

Four Seasons (Granby One) Limited The Huntercombe Centre – Sherwood

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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Good



Summary of findings

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.

Overall summary

We rated The Huntercombe Centre Sherwood as good because:

- The service completed environmental and individual person risk assessments that helped to keep people who used services safe.
- The service identified and met individual people who used service's needs. There was a clear recovery focus. People were involved in their care and could influence the delivery of the service.
- Staff treated people who used services with respect and dignity. People who used services and their relatives felt the service was safe.
- There were effective communication systems, which enabled the team to operate as a whole team. This meant that appropriate staff supported people who used services with elements of their care.
- The manager was a visible presence in the service and staff felt supported. Staff enjoyed their jobs and felt proud of the work they did.

- There were systems present between the service and company that allowed for the sharing of information.
- There were sufficient staff to meet people who used service's needs. Staff knew how to safeguard people. Learning from incidents and complaints took place.

However,

- Staff had not signed all medication administration records, which could have led to medication errors.
- Records did not evidence that staff had checked the defibrillator as regularly as planned. The defibrillator should have been checked weekly but in the past two months there were gaps in the recording of this.
- Not all staff completed clinical supervision as regularly as planned. This was outside of the providers own standards of six to eight weekly supervision.
- Staff were unclear between the differences in the Mental Health Act 1983, Mental Capacity Act 2005, and Deprivation of Liberty Safeguards and how these supported people.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
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Long stay/ rehabilitation mental health wards for working-age adults	Good	
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Summary of findings

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Good



The Huntercombe Centre – Sherwood

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Our inspection team

Team leader: Lynne Pulley Inspector

The team that inspected the service comprised two CQC inspectors and a two specialist advisors:

- a social worker,
- an Expert by Experience (someone who has personal experience of using or caring for someone who uses mental health services).

Why we carried out this inspection

We inspected this service 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 these services.

During the inspection visit, the inspection team:

- visited the care environment and looked at the quality of the environment.
- observed how staff cared for people
- spoke with seven people who were using the service
- spoke with the registered manager for the service

- spoke with ten other staff members; including nurses, support workers, administration staff, housekeepers, and a chef.
- Spoke with three carers
- attended and observed a staff hand-over meeting.
- attended a morning meeting which was in addition to handover to include staff members who were not present at handover
- attended two Sherwood heroes meetings. Sherwood heroes meetings recognised staff and people who used services who had excelled with their contributions in the previous two weeks.

We also:

- looked at 12 treatment records of people.
- reviewed 12 people's medication charts
- looked at a range of policies, procedures and other documents relating to the running of the service

Information about Four Seasons (Granby One) Limited The Huntercombe Centre – Sherwood

The Huntercombe Centre – Sherwood is a specialist care home with nursing. The service is for men with mental health needs, challenging behaviour, or complex needs. Some individuals may also have intellectual disability and some may have a forensic background with

associated risk and be on a Community Treatment Order. The service has 18 beds, 14 in the main building and four individual flats on site but in a separate building. On the day of inspection, 14 people were at the service.

Summary of this inspection

The service is regulated to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and for the treatment of disease, disorder or injury.

The registered manager is Michelle Rope. The registered accountable officer for controlled drugs is Michelle Rope.

The service was last inspected 29 October 2013. At this time, we assessed the service as compliant on the following regulations consent to care and treatment, care and welfare of people who use services, cleanliness and infection control, safety and suitability of premises, and supporting workers.

What people who use the service say

People who used services and their relatives told us they felt the Huntercombe Centre Sherwood was safe. They said staff were caring, respectful, and polite. People who used services told us they felt valued and that staff listened.

People who used services said staff sat down with them to complete their care plans. People felt confident staff would support them to meet their physical health needs.

Relatives were positive about the activities that people who used services had completed since moving to the service. One relative said the service was properly person centred.

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?

We rated The Huntercombe Centre Sherwood as requires improvement for safe because:

- Staff had not signed all medication administration records when they had dispensed medication. This could have led to staff giving people who used services extra medication.
- Records did not evidence staff had checked the defibrillator weekly as required. This could have meant it was not safe to use if needed.

However,

- The environment was clean, pleasant, and well furnished. The downstairs of the service had been recently redecorated.
- There were sufficient, suitably qualified staff to meet people who used service's needs.
- Staff completed safeguarding training and knew how to identify abuse and actions to take to protect people.
- Staff completed environmental and individual risk assessments for people who used services, helping to keep people safe. Staff completed a daily security check of the premises.
- Staff reported incidents, learning and debrief took place after incidents.

Requires improvement



Are services effective?

We rated The Huntercombe Centre Sherwood as good for effective because:

- Care records were complete and up to date with a clear recovery focus.
- The service completed on-going audits to improve practice.
- There was effective communication across the whole team. Planning meetings took place that staff attended including administration, housekeeping, and catering staff. This enabled a whole team approach as staff had clear roles and responsibilities to support people who used services.
- The service had relationships with external agencies that supported people who used services, such as psychiatric nurses and social services.
- The manager supported and encouraged staff to complete additional training. The manager sourced specific training for the team to meet the needs of people who used services.

However,

Good



Summary of this inspection

- Not all staff regularly completed clinical supervision. Records showed that figures for completed staff supervision for January were 51%, February 18% and March 53%. The provider stated that supervision should take place six to eight weekly.
- Staff were not clear which legislative framework was in place to support people who used services. They appeared confused between the Mental Health Act, Mental Capacity Act, and Deprivation of Liberty Safeguards.

Are services caring?

We rated The Huntercombe Centre Sherwood as good for caring because:

- Staff treated people who used services with respect and dignity. Interactions were relaxed between people who used services and staff. People who used services were involved in decisions about the service such as staff recruitment.
- People who used services felt safe. Relatives felt people who used services were safe.
- The service had supported one individual who became physically unwell to remain there until they died, as this is what they wanted. The service had sourced external support to facilitate this happening.
- People who used services were confident the service would help them meet their physical health needs.
- Staff had a good understanding of individual people who used service's needs. People and carers felt involved in the planning of care.

Good



Are services responsive?

We rated The Huntercombe Centre Sherwood as good for responsive because:

- The service had items it considered to be limited items. This could include cigarette lighters or internet enabled mobile phones. Staff completed individual person risk assessments and worked with people who used services to manage risks associated with the items.
- People who used services were able to give feedback and influence the menu and activities offered.
- There was a good range of rooms and outdoor space available that met people's needs.
- People who used services and relatives knew how to complain. There was a process that staff were familiar with for responding to and dealing with complaints. People received written responses to complaints raised.

Good



Summary of this inspection

Are services well-led?

We rated The Huntercombe Centre Sherwood as good for well-led because:

- The manager was a visible presence throughout the service. The manager was approachable and staff were confident to raise issues with her.
- Staff felt they were completing a worthwhile job. Staff were proud of their work.
- There were systems in place for the manager to escalate concerns and for the manager to receive learning and information from the wider organisation.
- Staff had information available to them about the company and knew how to give feedback. There was an audio blog all staff could telephone into and an e-mail address where staff could directly contact the Chief Executive.
- The service completed regular audits to assess and improve the service provided.

However,

- Staff supervision did not always take place when planned.

Good



Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

- The service had a policy on the Mental Health Act (MHA). Staff received training on the MHA via e learning. The manager had provided additional training sessions for staff on the MHA.
- The Huntercombe Centre – Sherwood only took individuals detained under the Mental Health Act (MHA), who were subject to community treatment orders (CTOs) or guardianship. CTOs and guardianship are to support individuals who have left hospital, and who need the support of the MHA to live in the community.
- At the time of inspection, there were two people subject to CTOs and two people were subject to guardianship.
- Responsibility for individuals detained under the MHA was with external care teams. The Huntercombe Centre – Sherwood did not manage the MHA but did liaise with the individuals responsible.
- The service periodically read the rights to individual detained under the MHA as good practice.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). At March 2016, 78% of staff were up to date with MCA training and 89% of staff were up to date with DoLS training. The visiting advocate had also provided a training session for staff on MCA.
- The service had a policy on MCA and DoLS. A patient experience officer was available within the company to support and advise regarding the MCA and DoLS.
- At the time of inspection, two people were subject to DoLS.
- We saw the manager kept a folder detailing DoLS applications. The service had made two requests for urgent authorisations to the local authority for current people who used services. Both of these applications had been authorised. There was evidence the manager regularly reviewed applications and wrote to the relevant local authorities to ensure reviews when due were completed.
- Notes reviewed contained a capacity assessment and the assessments were dated. We saw if capacity was in question staff held discussions around best interest decisions.
- Some staff were not clear regarding which legislation supported individuals. They were unclear regarding the MCA and DoLS and two staff confused this with the MHA. However, staff said if they were unsure, they would speak to the manager.

Overview of ratings

Our ratings for this location are:






	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Good	Good	Good

Detailed findings from this inspection

Notes

Long stay/rehabilitation mental health wards for working age adults

Good 

Safe	Requires improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are long stay/rehabilitation mental health wards for working-age adults safe?

Requires improvement 

Safe and clean environment

- The main day area which consisted of a lounge and dining area allowed staff to observe people who used services.
- There were fixed ligature points present in the building that could pose a risk to individuals' intent on self-harm. Ligature points are fixtures to which people might tie something to strangle themselves. Staff used observations of people who used services to mitigate this risk. The service completed an environmental risk assessment that included assessing ligature points.
- The service was a male person environment.
- The environment was clean. We saw cleaning taking place during our inspection. The service employed a full time housekeeper. The housekeeper kept records and audited general cleaning. Support workers supported people who used services to clean their own rooms and the accessible kitchen following cooking. However, these records were not fully completed. The manager was aware of this and had introduced a new system following an audit in March 2016 to try to simplify the recording of cleaning by care staff and people who used services.
- Nottingham City Council rated the service kitchen as five star (very good) for food hygiene in October 2015.

- The manager successfully bid for funds to redecorate the downstairs of the main building. The company had an initiative called 'glamour your manor', which funded improvements. Furnishings were in good repair, providing a welcoming and homely environment.
- Environmental risk assessments were completed. The service was without a maintenance person, who would normally complete these assessments. The manager had recruited to the position but was waiting for checks to be completed to enable the person to start. To manage the risk of having no maintenance person the manager had trained staff and delegated basic health and safety roles to individual team members to ensure the completion of checks. Checks completed included health and safety, fire alarm systems, and water testing. The manager had placed the lack of a maintenance person on the risk register and escalated her concerns to the company.
- The service completed daily security checks. These covered inside and outside of the building and staff used these to identify damage, health and safety issues, and maintenance needs.
- Staff carried personal alarms to summon assistance if needed. The nurse in charge issued alarms to staff who signed for them at the beginning of each shift.

Safe staffing

- The service operated two main shifts. Days were from 7.15am until 7.30pm, nights were 7.15pm until 7.30am.
- The company based the staffing for the service on bed occupancy. The establishment for the service was 4.5 full time qualified nurses and 19.5 support workers. The service had 1.5 vacancies for qualified nurses. The service had recruited one full time nurse who had a start date. There were two support worker vacancies.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The service rarely used agency staff. Bank staff knew the people who used services, and were familiar with the service. Bank staff are a group of regular staff who work when needed. Between November 2015 and January 2016, agency staff had covered 12 shifts and regular bank staff covered 99 shifts.
- Staff sickness between August 2015 and January 2016 was an average of 4%. This is an average figure for sickness.
- During the previous twelve months up until the end of January 2016, eight staff had left or 33% of total staff. This was a high staff turnover.
- The service operated with one qualified nurse per shift. Four support workers worked during the day and three at night. Between 29th February until 19th April 2016 (final day of inspection), there were six shifts where the staffing was less than the minimum number expected per shift. On 56 occasions, the staffing levels exceeded the minimum staffing number per shift. A qualified nurse was always on duty.
- The manager had the ability to adjust staffing levels to meet peoples' needs.
- Throughout the inspection, staff were present in the main communal area and so were available to support people who used services.
- People who used services received regular one to one time with staff.
- Planned activities took place. Staff cancelled activities and leave if the weather was poor or if a driver was not available. This was an infrequent event.
- There were sufficient staff on shift to carry out physical interventions if needed.
- The service did not have a doctor within the team. If a doctor was required the service supported people either via planned GP or specialist appointments or via emergency services.
- Staff received mandatory training. Mandatory training figures in March 2016 were 81%. Generally, levels of training completed by staff were high, in excess of 90%. The lowest figure for staff completing training related to food hygiene training, 65% of staff had completed this. Other training, which was below 90% compliance, was information governance, child protection, adult protection, and fire safety. These figures were all in excess of 85%. The manager was aware training needed to be completed. They reviewed and planned for this on an on-going basis, supported by the administrator.

Assessing and managing risk to peoples and staff

- The service did not use seclusion or long-term segregation. Seclusion is the supervised confinement of a person in a room, which staff may lock.
- Between 1st August 2015 and 31st January 2016, there were 14 reported incidents of restraint. All of these restraints related to one person who had since left the service, as the service was not able to meet this person's needs. The service had not used face down (prone) restraint. The Mental Health Act code of Practice states that unless there are cogent reasons for doing so, there must be no planned or intentional restraint of a person in a prone position.
- Staff were trained in MAYBO, a type of conflict management training. The only exception was a member of staff who was currently not in work. Staff spoke confidently about using de-escalation techniques in an attempt to reduce the need for restraint.
- Staff used the short-term assessment of risk and treatability (START) risk assessment, which is a nationally recognised risk assessment tool. Care records contained a current risk assessment. There was evidence staff reviewed these following incidents.
- There were restrictions in place relating to mobile phones with internet access and cigarette lighters. The team individually risk assessed individuals. If it was safe, staff allowed people who used services access to restricted items.
- There were no restrictions preventing people who used services leaving at their will. There were key code exits to the building and grounds. People had the key code to exit. We saw people who used services coming and going from the service throughout the inspection.
- Policies were in place to support the observation of people who used services. As part of the morning handover, the nurse in charge handed out observation sheets to staff members detailing observations each staff member would complete. Staff completed observations a minimum of hourly during the day. If concerns existed, staff could increase observation levels. One person was on constant one to one observations on the day of our visit. We observed staff completing one to one observation and found staff carried this out in a supportive manner.
- The service did not use rapid tranquilisation.
- Staff received training in safeguarding adults and children. Training figures were 89% for safeguarding

Long stay/rehabilitation mental health wards for working age adults

Good 

adults and 85% for safeguarding children. Staff we spoke with could identify different types of abuse and were able to explain the procedures for reporting suspected abuse. The service had made nine safeguarding referrals in the previous twelve months. This meant staff knew how to keep people safe and took measures to do so.

- The service had processes in place to ensure safer medicines management. We saw staff checked fridge and room temperatures daily. Staff dispensed from individually pre-packed dose specific packets. This reduced the chance of error. Qualified nurses dispensed the medications. When nurses dispensed controlled drugs (CDs), a support worker checked the medication with the qualified nurse before giving it to the people who used services. We checked the CD book and found it to be correct.
- Staff regularly audited clinic room medications, equipment, and temperatures. Recent audits identified signatures were missing on medication administration records. This could have meant people who used services received extra medication. Staff had not recorded checking the defibrillator weekly, as required, on several occasions in the previous two months. This could have meant the defibrillator was not safe to use if needed. The staff had not used the defibrillator. The manager was aware of these omissions and had highlighted these areas to staff and made changes to practice. Staff now took medication administration records into handover where they reviewed them for completeness.
- If children visited the service, the visits took place in the visitor's room, which was by reception. People could also visit children in their own homes if assessed as safe to do so.

Track record on safety

- The service had not experienced any serious incidents between April 2015 and April 2016.

Reporting incidents and learning from when things go wrong

- Incident reporting was via an electronic system. Staff knew incidents they should report. Staff could explain the process for reporting incidents and they described previous incidents the team had reported.
- The service was aware of the duty of candour although the service had not had any incidents where this

applied. The duty of candour is a regulatory duty that relates to openness and transparency. It requires providers to notify people who used services (or other relevant persons) of certain safety incidents and then provide reasonable support.

- Staff received feedback from investigations. We saw the service kept logs of safeguarding referrals, Deprivation of Liberty Safeguards, and complaints. The service shared identified learning with the team in a number of ways. The manager or nurse in charge sent e-mails to all staff. Staff discussed incidents and learning during the daily handover and at team meetings. Team minutes reflected the team identified learning from incidents and shared the learning.
- The manager attended regular meetings with other service managers and fed back any wider learning to her team.
- Staff completed debriefs after incidents using debrief forms for both staff and people who used services. Staff confirmed they had been offered and received debriefs. They said this could be informal at the end of the shift or formal if the incident was more serious. Staff felt supported and felt debriefs allowed them not to take concerns home with them. If a person who used services was involved in an incident or witnessed an incident they were also offered a debrief session. We saw completed forms to reflect this.

Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good 

Assessment of needs and planning of care

- Twelve care and treatment records were reviewed. All had a completed comprehensive and timely assessment of need. This meant people's needs were identified by staff and care planned for.
- All files checked contained a person centred plan (PCP). Seven areas were included: mental health, physical health / self-care, living skills, relationships, work and activities, identity and self-esteem and risk and behaviour.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Care records were up to date and personalised with a clear recovery focus. If additional needs were identified that were not covered within the PCP individual person care plans were developed. This was evident when we checked peoples' records.
- Physical health monitoring was via the local GP practice. We saw within care records staff facilitated and supported people who used services to access the GP. Staff completed client on-going health needs monitoring, such as diabetic blood testing and monitoring of blood pressure. We had difficulty locating evidence of annual physical health checks completed by GPs, but this information was present. If an unfamiliar staff member was trying to locate this information they would have to look in different areas of the notes to find the necessary physical health information.
- Staff kept care records in a secure cabinet in a locked staff base.

Best practice in treatment and care

- The service was not responsible for the clinical care and treatment of people who used services. However, nursing staff were able to verbalise where they would find information regarding best practice. Staff were aware of the national institute for health and care excellence (NICE) guidelines and if these were used staff included a copy of the information at the back of individual peoples' files. Staff would liaise with prescribers if they had concerns regarding medication.
- People who used services had on-going access and monitoring from specialist services.
- Staff used outcome measures to assess and monitor the progress of people who used services. The nationally recognised life star used was holistic and measured 10 areas. People who used services self-rated their progress on a scale of one to five.
- Staff last completed an audit of person centred care files in March 2016. Staff reviewed consent to treatment within files in March 2016, and meeting nutritional needs within files in April 2016.

Skilled staff to deliver care

- The service operated with nurses and support workers. Other team members were administration, catering, maintenance and housekeeping staff. We saw evidence of good links with local GPs, community psychiatric nurses, and social workers. External care team

member's details were in individual people's case files and displayed on a board in the staff office. A local pharmacy visited the service every three months and completed an audit.

- The service worked with individuals who experienced mental health problems and learning disabilities. The service employed both mental health and learning disability nurses. Staff felt this benefitted people who used services with varying needs.
- Staff received an induction. A new staff member confirmed receiving a three-day induction. This covered care-planning, introductions to staff and people who used services, and shadowing other staff members. The new staff member felt this was a good and thorough induction. Mandatory training for support workers was via e learning. The service was developing further e-learning modules that would allow support workers to complete the care certificate standards.
- Staff in leadership roles received combined clinical and managerial supervision. Figures for the three months prior to inspection for all staff completing supervision were 51%, 18%, and 53%. There was a structure in place for supervision and appraisal but figures suggested this did not always take place as planned. Staff completed appraisals annually. At the time of inspection, staff had completed approximately 50% of appraisals with plans in place for the remaining.
- Ten staff either had completed or were working towards health and social care diplomas. Health care workers were completing the care certificate via an e-learning package. Half of the staff team had received training in positive behaviour strategies. There were plans in place for the remaining staff to complete this.
- If a new person need was identified staff received additional training. Staff gave us examples of recent training provided, epilepsy, diabetes, mental capacity, and palliative care. The manager sourced this training either through local connections or through the provider.
- There were no formal issues with staff performance.

Multidisciplinary and inter-agency team work

- The team held regular meetings where they reviewed people who used services, these occurred every week. External care co-ordinators arranged care programme approach meetings, which staff attended.
- Staff team meetings took place monthly. We reviewed team meeting minutes from March 2015 until April 2016.

Long stay/rehabilitation mental health wards for working age adults

Good 

They contained an overview of discussions. We noted that the manager gave positive praise to staff members. Staff members did appear to have a voice to raise issues.

- Staff handovers occurred twice daily between the shifts. We attended a morning handover eight staff were present. The handover was very effective and covered areas in detail and considered risk.
- A daily morning meeting took place. This involved the manager, senior nurse, senior support worker, activity co-ordinator, administrator, housekeeper, and chef. This ensured all staff were aware of changes in people who used services presentations. This was also a forum for the sharing of information.
- The team had effective working relationships with external teams. Practice nurses, community psychiatric nurses, and advocacy had all recently provided training to the team, evidencing this. Staff spoke confidently about liaising with external care agencies. Staff knew who to contact and update regarding people who used services.
- Individual records contained a list of names and contact telephone numbers for each person's external care team. This included community psychiatric nurses and psychiatrists.

Adherence to the MHA and the MHA Code of Practice

- The service had a policy on the Mental Health Act (MHA). Staff received training on the MHA via e learning. The manager had provided additional training sessions for staff on the MHA.
- The Huntercombe Centre – Sherwood only took individuals detained under the Mental Health Act (MHA), who were subject to community treatment orders (CTOs) or guardianship. CTOs and guardianship are to support individuals who have left hospital, and who need the support of the MHA to live in the community.
- At the time of inspection, there were two people subject to CTOs and two people were subject to guardianship.
- Responsibility for individuals detained under the MHA was with external care teams. The Huntercombe Centre – Sherwood did not manage the MHA but did liaise with the individuals responsible.
- The service periodically read the rights to individual detained under the MHA as good practice.

Good practice in applying the MCA

- Staff received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). At March 2016, 78% of staff were up to date with MCA training and 89% of staff were up to date with DoLS training. The visiting advocate had also provided a training session for staff on MCA.
- The service had a policy on MCA and DoLS. A patient experience officer was available within the company to support and advise regarding the MCA and DoLS.
- At the time of inspection, two people were subject to DoLS.
- We saw the manager kept a folder detailing DoLS applications. The service had made two requests for urgent authorisations to the local authority for current people who used services. Both of these applications had been authorised. There was evidence the manager regularly reviewed applications and wrote to the relevant local authorities to ensure reviews when due were completed.
- Notes reviewed contained a capacity assessment and the assessments were dated. We saw if capacity was in question staff held discussions around best interest decisions.
- Some staff were not clear regarding which legislation supported individuals. They were unclear regarding the MCA and DoLS and two staff confused this with the MHA. However, staff said if they were unsure, they would speak to the manager.

Are long stay/rehabilitation mental health wards for working-age adults caring?

Good 

Kindness, dignity, respect and support

- We observed staff treated people who used services with respect and dignity and people appeared relaxed interacting with staff.
- People who used services told us they felt safe. They said staff were respectful and polite. One person told us staff having genuine care and compassion for him encouraged him to change. People who used services described staff as good, caring, friendly, and very nice.
- People who used services felt confident staff would support them to meet their physical health needs and

Long stay/rehabilitation mental health wards for working age adults

Good 

people confirmed staff supported physical health monitoring. They gave examples of staff escorting them to attend GPs, dentists, podiatrists, opticians, and hospital appointments.

- Two people who used services told us they felt valued. They were champions for parts of the service. One was a health and safety champion, the other was the governance lead. Both felt their roles were important and the service took them seriously and acted on feedback they gave.
- The service supported a person who wished to remain there once he had become physically ill. The service gained advice and support from district nurses and medical professionals. This allowed the person to remain within the service until he died. This was his wish.
- Five of seven people who used services told us they were involved in planning their care. They said staff sat down with them to complete their care plans. This demonstrated people who used services views were valued.
- The service discussed national campaigns with the people who used services. They had spent time with the people helping them to register and gain the right to vote and helped people who used services to explore whether they would like to become organ donors, demonstrating that the service recognised the importance of citizenship.
- Staff talked about people who used services in a respectful and positive way. They demonstrated a good understanding of individual people who used services in the discussions we witnessed.
- We observed through individualised care plans staff identified and met people who used service's needs. One person told us they worked in a charity shop several times a week. Another person said he went to a local community-cooking group weekly. Relatives were positive about activities people who used services completed since moving to The Huntercombe Centre Sherwood. Staff were supporting one person to gain meaningful employment in an area of high interest to him. Staff assisted him to access support for CV writing and the necessary training to work towards his bigger goal.

- Relatives told us they felt people who used services were safe and staff treated them with dignity and respect. Relatives said staff were caring and polite. One relative said the service was properly person centred not just a policy.
- 'Sherwood heroes' was an initiative to recognise people who used services and staff who excelled in their contributions in the previous two weeks. The service recognised one person for his contribution to the integrated governance group and for chairing his first home meeting. The manager based recognition on people who used services feedback and observations.

The involvement of people in the care they receive

- People who used services we spoke with confirmed receiving an orientation to the service. The service had a welcome booklet that orientated people. It identified key staff members and gave an overview of the daily routine, including mealtimes, visiting, and activities. Additionally, the booklet contained information on advocacy, complaints procedure, fire procedures, and restricted items. Staff added pictures to parts of the booklet to try to enhance people who used services understanding.
- An advocacy service visited the service weekly. Five people who used services we spoke with knew about advocacy services. The advocate completed regular people council meetings and fed back to the manager. The manager then completed a 'you said, we did' document with feedback going to people who used services. This was also an opportunity to discuss activities.
- Carers we spoke with felt appropriately involved and supported. Carers told us communication was good and staff updated them of any changes promptly. The service advertised a new carers group that was due to start the week of our inspection. The manager had written to carers and invited them to attend.
- Two people who used services confirmed being part of staff interviews. One person had received interview training to complete this role. This meant the service valued the expertise of people who used the service to help recruit new staff members.

Long stay/rehabilitation mental health wards for working age adults

Good 

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs?
(for example, to feedback?)

Good 

Access and discharge

- Average bed occupancy between 01 August 2015 and 31 January 2016 was 72%.
- Between April 2015 and March 2016, the service had admitted 11 people and discharged seven. Delayed discharges did not apply, as the service was a care home with nursing.
- The majority of people who used services were from the local area, although not exclusively. Time from referral to admission varied from seven days to 69 days. This was dependent on the transition period required. The service occasionally took emergency admissions.
- People who used services moved from the main building to the four flats and vice versa based on clinical need.
- Staff were proactive partners in the planning of discharges to engage with external care teams. Notes we reviewed reflected staff contacting external teams.

The facilities promote recovery, comfort, dignity and confidentiality

- There was a good range of rooms available. There was a large lounge with a smaller lounge off that staff could separate as a quieter area. The service had two clinic rooms. There was an accessible kitchen for people who used services to make their own meals, drinks, and snacks. There was a multi faith room.
- The service had two clinic rooms. One clinic room contained basic equipment for completing physical health observations. An examination couch was not present. Staff carried out examinations in people's bedrooms, if necessary.
- Individuals if risk assessed as safe to do so had their own mobile phones. There was access to a payphone for people. People who used services also had access to

computers if risk assessed as safe to do so. Staff provided people with individual log in details. People with their own computers or internet access mobile phones could access the guest Wi-Fi.

- If people who used services were risk assessed as safe to, they could opt out of night time observations between midnight and 6.00am. This demonstrated that the service was not risk averse and valued people's rights to privacy.
- As part of 'glamour your manor' people who used services had chosen the colour scheme for the decoration of the downstairs of the main building.
- There was a large, secure, garden that people who used services could access. The garden had a designated smoking area. The service had plans to improve the garden by building a barbeque area by applying for 'glamour your manor funds'.
- People who used services told us the food was good. One person said they found the menu repetitive but they cooked for themselves to address this. The service took regular feedback from people regarding the meals provided. We saw completed meal feedback forms.
- People who used services could make hot drinks throughout the 24-hour day. One person informed us staff refused to allow them access to make a meal after 8.00pm. However, cereal, toast, yogurts, and fruit were available in the accessible kitchen outside of meal times.
- People who used services could personalise their own bedrooms. We saw one bedroom had Elvis memorabilia. Another bedroom had lots of items displayed relating to travel. Staff had supported and assisted one person to buy a double bed as they found the single bed provided uncomfortable.
- People who used services told us they felt their possessions were safe. People had their own keys to their own bedrooms. This meant the service recognised the need for privacy.
- There was a comprehensive schedule of activities available over seven days. Each month the activity co-ordinator spent time with the people who used services jointly planning for the coming month. We saw activities were on and off site. These included day trips, gardening, attending college, voluntary work, and budgeting. Staff displayed the monthly planner in a public area. It had pictures to support the writing. This helped to ensure it was accessible to all people who used services. Additionally, people had their own weekly

Long stay/rehabilitation mental health wards for working age adults

Good 

planner. This covered anything they chose from the monthly planner but also included activities specific to the person. Staff supported people who used services to meet their goals through the activities provided.

- The administrator completed individual budgeting with people who used services on a weekly basis. She recorded the sessions within individual's notes. Three people who used services worked regularly alongside the chef in the main kitchen.

Meeting the needs of all people who use the service

- The service was accessible to people who used services with disabilities. The building contained a lift. However, movement for a wheelchair user upstairs would be difficult due to steps between landings. There was one downstairs bedroom.
- There was a good range of leaflets many were in an easy read format. There was information displayed on advocacy, the care quality commission, and local services, such as GPs, local activities, bus and tram timetables.
- The manager knew how to access interpreters. Recently the manager sourced a speech and language therapist to give specialist advice for one person.
- A weekly meeting took place called 'Sherwood PIE'. This was an opportunity for people who used services to give feedback on services or make suggestions. Staff took minutes and displayed these in an easy read format. The Sherwood PIE meeting covered expected behaviours, and values that people who used services self-identified and developed a community living agreement. The chef attended Sherwood PIE meetings every two weeks to gain feedback on the menu and food provided. We saw completed feedback forms.
- The chef was able to meet religious and ethnic dietary needs. If the food required was not on the corporate list, she was able to buy this from a local shop. The chef had requested and received additional training in diabetes and dysphasia. She requested this to improve her understanding of her role in providing specialist diets.
- One person attended a local church regularly. There were local resources people who used services could access for spiritual support.
- The service had a monthly newsletter 'Sherwood Times', which included what was new, reflections, coming up activities and peoples corner.

Listening to and learning from concerns and complaints

- The service received five formal complaints between March 2015 and March 2016.
- The manager investigated the complaints, two complaints were accepted, and two complaints were partially accepted. One complaint was not accepted. The people who used services had referred no complaints to the Ombudsman.
- All people who used services and relatives we spoke with knew how to complain. They would feel confident to complain. Information on how to complain was included in the welcome booklet. Two people we spoke with had complained and received a written response to their complaints.
- Staff knew how to deal with complaints. They could explain the process and procedure regarding complaints. The service tried to resolve issues informally via the regular people who used services meetings.
- Staff received feedback from complaints. The manager shared the outcome of complaints via handovers, e-mails, staff supervision, and team meetings.

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good 

Vision and values

- Staff we spoke with had a clear vision regarding the recovery service they provided. Staff were aware of the company's values and were proud of the work they did to help individuals progress.
- Staff knew the manager and confirmed she was a daily presence on the unit. They told us they would be confident to approach her if they needed. Several staff told us the name of the regional manager and that they visited the service on a regular basis.

Good governance

- Staff received the training necessary to complete their roles. They received support, and appraisals to enable them to further develop.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Supervision was irregular this would have made it difficult to monitor staff progress towards appraisal targets and to identify emerging training needs. Figures for the three months prior to inspection for all staff completing supervision were 51%, 18%, and 53%. There was a structure in place for supervision but it was not completed six to eight weekly as required.
- The service had sufficient suitable staff on a daily basis. This enabled clinical staff to focus on direct person care. Administration, domestic, and catering staff were employed to support the clinical staff.
- Staff undertook regular audits. This allowed the service to develop and kept it safe. Staff reported incidents. The manager shared learning from incidents and complaints with the team. People who used services had forums to give feedback.
- Staff knew about how to protect people who used services. Staff could describe how to recognise and report safeguarding concerns.
- The service had key performance indicators it focussed on and were measured against these targets on a monthly basis. Local integrated governance meetings took place every four to five weeks, staff and people who used services attended.
- The manager had sufficient authority to complete her role. An administrative member of staff supported her. The service supported the manager to complete a level five leadership and management diploma.
- The manager had submitted items to the regional risk register when she had concerns.
- The manager escalated concerns upwards and brought down information to her team. The manager met monthly with other local managers to share learning and good practice. She attended regular meetings in London with all other managers in the company. The company sent out safety alerts to services when they identified learning or change. The manager reviewed and responded to a recent safety alert.
- There were processes in place to check the appropriateness of staff employed. We randomly checked five staff employment records. They contained the necessary completed checks. We saw there were processes in place to prompt the service to complete new checks when due.
- The manager reported activity each month to local clinical commissioning groups as part of their contract with them.

Leadership, morale and staff engagement

- The Huntercombe group had an initiative called conversation into action (CiA). The Sherwood centre held conversation into action meetings with staff. In February 2016, the team developed an action plan in response to these meetings. The action plan included the introduction of a reflective group at the end of each shift to improve team working. There were ideas recorded about how the team could improve communication and confidence, along with actions. A further initiative was to ask the company to introduce an employee of the month scheme. The plan had expected outcomes and was to run for up to six months.
- Staff could ring into an audio blog as part of the CiA. The company updated these monthly. Staff could also directly e-mail the chief executive via a dedicated e-mail address.
- The service completed a staff survey in October 2015. The survey response rate had improved since the survey was anonymised. Minutes reflecting staff survey feedback and actions taken were available demonstrating that the manager discussed areas of concern raised.
- There were no bullying or harassment cases. Staff knew the whistleblowing procedure. Staff were confident to raise concerns without fear. Staff and two people who used services said the manager had an open door.
- Staff felt they were completing a worthwhile job. They felt satisfied they made a valuable contribution.
- One staff nurse was acting into a senior staff nurse role. She felt the manager supported her in this transition. Support workers had taken on additional roles to develop. Staff felt appreciated for additional roles or training they completed.
- The team worked effectively together. Staff supported each other to achieve an overall outcome. Different team members knew their own roles.
- Staff apologised to people who used services if complaints were accepted.
- The manager worked with staff to identify how effective the team were and areas that could be improved. The information was in an area that staff regularly accessed and displayed as a bright piece of artwork.
- The manager recognised staff contributions through 'Sherwood heroes'. The service recognised two staff for

Long stay/rehabilitation mental health wards for working age adults

Good 

working beyond their regular daily roles, a support worker who had taken on additional roles, and the housekeeper who had supported the team by being flexible through a difficult time.

Outstanding practice and areas for improvement

Outstanding practice

The service was person centred and assisted people who used services to achieve their individual goals. There were examples of staff supporting people by focussing on their positive attributes and helping people to develop these to meet their recovery goals.

The service had supported a person who wished to remain there once he had become physically ill. The service gained advice and support from district nurses and medical professionals. This allowed the person to remain within the service until he died. This was his wish.

People who used services felt valued and involved in the service. They were champions for parts of the service. One was a health and safety champion, the other was the governance lead. Both felt their roles were important and the service took them seriously and acted on feedback they gave.

The service spent time with the people who used services helping them to register and gain the right to vote and helped people to explore whether they would like to become organ donors, demonstrating that the service recognised the importance of citizenship.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that staff sign all medication administration records when they dispense medication to prevent medication errors.
- The provider must ensure staff check and record the defibrillator to be in good order, on a regular basis so that it would be fit to use if needed.

Action the provider **SHOULD** take to improve

- The provider should ensure all staff complete clinical supervision when planned as per the providers policy.
- The provider should ensure staff are clear which legislative framework they are using to support people. There was confusion between the Mental Health Act, Mental Capacity Act, and Deprivation of Liberty Safeguards.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Not all medicine cards were signed by the nurses when medication was dispensed to people. This could have put people at risk of receiving extra medication.</p> <p>This was a breach of regulation 12 (g)</p> <p>The defibrillator check records were not signed as completed weekly. This could have meant that the equipment was not safe to use if needed.</p> <p>This was a breach of regulation 12 (e)</p>

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.