit to the number of items that can reasonably be stored in a patient's bedroom due to space considerations. The following list is a guide only:

- 1 TV, video, DVD, Freeview box, stereo
- Games Console
- 100 Discs – DVDs/ CDs/ Console games

Clothes:

- 15 pairs of trousers/shorts
- 15 blouses/shirts/t-shirts
- 15 jumpers
- 15 items of underwear
- 15 pairs of socks
- 10 pairs of shoes/slippers/sandals

Ornaments:

- 5 unbreakable ornaments (no glass or china)
- 3 photographs in frames – additional photos can be put in an album
- 5 cuddly toys
- 5 books or magazines (no newspapers)
- 1 pot plant

Additional items can be agreed with the patient's Primary Nurse

There are certain items that are not allowed to be kept by patients during their stay, as follows: (additional items may be added, please always check with the Nursing team when bringing items to a patient before given them.)

- Firearms and ammunition
- Weapons
- Alcohol
- Medicines, including over-the-counter and prescribed medicines
- Illicit drugs
- Solvents
- Pornography
- Materials which could incite racial hatred or violence
- Petrol and inflammable liquids, e.g. lighter fuel
- Matches / lighters
- Plastic bags, plastic cutlery and bin liners
- Sharp instruments including tools, knives, razors and scissors
- Blu tac
- Chewing gum
- Cameras
- Digital recorders/ video recorders
- Camcorders
- Fax equipment
- Pets
- Certificate 18 DVD/videos
- Violent play station and computer games including (Nintendo Wii games)
- Extension leads
- Metal coat hangers

However, following items may be used under supervision following a decision by the clinical team:

- Sharp instruments including tools, knives, razors and scissors
- Metal cans
- Cameras
- Computers / laptops / printers and scanners
- USB data storage devices
- MP3 / MP4 players and iPods
- Aerosols

Please also see **Appendix 1 – Information to Visitors**

Guidance on Gifts for Patients
If you are wondering what to bring as gifts for your relative or friend while she is a patient here, these are a few suggestions: -

- Art supplies such as drawing pads, felt pens, sticker books etc.
- Stationery sets
- Toiletries in plastic (not glass) bottles

- Warm socks
- Clothes
- Slippers
- Soft toys
- CDs/DVDs/computer games (but be aware of the limits on storage space)
- Craft kits (NB. If they contain scissors, needles or other 'sharps' these should not be given directly to the patient but handed to nursing staff)
- Fresh fruit
- Pot plants in plastic pots

Try to avoid bringing too much chocolate, fizzy drinks, crisps etc. We try to encourage patients to eat healthily and to try not to gain weight – please also see Appendix 1.

Catering
For the purpose of safety and minimising risks, patients do not have automatic kitchen access on the wards. Some patients have supervised access to the kitchen subject to a thorough and comprehensive risk assessment of individual needs.

Emphasis is placed on providing healthy and nutritious foods and meeting individual patient's dietary or cultural needs, including a vegetarian option.

The Patient's Multi-Disciplinary Clinical Team
The Multi-Disciplinary Team is responsible for the patient's care and treatment. The team comprises of:

Psychiatry
The Medical Director leads the medical team. Each patient will have a Consultant Psychiatrist, nominated. The nominated Consultant will act as the Responsible Clinician and will take the lead in overseeing the patient's treatment plan.

Psychology
The Psychology Team comprises Clinical Psychologists, Forensic Psychologists, and Assistant Psychologists.

The patient will have a nominated Psychologist assigned to them who will work closely with them regarding therapeutic strategies and interventions.

Nursing
The Deputy House Manager line manages the local Nursing Team and the Hospital Director is the Registered Manager for the site under the Care Quality Commission Regulations.

The Primary Nurse: when a patient is admitted, they will be nominated a Primary Nurse. The Primary Nurse is a registered nurse who will take a special interest in the patient's care. They will build up a relationship with the patient and with the

patient's family. They will be the main point of contact and will pass on information to the Clinical Team.

***The Keyworker*:** each patient will also be allocated a Keyworker. The Keyworker will be a Care Worker who will work alongside the Primary Nurse. They will build up a relationship with the patient and may also help the patient do things they are unable to do alone, for example, phone home or write a letter and purchase items in the community.

Occupational Therapy and Life Skills, Education & Vocational Services (LEVOS)

Aims of the Service

- ➢ Offer a range of opportunities designed to support the patients to develop or maintain their individual skills and abilities.

- ➢ Offer patients a chance to participate in purposeful, functional activities where they can achieve personal success and therefore raise their self-esteem.

- ➢ Enable patients to gain more control and take responsibility for themselves.

- ➢ To promote normal roles and routines within a structured programme providing opportunities for life change.

The aims of the service are addressed through an assessment process conducted by qualified Occupational Therapists and Basic Skills Teachers.

The Team

The service is made up of a qualified Occupational Therapist, who is supported by Occupational Therapy Assistants, a Speech and Language Therapist and a Basic Skills Teacher.

We aim to enable patients to:

- Take a lead role in their activity
- Make informed choices
- Acquire a sense of achievement
- Channel energies appropriately
- Maintain and improve fitness levels
- Extend range of interests
- Learn new skills
- Access patterns of life which are as normal as possible
- Use community resources appropriately and safely

Activities Available

- Individual and group sessions
- Education and OCR Qualifications
- In-house Real Work Opportunities and community based work placements
- Independent Living Skills
- Community Based Activities
- Sports and Fitness

- Arts and Culture
- Horticulture
- Animal Care

Staying Safe in Hospital
Lombard House has a designated Safeguarding Lead (DSL) and a safeguarding alert procedure, which patients, family members, staff etc. can use to raise any concerns of abuse, bullying and welfare they may have.

All safeguarding alerts are referred to Norfolk safeguarding local authority team which includes External Social Workers and Police Officers. Safeguarding meetings are regularly held with the Norfolk team and the CQC as a matter of protocol.

All staff are provided training on safeguarding procedures and 'what is abuse'.

Information to Patients
All patients on admission are provided an easy read Lombard House Information booklet.

Positive Behaviour Support for Patients
Each patient will have a positive behaviour support plan structured to their individual needs. We would welcome your involvement with this.

Positive Behaviour Support is:
An evidence based approach with the primary goal of increasing a person's quality of life and a secondary goal of decreasing the frequency and severity of their challenging behaviours.

- The person must be involved in every aspect of the plan. Their needs are central
- It is an ethos that ensures people live in an environment that is positive and safe as possible
- It is values-led approach. It aims to improve choice, respect, personal competence and community participation for the individual
- It is a constructional approach. Which means we focus on understanding the reasons for challenging behaviours and how to reduce or eliminate them through developing new behaviours

WHAT DO WE NEED TO DO WITH EVERY PATIENT?

INVOLVE THEM IN ALL ASPECTS OF PBS

- **Understanding their behaviours:**
  (Functional analysis) Through discussion, evidence from CareNotes, data, assessments and with more complex behaviours observations and ABC charts we try to:

- ➢ Work out **what need they are trying to meet**

- ➢ Support them to **understand the consequences** of their challenging behaviour
- ➢ Enable them to **develop alternative behaviours** to meet their needs in safe ways

- **Promote a positive environment** where everyone feels safe, respected and listened to
- **Reduce the use of Restrictive Interventions**
- **Avoid the use of "blanket restrictions"**
- **Support everyone to develop a "life worth living"**
- **All work together**

Nursing Management

Deputy House Manager – Jacques Louis

Clinical Teams
Patient care at Lombard House is managed by multi-disciplinary clinical teams, each team consists of:

- ➢ Consultant Psychiatrist
- ➢ Forensic Psychologist (responsible for Assistant Psychologists) – Ivy Sumin Ooi
- ➢ Occupational Therapist (responsible for and supported by the Life Skills & Education Service)
- ➢ Speech and Language Therapist

All members of the Senior Management Team, Nursing Management and Multi-Disciplinary Clinical Teams can be contacted via the Lombard House.
The telephone number is 01953 457082.

Care Programme Approach (CPA)

During the patient's Assessment and Treatment period, the Multi-Disciplinary Team will work within a system known as the Care Programme Approach (CPA).

What is the Care Programme Approach?

This is a way of making sure that patients receive the best possible care whilst at Priory Healthcare. It also means that when they are ready to leave their future carers know best how to care and support them. Most importantly, patients are involved in discussing and planning their care.

How Does CPA Affect Patients?

1) Each patient will receive full information about their care and involvement in their care and treatment.
2) Each patient will be able to attend and chair their External Review meetings, if they wish to.

MDT ward round/ Internal Care Reviews (I.C.R)

This is where the patient's care and treatment will be discussed in detail every four weeks. The patient is given the opportunity to attend the meeting and discuss with the Clinical Team issues around their plans and treatment.

External CPA Reviews

This is where patients, their nearest relative, and any other outside agency, such as the patient's community Social Worker, Consultant Psychiatrist and/or Community Nurse are invited to attend a CPA meeting. The initial meeting occurs 8 weeks after admission, followed by a further meeting 3 months later and then at 6 monthly intervals. The Clinical Team will discuss the patient's care plan and progress and amend the care plan as necessary.

Risk Assessment

Each patient will have a full risk assessment completed on admission. At ward round review meetings the Clinical Team will talk about any problems the patient may be having. The team will then consider how they would keep the patients and others safe; this is called a Risk Reduction Plan.

Advocacy Service

There is an Independent Advocacy Service for patients available at Priory Healthcare. The service is run by POWhER Norfolk. These people are there to help the patient say what they want to say. Patients will be informed of how to make contact if they wish to. For patients who find this difficult or are unable to do this for themselves, they will have their names put forward to the service.

Independent Mental Health Advocate (IMHA)
Each patient can be referred to or self-refer to the IMHA services provided by POWhER Norfolk to ensure their rights under the Mental Health Act are maintained.

Befrienders
It may be difficult for patients to keep their links with their own community during their stay at Priory Healthcare, and they may miss regular contact with family and friends. If needed, we will try and arrange for the patient to meet someone from our local community who can visit and talk to them as a friend. This will be discussed in the first instance with the patient's Clinical Team. All volunteer befrienders are subject to DBS checks.

Primary Health Care
During the patient's stay at Priory Healthcare, they will register with our local General Practitioner, who will oversee all general health care issues. Patients will also receive other supportive health care services from the local community, including:

- Dentist
- Nutritionist
- Optician
- Physiotherapist
- Podiatrist

A Guide to the Mental Capacity Act 2005
A new Act of Parliament came into force on 1 April 2007 called the Mental Capacity Act 2005.

Mental Capacity means people being able to make decisions for themselves. The Mental Capacity Act will help people to make their own decisions. It also helps people who are unable to make decisions for themselves, due to a lack of capacity to do so.

It may be that there are patients within Priory Healthcare to whom this Act may apply in making decisions about specific issues in their lives.

The patients' relatives will be consulted to ascertain information regarding any such issues, to assist in making best interest decisions on behalf of a patient.

This guide is to give relatives an overview of how the Act works and what is involved for relatives and carers when someone is not able to make their own decisions.

The Mental Capacity Act 2005 has 5 main points:

1. Everyone is believed to be able to make their own decisions unless proved otherwise.
2. People should be given all the support they can to help them make decisions.
3. People should not be treated as incapable of making decisions for themselves because the decision is unwise.

4. When people do lack mental capacity then decisions must be taken for them in their best interests and there is a guide on how to make decisions about people's best interests.
5. When people lack capacity anyone making a decision for them should try to limit the person's own freedom and rights as little as possible.

The Mental Capacity Act 2005 and Detention under the Mental Health Act 1983

The Mental Capacity Act does not apply to treatment given to patients under the Mental Health Act for their mental disorder or illness. However, it does apply to other parts of patients' lives such as:

- Physical health – like deciding whether or not to have an operation
- Welfare – for example deciding where is the best place to live
- Property – for example, if you need to buy or sell a house
- Money – for example, needing to invest or spend a large sum of money

A patient can make a Lasting Power of Attorney (providing they have the capacity to do so) which is a legal document giving someone the power to make decisions when they cannot make them for themselves. Providing they have mental capacity to do so, this can be a relative or a friend.

Patients can also make advanced decisions about care and treatment for a physical illness they would not wish to receive.

A new Court of Protection has been set up, they will decide:

- Whether a patient should have an operation if family and doctors don't agree and the patient cannot decide for themselves, or if there is no-one for the authorities to consult.
- How patient's money should be handled if they are unable to decide for themselves.
- Anything else where someone needs to make a decision for the patient because they cannot decide for themselves, but other people cannot agree on what is best for the patient, or if there is no-one for the authorities to consult.

The Mental capacity act safeguards that an 'act of omission', such as neglect of a person who is being cared for, and whom lacks capacity to make specific decisions about their care, is now an offence.

There is a Code of Practice that will tell people how to make sure they are following the Mental Capacity Act. The Department of Health are encouraging families to read the Code as it gives advice about treating people who do not have mental capacity.

If you wish to obtain further information, please contact the Mental Capacity Implementation Team at the address at the back of this guide.

Carers support:

Carers Trust -Support for Carers - Learning Disabilities | Carers Trust
Online Community, Scope - Scope's online community
Mencap Online Community for Carers - Mencap | HealthUnlocked
UK Health and Learning Disabilities Network - The UK Learning Disabilities Health Network – Join the essential network on health and people with a learning disability in the UK
Choice- online forum- Choice Forum - The UK Learning Disability Forum
Workshops and family support service - Homepage for the Challenging Behaviour Foundation, Family Support Service - Challenging Behaviour Foundation
ASC – online community - Community (autism.org.uk)

Carer's Assessments

A carer's assessment works out whether you qualify for support from the council in your role as a carer. It is a chance for you to talk about how your caring responsibilities affect you. It will look at:

- Whether you're willing and able to carry on providing care
- Whether your caring responsibilities have any impact on your wellbeing
- Whether you need any support
- What you'd like to achieve in your day-to-day life. For example, you might want more time to take part in activities you enjoy
- Whether you qualify for any help from the council, for example, with the financial costs of visiting your family member while they are in hospital.

Anyone who is a carer can get a carer's assessment for free. Your assessment could be face-to-face, over the phone or online. This can be arranged through the local authority Social Worker that will be supporting your loved one during their admission to our service.

Questions We Are Often Asked Q

What Rights Do Patients and Relatives Have?

A All patients at Lombard House will have been admitted under a Section of the Mental Health Act (1983) and are therefore entitled to have certain rights. The patient's Primary Nurse is responsible for reading the patient their rights and giving them a copy of the leaflet relevant to their Section, which outlines their rights.

Patients can also discuss their rights and right to appeal against their detention with their nominated Social Worker.

The patients nearest relative also has rights under the Mental Health Act (1983). These include appealing for a review of the patient's detention via the Mental Health Review Tribunal system. For further details and/or discussion, please contact the Social Worker working with the patient.

Q **What Benefit / Entitlement Can My Relative / Friend Receive?**

A During the period of time a patient resides at Lombard House, they will be assessed for the appropriate benefit entitlements. All patients will be assessed under the Mental Capacity Act on admission to determine their capacity to manage their own finances or whether an appointee is required to oversee their entitlement. The Hospital Director can take the role of appointee unless otherwise instructed by the nearest relative or an appointee previously nominated prior to admission.

The allocated External (home funding area) Social Worker will explain the entitlements to patients; these are the same as if admitted into any other hospital setting.

Q Can My Relative / Friend Leave the Ward or Site?

A The nominated doctor (RC) issues patients with a leave authorisation "pass". Having a pass means that the patient has permission to leave the ward, usually for a set period of time. There are different levels of pass, depending on what stage the patient is at in their treatment programme and what Section of the Mental Health Act 1983 they are detained under. Patients will be given a particular route to follow.

The mood of the patient will be assessed by a Registered Nurse prior to them using their pass as part of the risk assessment process.

Grounds Pass	This means that patients can go out in the grounds, escorted by a member of staff
Session pass	This means patients can go to the Life Skills & Education Service for sessions
Escorted Off-site Pass	This means that patients can go out with members of staff to the town or for walks etc.
Unescorted Grounds Pass	This means patients can have time on their own in the back gardens.
Unescorted Front Pass	This means patients can have time on their own at the front of the building
Shadowed Pass	This is where patients can go to an agreed place, like a shop, and the staff keep an eye on them from a distance.
Unescorted Off-site Pass	Patients may be allowed time on their own (for an agreed period) i.e. in the local community

If a patient would like their pass to change, they can request this at the Internal CPA Review. The Clinical Team will discuss the request and inform the patient of their decision.

Q When Can My Relative / Friend Have Visitors?

A Visits are encouraged and every effort will be made to accommodate visitors. However, it is requested that whenever possible, visits are not made after 7.00pm. All visits should be arranged in advance, either in writing or by telephone. When visiting for the first time, a staff member will accompany visitors. This level of supervision may continue on subsequent visits if it is felt to be necessary by the Clinical Team. All reasonable efforts will be made to accommodate requests by family members or friends who are unable to visit during usual visiting hours because of work commitments etc. However, such visits will need to be discussed and agreed in advance. On the first visit photo evidence such as a passport or driving licence will be asked to be seen upon arrival.

For additional information about visiting the hospital, including guidance on ID and security, see Appendix 1 at the end of this booklet.

Although visits are encouraged and facilitated whenever possible, there may be times when visits may be unable to take place due to the patient's mental health or if it may compromise the security of the patient or others, and it is on these occasions that visits may have to be discouraged.

All gifts and parcels for patients must be checked by nursing staff before being given to patients. If patients have any concerns about any item visitors wish to bring, please contact a senior member of the nursing staff for a discussion prior to the visit.

During visits to patients, visitors will be asked to store all personal belongings e.g. handbags, in lockers to which they will retain the key. Visits will generally take place in designated visiting areas. For those family members who wish to visit the patient's own bedroom, arrangements will need to be made in advance in the interests of personal safety.

It is essential that the privacy of other patients is considered and, therefore, visitors will not be expected to spend time in communal patient areas.

Q Can I Bring Children On-Site to Visit?

A In the interests of child safety, children under the age of eighteen will only be allowed on-site after a discussion by the Clinical Team has concluded that it would be in the best interests of the child. It may also be dependent on the child social services agreement.

Whilst on-site, children will only be allowed in designated visiting areas with a suitable escort. They will not be allowed in any of the wards or back gardens of the hospital. These visiting areas will be booked once Lombard has been notified in advance of the visit. If visitors with young children do not notify the hospital in advance, the visit will not be permitted – ***Please see attached Appendix 1.***

Q Can I Receive Financial Help with Travelling Expenses?

A If you or your partner receives benefits, such as income support, income-based job seekers allowance or income related employment support allowance, you may be entitled to receive financial assistance from your local council. You can find further information about qualifying criteria through the NHS at www.nhs.uk/nhsengland/healthcosts/pages/travelcosts.aspx. The Priory hospital group are themselves unable to assist relatives with travel costs.

If you are attending a Mental Health Review Tribunal Hearing, you may apply for travel costs direct to the Mental Health Review Tribunal Office.

If visiting causes you difficulties, please discuss this further with your relatives External Social Worker.

Q Can I Take My Relative / Friend Off-Site When I Visit?

A This will depend on the pass leave status given by the Responsible Clinician (RC). All such passes are subject to the patient's health and welfare and an individual risk assessment completed by the Clinical Team.

Following this, visitors will then be informed, either in writing or by telephone, of the decision prior to the visit.

Q Can My Relative / Friend Have Home Leave?

A Home leave is usually only given after an initial settling in period. If it is felt that the patient is settled and it will be of benefit to the patient and others, then home leave will be considered. Home leave can only be authorised by the Responsible Clinician who will discuss it with other members of the Clinical Team in a review. Home leave will also depend on which Section of the Mental Health Act 1983 the patient is detained under. Restricted patients will also need permission from the Ministry of Justice to have any such leave.

All local authority and health agencies involved in the patients care, before admission, will be notified of any home leave being granted.

Q Who Should I Contact to Arrange a Visit?

A Visitors can make arrangements via the nursing staff in charge, who will then make the appropriate visiting arrangements for you.

It is asked that all visitors become familiar with the fire procedure and visitors signing-in book, which staff will notify you of. A designated visiting area will be made available to you. There is a no smoking policy, therefore it is requested that there is no smoking in the hospital or hospital grounds.

Q Is There a Complaints System?

A Yes. If you or the patient are unhappy with a situation in the treatment / care plan, the Hospital operates a formal complaints process. Every effort will be made to resolve any issues informally on contact with the Nursing or Clinical Team members in the first instance. The Complaints Officer will investigate formal complaints. Please ask for a copy of the complaints leaflet from the Nurse in Charge.

Q What Information Do You Keep and What Do You Use It for?

A Like all hospitals we keep records. All records are kept securely and in confidence in line with current data protection legislation. Under the Data Protection Act 1998 all patients are entitled to see the records that the hospital keeps. The law also sometimes allows other people acting on behalf of the patient (e.g. Solicitors) to have access to these records, with the patient's permission.

Q What If I Have Any Other Questions?

A If there is any additional information that either patients or visitors require, please contact either the hospital Social Worker or the Clinical Nurse Manager from the patient's care team.

A list of the names of the Clinical Team members involved will be given to the patient on admission.

Leaflets that are available to you on request are as follows:

Independent Advocacy Service leaflet
Complaints Procedure leaflet
Mental Health Act Rights leaflet
Mental Health Act Commission Complaints leaflet
Mental Health Act Consent to Treatment leaflet
Safeguarding leaflet

APPENDIX 1

Information for visitors

Please read below important information regarding visiting your relative at Lombard House hospital, and sign a declaration during your visit.

All patients, staff and visitors are entitled to expect that Lombard will provide a safe and secure environment. This Appendix aims to advise you of the implications and requirements under the Authorisation and Control of High Risk Items, Visitors and Children Visiting Policies which set out to:

- Prevent unintended or deliberate harm to all patients, staff or visitors
- Maintain high standards of care in ensuring the security of patients
- Maintain high standards of care in ensuring the security of staff and safeguarding visitors, including visiting children/minors
- Build confidence and trust in the safe and secure management of the environment
- Reduce the risk of escape/abscondment
- Prohibit the use of illicit substances
- Avoid contravention of any legislation, policies, or good practice requirements

Unauthorised items

There are items whose entry to a site is considered to be either unlawful or posing an immediate threat to the safety and security of the site:

Explosives

Toy guns

Firearms

Wire

Alcoholic drinks

Metal cutlery

Weapons

Illicit drugs

Magnets

MP3, MP4 players, iPods or any recording devices

Hardcore Pornographic materials

Money exceeding £25 (this must be handed to staff prior to the visit)

Cigarettes, tobacco and/or snuff

Lighters and/or matches

Sharps, including razors, scissors, china, glass objects etc.

If you are unsure whether any items you wish to bring to a visit are considered unauthorised, or if you require further information, please contact the hospital on 01953 457082 in advance of the visit.

Any unauthorised items carried when visiting must not be taken into the secure visiting rooms. Lockers are provided to store such items. All bags must also be stored in the lockers. All visitors will be required to sign a further declaration on arrival.

All gifts and items brought in for patients must be handed over to the escorting staff prior to the visit, along with any monies exceeding £25. Receipts will be given.

Visiting by Minors

For visitors under the age of eighteen years (18), the hospital must be informed in advance of the visit either to the Nurse in Charge. The parent/relative of the child/minor has sole responsibility for the supervision for the duration of the visit. Please discuss the visiting procedure for children, before any arrangements are made.

Each visitor will be required to provide photographic identification of age before the visit can commence. This can be a passport, citizen ID card, driver's licence etc. Staff may need to verify the identification. Without the identification the visit will not be able to proceed.

All visits will be supervised by the nursing staff, with the door open, to facilitate observations unless agreed by the clinical team prior to the visit. The visiting areas are also monitored through CCTV, but there is no voice recording facility.

Please note, where there is an indication of attempting to breach or, or breaching of the policies, this will result as a minimum in a review of conditions applying to future visits. In certain cases, for example an attempt to introduce illicit drugs, the police will also be contacted.

Should you have any further enquiries, please **contact the hospital on 01953 457082.**

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