

# Sherwood Lodge Independent Healthcare

## 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

We rated Sherwood Lodge Independent Healthcare as good because:

- Significant improvements had been made since our inspection in 2015. This included taking action to address the issues we had raised in the previous report.
- The provider had carried out extensive refurbishments to ensure the environment was safer for the patients.
- Staff managed risk well. All staff knew the patients and shared risk issues with each other on a day to day basis.
- Male and female sleeping areas were now segregated in accordance with guidance on same gender accommodation.
- The provider ensured they carried out their statutory duties of informing the Care Quality Commission of when a safeguarding concern was raised.
- The service had updated policies and procedures related to the Mental Health Act (1983) Code of Practice. Staff monitored use of section 17 leave on an ongoing basis.

- Staff were caring, respectful and supportive, and we received positive feedback from patients, carers and stakeholders.
- There were governance processes in place to ensure more robust oversight of the service.
- The service was well-led. The clinical manager was visible and ensured the needs of the patients were a high priority at all times.

However:

- Some care plans did not contain risk information and some risk assessments were not regularly updated.
- Some clinical records, particularly belonging to those subject to detention under the Mental Health Act (1983), were full and difficult to navigate.
- Staff did not always inform patients of their right to an independent mental health advocate.

# Summary of findings

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Good 

# Sherwood Lodge Independent Healthcare

## Services we looked at

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

# Summary of this inspection

## Background to Sherwood Lodge Independent Healthcare

Sherwood Lodge independent hospital has been registered with the Care Quality Commission since 1 October 2010 to carry out the following regulated activities:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Treatment of disease, disorder or injury.

In July 2017 they also added the regulated activity of:

- Accommodation for persons who require nursing or personal care.

Sherwood Lodge is an independent mental health hospital in Weston-super-Mare, North Somerset, which specialises in long-term treatment and management of adults with mental health disorders, some of whom may be detained under the Mental Health Act 1983.

The service provides 24-hour residential care to both men and women and aims to provide a homely setting. The registration states the provider must only accommodate a maximum of 22 service users who are in receipt of the regulated activity of accommodation for persons requiring nursing or personal care, and those service users must be the only occupants of their rooms.

The service supports patients to receive care that focuses on them, emphasises their strengths and promotes their autonomy and independence.

Sherwood Lodge also provides treatment and support for people with long term, complex mental health needs.

The Care Quality Commission last carried out a comprehensive inspection of the hospital in November 2015. At that inspection the service was rated 'requires improvement' overall, with ratings of 'requires improvement' in the safe, effective, responsive and well-led domains, and 'good' in caring.

At the previous inspection the hospital was in breach of five regulations; Regulation 15; premises and equipment, Regulation 12; safe care and treatment, Regulation 17; good governance, Regulation 10: dignity and respect, Regulation 18; notification of other incidents.

There was a registered manager in place. The registered manager is legally responsible and accountable for compliance with the requirements of the Health and Social Care Act 2008 and the associated regulations including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2010.

## Our inspection team

The team that inspected the service comprised a CQC Inspector, a CQC inspection manager, a Mental Health Act reviewer and an expert by experience.

## Why we carried out this inspection

We inspected this service to check that improvements had been made following the inspection in November 2015.

# Summary of this inspection

## 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 hospital and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- Visited Sherwood lodge, looked at the quality of the environment and observed the care being provided for patients.
- Spoke with ten patients using the service
- Spoke with the clinical manager
- Spoke with two staff members
- Spoke with two responsible clinicians
- Carried out a specific Mental Health Act review of the service
- Spoke with four carers
- Looked at the care and treatment records of nine patients, six of whom were detained under a section of the Mental Health Act
- Looked at policies and procedures relating to the running of the service.

## What people who use the service say

Feedback from people using the service was positive overall. Patients we spoke with told us they were happy in Sherwood Lodge and were treated with respect. Carers reported that patients were treated with dignity and respect and that staff were kind and caring.

# 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 safe as good because:

- The provider had taken appropriate action to improve the physical environment of the hospital. During our inspection in 2015, we found that some fixtures and fittings required attention and there was an increased risk of slips and trips because of slippery and uneven flooring. At the time of 2018 inspection, we found the provider had carried out a large refurbishment to remedy this.
- The provider managed safeguarding issues well and reported them appropriately. Staff had a good understanding of the statutory requirements during the inspection.
- Staff had a good understanding of individual risk issues. There was a low number of incidents.
- Staff monitored section 17 leave well and monitored the whereabouts of patients on a day to day basis.
- Male and female sleeping areas were segregated in accordance with same gender national guidance.
- Staffing levels were appropriate for the service.
- Medicines were managed and monitored well.

However:

- Documentation around risk was not robust within the clinical records or care plans. However staff were managing risk well.

Good



### Are services effective?

We rated effective as good because:

- The provider had updated all their policies and procedures in line with the MHA code of practice and compliance with the Act was good. For example; the provider ensured that risk assessments were completed prior to authorising section 17 leave.
- Staff had a good knowledge of the Mental Capacity Act and ensured MCA assessments were taking place where indicated.
- All patients had care plans in place.
- Patients had access to specialist services outside of Sherwood Lodge.
- Staff ensured physical health was monitored.

Good



# Summary of this inspection

However:

- Some clinical records were full and difficult to locate some information easily.
- Staff did not always inform patients of their right to an independent mental health advocate.

## Are services caring?

We rated caring as good because:

- We observed kind, respectful interactions between staff and patients.
- Carers told us the provider understood the needs of the patients and treat them with dignity and warmth.
- Patients were able to raise issues and were involved in house meetings and make suggestions to improve the service.

Good



## Are services responsive?

We rated responsive as good because:

- The provider had taken action to ensure privacy and dignity issues identified during the 2015 inspection had been resolved.
- Patients could access the acute mental health hospital if they experienced deterioration in their mental health.
- Patients had access to quiet areas of the hospital to relax if they wished.
- Adaptations had been made to ensure patients with mobility issues could gain access around the environment.
- We saw a full activity programme which the patients were engaged with.

Good



## Are services well-led?

We rated well-led as good because:

- The service was well led by the clinical manager, who had taken steps to improve the service following our inspection visit in 2015.
- There were governance frameworks in place which provided oversight and monitoring.
- Staff reported good morale and pride in their work.
- Staff told us they could raise concerns without fear of retribution.

Good



# Summary of this inspection

- The provider ensured they raised safeguarding issues in a timely way.
- The clinical manager ensured there was good oversight of risk issues and completed an environmental risk audit.

# 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 

### Safe and clean environment

- The provider had carried out extensive work since our inspection in 2015 to ensure the environment was safer. During the 2015 inspection we had found fixtures and fittings were in need of maintenance, and there were foot steps within the building which were risky to patients with reduced mobility. The provider had now improved their management of trip hazards.
- There were potential ligature points and blind spots identified in the building. However, these were mitigated by staff observations, convex mirrors and robust monitoring throughout the day. The clinical manager had a ligature risk audit in place which was reviewed regularly. This ensured the provider had good oversight of any potential ligature risks within the environment.
- The bedrooms did not have ensuite facilities. There were three showers and nine toilets in total. The provider had completed a full refurbishment of the bathroom facilities which were clean and hygienic.
- Male and female sleeping areas were segregated which was in line with national same gender accommodation guidance. Staff monitored sleeping arrangements to ensure patient safety.

- There was a female only lounge accessed by the rear courtyard. A patient was relaxing in there during our inspection and said it was used appropriately.
- There was a clinic room which the staff team ensured was locked when not in use. Staff ensured this was checked regularly and emergency procedures for sudden deterioration in physical health. This included calling the emergency services. Staff monitored physical healthcare regularly.
- The hospital did not have a seclusion facility due to the nature of the patient group.
- The communal areas were clean with comfortable furniture in the lounges. There was access to a telephone in the hallway. Patients could also access a handheld phone to be able to talk in private at any time.
- The building did not have a lift which meant the upstairs sleeping areas were only accessible by stairs. We saw that patients with mobility problems did not have bedrooms upstairs and this was monitored by staff regularly.
- The service maintained infection control standards. There was a cleaning roster in each area which was completed each day. Staff we spoke with were aware of infection control procedures and principles.

### Safe staffing

- Sherwood Lodge had 5.8 whole time equivalent (WTE) registered nurses. This allowed for a registered nurse to be available 24 hours a day. Patients also had support from 9.6 WTE care support staff. There were also catering, cleaning and maintenance staff.

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

Good 

- Records showed that there had been no long term staff sickness. Cover for any vacant shifts was provided by familiar bank staff.
- Staffing levels could be adjusted if needed and agreed through the clinical manager. We observed that patients had a good activity programme provided by staff.
- We saw a nurse present at all times in the communal areas during our visits, and saw patients enjoying activities with the staff.
- All patients were registered with a local GP. Physical healthcare was monitored well and we saw examples of action taken in the event of deterioration in physical health.
- The clinical manager ensured that all staff received mandatory training in safeguarding, first aid, fire marshalling, manual handling, non-physical management of violence and aggression training, food hygiene, MCA/DoLS, Mental Health awareness, medicines management and the care certificate.

## Assessing and managing risk to patients and staff

- There was clear admission criteria to the service in place. Patients were admitted for the criteria of low risk rehabilitation. Sherwood Lodge did not admit patients who were an active suicide risk or with an acute suicidal history. Also excluded were those with a high propensity towards violence at the time of assessment.
- All clinical records reviewed had a risk assessment. They were brief and occasionally did not fully reflect the level of risk posed by some patients. We saw they were not always updated in a timely manner, or after an incident.
- Risk assessments did not have clear links to care plans. There was limited evidence that identified risks linked to care plans and therefore there did not appear to be any risk management care plans in place. For example, the responsible clinician had written in a tribunal report that one patient had “a significant history of risk to his own health and safety” but there were no care plans to highlight this.
- However staff knew patient risks and monitored them robustly within the team on a day to day basis. We observed that risks were discussed in handovers and

between staff members. One of the responsible clinicians we spoke with agreed there were issues around documentation of risk and documentation in general, however staff managed risk well.

- There was a system in place for recording the time a patient left the building on section 17 leave if they were detained under the Mental Health Act. The hospital had an open door policy which meant patients could leave at will, and during the previous inspection in 2015 we raised this as a risk. This procedure was now in place and being used appropriately.
- There were procedures in place if a patient was absent without leave (AWOL). Staff contacted police if indicated. Sherwood Lodge had a good relationship with the local police missing person’s co-ordinator and management plans were in place for patients who routinely did not return.
- Staff adhered to an eyesight observation policy. Records showed that staff checked on patients on an hourly basis during the day.
- During our previous inspection in 2015, we told the provider they must ensure CQC were sent safeguarding concern statutory notifications. At the time of the 2018 inspection, the provider ensured safeguarding notifications were submitted to us. All staff had received safeguarding training and staff we spoke with understood safeguarding procedures.
- Staff demonstrated knowledge around nursing care and in particular pressure area management due to the age and vulnerability of some patients. All patients were assessed for risk of pressure sores on admission and throughout their stay if deemed a risk. The provider had access to the local tissue viability service for advice and support.

## Track record on safety

- There were no serious incidents recorded in the last 12 months relating to this service.

## Reporting incidents and learning from when things go wrong

- Sherwood Lodge had an incident reporting system. Incidents were reviewed in a clinical governance meeting and monthly by clinical manager.

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

Good 

- There was an untoward incidents policy and reporting procedure in place. Staff we spoke with were aware of how to raise an incident.
- Staff told us that managers supported them following an incident.

## 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

- The clinical manager assessed patients prior to admission. This was to ensure patients met the service criteria. Once admitted they were monitored over the first three months and the placement reviewed.
- Staff ensured patients received a full physical health check on admission and physical health monitoring was completed monthly. In addition, an annual health check was undertaken by the GP. More complex physical needs were addressed via the local acute hospital.
- Care records contained assessment of needs and recovery care plans. There was variability in the quality of care plans. Some care plans lacked detail. We did not see a high level of patient involvement in their plans of care however some plans did reflect the person's individual needs and preferences well.

### Best practice in treatment and care

- The service ensured medicines were managed safely. Medication was prescribed by either the GP or the responsible clinician. Storage and management of medication was good and this was overseen regularly by a visiting pharmacist.
- One of the responsible clinicians (RC) from a local NHS trust told us the provider worked closely with them, and communication was very good around patient need. They felt the staff provided patients with good quality care and were enabling patients to achieve the best quality of life.
- All patients had care co-ordinators from the placing NHS trust who kept separate clinical and risk documentation.

Care co-ordinators reviewed the patients as required. There was evidence of good working relationships between the care co-ordinators and the team at Sherwood Lodge.

- Another RC informed us the staff provided some very good care to some very complex patients, and patients' places at Sherwood Lodge were allowed to live at their optimum levels in the least restricted environment.
- Patients had access to specialist nursing services when required. For example, they could access tissue viability, bladder and bowel services and district nursing.
- Staff carried out clinical audits, for example medicines management, clinical notes and infection control. These were discussed in the governance meeting and used to improve practice and quality.

### Skilled staff to deliver care

- Sherwood lodge employed registered mental health nurses and nursing assistants. If a patient required any other mental health speciality, such as occupational therapy or psychology, they would be referred to the local health services.
- The clinical manager ensured staff received a local induction. This included day to day activities and training. Training was accessed by an external provider.
- Staff received clinical supervision each month. We found in staff supervision records meetings were recorded and staff told us that they felt supported. Staff were able to access extra support if needed. The provider had a supervision policy in place.
- Staff received annual appraisals and had monthly team meetings.

### Multi-disciplinary and inter-agency team work

- Care co-ordinators from the local mental health placing trusts would attend Sherwood Lodge for reviews. The responsible clinicians were from Avon and Wiltshire Mental Health NHS Trust, and Somerset Partnership NHS Foundation trust. The virtual team worked well with the permanent staff in addressing and identifying patients needs appropriately.

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

Good 

- Handovers took place every morning and evening when staff worked long day shifts. The handover log detailed patient activity and current ongoing risks. Handovers were three times a day when working shorter shifts.
- The service worked well with social workers and other staff in social care in addressing patients needs.
- There were good relationships with the local GP and other primary and secondary healthcare services.

## Adherence to the MHA and the MHA Code of Practice

- We reviewed six sets of detained patient notes in depth and found the provider had robust procedures in place for the receipt and scrutiny of Mental Health Act (MHA) paperwork.
- The provider had arranged for a local NHS trust (Avon & Wiltshire Mental Health Partnership NHS Trust) to provide full time cover during office hours to support Sherwood Lodge with all aspects of the MHA. The MHA team provided access to legal advice, scrutiny of documents, reminder notifications for the expiry of medication certificates and periods of detention.
- Records demonstrated section 132 rights were offered every six months.
- Staff had received training in the MHA and had an understanding of the legislation.
- During our inspection in 2015 we found the provider had not updated all their policies in line with the changes in the code of practice. We also found the responsible clinician was not routinely carrying out risk assessments prior to authorising section 17 leave, and staff were not monitoring patients taking leave throughout the day. During the current inspection this had been rectified and robust procedures had been put in place.
- Paper files for detained patients were cumbersome and sometimes difficult to navigate. The provider was re-ordering these at the time of our inspection however and knew some further organisation was needed.
- Staff did not always ensure patients were informed of their right to an independent mental health advocate. In the Code of Practice patients detained under the Mental Health Act should be routinely offered advocacy. Although there was information displayed about

advocacy services, we found evidence in one patient file that staff had not informed the patient of their right to an Independent Mental Health Act Advocate (IMHA). We raised this at the time of our visit.

## Good practice in applying the MCA

- Staff had received training in the Mental Capacity Act. Staff we spoke with had knowledge of the act and its principles.
- Patients had Mental Capacity Act assessments where expected and there was clear rationale for decisions around those that lacked capacity.
- Staff were clear they could access support and information from the local Mental Capacity Act/DoLS manager if required.

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

Good 

## Kindness, dignity, respect and support

- Staff demonstrated kindness, care and support towards the patients. We observed warm interactions and concern for patient welfare. Interactions were respectful and discreet.
- We spoke with ten patients receiving care and treatment at Sherwood Lodge. The patients we spoke with were positive about their care and the staff. Patients were complimentary about the clinical manager and how the service was run..
- Patients told us the food was nice and there was good choice.
- Staff we spoke with had good understanding and insight into the needs of the patient group. Many patients were complex and sometimes challenging. Staff demonstrated a good sense of humour and warmth which appeared to be reciprocated positively.

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

Good 

- Feedback from carers was positive. Carers told us that they were always greeted with a smile and staff were cheerful. This reflected the ethos of the hospital. Another carer told us they were happy with the service and had no concerns.

## The involvement of people in the care they receive

- The ethos of the hospital was to provide the least restrictive, homeliest environment as possible. Patients and carers told us they felt happy and cared for there. Carers we spoke with told us they had been involved in decisions where appropriate.
- Community meetings took place monthly. Patients were able to express their views and make suggestions for improvements. Copies of the minutes were available in communal areas.
- The service had access to an advocacy provider. We saw details were available and on display.

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

Good 

## Access and discharge

- There were 21 patients admitted at the time of our inspection. Of these six were detained under the Mental Health Act. Nobody was on overnight leave at the time of our inspection. We saw some patients at Sherwood Lodge had multiple complex specialist care and treatment needs.
- Discharge planning had improved since our previous inspection in 2015. Arrangements were made to either discharge a patient back to the community or on occasions to a nursing home bed or supported living. Discharge plans were made between the hospital and care co-ordinator.
- Staff supported patients to access the community, and to access courses run by the local education and training centre as part of the rehabilitation plans.

- Deterioration in the mental state of a patient would sometimes result in admission to a mental health acute ward. Sherwood Lodge did not admit patients requiring a high level of risk or acuity.

## The facilities promote recovery, comfort, dignity and confidentiality

- The outdoor space had a covered and an open smoking area for patients. There was also table tennis, a barbeque and an area for patients to relax and chat. There were ground floor bedrooms looking out to the outdoor area. During our last inspection we told the provider they needed to consider the privacy and dignity of the patients in the rooms facing the outside. At the time of the current inspection the windows had one way privacy film.
- Sherwood Lodge had quiet areas where patients could be alone or sit with visitors. There were two large comfortable lounges at the front of the house; one had a pool table and one an electronic games machine and television.
- There were positive comments in regards to the food prepared at Sherwood Lodge. They had been awarded a Food Hygiene Rating of 5 (very good) by North Somerset Council.
- Bedrooms were personalised and patients could access their rooms at any point during their time at the hospital.
- We saw an activity programme timetable. During our inspection we saw engagement with patients and activities such as ball-throwing and art which the patients were enjoying.

## Meeting the needs of all people who use the service

- Sherwood Lodge had been converted from two large Victorian houses. During our previous inspection we saw patients were not routinely separated by gender. This had now been addressed by the provider. One side had male and the other female patients.
- Patients with identified mobility problems had been provided with bedrooms on the ground floor and all patients mobility was monitored regularly for signs of deterioration.

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

Good 

- Adjustments had been made since our inspection in 2015 which meant access for patients with mobility problems was improved. High steps had been lowered and ramps put in place where there was uneven ground.
- Notice boards displayed information for patients and carers. This included information on how to access an advocate.

## Listening to and learning from concerns and complaints

- Sherwood Lodge had a complaints policy in place. Staff knew where to access this and patients we spoke with told us they knew how to raise a complaint. The provider told us they had an open culture in managing complaints and concerns.
- We were told there were no formal complaints made against the provider in the previous six months. There was a standing agenda in the clinical governance meeting for discussing any complaints.

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

Good 

## Vision and values

- Staff we spoke with knew the vision and values of Sherwood Lodge. They were clear on the aims and objectives, particularly around promotion of independence and autonomy of the patients.
- Staff told us they were proud of the work they did, and that they believed in the ethos of the hospital.

## Good governance

- The clinical manager ensured staff received mandatory training in order to carry out their duties. We saw a training log with dates completed.

- Staffing levels were managed well and all shifts covered with staff familiar to the hospital and its routines. There was always a registered nurse on duty, day and night.
- Following our inspection in 2015 the hospital clinical manager had introduced a more robust framework to ensure better oversight and scrutiny of the hospital governance. This was particularly evident around those detained under a section of the MHA (1983).
- Relevant policies and procedures were in place and up to date following the previous inspection also. They reflected all appropriate legislation and had review dates.
- Staff were clear on safeguarding procedures and were able to tell us what constituted abuse.
- The clinical manager had introduced a risk register including a ligature audit. This was monitored and updated when appropriate.

## Leadership, morale and staff engagement

- Staff told us they enjoyed working at Sherwood Lodge and were proud of their work. Staff told us that they felt able to raise concerns without fear of victimisation and felt confident to 'whistle blow' if necessary. All staff we spoke with reported good morale.
- Staff we spoke with told us that they had seen improvements in the environment and day to day running of the service since our previous inspection in 2015.
- The clinical manager and owner of Sherwood Lodge had taken action following our previous inspection where we raised numerous concerns. The leadership engaged positively with the CQC to make the required improvements and demonstrated a commitment to the service and in particular the patients they cared for.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure risk issues are accurately reflected in the clinical records.
- The provider should ensure clinical records are orderly and relevant information easily accessible.
- The provider should ensure patients are informed of their rights to an independent mental health advocate.