

Lakeside Quality Account 2018-2019



About Lakeside

Lakeside is an inpatient service located in Wyboston, which is near St Neots on the Cambridgeshire / Bedfordshire border. We specialise in supporting people with Mental Health needs and/or Autism as well as having a dedicated women's Dialectical Behaviour Therapy (DBT) unit. We have a comprehensive multi-disciplinary team (MDT) comprising Psychiatry, Psychology, Nursing, Occupational Therapy, Speech and Language Therapy, dietetics and a dedicated team of nursing and care staff. We are a locked rehabilitation service which provides support for those progressing onwards from secure services or requiring a step up into enhanced care. We work to actively support patients to step down into residential services and supported living.

Our Promise



Our Values

Our key values are demonstrated throughout the organisation on a daily basis, from people providing care and support, to our specialist clinicians, our Learning and Development teams and all tiers of management. They are based on these value statements:



Quality

We are passionate about Quality and we specialise in supporting people to achieve their full potential. Through empathy, belief and market leading training, our focus is to bring out the amazing in everyone. We use all of our resources, skills and abilities to ensure that everyone can reach for the stars.

Celebrate Uniqueness

We understand that everyone is unique and we listen to each person's needs and respond to them in a personalised way. We work hard to uncover everyone's abilities and to celebrate their uniqueness, in a way that engages, encourages and empowers people.

Fun

We are passionate about making each day enjoyable and we celebrate the successes of everyone we support and our brilliant staff. We have a love of life and know how important it is to have fun. We believe in enabling people to live fulfilled lives, their way.

Brave

We empower people to live their lives in the way they want to and we support them to make this happen. We encourage our staff teams to seek out new and innovative ways of doing things. We are creative in our ideas and we challenge and inspire each other to be brave every day. We are not afraid to support people to achieve their dreams.

Move Mountains

We work with passion and energy to make things happen and go above and beyond to overcome challenges. We do not stand still. We collaborate with funders, families and stakeholders and thrive on exceeding expectations. At the heart of everything we do are the people we support.

Statement from Quality and Governance Director

Lakeside hospital provides highly specialist and focussed treatment within its three clinical divisions which consist of Mental Health, Personality Disorder and Learning Disability and autism. Ensuring that the quality of support and treatment is underpinned by the values of the organisation and those of positive behaviour support is our highest priority and we utilise multiple methods of quality assurance to audit and improve continuously. The quality team work in partnership with the clinical and operational team at Lakeside throughout the structured assurance process based in clinical governance to provide care and treatment which is both effective and fit for the future.

Statement from Hospital & Service Director

As the Hospital and Service Director for Lakeside, my job is to challenge conventional thinking and bring about change that keeps us current in our thinking and in our care and treatment planning. I will ensure that everyone at Lakeside embodies a "We Can" attitude and that we work together with each other, as a team, alongside the patients, their families and other key stakeholders. If it isn't right, I want to know so we can brain storm and fix it together. Restriction reduction is something that I feel and act passionately about. We are proud to say that we have closed our seclusion and long term segregation areas as we do not believe they have any therapeutic value, or any place in our modern society.....there are different and far more effective person centred approaches at our fingertips. We have a duty to make this change happen and we all have a personal responsibility to take assertive action.


Statement from Medical Director

"An integral part of any hospital's quality drive is its medical workforce. A strong and competent medical workforce is required to lead the implementation of treatment programmes that would enable full recovery of patients and early discharge to the community. In that regard, at Lakeside, we have been able to maintain such a steady and committed medical team over the years. This has ensured delivery of quality care and continuity for our patients"

Our Services

Section 1: Lakeside's Pledges from Our Previous Quality Account

As in previous years, we continue to report on the following:

Area:	How we will Measure:
<p>Policies and procedures are being revised and developed locally to reflect NICE guidelines. Culture and practice will be evidenced as changing, through updated policy and procedure and through additional staff training and development.</p> <p>To continue to embed STOMP which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. STOMP is about helping people to stay well and have a good quality of life. People with a learning disability, autism are statistically</p>	<p>Draw from best practice principles of person centred care from group wide guidance and practice.</p> <p>Sign up to the National pledge</p> <div data-bbox="798 1736 1053 1848" style="display: inline-block; vertical-align: middle;">  </div> <p>Establish a Policy Review Group for monthly meetings during Clinical Governance.</p> <p>All relevant patients receive a STOMP review</p>

<p>more likely to be given these medicines than other people.</p> <p>Our target for 2018 / 2019 was that all patients who meet the STOMP criteria are to be assessed and reviewed regularly and a reduction plan implemented and monitored where appropriate. We will ensure our workforce is skilled in understanding the needs of this group as defined by STOMP and that appropriate alternatives to medication are explored and practised.</p>	<p>As a result of this, all patients appropriate for STOMP will have a reduction plan in place</p> <p>All clinical staff are to be trained in awareness of:</p> <p>Alternatives to medication</p> <p>Psychotropic medication</p> <p>Correct principles of care related to NICE guidance</p>
<p>Clinical effectiveness - Poor physical health can lead to an increased risk of developing mental health problems. Similarly, poor mental health can negatively impact on physical health, leading to an increased risk of some conditions. Consequently, the life chances of these individuals are significantly reduced in terms of their physical health, educational and work prospects along with life expectancy. Building on our CQUIN achievement regarding physical wellbeing, we will improve further improve the health of our patient population.</p>	<p>All patients to be screened to prevent ill health which could be caused through risk behaviours</p> <p>Health promotion clinics to be embedded into everyday clinical practice</p> <p>Smoking cessation support for all patients.</p> <p>Suite of health promotion and educational materials available for all patients</p>
<p>Patient experience - Recovery Colleges enable people with mental health challenges to have the same opportunities in life as everyone else. The aim is to enable people to gain support along their personal journey towards a meaningful and satisfying life, where hope, opportunity and choice are the key elements.</p> <p>We will develop a recovery college tailored to meet the needs of the patient population, covering a range of topics applicable to the point of their personal journey.</p>	<p>Co-produce four courses covering various aspects of recovery • Secure 85% minimum attendance at courses</p> <p>50% participants complete their recovery college course</p>
<p>Develop a safeguarding awareness and enabling project in line with accomplish's strategic plan. Our aim is improve patient understanding of safeguarding, keeping safe and seeking support. We will launch a</p>	<p>We sent questionnaires in order that we were able to listen to people's views to help us make a difference with this project. Questions could be answered via survey</p>

training programme which will include E-learning and face to face contact for all of our patients. A range of supportive literature will be published tailored to individual need.

monkey on line, via paper questionnaire, via easy read questionnaire or with support from staff using communication aids. Our aim is to improve patients experience by being "better at keeping people safe and for people to feel enabled to communicate or speak out if they or someone else is being abused

Positive Behaviour Support

At Lakeside we ensure all patients with a Learning Disability and/or Autism diagnosis have a comprehensive positive behavioural support plan (PBSP) that is underpinned by a functional assessment. The purpose of this document is to provide staff with a detailed understanding of how to work with the individual's they are caring for. It is based on the principle that behaviours of concern develop to serve important functions for people. Understanding the function of these behaviours is the key to implementing change and improving quality of life. Prevention and reduction of behaviours of concern occurs within the context of increased quality of life, inclusion, participation and the support of valued social roles. Our PBS plans focus on environmental supports and strategies, preventative skill teaching, preventative strategies and reactive strategies (e.g. how do we repair with patients when we get things wrong). The ethos of the PBS is to get the environment right and provide the individual with a meaningful life, person centred to them.

At Lakeside we recognise the importance of training and support for our unit staff in the use of PBS. This is why each unit has a team of PBS mentors trained in PBS theory and use. They are also involved in the collection of data and the creation of the PBS documents. In addition, Psychology also provide in-reach role modelling and problem solving sessions to unit staff.

Mandatory Staff Training Compliance

Mandatory staff **training compliance** at the end of March 2019 was **89.2%**

One Page Profile

In October 2019 100% **of** people we support across hospitals in England had a **One Page Profile** in place. This figure naturally fluctuates with discharge and admission activity.

Section 2: Our Services, Regulatory Compliance, Model of Care and Award Successes

Our Services

We have a further 46 Residential Services & 11 Supported Living Services across England, supporting adults with a mental health condition, ABI or learning disabilities and/or autism. We also have 42 Residential and 2 Supported Living services in Wales.

Regulatory Compliance

As of March 2019 our Lakeside facility was compliant with CQC at the level of Requires Improvement.

Section 3: Quality Performance

New Internal Inspections for 2019

We undertake internal inspections called **Key Performance Audits** (KPA's), which involve a focus on Quality Improvement and Patient Safety. They are underpinned by the Care Quality Commission (CQC) Key Lines of Enquiry standards, *Safe, Effective, Caring, Responsive and Well-Led*, to provide assurance on regulatory compliance within each service. Reports and action plans where required, are implemented and the Director of Quality and Governance monitors progress. Recommendations and actions are populated into a local Quality Improvement Plan that is reviewed regularly to ensure that progress is being achieved in a timely manner.

Quality Initiatives

To continue to embed STOMP which stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. STOMP is about helping people to stay well and have a good quality of life. People with a learning disability, autism or both are more likely to be given these medicines than other people. Our target for 2018 / 2019 was that all patients who meet the STOMP criteria to be assessed and reviewed regularly, and a reduction plan implemented where appropriate. We will ensure our workforce is skilled in understanding the needs of this group as defined by STOMP and the appropriate alternatives to medication.

"Managing Me"

At Lakeside, the adapted DBT Programme, "Managing Me" is entering its second successful cycle. This programme has been revised to ensure it is accessible for patients with an IQ above 70 and/or an ASD diagnosis. Adaptations have included, ensuring the language used is at a level that is easy to comprehend. Group materials rely on pictures, videos and active participation to teach individuals valuable new skills to understand how to manage their condition more effectively. The treatment consists of a weekly group with four core modules: Mindfulness, Coping in a Crisis, Managing Emotions, and Getting on with Others, as well as 1:1 individual sessions and homework support. Positive feedback has been received from both individuals and staff and the early outcome data is promising with regard to effectiveness in reducing behaviours of concern.

Feedback from group members:

"The group is good. You learn how to deal with your emotions and learn to do things better" "I leave the group feeling happy" "I like the videos and group leaders."

Psyche soma

Individuals at Lakeside have started to benefit from a personalised physical exercise programme delivered by Psyche soma. Psyche soma organise sessions at Lakeside every week on a Tuesday, Thursday and Friday ensuring everyone at Lakeside is offered a session with the team.

Psyche soma's trainers are skilled and experienced in working in all types of care setting. The trainers have the added benefit of being viewed as impartial by the individual, which allows for added

reassurance during interaction. The trust that is built between the trainer and the individual means they can express themselves openly and any insight the trainer receives, is shared with care staff, which benefits the individual's treatment further.

Julian Ivory, Director Psyche soma said:

"We are pleased to be working with people supported at Lakeside and we are dedicated to helping each person at the service reach their personal goals through physical exercise. We are looking forward to continuing the development of our relationships with the patients, so we can make an amazing difference to their lives".

Dr Victoria Vallentine, Head of Therapies commented:

"We are delighted to have the opportunity to work with the Psyche soma team. The engagement they have already achieved in their first few weeks with us has been fantastic. It has been really positively received by both the staff and patients and I can't wait to see how this develops over the coming months and years".

Quotes from staff:

"The Psyche soma team are really great at engaging all the people they are working with"

"Individuals at Lakeside are benefiting from the physical activities. This was a great idea"

"Everyone is getting involved and really enjoying it"

Quotes from individuals at Lakeside:

"Very useful, it's helped me to lose weight and I've done sports I've never done before"

"Brilliant, the trainer is very good at his job, I love it"

"10 out of 10, I will see him again. It gives me a chance to play football and meet new people"

Award Success

We are proud to announce we have five finalists in the England region and four in the Wales region for the National Learning Disabilities and Autism Awards 2019.

Our England finalists are:

Sue Hatton - Autism Advisor "**Outstanding Contribution to Social Care**" **Lifetime Achievement Award**

Sally Harvey – Regional Healthcare Trainer "**Making a Difference Award**" & "**Trainer Award**"

David Quinton – Service Manager "**The Manager Award**"

Keighley Lavelle – Senior Support Worker "**The Frontline Leaders Award**"

Our Wales finalists

Jennifer Hart and Corey Edwards – "**Learning & Development Trainers**"

The Bryn Irfon staff team

Accreditations

In 2016 accomplish received “silver” standard with Investors in People. “This sets out a criteria for high performance through people. It’s a simple framework to benchmark the effectiveness of leadership and management practice in any organisation” and we are proud of our attainment.

Section 3: Service User and Family Involvement

Service User and Family Involvement

We actively encourage and support service user and family involvement through:

- Meaningful involvement in assessment and care planning
- Involvement in Care Programme Approach (CPA) and MDT meetings
- Enabling them to meet and speak regularly with the named nurse and responsible clinician
- Active involvement in discharge planning
- Involvement and inclusion in access to general information, such as service newsletters
- Ensuring they are informed on how to make a compliment, comment or complaint
- Providing access to information about the Mental Capacity Act and the Mental Health Act
- Regularly ensuring family carers are happy with the service through questionnaires and other methods
- Regularly inviting family and carers to tell us how we can improve services
- Keeping families informed about significant events involving their relative
- Providing families with photos or film clips, etc. that demonstrate progress
- Ensuring families receive phone calls at regular agreed intervals for progress updates

Feedback from the patients at Lakeside

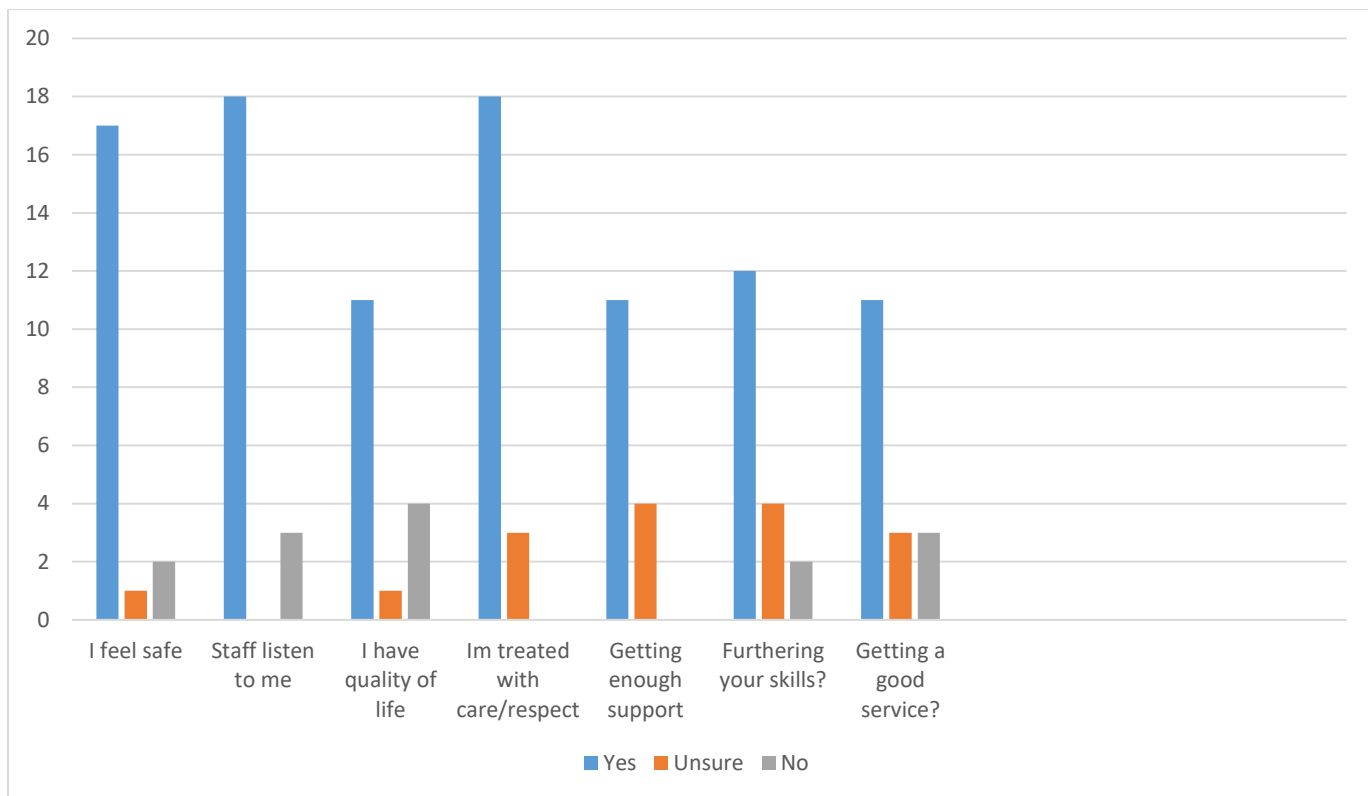
It’s the best team I’ve ever had, I’ve been in a few hospitals”...staff are reliable” “..It’s alright here - I need to get better and move on” “...the staff do keep me safe they treat me well” “...staff look after me – I’m safe” “...they (staff) are doing the right thing - I go out in the community and enjoy it” “...staff encourage me with my independence” “Staff are really good and helpful”

Annual Service User Questionnaire Results

It is essential that we gain feedback from our patients and the people we support. Therefore, building relationships is essential for placement success. Accomplish pride themselves on supporting service users during transition, working closely with our wider healthcare colleagues to ensure a person centred transition occurs. Future service user satisfaction surveys will form the basis of our admission and transition process over the coming year.

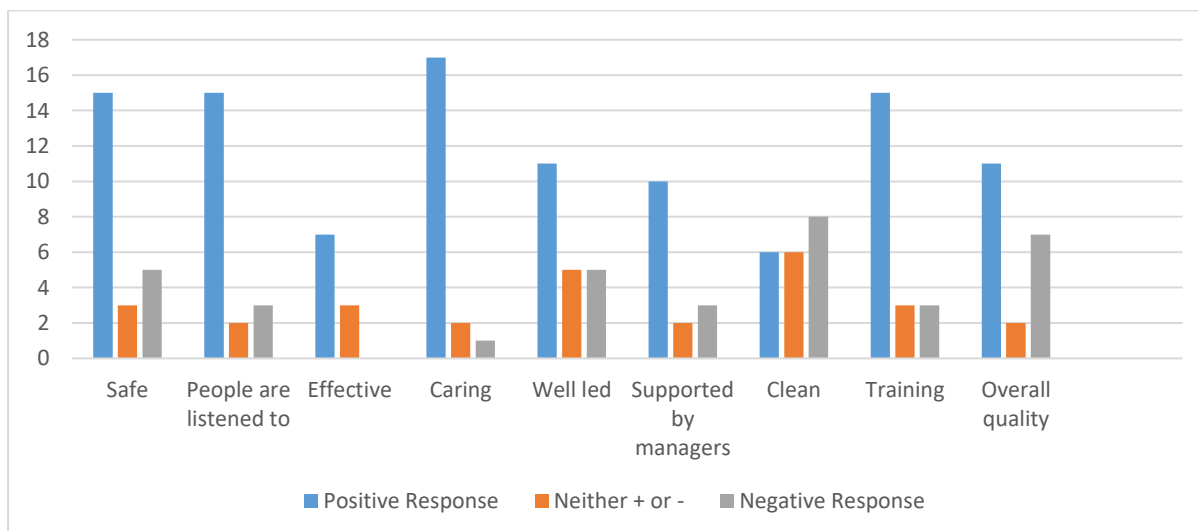
Patients feel that the service they receive is...

(19 responses from 30 patients invited to take part – the survey was undertaken by accomplish quality facilitator)



Staff

(21 responses – the survey was undertaken by accomplish quality facilitator)



Service User, Family Carer and Commissioner Feedback

Patients at Lakeside are encouraged to complete pre CPA questionnaire and carers and other attendees are encouraged to complete feedback questionnaires following CPA meetings. Patient and carer active participation in the meetings and views are documented in the minutes and the report. All patients are invited to the patient forum held monthly which is chaired by the independent advocate and is attended

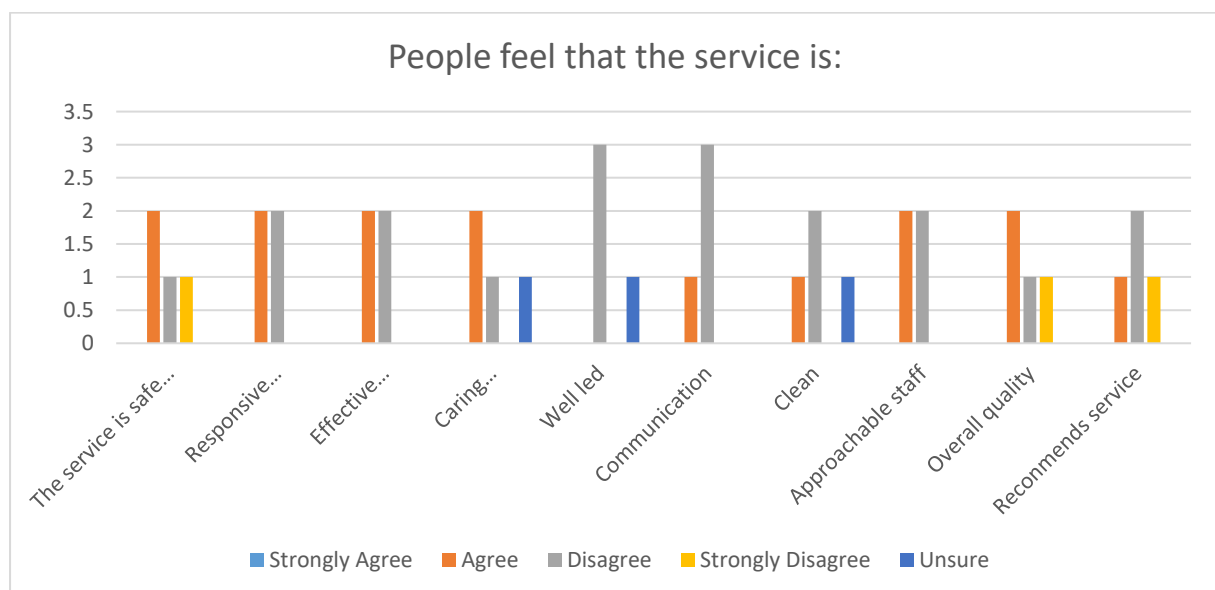
by the catering department and the head of Occupational Therapy. The agenda has been developed by the patients and this is then fed into Clinical Governance.

Significant changes have been made as a result of this including reviewing the choices and expanding the range on offer at the hot counter in the Star Centre. The catering manager meets individual patients on a one to one basis and this includes reviewing the choice on the range of meals offered at the hospital. Meal feedback forms are made available on all of the units as a further mechanism to further inform choice and control within the Star Centre.

There is a "Keep Safe" email address available for all patients to raise a concern if they feel unable to approach staff. This is confidential and dealt with accordingly. The survey was developed using the NICE standards "service users experience in mental health services" and key indicators of quality integrated into the questionnaire. The survey was made available in both traditional and easy read versions.

Safeguarding Satisfaction Survey – this is completed with the patient and is following any safeguarding concern they have raised. The surveys assist Lakeside to improve the ways in which they provide support to the patient during the safeguarding process. Suggestion boxes have been placed in each unit for staff and patients to write and post compliments, concerns, complaints and comments. Anonymous and confidential comments are captured here and dealt with.

A HR Surgery has recently been introduced. This is held every Wednesday afternoon. No appointment is needed and the honest and constructive feedback received will assist the hospital to make successful improvements to the work we carry out. As part of our quality audit processes, we now ask the patients for their ideas for improvement and suggestions and ask for their feedback on the quality of their care.



Independent Advocacy Service

The Advocate attends site regularly and meets with the patients and are invited, at the request of the patient, to represent or assist them in their meetings. They also meet with the Safeguarding lead regularly to discuss any patient feedback and concerns with the aim of resolving any issues. An internal log is kept and is available on request.

Section 4: Quality and Governance Overview

The Director of Quality & Governance leads the following team:-

- Health and Safety Manager
- Group Quality & Compliance Manager
- Safeguarding and Complaints Manager
- Systems and GDPR Manager
- Quality Auditors
- Accomplish Clinical Team

Patient Safety Indicators

Incident Reporting Information System – RADAR

Radar Healthcare helps us to manage all types of incidents and event types by ensuring corrective actions and supporting learning. The automated workflow and alert system for each incident or event type ensures that there is a consistent approach to reporting, recording and managing incidents. The fully personalised workflows help us to carry out effective investigations, root cause analysis and trend reporting to encourage safety and service improvements. Clinical General Managers are initially assigned the workflow steps, which can then be delegated out to the relevant nursing staff/clinical staff for investigation and completion.

Reporting "dashboards" offer real time compliance status against each audit type and their associated action plans. This offers oversight and benchmarking to promote standardised service delivery. Key Performance Audits are completed on a three monthly basis by an assigned auditor, as well as six monthly Health and Safety audits completed by the Clinical General Manager.

Governance Audits

The areas we will continue to focus on as priority are:

- Infection prevention and control
- Reduction of restrictive practices
- Collaborative risk assessment and transfer to a strengths based approach to assessment and management
- Patient satisfaction and improving involvement in service development/review

We have encouraged the participation of patients in clinical audit throughout the year and are committed to improving this during 2019 / 2020.

Real time dashboards using the electronic audit system remain the preferred method of monitoring audit compliance and learning from themes/trends across the organisation. We have further embedded health and safety audits within the system and this generates alerts overseen by the Quality Director.



The Quality team are responsible for ensuring that high quality care and support is delivered in all our services and that effective audit processes, quality checks and internal compliance requirements are in place.

Section 6: Clinical Effectiveness an Overview

We aim to facilitate admissions to Lakeside for the shortest possible period of time commensurate with the patients assessed needs. In order to do so, we jointly complete comprehensive assessments and agree an initial treatment formulation prior to admission. We monitor this weekly for the first 12 weeks leading up to the initial Care Programme Approach (CPA) meeting via a planned series of MDT reviews.

Active participation is encouraged and facilitated in the meeting and feedback from the meeting is sought from key stakeholders, including patients, family members and commissioners of services.

Reducing the length of stay of the people that we support is at the forefront of our admission process, with detailed plans initiated at the outset to determine the pathway to discharge. We are committed to facilitating the shortest stay possible within Lakeside. We have had notable success in the speedy transition of the patients and we have a range of examples of our success in this area. This highlights the staff team's extensive knowledge of a range of conditions.