

Cambian - Sherwood House Hospital





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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
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.

Summary of findings

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

Overall summary

During our previous inspection in April 2016, all domains except for effective were rated as good. Following our inspection on 7 November 2016, we have changed the rating for effective from requires improvement to **good** because:

- Cambian had updated the corporate Mental Health Act policy in line with the Code of Practice.
- Staff reviewed patients' risk before section 17 leave took place. Section 17 leave is any leave of absence that is authorised by the responsible clinician, which enables a detained patient to go outside the hospital grounds for any period of time. Section 17 leave paperwork was detailed, up to date and stored securely. Detention paperwork, including section papers and renewals, was up-to-date and stored correctly within the patients' active file.
- Staff were experienced and qualified and there was a range of professionals within the multidisciplinary team. Staff attended a range of team meetings, including morning handovers for both nursing staff and the multidisciplinary team. We saw evidence that staff took part in clinical audits and monitored outcome measures using recognised tools. All staff had completed training in the Mental Health Act and Mental Capacity Act.
- The care plans we saw were up to date, personalised, holistic and recovery-oriented. Patients were actively involved in their care and treatment and were engaged in a range of therapeutic activities. Staff had a good understanding of individual patients' risk and this was

closely monitored to support patients towards rehabilitation. We saw evidence of good physical health monitoring, as well as good relationships with local GPs and acute hospitals.

- Staff followed the National Institute for Health and Care Excellence (NICE) and Maudsley guidelines, including guidelines for schizophrenia in adults when prescribing medication and for psychosis. Information was stored securely and key information was accessible to all staff.

However:

- There was no clear timeframe to the supervision schedule and this had resulted in some staff not receiving supervision within the recommended timeframe. However, we saw significant improvements to the supervision schedule and staff reported that the quality and frequency of supervision had improved since our last inspection.
- Capacity assessments lacked detail of the discussion between the assessor and the patient and therefore it was unclear how the decision about the patient's capacity was reached.
- Consent to treatment forms were unclear as they contained patient signatures when the form indicated that the patient lacked capacity.
- We did not see any evidence of advance statements.
- Only five of the 30 therapeutic programmes and logs had been signed by the patient. Staff told us these therapeutic timetables were undergoing review and we saw evidence that patients were actively involved in therapeutic activity.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Cambian - Sherwood House Hospital	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	5
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Outstanding practice	15
Areas for improvement	15

Good 

Sherwood House Hospital

Services we looked at

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

Summary of this inspection

Background to Cambian - Sherwood House Hospital

Cambian Group owns Sherwood House Hospital. It provides locked rehabilitation services for up to 30 male patients with mental health problems who may be informal or detained under the Mental Health Act (MHA). It has been registered with CQC since 17 November 2010. The service is an independent hospital registered to provide treatment of disease, disorder or injury and assessment or medical treatment for up to 30 male patients with mental health problems who may be informal or detained under the Mental Health Act 1983.

At the time of the inspection, there were 29 patients at the hospital. All were detained under the MHA.

There was a registered manager at the time of inspection.

We saw that the Care Quality Commission ratings were displayed clearly in the reception area of the hospital, in line with the Health and Social Care Act 2008 regulations.

Our inspection team

Team leader: Katie King, CQC inspector

The team that carried out this inspection comprised two CQC inspectors and a CQC inspection manager.

Why we carried out this inspection

We inspected this service as a follow-up inspection following a comprehensive inspection that took place in April 2016.

We undertook this unannounced inspection to find out whether Cambian Sherwood House Hospital had made improvements within the 'effective' domain since our last comprehensive inspection of the hospital in April 2016.

When we last inspected the hospital, we rated the hospital as good overall. However, we rated effective as requires improvement.

Following the April 2016 inspection, we told the hospital it must take action in the following areas:

- The provider must ensure it has recorded that risk has been reviewed prior to going on section 17 leave.

- The provider must ensure clinical supervision is completed every six weeks as per their policy and there is a clear structure for who is responsible for supervision.
- The Mental Health Act policy must be updated with the new Code of Practice.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

- Regulation 18 HSCA 2008 (regulated activities) : relating to staffing
- Regulation 12 HSCA 2008 (regulated activities) : relating to safe care and treatment
- Regulation 17 HSCA 2008 (regulated activities) : relating to good governance

How we carried out this inspection

At the April 2016 comprehensive inspection, we asked the following five questions of the service:

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

Summary of this inspection

In April 2016, we rated Sherwood House as good for all of these domains, except for 'effective', which was rated as requires improvement. Since the last inspection in April 2016, we have received no information that would cause us to re-inspect the four other key questions or change the ratings for these questions.

Therefore, during this inspection, we only looked at the **effective** domain.

During the inspection visit, the inspection team:

- Spoke with eight patients who were using the service.
- Spoke with the head of care.
- Spoke with eight other staff members, including a psychiatrist, a psychologist, a nurse, two support workers, an occupational therapist, a Mental Health Act administrator and a training co-ordinator.
- Spoke with an independent mental health advocate.
- Attended and observed one multidisciplinary morning meeting, one Short Term Assessment of Risk and Treatability (START) meeting, which focused on reviewing risk assessments, and an incident review meeting.
- Looked at six care and treatment records of patients, including prescription charts, Mental Health Act documentation and mental capacity assessments, care plans and therapeutic logs that record patients' weekly activity. Therapeutic logs were the records of patients' weekly activity.
- Looked at a range of policies, procedures and other documents relating to the running of the service.
- Looked at various audits and the feedback and outcome of these audits.

What people who use the service say

We spoke with eight patients. Patients said staff were caring, respectful and supportive. They reported good relationships with the staff and said they were able to access one-to-one sessions with different staff members as and when they wish.

All but one of the patients we spoke to said they felt listened to and felt that they could contribute to their activity plans. Three of the patients we spoke with said they sometimes felt bored and that there was not enough

to do within the hospital. They said although there were activities on offer, people did not want to take part in these activities. Some of the other patients talked about activities the service offered within the community, including a walking group, group trips to a local pub and going to the cinema.

All of the patients we spoke with reported good access to physical health care and support.

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 did not look at this domain during this inspection. Therefore, the rating remains the same.

Good



Are services effective?

We rated effective as good because;

Good



- We saw evidence that risk was being reviewed before section 17 leave took place. Section 17 leave paperwork was detailed, up to date and stored securely.
- The corporate Mental Health Act policy had been updated to reflect the Code of Practice at the time of inspection.
- We saw evidence of good physical health monitoring, as well as good relationships with local GPs and acute hospitals.
- Care plans were up to date, personalised, holistic and recovery-oriented.
- Information was stored securely and was accessible to staff
- Staff followed the National Institute and Care Excellence (NICE) guidelines
- We saw evidence that staff participated in clinical audits and monitored outcome measures using recognised tools.
- Staff were experienced and qualified and there was a range of professionals within the multidisciplinary team.
- There were a range of team meetings that were well attended by staff, including morning handovers for both nursing staff and the multidisciplinary team. This allowed for effective working between disciplines.
- All staff had completed training in the Mental Health Act and Mental Capacity Act.
- Detention paperwork, including section papers and renewals, was up to date and stored correctly within the patients' active file.

However:

- There was no clear timeframe to the supervision schedule and this had resulted in some staff not receiving supervision within the recommended timeframe. However, we saw significant improvements to the supervision schedule since our last inspection.
- Capacity assessments lacked detail of the discussion between the assessor and the patient and therefore it was unclear how the decision about the patient's capacity was reached.

Summary of this inspection

- Consent to treatment forms were unclear as they contained patient signatures when the form indicated that the patient lacked capacity.

Are services caring?

We did not look at this domain during this inspection. Therefore, the rating remains the same.

Good



Are services responsive?

We did not look at this domain during this inspection. Therefore, the rating remains the same.

Good



Are services well-led?

We did not look at this domain during this inspection. Therefore, the rating remains the same.

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.

- All staff were trained in the MHA, had a good understanding of the Code of Practice, and were able to explain its guiding principles.
- Staff followed the consent to treatment process, and attached copies of consent to treatment forms to medication charts.
- We saw evidence to show that staff had explained patients' rights under section 132 of the MHA.
- Detention paperwork was complete and accurate.
- The hospital completed regular audits on the use of the MHA, including quarterly section 58/59 audits.
- MHA administrative support was available and staff knew how to access advice when necessary, including legal advice.
- There was an independent mental health advocate (IMHA) and all patients had access to the IMHA on a one to one basis and/or during meetings.






Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff had completed training in the Mental Capacity Act as part of their induction training and staff we spoke to had a good understanding of the Act and its five principles.
- There were no Deprivation of Liberty Safeguards applications (DoLS) made in the last six months.
- We saw staff assessed patients' capacity on a decision specific basis and this was recorded in the patients' notes.
- Staff knew where to get advice regarding the Mental Capacity Act, including DoLS within the hospital.
- Mental capacity assessments lacked detail. There was a lack of information detailing the discussion between the assessor and the patient in order to determine whether the patient had capacity.
- Consent to treatment forms were unclear as patients who lacked capacity were still asked to sign their consent to treatment forms.
- We did not see evidence of any advance statements to support patients in their future decision making should they lack capacity in the future. Paragraph 9.15 of the Mental Health Act Code of Practice states that "encouraging patients to set out their wishes in advance is often a helpful therapeutic tool".

However;

Long stay/rehabilitation mental health wards for working age adults

Good 

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

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

Good 

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

- We looked at six care and treatment records. These showed comprehensive and timely assessments completed after admission, including a patient self-assessment. We found all of the care records we looked at showed a physical examination had been undertaken and there was ongoing monitoring of physical health problems by the GP and the psychiatrist. We also saw a physical health 'grab sheet' for those patients with physical health needs. These were designed to help new staff or bank staff quickly familiarise themselves with each patient's physical health needs. Staff had written these in easy-read format and these were signed by the patient.
- The care plans we looked at were all up to date and were personalised, holistic and recovery oriented. They addressed a full range of needs including personal,

social, physical and mental health needs. We saw the team reviewed care plans with the patient in monthly care plan meetings and/or on a one-to-one basis and recorded the patients' views within the notes. However, in two of the records we looked at, we saw no evidence of whether staff had given the patient a copy of their care plan, or if staff had offered this but the patient had refused.

- Care records were stored securely and available to staff when needed. There was a mix of paper and electronic records, but all staff we spoke with confirmed this did not cause any problems in terms of accessing the notes.
- We looked at therapeutic activity uptake levels. From 1 August to 31 October 2016, on average, 79% of patients engaged in 25 hours of therapeutic activity per week. We looked at six therapeutic activity programmes and therapeutic logs. Therapeutic logs are a record of each patient's therapeutic activity programme. For each of the records we looked at, we saw that an 'interest checklist' had been completed, which recorded the patient's likes and dislikes in terms of activities. It was not always clear how this checklist informed the therapy programmes, but we saw the therapy programmes were comprehensive and included a range of activities. Staff told us these therapy programmes and logs were in the early stages of development and only five patients had signed these. However, we saw that patients were engaged in therapeutic activity on a regular basis and that these plans were to improve the recording of this activity.
- The results of the Cambian Treatment and Care Survey showed that twelve out of the fourteen respondents said they were invited to attend their meetings. All but one of the patients we spoke to said that they felt listened to and involved in their care planning.

Long stay/rehabilitation mental health wards for working age adults

Good 

Best practice in treatment and care

- Staff followed the British National Formulary and Maudsley guidelines when prescribing medication. We looked at six medication charts. All of the information within these medication charts was correct. Staff held treatment certificates together with medication charts so that the nurses were able to give patients their medication in accordance with the legal requirements outlined on their treatment certificates. Staff told us pharmacy technicians come to the hospital once a week to do a medication count.
- Staff reported they follow the National Institute for Care Excellence (NICE) guidelines for psychosis and schizophrenia. There was a full time psychologist and assistant psychologist who offered cognitive behavioural therapy, cognitive analytic therapy and family therapy, as recommended by NICE. The psychology team also offered several therapeutic groups, including a substance misuse prevention and relapse group, a mindfulness group and a managing emotions group.
- Staff told us a shared learning forum was set up in August 2016 for nurses across all Cambian sites. The purpose of this forum was to share best practice and reflect on incidents across different teams.
- We saw that although not all of the detailed psychology notes were available to all staff, the key documents that were required to plan the patient's care and a summary of the psychology sessions were recorded in the patient's main file. These key documents included psychological assessments, patient goals, coping strategies, discharge plans and behaviour support plans. Staff told us that issues raised within psychology sessions were shared with the rest of the team in multidisciplinary meetings.
- Staff used recognised rating scales to assess and record patients' progress and outcomes. For example, staff used the health of the nation outcome scales and the illness management and recovery to monitor patients' well-being.
- There was a consultant psychiatrist on site and staff reported good access to emergency appointments when required.
- There was good access to physical healthcare, including access to specialists when needed. There were monthly visits from the GP who attended the care plan meeting. Patients were able to request to see the GP whenever necessary.
- Support workers ran a weekly physical health group. This allowed patients to have their basic physical health checks carried out, including blood pressure, height and weight. There was also a weekly well man clinic and a monthly health improvement profile clinic where each patient was seen. Staff reported good relationships with the local acute hospital.
- Staff told us if a patient is on enhanced observations for longer than two weeks, doctors from other Cambian sites will sometimes come in and review the patient to see if there is anything else they can advise to improve the patient's well-being and support the reduction in observation levels.
- Staff were aware of and monitored patients' nutrition and hydration needs. For example, staff supported some patients to lose weight by implementing a low-fat diet and using the gym.
- Clinical staff participated in clinical audits. These included a monthly medication audit, a monthly health and safety audit and quarterly infection control audits. Staff identified actions from these audits and feedback was given to the staff team via email. An external pharmacist visited the ward once a month to complete a medication audit.

Skilled staff to deliver care

- There was a full range of experienced and qualified professionals to provide care at Sherwood House Hospital. The team included; mental health nurses, support workers, a psychiatrist, a clinical psychologist, an assistant psychologist, occupational therapists, therapy coordinators, kitchen staff, maintenance staff, an independent mental health advocate (IMHA), a Mental Health Act administrator and a chef.
- All staff including bank staff received an induction, which included some face to face and some online training.
- Staff reported they had access to specialist training where required. For example, the staff group had requested and received training on care and treatment

Long stay/rehabilitation mental health wards for working age adults

Good 

reviews. Staff told us when they had identified a training need, the senior management team had been responsive to their needs and had tried to facilitate this training wherever possible.

- There was a weekly support group for support workers to discuss any concerns or reflect on incidents. The psychologist and the psychiatrist led this.
- We saw records showed 96 % of staff had completed their yearly appraisal.
- The Cambian Supervision in Practice document outlines that supervision should take place every six to eight weeks. We reviewed the supervision records for all staff. Overall, 65% of staff had received some form of supervision within the past eight weeks. We saw improvements to the supervision structure since the last inspection in April 2016. For example, we saw evidence that 77% of clinical staff had received regular clinical supervision (i.e. had received clinical supervision within the last eight weeks). Some clinical staff had received managerial supervision during 2016, but only 9% of these staff had received managerial supervision within the last eight weeks. Non-clinical staff received managerial supervision. However, only 24% of non-clinical staff had received managerial supervision within the past eight weeks. Staff reported supervision had improved since the last CQC inspection and were given additional support where required. Staff said supervision sessions were helpful and allowed them to discuss their role and training needs. Low managerial supervision levels did not affect patient care and treatment and clinical staff received appropriate levels of clinical supervision to support them within their role.
- All of the staff we spoke with were able to identify who had responsibility for delivering their supervision. Not all of the staff we spoke with were aware of how frequently they should receive supervision. Staff told us there had been an improvement in the regularity of supervision since the last inspection. However, there still did not appear to be a clear supervision structure in place that made sure all staff received supervision within the identified period.
- There were no grievances or staff on performance management at the time of the inspection.

Multi-disciplinary and inter-agency team work

- During our inspection, we observed a morning handover meeting attended by members of the multidisciplinary team, including the occupational

therapist, team leader, housekeeper, clinical psychologist, assistant psychologist, responsible clinician, head of care and the Mental Health Act administrator. We saw this involved an update on individual patients and their care plan, as well as risk assessments, observation levels, planned activities and other general updates from the previous week. In addition to this, there was an earlier morning handover (and an evening handover) for nursing and support staff to handover from the previous shift.

- There was a fortnightly care plan meeting (previously referred to as ward round) that was attended by all members of the multidisciplinary team. Staff discussed patients monthly but there was an opportunity within the meeting to discuss patients sooner if necessary.
- We observed a short term assessment of risk and treatability (START) meeting, which was a meeting for the multidisciplinary team to discuss and review each patient's risk, safety plan, care plans and behaviour support plans. Staff reviewed each patient every eight weeks. We saw staff had a sound working knowledge of each of the patients and their needs.
- We also observed a weekly incident-reporting meeting. The multidisciplinary team discussed the recent incidents involving each patient and the possible reasons for any increase in incident levels by referring to the patient's positive behaviour support plan. Positive behaviour support is a behaviour management system used to understand what maintains an individual's challenging behaviour. We saw the team worked effectively to analyse the trends in incidents and came up with clear strategies to work to reduce the level of incidents. There was a clear focus on learning from incidents to reduce the likelihood of such an incident occurring in the future.
- The service held monthly clinical 'fayre' meetings. These were educational sessions for staff to update their knowledge on specific clinical topics. For example, the last one was on "what is the role of psychology?" Staff we spoke to said that this was a very helpful session and that they enjoyed developing their knowledge in this learning environment.
- Staff told us they had good working relationships with teams outside of the organisation, including the GP, Multi-Agency Public Protection Arrangements (MAPPA) and substance misuse support groups. They said local bed managers and community psychiatric nurses (CPNs) were involved in discharge planning wherever

Long stay/rehabilitation mental health wards for working age adults

Good 

possible. Staff also told us some local authorities would not allocate a CPN until six months before discharge. Staff said this sometimes caused problems because the team need a CPN to support them with finding a suitable placement.

Adherence to the MHA and the MHA Code of Practice

- Cambian had updated the corporate Mental Health Act (MHA) policy to reflect the Code of Practice.
- All staff had completed training in the MHA as part of their induction training. We saw records showed 92% of staff had received training in the Mental Health Act in the twelve months prior to inspection or were booked on to attend this refresher training. Staff we spoke with were aware of the updated Code of Practice and its principles.
- A review of six laminated medication charts showed authorisation forms were attached to the medication charts and copied to care files, so that staff knew the legal authority under which medication was given.
- Records confirmed staff had explained patients' rights under section 132 and patients had signed these. We saw on several occasions patients refused their rights and/or to sign that they had had their rights explained to them. Staff clearly documented this.
- Leaflets were available for patients about their rights under the MHA. Staff kept the originals of these leaflets in the MHA file and a copy was included in the patients' notes. Leaflets about the MHA were available in easy-read format and in other languages where applicable. Staff also gave informal patients an information sheet explaining their right to leave the hospital.
- There was a MHA administrator on site at Sherwood House Hospital and staff knew who their MHA administrator was. If they required further legal advice around the MHA, the MHA administrator manager was able to contact the lead MHA administrator who could forward any queries on to a solicitor. The clinical staff we spoke with were aware of the role of the MHA administrator and reported they felt confident to refer to them for advice.
- Detention paperwork, including section papers and renewals, was up to date and stored correctly within the patients' active file.
- Section 17 leave paperwork was detailed, up to date and stored securely. The service kept clear records of

leave granted to patients. It was recorded whether risk assessments were reviewed prior to section 17 leave via a 'doorstep' assessment. Staff carried out 'doorstep' assessments before patients went on section 17 leave. These assessments were a brief way of monitoring the patients' mental state prior to them accessing section 17 leave. These forms included the date, time, patient's presentation, mood and mental state, as well as a place for staff to sign and countersign the document. Staff had completed these for the previous week for all section 17 leave except one, which they had missed.

- We tracked the care pathway of one patient who had recently been absent without leave (AWOL) for thirteen days. We saw that, despite the complexities of this case, Sherwood House had followed its AWOL policy correctly.
- The Mental Health Act administrator completed a six monthly audit to ensure that the MHA was being applied correctly. For example, section 58 consent to treatment was audited quarterly.
- An advocate worked at the hospital fifteen hours per week and attended ward rounds twice a week to suit the needs of the patients. The advocate attended other meetings such as care programme approach (CPA) meetings and manager's hearings if requested by the patient.
- Advocacy was available to all of the patients within the hospital. The advocate told us they ate their lunch with the patients to get to know them and build a rapport.
- We saw leaflets advertising advocacy services and information displayed on the patient notice board about advocacy. The advocate had done some self-promotion work to raise the profile of advocacy within the hospital and reported that this had been successful.

Good practice in applying the MCA

- All staff had completed training in the Mental Capacity Act as part of their induction training. Records showed 92% of staff had received training in the Mental Capacity Act in the twelve months prior to inspection or were booked on to attend this refresher training. Staff we spoke to had a good understanding of the Act and its five principles.
- There were no Deprivation of Liberty Safeguards applications made in the last six months.
- The service had a Mental Capacity Act policy, which included Deprivation of Liberty Safeguards (DoLS). Staff were aware of this and could refer to it.

Long stay/rehabilitation mental health wards for working age adults

Good 

- For people who might have impaired capacity to make day-to-day decisions, staff assessed and recorded capacity to consent. However, some of this documentation was unclear and lacked detail. In some cases, consent to treatment forms indicated that the patient lacked capacity, but the patient then signed the form. The capacity assessments lacked detail in the description of the discussion with the patient to assess their capacity.
- We did not see evidence of any advance statements to support patients in their future decision making should they lack capacity in the future. Paragraph 9.15 of the Mental Health Act Code of Practice states that “encouraging patients to set out their wishes in advance is often a helpful therapeutic tool.”
- Staff supported patients to make decisions where appropriate and when they lacked capacity, decisions were made in their best interests, recognising the importance of their wishes, feelings, culture and history.
- Staff understood and where appropriate worked within the MCA definition of restraint.
- Staff knew where to get advice regarding the MCA, including DoLS within the hospital.
- There were arrangements in place to monitor adherence to the MCA within the hospital.

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

Good 

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

Good 

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

Good 

Outstanding practice and areas for improvement

Outstanding practice

Staff had implemented the use of physical health 'grab sheets'. These allowed new staff or bank staff to quickly familiarise themselves with the physical health needs of the patients and support them appropriately.

Cambian doctors from different sites supported the clinical team at Sherwood House when patients had heightened observation levels for longer than 2 weeks. This was to assist with information sharing and supporting learning across sites and to support the patients to reduce their observation levels.

Cambian Sherwood House Hospital received a compliment from a Transforming Care Team Manager. They called the work of the multidisciplinary team 'exemplary', and said staff carried out the care and treatment review in a person-centred and accessible way. They also commented on the team's commitment to the patient and to the national programme to transform care for people with learning difficulties. The team and the patient were also invited to present at a Transforming Care Conference that was due to take place in November 2016.

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure there is a clear supervision structure for all staff members and that supervisors follow timetables for this.
- The provider should ensure that mental capacity assessments are detailed, including a clear description of the discussion with the patient in order to ascertain their mental capacity.
- The provider should ensure that patients have capacity to understand the forms they are signing.
- The provider should implement advance statements in accordance with the Mental Health Act Code of Practice.