

Cambian - Sherwood Lodge

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Outstanding	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive?	Outstanding	
Are services well-led?	Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Overall summary

We rated Sherwood Lodge as outstanding because:

- Enough suitably qualified staff were available to meet patients' needs.
- Patients told us that staff treated them well and were kind.
- There was a strong person-centred culture in which individual patients' needs were prioritised. We saw that staff identified and met patients' emotional and social needs.
- Relationships between patients and staff were strong, caring, and supportive. Patients were active partners in their care and were involved in day-to-day decision-making.
- The hospital was pioneering the use of visual discharge planning, which includes the patient from the point of admission. Using visual aids ensured that patients could take part in the process. Visual discharge planning centres on the patient being an active driver in their treatment. Emphasis is on patients identifying and meeting their own goals and progressing to the point of discharge.
- Sherwood Lodge took a whole team approach to meeting the needs of patients. We saw that catering,

administration, maintenance, and housekeeping staff were active team members. The enhanced communication made possible through this approach meant that patients received a good service, with timely responses to any change.

- Services were flexible and used innovative approaches to support patients.
- Sherwood Lodge invested in the training and development of its staff.

However:

- CQC had not received all safeguarding notifications in a timely manner. The manager had submitted safeguarding alerts to the local safeguarding board and then waited to see if they constituted a safeguarding concern before notifying CQC. We were satisfied that staff safeguarded patients by raising alerts.
- In five out of nine records, nurses' physical health assessments of patients were not thorough or complete. This could have meant important information was not easily available to all staff.

Summary of findings

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Outstanding



Cambian - Sherwood Lodge

Wards for people with learning disabilities or autism

Summary of this inspection

Background to Cambian - Sherwood Lodge

The inspection took place on 2 and 3 November 2015 and was announced.

The hospital was last inspected on 24 July 2013 and complied with regulations.

Our inspection team

The team comprised:

- lead inspector Lynne Pulley, Care Quality Commission
- a further CQC inspector
- an expert by experience (someone who has personal experience of using or caring for someone who uses learning disability services)
- a Mental Health Act reviewer
- a specialist advisor.

Why we carried out this inspection

We inspected this hospital as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the service and asked other organisations for information.

During the inspection visit, the inspection team:

- visited the care environment within the hospital, looked at the quality of it, and observed how staff were caring for patients
- spoke with eight patients who were using the service
- spoke with five carers
- interviewed the registered manager for the hospital

- spoke with the head of care and team leader
- spoke with 26 other staff including doctors, nurses of various grades, a psychologist and assistants, an occupational therapist and technicians, a speech and language therapist, maintenance staff, administration staff, housekeeping staff, a chef and a visiting pharmacist and pharmacy technician
- looked at nine treatment records of patients
- reviewed 24 medication charts
- attended and observed a handover meeting
- attended two multidisciplinary team meetings (MDTs).
- attended two patient activities (a morning planning meeting and an evening evaluation meeting)
- observed two patient activities
- attended one patient review
- looked at policies, procedures and other documents relating to the running of the hospital.

Summary of this inspection

Information about Cambian - Sherwood Lodge

The hospital is registered to provide rehabilitation services for up to 16 male patients with learning disabilities and other complex needs. It also has an eight-bedded step-down service that helps patients develop the skills necessary to move towards greater independence in the community.

The hospital was last inspected on 24 July 2013 and complied with regulations.

What people who use the service say

- Patients told us that they felt safe and that staff looked after them well. They said that staff were always nice and kind and never rude. Staff cared about them.
- Patients said they were confident that staff would support them with their physical health.
- Patients told us there were lots of activities available seven days a week. They told us they could make suggestions and choices about what to do.
- Relatives told us they felt patients were safe. They said their relatives had never complained to them. They said the manager was very open and approachable.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- The hospital had enough staff to meet the needs of the patients. There was evidence that the hospital was trying to fill vacancies.
- The hospital was a bright, airy, clean and comfortable environment, so patients received treatment in a place that was safe and pleasant.
- The clinic rooms were well equipped and staff made the necessary checks of equipment to ensure that it was safe and fit for purpose.
- Staff did environmental risk assessments.
- All staff had completed the mandatory training necessary for them to perform their roles effectively. The hospital had systems to monitor which staff had received training.
- The hospital had effective systems to manage medication and staff performed weekly audits to ensure that standards were maintained.
- Medical staff were available on site. Outside regular hours, emergency services were used. Staff knew who to contact so patients had appropriate access to medical services if needed.
- Staff reported incidents of harm or risk of harm. Managers investigated incidents. The staff team had lessons learned fed back to them to prevent similar incidents happening.
- Staff completed risk assessments. They knew about the difficulties with being able to see patients in all areas of wards and about potential ligature points where patients intent on self-harm could tie something to strangle themselves. Staff intervention helped to minimise these risks.
- Staff received training in safeguarding people from abuse and knew their responsibilities helping to keep patients safe.

However:

- CQC had not received all safeguarding notifications in a timely manner. The manager had submitted safeguarding alerts to the local safeguarding board and then waited to see if they constituted a safeguarding concern before notifying CQC. We were satisfied that patients were safeguarded by staff raising alerts.

Good



Are services effective?

- The whole team worked together to identify and meet the needs of the patients. We saw examples of how this whole team

Good



Summary of this inspection

approach assisted patients in their rehabilitation. One example was how a head housekeeper had developed stepped cleaning rotas to support individual patients to take responsibility for cleaning their own bedrooms.

- Staff were supported to benefit from training and development opportunities. We met three staff who had progressed from bank healthcare workers to head of housekeeping, team leader and head of care. The hospital had supported and funded their development, showing that it was committed to developing its staff.
- Staff assessed patients' needs and prepared plans to meet them.
- Staff kept care records that were holistic, recovery-focussed and up to date. Records were very detailed and clearly described interventions. All patients had a positive behaviour support plan.
- Psychological therapies were available to meet the needs of the patients.
- Staff received regular managerial supervision and appraisal of their work performance, showing that staff were supported to perform their roles.
- The hospital measured outcomes for patients and audited information regularly to help maintain standards.
- Staff assessed patients' physical health on admission and monitored it throughout their stay, ensuring that their physical health needs were met.

However:

- In five out of nine records, nurses' physical health assessments were not thorough or complete. This could have meant important information was not easily available to all staff.

Are services caring?

- Staff treated patients with dignity and respect. Patients were relaxed in their interactions with staff.
- Patients told us they felt safe.
- Patients' individual needs were identified and met. We saw examples of patients regularly attending community activities, both escorted and alone. The team organised a birthday cake for a patient. Staff supported a patient to visit his mother, who was terminally ill, daily for at least two weeks before her death. Staff placed high value on meeting patients' emotional and social needs.
- Patients were active partners in their care. Twice daily, a patient planning and reflective meeting took place. Patients were

Outstanding



Summary of this inspection

encouraged to attend each morning to plan their day and each evening to evaluate their day. We attended these meetings and noted how the patients were encouraged to reflect on their achievements. Staff reassured them if their day had not gone as planned.

- Patients were introduced to the hospital before moving there. They were given a booklet for information and a 'buddy' helped to orientate them.
- Patients were involved in their care plans. Every day, staff encouraged patients to rate their own risk by using a red, amber, green rating scale. This demonstrated that staff valued and respected patients' self assessment.
- Patients spoke about using advocacy services. The advocate ensured that patients were aware of and supported in their treatment.
- Relatives told us they felt patients were safe. They said there always seemed to be lots to do. They were aware of the psychological and social work that was completed.

Are services responsive?

- Planning for when patients would leave the hospital started when they arrived. The hospital was pioneering using visual discharge planning to ensure that patients were fully engaged in their rehabilitation and discharge planning. Patients' individual needs and preferences were central to the planning and delivery of care.
- The team demonstrated that it worked well with external agencies to ensure that patient discharges were timely and effective. Staff supported patients through the transition from being in hospital to living elsewhere.
- The kitchen had recently achieved a five star rating for hygiene and cleanliness by the Food Standards Agency. Catering staff set menus tailored to patients' needs and provided choices of meals.
- Patients were encouraged to personalise their bedrooms. They were able to choose the colour for them. Patients had their own keys if safe to do so.
- Therapeutic jobs were available to the patients. Jobs were advertised and patients were interviewed for them. Patients were able to earn a wage from the jobs.
- There was a good range of information available, including information on the Mental Health Act, the Care Quality Commission and advocacy leaflets. This information was in an easy-read format.

Outstanding



Summary of this inspection

- A wide range of activities were offered seven days a week. Patients said what they preferred to do each day. Patients could influence this through suggestion boxes, the morning planning meeting or by asking a member of the occupational therapy team. Staff made plans to meet patient preferences. Patients could access services in a way and at a time that suited them.
- The hospital acknowledged complaints, investigated them and gave patients a written response. Patients knew how to complain and said that they would approach a senior staff member, who would sort it out.

Are services well-led?

- Staff morale was high. Staff felt valued and appreciated. The whole staff team worked well together.
- Staff were confident to raise concerns.
- The hospital was clearly committed to training and developing staff. Staff had progressed during their time working at Sherwood Lodge.
- Staff knew who the senior staff members were and confirmed that they were a daily visible presence in ward areas.
- Staff we spoke with universally identified that the individual needs of the patients were paramount. They provided individualised and holistic care.
- Support services were integral to the team. Their inclusion enhanced communication within the team and meant that staff identified and responded swiftly to patients' needs. The support staff provision allowed nursing staff to spend time working directly with patients.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

- We checked the records of six detained patients and Mental Health Act (MHA) detention documentation was clearly evident.
- Recording of capacity to consent to treatment was present in all notes we reviewed. Medicine cards were supported by the appropriate MHA paperwork. This meant that patients were informed of their treatment packages. One T3 form (authorising a patients' treatment) contained an error but this was rectified on the day of the inspection.
- Patients were informed of their rights and knew about the sections of the MHA they were subject to. We found that tribunals and managers' hearings took place.
- Staff documented section 17 leave (permission for detained patients to leave the hospital) appropriately. Staff assessed the provision and outcome of leave during ward rounds. Staff recorded the parameters and conditions of leave. Patients signed section 17 leave forms indicating their involvement. Staff signed the forms to confirm they had gone through the conditions with patients before leave started.
- Staff were aware of the independent mental health advocacy (IMHA) service. In records reviewed, it was documented the patient had been informed of the IMHA service. Patients told us that they used advocacy services. There was easy-read information displayed about advocacy, MHA and CQC.
- A full time MHA administrator based on site provided MHA support. Initial training had been provided by shadowing another MHA administrator. Since then they had received a yearly update with a solicitors' firm. They had not received training on the new code of practice. We saw files were kept detailing managers' hearings, tribunals, and second opinion doctor forms.
- Staff had training in the MHA but this was not mandatory. Of 58 staff, we saw that 27 had received training in the MHA. There were plans for a further 17 staff to complete it. Staff we spoke with had a good working knowledge of the MHA.
- We saw staff gave informal patients (those there by choice) an easy-read leaflet with pictures of how to leave hospital.

Mental Capacity Act and Deprivation of Liberty Safeguards

- The hospital was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Of the nine records we checked, two patients were subject to restrictions on their freedom covered by DoLS. We found the legal papers were in order and standard authorisations had been made.
- Staff had training in the MCA and DoLS. However, this was not mandatory. Of 58 staff, 27 had received training. A further 17 were booked to complete it.
- There was a policy on the MCA and DoLS that staff could refer to. Staff understood their roles and responsibilities relating to the Mental Capacity Act and Deprivation of Liberty Safeguards.
- All records had a capacity assessment that was detailed and specific. We saw that staff reviewed them periodically through ward rounds.



Wards for people with learning disabilities or autism

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

Are wards for people with learning disabilities or autism safe?

Good



Safe and clean environment

- The hospital was bright and airy. It was visibly clean and we saw cleaning taking place throughout the inspection. This made a welcoming environment for patients and visitors. We checked cleaning rotas in the main kitchen and activities of daily living kitchen. They were both up to date.
- The hospital was comfortable, well furnished and in a good state of repair.
- We found the clinic rooms were well equipped. There was an examination couch and physical health monitoring equipment. We saw that staff checked the fridge temperatures daily to ensure the safe storage of medicines. There was resuscitation equipment and emergency drugs, which staff checked. The emergency drugs were reviewed weekly to check that what might be needed was available.
- The hospital did not have a seclusion facility.
- Staff understood the importance of being able to observe patients who might be at risk. They knew about issues with poor lines of sight and individual patients were risk assessed for the level of observation required. During inspection, we saw staff members observe patients to minimise the risks.
- Ligature points are fixtures or fittings to which patients intent on self-harm might tie something to strangle

themselves. Sherwood Lodge had potential ligature points. Staff completed ligature point assessments annually. Staff assessed risks to individual patients and took action to minimise risks to help keep patients safe.

- Staff tested equipment and furnishings in the hospital regularly. Equipment had stickers to show when tests had been completed and when next due. We reviewed items in the kitchens including the boiler, microwave oven, toaster, kettle, and food-mixer, all of which had been safety tested to help keep patients and staff safe.
- Staff checked the temperatures of the fridges and freezers in the kitchens daily. Staff were familiar with requirements for the safe storage of food. The hospital had been inspected in April 2015 and achieved a five star food hygiene rating (the highest rating). This demonstrated the hospital achieved very good standards for food hygiene.
- The hospital had an alarm system and emergency call system. Staff collected an alarm at reception for use in case they needed to summon assistance. As we arrived, the receptionist gave us alarms and instructed us how to use them. The ward environments had nurse call facilities, which meant patients could summon help if needed.
- Staff undertook weekly environmental risk assessments, and recorded the results and actions taken. We saw that the records were current. Staff conducted fire safety assessments. Assessments of vehicles and the water system were routinely carried out.
- We reviewed 24 medication charts. One contained a prescribing error because the wrong date had been written. We pointed this out to the team and the mistake was rectified.



Wards for people with learning disabilities or autism

Safe staffing

- The hospital used a tool to identify necessary staffing levels based on bed occupancy. The manager had authority to increase staffing levels if necessary to meet patient need.
- The hospital operated two main shifts a day. Day shifts were 8am until 8pm. Nights shifts were 7.30pm until 8.30am. Additional shifts (9am to 5pm & evenings) were used dependent on patient need. Minimum staffing levels were eight staff for days, seven staff for nights. Staff from other disciplines (doctors and psychology, occupational therapy, and speech and language staff) were supernumerary. We checked duty sheets for one month. On 27 of the 28 days shifts, minimum numbers were exceeded, with additional staff on duty to meet patient need. On 24 of the 28 night shifts, staffing exceeded minimum numbers. This meant sufficient staff were on duty to meet changing patient need.
- The hospital had eight whole time equivalent (WTE) qualified nursing staff. There were two vacancies. Recruitment of qualified nurses had been a challenge but recruitment efforts continued. There were 40 WTE healthcare staff, with two vacancies. On the day of inspection, interviews were taking place, showing that the hospital was trying to fill staff vacancies.
- The hospital used regular bank staff or the existing staff covered additional shifts. In the three months before the inspection, 537 shifts were covered by bank or regular staff: 406 shifts by bank staff, 131 shifts by staff completing extra shifts. Using regular bank or existing staff meant staff were familiar with the hospital and patients.
- A qualified nurse was present in the main area of the ward throughout our inspection. Patients and staff told us this was normally the case.
- Patients received regular one-to-one time with nursing staff and the records we checked reflected this. Staff rarely cancelled activities and escorted leave.
- The hospital trained staff in managing violence and aggression (MVA), including administration, catering and support staff. There were enough trained staff to carry out physical interventions safely.
- Two medical staff worked at the hospital. Staff told us the doctors were responsive to requests and often were

present outside the 9am to 5pm working days. One doctor said he preferred to be contacted outside working hours rather than another doctor as he knew the patients. Medical cover outside of this was via the emergency services. Staff were aware of the arrangements.

- All staff had received mandatory training via an online package. Staff completed this as part of their induction. Managers monitored compliance with mandatory training.

Assessing and managing risk to patients and staff

- Seclusion and long-term segregation were not used at Sherwood Lodge.
- In the six months before our inspection, there were 98 recorded incidents of restraint. None of these were in the prone (face down) position. There were 44 incidents of supine (back) restraint, 13 of sitting restraint and 25 standing restraint. There were 16 incidents of passive restraint, such as guiding someone. One patient we spoke to had been restrained. He described lying on the floor and staff holding him. He said that it was a good help and that said staff had to keep people safe. This demonstrated that staff managed the risk effectively and that patients felt safe.
- In the six months before our inspection, staff had used rapid tranquilisation on three occasions. Staff were familiar with the monitoring requirements if rapid tranquilisation was used. No patients were prescribed rapid tranquilisation medication on the day of inspection; instead, other forms of less restrictive interventions were used.
- We reviewed nine care records. Staff used the short-term assessment of risk and treatability (START) risk assessment. Records contained a detailed current risk assessment. Staff assessed and managed risks effectively.
- Staff assessed risks on an individual basis. The only restriction applied to all patients was that plastic bags were not allowed as this was a Cambian company policy. Patients' access to cigarette lighters was risk assessed before they took leave. Patients were allowed mobile phones. One patient had a history of offending behaviour using mobile data so staff checked the phone



Wards for people with learning disabilities or autism

daily. This meant that staff imposed the lowest level of restriction possible to maintain safety. Patients' freedoms were not routinely restricted unless staff identified risks.

- The service had a policy on searching patients. Staff searched informal patients only if risks were identified. Staff searched detained patients specifically for known risk items.
- Easy-read notices were displayed on the exits to the wards advising informal patients of their right to leave. Individual patients were risk assessed and some had a fob to exit the ward themselves, if safe to do so.
- The hospital had a clear process for the ordering, booking in, storage, and management of medicines. Medication was supplied and delivered by a local pharmacy. The visiting pharmacist completed medication reconciliation weekly, including 'as required' prescriptions. They checked for high dose prescriptions during their visit. The pharmacist liaised directly with the head of care if concerns were found. There was a book to record medication errors. The pharmacist told us that the hospital team responded well to feedback regarding prescription changes and advice. This meant that staff reviewed and amended prescriptions regularly to keep patients safe.
- Visiting occurred in a pleasant, comfortably furnished visitors' room off the ward.
- Policies and procedures guided the staff. Staff understood the observation policy and completed checks as directed. The observations were shared across the staff team.
- All staff had received training on safeguarding patients from abuse via elearning. Staff were not allowed to work with patients without completing this training. We saw that regular bank staff received safeguarding training. Staff were aware of what constituted a safeguarding concern and were clear how to report it. Sherwood Lodge had raised 29 safeguarding alerts since April 2015. This showed that staff were aware of their responsibilities and took measures to protect patients from abuse.

However:

- On reviewing our records, we noted that CQC had not received all safeguarding notifications in a timely

manner. The manager had submitted safeguarding alerts to the local safeguarding board and then waited to see if they constituted a safeguarding concern before notifying CQC. Between April and October 2015, four safeguarding notifications had been submitted to CQC after the safeguarding board had categorised them as a safeguarding concern. We were satisfied that patients were safeguarded by staff raising alerts. We raised the issue of delayed notifications with the manager during the inspection and were assured that future notifications would be submitted without delay.

Track record on safety

- The hospital had had no serious incidents in the 12 months before our inspection.

Reporting incidents and learning from when things go wrong

- Staff reported incidents of harm or risk of harm by filling in a paper form. Staff spoke confidently about incidents that should be reported and how to do it.
- Since January 2015, 598 incidents had been reported relating to 448 separate incidents. Violence and aggression, both physical and verbal, accounted for 408 incidents. There were 54 self-harm incidents recorded. Damage to property accounted for 47 incidents. Seven incidents had been reported as near misses. Incidents were reported, investigated and learning identified.
- Feedback from incidents or investigations was shared with the team either electronically via email, via multidisciplinary team meetings, handovers or via team meetings. We observed recent incidents being discussed at a handover. We saw in team meeting minutes that feedback was given to staff.
- Staff were debriefed after incidents. This could be informal during the shift or through a formal meeting for more serious incidents. Staff valued debrief being available.



Wards for people with learning disabilities or autism

Are wards for people with learning disabilities or autism effective?
(for example, treatment is effective)

Good



Assessment of needs and planning of care

- We reviewed nine records, which showed that staff assessed patients' needs comprehensively on admission. Staff regularly updated these records. This meant that patients' needs were identified by staff and care planned so they were met.
- Each patient had one set of notes.
- On admission both doctors and nurses completed a physical health assessments of patients. However, in five of the nine records, the physical health assessments completed by nurses were not thorough or complete. This could have meant important information was not easily available to all staff.
- Patients had a personal health folder. This contained evidence of ongoing physical health checks. There were clear records of appointments being kept with community services, such as diabetic eye tests and blood tests. Two patients told us a chiropodist visited every six weeks to cut their toenails.
- A monthly well man clinic monitored physical health, including weight, blood pressure and pulse. Complete records of ongoing monitoring were present and comprehensive. If a patient refused to attend, this was documented by staff.
- One patient had returned the previous night from a general hospital. We saw that the patient's care plan had been updated by staff. Staff were working to update the health action plan and folder. This meant that staff monitored and met physical health needs in a timely manner. One staff member said that input or supervision from a registered general nurse would strengthen physical health care.
- Care records were recovery-focussed, up to date, personalised, and holistic. This indicated that staff treated patients as individuals. We saw comprehensive

care plans that detailed interventions for patients. All records contained a positive behavioural support plan for use if patients became distressed. The plans were clear and detailed.

- Care records were kept in a staff base, which was kept locked. The notes were easy to follow and in a chronological order.

Best practice in treatment and care

- There was a range of psychological therapies available to patients. The care records we reviewed contained care plans detailing psychological interventions. Staff used positive behaviour support plans and person-centred care in line with guidance from the National Institute for Health and Care Excellence (NICE) on Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. We saw the team used a comprehensive treatment pathway checklist to inform intervention.
- Doctors prescribed medication within the dose range recommended by the British National Formulary. Medical staff emphasised that medication was kept to a minimum. Prescription charts confirmed that doctors prescribed low dose medications. Two patients told us they were on a staged self-medication programme as part of their rehabilitation.
- The hospital was pioneering the use of visual discharge planning (VDP). VDP included the patient from the point of admission. By using visual aids, it ensured that patients were actively engaged in the process. VDP centres on the patient being an active driver in their treatment. Emphasis is on the patients identifying and meeting their own goals and progressing to the point of discharge. Patients knew of VDP and knew of their discharge plans.
- Staff had completed health of the nation outcome scales (HoNOS) rating scales in records we reviewed. HoNOS is a nationally recognised scale used to measure the health and social functioning of people with mental health problems. This meant staff monitored and reviewed patient progress.
- A total communication audit was completed every three months by the speech and language therapist. The



Wards for people with learning disabilities or autism

nursing team completed clinic room audits. The visiting pharmacist completed pharmacy audits. Results of audits were fed back to the team via team meetings and handovers.

Skilled staff to deliver care

- The team was made up of a good range of disciplines. These were medical staff, nurses, and healthcare assistants, psychologist and psychology assistants, occupational therapists and technical instructors, an art therapist and a speech and language therapist. A local pharmacist visited the wards weekly to check medications. This meant there was a good range of professionals to support patients holistically.
- Some staff had worked at the hospital since it opened and others were newer staff. Staff received an induction to the hospital. No staff member could work with patients without completing safeguarding training. Staff confirmed that they had received an induction when starting at the hospital. Staff showed us a new induction package that a healthcare worker was developing, supported by a senior staff nurse. The aim of the new induction package was to give new healthcare staff both the knowledge and practical experience of completing paperwork. The healthcare assistant had identified that practical learning would be beneficial and had been supported to develop the new induction package by the hospital manager.
- We saw records of regular managerial supervision of staff's work performance. Senior non-nursing staff received management supervision from the hospital manager. Professional supervision was from a lead within the wider organisation. Regular bank staff received supervision. Staff told us that they received supervision monthly and that they valued it. This meant staff were supported in their roles.
- Regular staff appraisals took place systematically. Regular bank staff received appraisals. Of the staff due an appraisal, 30 staff had received them, two had not (these were less than eight weeks overdue). This meant staff performance and development was reviewed continually.
- The consultant had received an appraisal within the previous 12 months. He received supervision every four

to five months from the medical director. He had revalidated in June 2015. The locum doctor had worked at the hospital for six weeks. The consultant supervised him.

- Staff training was available. Staff completed mandatory training online. The consultant had attended local and national learning events. We spoke to staff who had started work as bank healthcare workers and were now working in substantive senior roles: head of housekeeping, team leader and head of care. Staff told us the manager and Cambian had supported them to complete NVQ and professional training qualifications. The provider had funded these. This meant the service was committed to developing its staff.
- There were no issues relating to poor staff performance. The manager gave examples of where he had addressed staff performance and actions that he had taken.

Multi-disciplinary and inter-agency team work

- Handovers occurred between the day and night shift twice each day. We attended a handover, which had 19 staff present: nurses, healthcare assistants, occupational therapy aids, maintenance staff, and the hospital manager. Staff used handover notes to enhance the communication between shifts. At the start of the handover, there was an overview regarding the guiding principles of the MHA and MCA. The nurse who had worked nights covered this. The following handover discussion was patient-centred. It covered level of risk, mood, and presentation. Staff discussed medication compliance and the use of 'as required' medications. There was a review of any leave taken and general concerns. We saw that staff discussed discharge planning for one patient who was hoping to move into the 'step-down' facility. There was discussion regarding the physical health needs of a patient who had visited the local accident and emergency department during the night. There were plans made and staff identified to follow up recent referrals for specialist care for this patient. There was recognition that external specialist guidance was necessary to treat the patient safely. There was discussion of a patient who had a birthday that day. Staff made plans to organise a birthday cake. The manager asked staff to consider a change in



Wards for people with learning disabilities or autism

presentation of a patient and why this was. We witnessed an open discussion where staff gave their observations and views. The team listened to each other and respected others' opinions.

- We attended two multidisciplinary team meetings. One meeting involved medical and nursing staff, senior healthcare assistants, a receptionist, psychology, occupational therapy and kitchen staff, and the hospital manager. We witnessed a discussion of the needs of a patient who had recently developed physical health problems. The discussion focussed on the individual and what they could achieve. There was an exploration of options and creative discussion around how to overcome potential health problems balanced against the patient's likes and wishes. This demonstrated that the team were not risk adverse and put the needs of the patient first. There was an opportunity for the patient's altered dietary needs to be shared by the staff. The head chef was able to contribute to the discussion and clarify dietary needs. We witnessed a further discussion of a patient wishing to move to the 'step-down' unit. Staff discussed how to manage this safely and in a supportive manner. The patient joined the meeting and expressed his wish of wanting a door pass to be able to leave the building without asking and experience 'freedom'. The staff agreed this. The team explained to the patient that having a door pass meant he would be responsible for ensuring no one came into the building who should not. The information was delivered by staff at a pace and level that was easy to follow. Staff asked the patient if he had any questions and then allowed time to think about this, respecting the patient. The patient appeared relaxed despite the large number of staff present, indicating that the patient was comfortable with the staff. He addressed staff members by their first name, including the hospital manager.
- Staff consistently told us that different kinds of staff worked as a good team and that staff worked together to meet patient need.
- External care teams remained involved with patients at Sherwood Lodge. Staff held regular care programme approach (CPA) meetings. They included external care co-ordinators. We saw that local GPs and a pharmacy were integrated into the patient care packages. Patients accessed local opticians and dental practices, supported by staff if needed.

- Sherwood Lodge developed relationships with other providers. This was evident in discharge planning. Staff supported service users and 'new' providers to ensure the patients' journey between services was as smooth as possible.

Adherence to the MHA and the MHA Code of Practice

- We checked the records of six detained patients and found that the Mental Health Act (MHA) detention documentation was in order.
- Recording of capacity to consent to treatment was present in all notes we reviewed. Medicine cards were supported by the appropriate MHA paperwork. This meant that patients were informed of their treatment packages. One T3 form (authorising a patient's treatment) contained an error but this was rectified on the day of the inspection.
- Patients were informed of their rights and knew about the sections of the MHA they were subject to. We found that tribunals and managers' hearings took place.
- Staff documented section 17 leave (permission for detained patients to leave the hospital) appropriately. Staff assessed the provision and outcome of leave during ward rounds and recorded the parameters and conditions of leave. Patients signed section 17 leave forms indicating their involvement. Staff signed the forms to confirm that they had gone through the conditions with patients before leave started.
- Staff were aware of the independent mental health advocacy (IMHA) service. In the records we reviewed, it was documented that the patient had been informed of the IMHA service. Patients told us they used advocacy services. There was easy-read information displayed about advocacy, MHA and CQC.
- A full-time MHA administrator based on site provided MHA support. Initial training had been provided by shadowing another MHA administrator. Since then, they had received a yearly update with a solicitors' firm. They had not received training on the new code of practice. We saw that files were kept detailing managers' hearings, tribunals, and second opinion doctor forms.
- Staff had training in the MHA but it was not mandatory. Of 58 staff, we saw that 27 staff had received training in the MHA. There were plans for a further 17 staff to complete it. Staff we spoke with had a good working knowledge of the MHA.
- We saw staff gave informal patients an easy-read leaflet with pictures showing how to leave hospital.



Wards for people with learning disabilities or autism

Good practice in applying the MCA

- The hospital was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Of the nine records we checked, two patients were subject to restrictions on their freedom covered by DoLS. We found the legal papers were in order and that standard authorisations had been made.
- Staff had training in the MCA and DoLS but it was not mandatory. Of 58 staff, 27 had received training. A further 17 were booked to complete it.
- There was a policy on the MCA and DoLS staff could refer to. Staff understood their roles and responsibilities about the Mental Capacity Act and Deprivation of Liberty Safeguards.
- All records had a capacity assessment present, which was detailed and specific. We saw that staff reviewed them periodically through ward rounds.

Are wards for people with learning disabilities or autism caring?

Outstanding



Kindness, dignity, respect and support

- We observed that patients were treated with respect and dignity and that they appeared relaxed. Patients freely interacted with staff and called them by their first names.
- Patients told us that they felt safe and that staff looked after them well. They said staff were always nice and kind and never rude. They said staff cared about them. One patient said that staff were there for the patient - "they do things with us". Patients said staff knocked on bedroom doors before entering.
- Patients said they were confident that staff would support them with their physical health.
- One patient told us that before moving to Sherwood Lodge he was given 'as required' medication 'every other day'. In the past eight to nine months at Sherwood Lodge he had taken it three or four times. He said the difference was that staff helped him by doing things with him or making suggestions about what he could do.

- We noted during a multidisciplinary meeting that a patient was allowed time to voice their views and opinions. Patients told us they just had to ask staff and staff would respond. We saw staff responded promptly to requests.
- We observed that that patients' needs were identified and met through individualised care plans. One patient told us that they went to Tae Kwando classes in the community twice each week. Another patient told us he played golf. Care plans were in a format patients could understand.
- Relatives told us that they felt patients were safe. They said their relatives had never complained to them. The manager was very open and approachable. One relative said that when her son had been restrained the manager had talked to her about it. Relatives said there always seemed lots to do. One relative described her son as coming on 'leaps and bounds' since moving to Sherwood Lodge. Relatives were aware of the psychological and social work that was completed.

The involvement of people in the care they receive

- Patients told us that before moving to Sherwood Lodge they had visited and spent time there. Patients were shown around the ward by staff on their arrival. Staff gave an easy-read booklet to patients, with information about the hospital. A buddy system operated to further orientate new patients to the hospital.
- Patients confirmed that they had been involved in the development of their care plans. They told us that staff offered them a copy of their care plans. Staff reviewed patient risks daily. Patients told us staff sat down with them to decide if their current risks were 'red, amber, or green'. We saw detailed care plans that identified goals. Patients were clear what their personal goals were, except one patient, who said they did not know what a care plan was or when they were going to be discharged. Five of the nine care plans had been signed by patients.
- Patients were clear about the advocacy service. They told us the days the advocate was available. They spoke positively about the support the advocate provided. The advocate supported patients in ward rounds and care



Wards for people with learning disabilities or autism

programme approach (CPA) meetings. Patients said the advocate would come for meetings on days when they were not usually there. This meant that staff supported the patients effectively.

- Patients who had relatives and carers spoke of maintaining contact. Patients said their relatives were invited by staff to care programme approach meetings and that they came if they could. Visitors attended the unit or staff facilitated escorted home leave for patients to see their families. Patients said this always happened and was never cancelled. Home leave could involve several hours, as some patients lived a distance from the hospital. One patient had recently lost their mother; the hospital had facilitated daily leave during the time the patient's mother had been very unwell, demonstrating that the service was caring.
- The team leader had organised a focus group for relatives and carers but no one had attended. She had then sent out a survey to try to gain feedback, early in 2015. From 26 forms, 14 responses had been received. Responses were generally positive: Twelve people said they were happy with services at Sherwood Lodge, two were neutral. Eleven people felt relatives got the care they needed, three were neutral. Nine people felt their relatives had made progress, three were neutral and two were negative. Thirteen people felt their relatives were safe. One person had no idea. Eleven people were positive that Sherwood Lodge was meeting their expectations. There were two neutral responses and one negative response. Seven people felt they received enough communication from Sherwood Lodge, three people were neutral and two people were negative. This demonstrated that the service tried to gain the views of relatives and carers. We queried the lower positive responses regarding communication with the team leader, who said it was usually if patients did not consent to information being shared with their relatives.
- The unit held two patient meetings each day. The morning meeting at 9.30am was used to plan time out and activities for the day. The reflective meeting at 5.30pm was to evaluate how each patient's day had gone. We attended both meetings during the inspection. Patients were encouraged to attend but not pressurised. We found the meeting to be relaxed and informal. Staff facilitated requests made regarding patient preferences. Achievements made by residents

were recognised. One patient described the meeting to us as 'how did today go and how can tomorrow be better – a time to let go and see how people feel'. These meetings ensured patients were fully involved in their care planning and they were involved in evaluating their progress.

- Community meeting took place weekly, where patients were able to give feedback. We saw records, which demonstrated that staff took action in response to requests. Patients told us they could raise any issues in the meeting and got feedback from staff.
- One patient told us that the manager had said to let them know when they wanted to be involved in staff interviews. No patients had participated in staff recruitment to date. When we asked about this, staff thought it would be a positive change if progressed.

Are wards for people with learning disabilities or autism responsive to people's needs? (for example, to feedback?)

Outstanding



Access and discharge

- From the point of admission, staff and patients planned the patient's discharge together. Visual discharge planning was used to ensure patients were fully engaged in the process. Patients told us of their discharge plans and the type of support they would receive from their new placement. One patient was hoping to move to a group home.
- In the 12 months before our inspection, the hospital did not have any delayed discharges. Staff were proactive to ensure timely discharges. The hospital manager informed us that the hospital team had to be assertive with external care teams to progress patient discharges. We saw evidence in care records that staff took proactive actions to facilitate discharge. Staff supported patients through the transition from being in hospital to living elsewhere.



Wards for people with learning disabilities or autism

- Patients moved to the step-down facility on a planned basis as part of the discharge pathway. Occasionally, patients returned to the main ward area if they were struggling to adapt to the change of care environment. This was based on the patient's needs.
- Average bed occupancy at the hospital for the six months before our inspection was 100%. The hospital had a waiting list for patients to be admitted.
- The service was a locked rehabilitation facility; it had patients from the local area and from wider parts of the country.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had an extensive range of rooms and facilities to support patients. It had a well-equipped clinic room. There were quiet areas of the hospital that patients could freely access. We saw a fully equipped art room and saw patient artwork displayed throughout the hospital. The hospital had a barber's shop of a high standard. The barber's shop was to encourage patients to improve their self-care skills rather than to discourage use of local community services.
- There was a comfortably furnished visitors' room in the main reception area.
- The hospital had a private payphone that patients could freely access. Patients told us that they were allowed by staff to use the ward phone when they asked. If assessed as appropriate, patients could have their own mobile phones.
- There were large outdoor spaces. There were two garden areas, which were fenced. Patients were able to use the gardens freely. We saw that staff accompanied patients on high levels of observation. They were not restricted in their movements.
- The hospital kitchen had received the highest possible rating for food hygiene in April 2015. Patients told us that the quality and variety of food was good. We saw that the chef provided menus to meet dietary needs. We saw low salt, diabetic and easy-chew options. The chef provided menu choices in consultation with the medical, nursing, and speech and language therapy worker. Patients completed a weekly menu. The chef was willing to make meals not on the menu if patients changed their minds. One patient told us that they did

not like sweetcorn; they had made this known and had then received their meal without the sweetcorn. This demonstrated that staff took account of patient choices and preferences.

- Patients were able to make hot and cold drinks. The kitchen area was unlocked throughout the inspection. Patients told us that at night they had to ask for a drink but staff facilitated this.
- We saw that patients were able to personalise their bedrooms. Patients had TVs and DVD and CD players in their rooms. Patients were encouraged to have their own personal memorabilia. We saw Elvis items and sporting items in two separate patient bedrooms. Patients were able to choose the colour of one feature wall. We witnessed a discussion involving maintenance staff where the patient had chosen their bedroom colour for painting.
- Patient bedrooms were locked. The patients we spoke with felt that this meant their personal possessions were safe. Some patients had keys to their own rooms if assessed as safe to do so, demonstrating that the service valued patients' rights to privacy.
- A full range of activities occurred throughout the week. Staff did not cancel activities. Both group and individual activities were available. Patients told us that they went to the cinema, played games, went to local shops, and went to sporting events. Patients took a lead in organising activities; a pool tournament, table tennis competition, and Halloween party had taken place after patients had organised them. Occupational therapy services covered Monday to Saturday to provide access to activities. Patients told us that staff took them out at weekends. A patient told us they liked to lie in bed at weekends and this was accepted.

Meeting the needs of all people who use the service

- Disabled patients, including wheelchair users, could access all areas of the hospital. The hospital was on two levels connected by a lift.
- A wide range of leaflets was available in easy-read format, with photographs and pictures to assist understanding. We saw MHA, CQC and advocacy leaflets. Boxes for compliments, suggestions, requests and complaints were in a patient area and had pictures to indicate their uses.



Wards for people with learning disabilities or autism

- There were noticeboards advising patients to speak to staff if they wanted to do specific activities. There was a noticeboard containing recent community meeting information. We saw that staff advertised therapeutic jobs, with the opportunity for patients to earn a wage. The current job vacancy was a cleaning job. It specified the tasks involved and told patients how to apply. This range of information meant that patients were aware of what was happening in the hospital and had opportunities to move forward.
- There was a wide variety of menus available. The chef had devised different diet options supported by the medical and speech and language therapy staff, including easy-chew and specialist diets based on religious or cultural beliefs. The chef used locally sourced vegetables and meat so had flexibility to meet dietary needs quickly. Patients spoke with enthusiasm about how they had a pizza night, which they took turns to shop and cook for. On a Saturday evening, a takeaway meal was planned. Patients said it could be Indian or Chinese and that they enjoyed it.
- There was a multifaith room. On the day of inspection, it contained only a prayer mat. Staff said it normally contained various religious materials but one patient took them to his bedroom on most days.

Listening to and learning from concerns and complaints

- Since January 2015, the hospital had received six complaints. All had been resolved locally. We saw that complaints were recorded and that written responses given to people who complained.
- Patients knew how to complain. Patients told us they would directly approach either the manager or head of care if they were unhappy about anything and they would sort it out. There were boxes available for patients to complain in writing if they did not want to approach staff members.
- Staff we spoke with knew how to deal with and escalate complaints.
- Staff received feedback on issues either via email or via discussion at handovers and team meetings.
- The hospital had received five compliments since January 2015. Four from external professionals, one from a carer.

Are wards for people with learning disabilities or autism well-led?

Good



Vision and values

- Staff were familiar with the organisation's values. They spoke with enthusiasm and confidence about them. Staff consistently highlighted the holistic care provided to the patients.
- The hospital objectives were to provide a high quality person-centred service. The team translated this into their practice. We held two focus groups with staff who uniformly said the needs of the patients were paramount. We saw innovative approaches to engaging with the patients.
- All staff knew who the senior staff members were in the hospital. They confirmed that these staff members were a daily visible presence. The head of care and hospital manager operated an open door policy. If staff had ideas or concerns, they could go and express them directly.

Good governance

- There was enough staff to meet patient needs. Frequently, staffing levels exceeded agreed minimum levels.
- Staff received mandatory training, supervision and appraisals of their work performance.
- Staff had a working knowledge of the MHA and MCA and their application to their work. However, MHA and MCA training was not mandatory. Fewer than half the staff had completed training (27 out of 58) but there were plans for a further 17 staff to do it.
- Staff spent time directly working with patients. Support services were available to enable this to happen.
- Staff reported incidents of harm or risk of harm and the incidents were investigated. Learning from incidents was shared with staff in a variety of ways.
- The hospital met its expected performance criteria. The hospital manager had authority to adjust the service delivery to meet patient needs.



Wards for people with learning disabilities or autism

Leadership, morale and staff engagement

- The hospital had had no bullying and harassment or whistle-blowing cases.
- Staff said they would feel confident to raise any concerns without fear.
- Staff reported feeling valued. They enjoyed their jobs. Morale was high. Staff were enthusiastic and committed to providing a high quality hospital. The hospital involved staff from all areas in the overall service delivery. There was recognition of each other's roles and responsibilities and attributes. Staff said that there were strong personalities within the team, which could lead to heated discussions, but this was seen as a healthy part of the process.
- Staff members were actively encouraged to develop in their roles. We saw examples where staff had received training and progressed within the service.
- Catering and housekeeping staff members had been supported by the manager to develop patient-friendly menus and cleaning rotas the patients could easily understand. Domestic staff were involved in the rehabilitation of patients. They worked to develop stepped cleaning rotas with patients. We saw excellent visual aids that the senior housekeeper had created, supported by the speech and language therapy worker, to help patients keep their rooms clean and tidy. They were in easy-read format and took a graded approach to help patients with the cleaning of their own rooms as part of their rehabilitation programme. We were impressed that there was recognition of what patients could do and that staff praised achievements.

- Staff told us that following a particularly difficult and challenging time with patients Cambian had agreed and paid for all staff to go out for a meal as a reward for their hard work.
- A carers' survey had been completed. Patients were able to influence care through either the daily planning meeting or the weekly community meeting.

Commitment to quality improvement and innovation

- The service operated as a complete team. Catering, administration, maintenance, and housekeeping staff were viewed as active team members. The enhanced communication made possible through this approach meant that patients received a timely response to changes and that the service was cohesive in its approach and aims.
- Domestic, catering and maintenance staff were present at the daily handover. We witnessed maintenance staff working collaboratively with nursing and medical staff to plan the decoration of a patient's room. The maintenance worker had spent time with the patient identifying colour schemes and the patient's input into the redecoration of his room. This was discussed with the team and agreement made.
- There were plans to further develop the use of visual discharge planning by purchasing an electronic board so that staff could complete the care plan with the patient during the meeting.
- Staff audited aspects of care to ensure that quality was maintained.
- The service had submitted a bid to transform one of its rooms into a fully equipped sensory room.
- The service had submitted a bid to have an all-weather sports area that could be used as a local resource.

Outstanding practice and areas for improvement

Outstanding practice

- Sherwood Lodge took a whole team approach to meeting the needs of patients. The service operated as a complete team. We saw that catering, administration, maintenance, and housekeeping staff were viewed as active team members. The enhanced communication made possible through this approach meant that patients received a timely response to change. The service was cohesive in its approach and aims.
- The hospital was pioneering the use of visual discharge planning, which includes the patient from the point of admission. Using visual aids ensured that patients could be engaged in the process. Visual discharge planning centres on the patient being an active driver in their treatment. Emphasis is on the patients identifying and meeting their own goals and progressing to the point of discharge.
- Sherwood Lodge actively invested in the training and development of its staff.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that all necessary notifications are made to CQC in a timely manner.
- The provider should ensure that all physical health documentation is fully completed in all sections.