

# Greater Manchester Mental Health NHS Foundation Trust

## Wards for older people with mental health problems

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Are services safe?

**Requires Improvement** 

# Our findings

## Wards for older people with mental health problems

**Requires Improvement** ● → ←

We carried out an unannounced focused inspection because we had concerns about the quality of services at two locations and to follow up actions taken from a warning notice served in November 2022. This inspection was carried out to consider the safety of the wards and the care and treatment being provided to patients at Greenway ward and the three wards at Woodlands hospital.

Greenway ward is a 10-bed older adult mixed gender inpatient ward located at the Moorside Unit in Trafford.

Woodlands hospital is an older adult inpatient facility located in Little Hulton, Salford. There are three wards on the site:

- Delamere Ward, a 15-bed ward for female patients, predominantly those who are living with dementia or a functional mental illness such as bipolar disorder or schizophrenia.
- Hazelwood ward, an 18-bed ward for male and female patients who are living with a functional illness, for example bipolar disorder or schizophrenia.
- Holly ward, a 17-bed ward for male patients living with dementia.

In November 2022 we inspected the wards at Woodlands Hospital. Following this inspection, the trust was served with a Section 29A warning notice as the Care Quality Commission formed the view that the quality of health care provided within this service required significant improvement. The trust was required to take immediate action to make improvements within this service.

We visited Greenway ward on 18 April 2023 and all three wards at Woodlands hospital on 20 April 2023. The team that inspected the service comprised three CQC inspectors.

At Woodlands hospital, we reviewed actions the trust had taken in relation to the warning notice issued in November 2022. In the warning notice, concerns were outlined around environmental risks, including ligature risks; the management of medicines; the completion of risk assessments and care plans alongside poor handover documentation; staff access to record systems and the overall oversight of the service.

We rated the service as inadequate previously. At this inspection, the trust had developed action plans to address all of these areas. We were able to see all the areas of concern had improved and there were ongoing plans to ensure that progress was built on and improvement sustained.

We also saw areas of good practice at Greenway ward including comprehensive care plans, risk assessments which were complete and updated daily and good medicines management.

### What people who use the service say

# Our findings

We did not speak directly to all patients on the wards during this inspection due to the focus of our inspection being on specific areas. We saw and spoke to patients on each of the wards. Patients that we spoke to were positive about staff, describing them as “nice”, “kind”, “lovely”, “cannot fault them”. In one ward, we were told of concerns about staffing at night and managers were taking actions to address these.

We observed interactions as we spent time on the wards. Staff responded to patient’s needs and requests. Staff spoke to patients with respect and in a caring manner. Staff were calm in their approach to patients and were patient when assisting them with their needs. We saw staff and patients engaged in group and individual activities on wards we visited.

## Is the service safe?

**Requires Improvement**  

Our rating of safe improved. We rated it as requires improvement.

### Safe and clean care environments

**All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.**

#### Safety of the ward layouts

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified.

Staff could not observe patients in all parts of the wards. All four wards had layouts with corridors leading away from the main ward. Bedroom corridors were not observable from the main ward area on any of the three wards at Woodlands hospital. Staff checked ward areas regularly. The trust used parabolic mirrors where there were blind spots or recesses within corridors. At Greenway ward there were good lines of sight from the central part of the ward down each corridor and into the lounge. Where there were blind spots, mirrors were in use and staff observations mitigated these risks.

Same sex accommodation was provided on Hazelwood ward at Woodlands hospital, and Greenway ward at the Moorside Unit. There were separate male and female corridors with no physical separation of corridors. There were separate female only lounges on the wards. The wards were complaint with guidance on mixed sex accommodation.

There were potential ligature anchor points in the service. Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe.

At the last inspection of the wards at Woodlands hospital, there were potential ligature anchor points in the service that were not all identified on ligature risk assessments or mitigated against. The trust risk and safety team completed ligature risk assessments, but these did not guide staff sufficiently. Where ligature risks were identified, there were no specific actions to guide staff or mitigate these. On all three wards, the patient group was assessed as medium risk, despite some patients being admitted who were a significant suicide risk. Risk mitigation was often noted with a set sentence that there were good staffing levels or skills mix but this was not always the case.

# Our findings

At this inspection, there had been actions and improvements made in relation to ligature risks. On all wards, ligature risks were known to staff through a specific ligature risk file in the ward office and through staff handovers. All wards had a file containing the recent audit, laminated information and pictures of specific risks and ward areas. Daily checks were made of known risks and areas. Ligature risk assessments had been completed for all wards at Woodlands hospital earlier this year with scoring consistent across areas and much clearer descriptions of risks.

Ligature risk assessments were undertaken on all three wards at Woodlands hospital in January 2023. Some remedial actions had been taken but some risks remained and there was no clear timescale for actions to be taken for some of these known issues. This was picked up during a well-led inspection of this trust and action was being taken at trust level, as the issues were present in more wards and clinical areas across the trust.

On Greenway ward, the most recent audit was stored in the ward office, alongside a laminated information sheet showing pictures of risks. The risk assessment included most issues and like the wards at Woodlands hospital, included risks which had been escalated to trust level. Some mitigation actions had been noted as requested at the time of the assessment in September 2022 but were still not completed at this inspection.

Staff had easy access to alarms and but not all patients had easy access to nurse call systems.

On Greenway ward there were nurse call bells in each bedroom. However, these were situated next to the wash basin so were not reachable for patients when in bed or if they had fallen to the floor. The ward had access to two motion sensor alarms for patients at high risk of falls and one was in use at the time we inspected.

At Woodlands hospital, on Delamere and Hazelwood wards, the patient alarm panels were situated next to each bed. On Holly ward, these had been deactivated and the ward manager said that staff completed zonal observations instead. For patients at high risk of falls, staff would complete continuous observations and use the sensor alarms available on each ward. The boxes were still in the bedrooms and this could have led to confusion if patients wanted to call for staff in an emergency. Following the inspection, the trust stated they would remove these and until this was completed they had placed signs with each bell to say they were not in use.

All four wards did have access to motion sensor alarms for patients at risk of falls. At the last inspection at Woodlands hospital, staff told us these were not always reliable and we noted two serious incidents where alarms had failed to notify staff of falls. Actions to address this were to arrange training by the end of 2022 and to develop a standard operating procedure by March 2023. Twenty four staff at Woodlands hospital had been trained in the system in February and March 2023, with further training being arranged. A standard operating procedure had been developed for Woodlands hospital. Staff completed daily checks of the system at both Woodlands hospital and on Greenway ward. Staff at Greenway ward had not received training in the system but were confident in its use.

## **Maintenance, cleanliness and infection control**

Ward areas were clean, well maintained, well furnished and fit for purpose, however one bathroom on Holly ward was still out of use and awaiting repair.

All four wards were in good order. At the previous inspection at Woodlands hospital, there had been significant issues on Delamere ward in terms of broken and ripped furniture, bathrooms and shower rooms that were not fit for purpose and a lack of storage evident.

# Our findings

At the time of this inspection, the ward had been decorated, new furnishings were in place, the shower rooms and bathrooms had been repaired and flooring replaced and there had been better use of the space on the ward in developing a second lounge and sensory room. Patients were involved in choosing colours and furnishings and their views on improved seating had been taken into consideration, with more comfortable couches and chairs purchased.

There was a sensory room at one end of the ward, this had previously been used as a storeroom. This had been decorated, a TV installed, a projector awaited, and new furniture sourced. There were blackout blinds ordered so the room could be used for relaxation, but it wasn't unduly bright. This was a welcoming well-furnished room which served multiple purposes as a quiet area, second lounge and group room. The sensory equipment, bubble lamps, fibre optics and sound equipment were all newly purchased.

All equipment noted on Delamere ward which was not working at the previous inspection had been repaired or replaced.

Holly ward had also been redecorated recently and there was new furniture in the lounge. At the last inspection, one bathroom was out of use awaiting a replacement bath; at this inspection this was still the case and the ward only had one functioning bath. Since inspection, the trust told us that the supplier had been contacted.

Hazelwood ward was clean and tidy with furniture and fittings in good condition. One piece of equipment in an assisted bathroom was overdue for servicing, potentially as it had been sourced from a different ward so may have missing being serviced on Hazelwood's schedule.

A monthly environment meeting took place to oversee maintenance requests, servicing and any issues arising. There was now a tradesperson based at Woodlands hospital to allow rapid repairs to be undertaken and ward based staff said this had been beneficial in ensuring repairs and routine maintenance work was completed.

Greenway ward had been redecorated and refurbished as part of a wider unit refurbishment. The ward was clean and tidy with furniture and fittings in a good state of repair.

Staff made sure cleaning records were up-to-date and the premises were clean. Staff followed infection control policy, including handwashing. The trust included compliance with infection prevention policy within the regular quality audits undertaken in all ward areas we visited. These showed good compliance overall with infection prevention policies.

## **Seclusion room (if present)**

There were no seclusion rooms at these services.

## **Clinic room and equipment**

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly.

Staff checked, maintained, and cleaned equipment.

At the previous inspection at Woodlands hospital, we identified issues with checks of equipment, including resuscitation equipment, glucometer checks, clinical equipment servicing and temperature monitoring on Holly and Hazelwood wards.

# Our findings

At this inspection, we found improvement on all three wards at Woodlands hospital with checks completed and clearly signed for. Managers were completing weekly audits of the clinic rooms and ensuring that clinic rooms were clean and tidy, that room temperatures were being recorded and that resuscitation equipment was regularly checked. All wards at Woodlands hospital and Greenway ward had been linked to a continuous electronic monitoring system to ensure fridges where medicines were stored were within the correct temperature range.

Clinic rooms were also being checked on regular ward manager environmental checks and any issues actioned and completed.

At Greenway ward, clinic room audits were completed each month and any issues needing action were handed over to managers.

## Safe staffing

**The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.**

### Nursing staff

The service had enough nursing and support staff to keep patients safe.

At the previous inspection at Woodlands hospital, we had issued a warning notice which included concerns about staffing. This particularly related to low staffing levels, registered nurse associates and preceptorship nurses in charge of wards, nurses in charge of more than one ward and temporary staff inductions.

At this inspection, we noted significant improvements in all of these areas.

The trust had ensured that temporary staff received an induction to wards when they started work. These records were checked as part of regularly monthly quality audits.

On one occasion between January 2023 and April 2023, the nurse in charge was a registered nurse associate. This was due to short notice sickness.

There were three occasions between January 2023 and April 2023 where a nurse at Woodlands hospital held the keys for two wards. This meant one registered nurse was responsible for over 30 patients. Managers had allocated a fourth registered nurse for night duty to provide assistance across wards, to cover breaks and to cover the nurse in charge role if there was short notice sickness, and this was working well.

At Greenway ward, managers told us that there had not been an instance where a registered nurse held the keys for more than one ward since January 2023.

The wards at Woodlands hospital had reducing vacancy rates. Across all three wards there were five vacancies for nurses and healthcare assistants which had significantly improved since the previous inspection. Greenway ward had high staff nurse vacancies but had recruited staff who were waiting to start work.

The services had high rates of bank and agency nurses. Since January 2023, bank and agency staff filled 3727 shifts to cover sickness, absence or vacancy for nurse and healthcare assistant shifts at Woodlands hospital and 2191 shifts at Greenway ward. Additional staff were required when ward staffing numbers were increased due to patient observation levels and to cover for sickness and vacancies.

# Our findings

The service block booked bank qualified nurses for regular work and agency nurses more rarely. Managers tried to ensure that bank and agency nurses worked with a permanent qualified nurse.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Since the last inspection, all staff completed an induction when starting work in the service and these were checked against rotas by managers as part of their quality checks.

The service had reducing turnover rates which had improved since the last inspection. At Woodlands hospital, the three month average for turnover was just under 2%. No figures were received for Greenway ward.

Managers supported staff who needed time off for ill health. Levels of sickness were high but improving. Sickness levels were lower than at our previous inspection, with an average rate of 12% in February and March 2023 at Woodlands hospital. No figures were received from Greenway ward.

Ward managers could adjust staffing levels according to the needs of the patients. Managers were able to book additional staff, often to assist with planned clinical observations.

Staff did share key information to keep patients safe when handing over their care to others. At the previous inspection at Woodlands hospital, we were concerned about the quality of handovers between shifts. At this inspection, both at Woodlands hospital and Greenway ward, handover documentation had improved and this was being monitored as part of the monthly quality audit schedule.

## Medical staff

The service had enough daytime medical cover, but not all wards had a doctor available to go to the ward quickly in an emergency at night-time. At both sites, there was daytime medical cover. At Greenway ward, a duty doctor covered the wider Moorside Unit and could be contacted out of hours if needed. There was no on-call doctor at Woodlands hospital during the evening and night. Since the last inspection at Woodlands hospital, an out of hours escalation flowchart had been developed to aid staff if concerned about a patient's deteriorating physical health.

## Mandatory training

Not all staff had completed and kept up-to-date with their mandatory training.

At Woodlands hospital, there had been minor improvements since the last inspection but not all staff had completed the necessary mandatory and essential training.

Qualified nurses completed immediate life support training, with compliance across all three wards at 74%. Delamere ward had the lowest number of staff trained at 63%. For basic life support training, which only support workers completed, 70% of staff across three wards were up to date. On Delamere ward, only 41% of staff were up to date with this training whilst the other two wards were over 75% of staff trained.

At Greenway ward, 95% of staff had completed basic life support training, although only 60% of qualified nurses had completed immediate life support training.

In both Woodlands and at Trafford, managers ensured there was at least one immediate life trained nurse on duty through daily staffing 'huddles'.

# Our findings

Moving and handling level 2 training had been completed by 56% of staff overall at Woodlands hospital, with ward-based completion at 44% for Delamere ward, 65% for Hazelwood ward and 61% for Holly ward. At Greenway ward 65% of staff had completed this training.

In terms of prevention of violence and aggression training, 49% of staff across all three wards at Woodlands hospital had completed this, however, only 29% of staff on Delamere ward and 47% of staff on Hazelwood ward were up to date with this. At Greenway ward 60% of staff had completed this training.

Across all three wards 67% of staff were up to date with fire safety awareness training, however only 50% of staff on Delamere ward had completed this. At Greenway ward 57% of staff had completed this training.

Infection prevention training had improved across the Woodlands site with a completion rate of 80% across the three wards and 90% of staff at Greenway ward had completed this.

Safeguarding adults and children training was only completed at level 3 by qualified nurses, but completion overall for this was 65% for adult training and 79% for children's training. For level 2 safeguarding training, 79% of staff had completed the adult training and 50% the children's training at Woodlands and 73% and 86% respectively for Greenway ward.

Only qualified nurses completed Mental Capacity Act training, and over the three wards at Woodlands 71% of staff had completed this and 90% at Greenway. Similarly, only qualified nurses completed Mental Health Act training and overall, 76% of staff eligible had completed this at Woodlands hospital and 90% at Greenway ward.

Across the three wards at the last inspection, 63% of staff had completed falls prevention training. The trust did not provide updated figures for falls prevention training.

Staff figures were satisfactory across all four wards for conflict resolution training, health and safety training, information governance, Prevent training and safeguarding adults level 2 training.

The mandatory training programme was not comprehensive and did not meet the needs of patients and staff.

The trust was only providing training in the Mental Capacity Act and Mental Health Act to qualified nurses. The Mental Capacity Act (MCA) applies to everyone who works in health and social care and is involved in the care, treatment or support of people aged 16 and over who are unable to make all or some decisions for themselves. In this setting, support workers were working regularly with people with impaired or fluctuating capacity, meaning this training was essential. Most patients across these wards were detained under the Mental Health Act, but most of the staff looking after them had received no training to understand the Act.

The intercollegiate guidance on safeguarding refers to all mental health staff being trained to level 3 in safeguarding children and adults, but the trust was only training support workers to level 2.

## **Assessing and managing risk to patients and staff**

### **Assessment of patient risk**

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.



# Our findings

We reviewed 11 care records across all four wards. At the last inspection at Woodlands hospital, none of the risk assessments we reviewed were fully completed. At this inspection, all eight patient records that we reviewed had a fully completed risk assessment which had been regularly reviewed. At Greenway ward, risk assessments were detailed, complete and reviewed and updated every day.

All patient records reviewed contained a falls risk assessment which included risk factors and falls prevention.

Patient records contained individual risk assessment tools if these were indicated, including Waterlow scales (to assess risk of pressure damage) and Abbey pain scales (used to assess pain in patients living with dementia who may not be able to verbalise pain). These were completed and scored correctly and reviewed regularly.

We reviewed two patients records where there was a risk of choking identified. Staff were able to refer promptly for dietician and speech and language therapy support when needed. We noted one patient at Woodlands hospital who had been recommended a soft diet because of risk but whose food and fluid charts contained entries noting solid foods given. We asked the trust to review this patient's care and action was taken.

We reviewed multidisciplinary care plans in all 11 records and found these were well completed across all wards. At Woodlands hospital, a new care plan format had been introduced and these were all completed and provided personalised plans of care for staff to follow.

## Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks.

Each ward had patient handover sheets where information could be gathered during the shift. At the last inspection at Woodlands hospital, these had not been fully completed, with shifts left blank and frequent use of abbreviations and subjective comments. Work had taken place to improve handover documentation and the forms we reviewed had clear summaries and were well written. Managers were checking these regularly and offering feedback for good practice and where improvement was needed.

At Greenway ward, a new handover tool was being piloted which contained alerts for staff and patient specific information.

In patient records and care plans at Woodlands hospital and Greenway ward we saw effective planning to reduce risks, including consultation with the wider multidisciplinary team and carer and family advice and views.

On Hazelwood and Holly ward at Woodlands hospital, there were patients being nursed on continuous observations by staff. The trust observation form included sections to outline the reason for observation with space for additional information, but on all forms we reviewed this often just said "falls". There was no further information to inform staff of specific times or activities where this risk may present. At the previous inspection, we had noted sections of observation forms not completed and this was being checked as part of the audit cycle by managers, with improvements being noted over time, although there were still occasional records not completed fully.

Similarly, food and fluid charts were being checked regularly and poor record keeping was being addressed.

The directorate risk register for the Salford directorate had been updated to include all risks relating to the Woodlands wards and this was being reviewed monthly in senior management team meetings.

# Our findings

## Use of restrictive interventions

Since the start of January 2023, there had been 74 episodes of restraint at the three wards at Woodlands hospital and seven incidences on Greenway ward. One episode of restraint at Delamere ward was recorded as prone restraint and one episode on Greenway ward.

During the same time period, there had been 31 incidents where patients were given rapid tranquillisation at Woodlands hospital. There had been three instances of rapid tranquillisation use at Greenway ward since the start of January 2023.

During the previous inspection at Woodlands hospital, we became aware of two patients whose care could meet the MHA Code of Practice definition of seclusion, although the trust were not recording their care as seclusion. We asked the trust to review this, and the trust determined that one patient was being cared for in seclusion. The trust took steps to ensure the care provided followed the trust policy and the Mental Health Act Code of Practice..

At this inspection, there were no patients identified as being secluded or subject to segregation and no episodes of seclusion recorded since January 2023 in any of the wards at Woodlands or Greenway ward.

There were some blanket restrictions in place. Blanket restrictions are rules applied to patients, regardless of their individual needs and care plans. This included some rooms and garden areas which were locked when not in use, there were notices explaining this for patients, and this was reasonable based on risk. One patient fed back that there was an expectation of retiring to bed at a certain time on their ward, with the TV turned off by staff even if this was being watched, which was fed back to managers. There was information for informal patients about how they could leave the ward, but this was not on all wards.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training on how to recognise and report abuse, but this was not always at the level appropriate for their role.

Safeguarding adults and children training was only completed at level 3 by qualified nurses, but completion overall for this was 65% for adult training and 79% for children's training. For level 2 safeguarding training, 79% of staff had completed the adult training and 50% the children's training at Woodlands and 73% and 86% respectively for Greenway ward.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them.

We saw incidents reported to safeguarding authorities appropriately.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

## Staff access to essential information

Patient notes were comprehensive and staff could access them easily.

# Our findings

Since the last inspection at Woodlands hospital, the trust had put in place measures to ensure temporary staff were able to access the electronic records system and incident reporting system. Records were stored securely.

## Medicines management

**The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.**

We reviewed four prescription cards and checked clinic rooms on Delamere and Greenway wards.

At the previous inspection of Woodlands hospital, there had been concerns about medicines management. This included medicines not being given when prescribed, a lack of guidance for covert medicines administration, medicines not stored or disposed of correctly and issues relating to controlled drugs.

At this inspection, there were no issues found with the prescriptions we reviewed. Staff followed systems and processes to prescribe and administer medicines safely.

Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines and prescribing documents safely. Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

A weekly check had been introduced across the three wards at Woodlands hospital and this was working well in identifying issues and resolving them. The wards had been supported by the trust pharmacy team and they also undertook weekly checks and stock checks and highlighted any administration issues to ward based staff and managers.

We reviewed the most recent controlled drugs audits for all wards. The main issue still evident across wards was missed daily checks of medicines, but all had improved over time and there was marked improvement compared to the previous audits at the last inspection in November 2022.

We noted good practice on Delamere ward in terms of patients being able to self-medicate, with a clear process and documentation completed to guide staff in managing this safely.

Nurses completed medicines management training and a competency assessment. Over 90% of nurses across all four wards had completed the training. Most staff on Holly and Greenway ward had completed controlled drugs and rapid tranquillisation training, with staff completions lower on Delamere and Hazelwood ward.

## Reporting incidents and learning from when things go wrong

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with trust/provider policy. Since the previous inspection, the trust had taken action to ensure all staff could access the incident reporting system. Staff were also reporting incidents relating to the wider service, including staffing, which ensured issues were escalated and had resulted in actions taken.

Staff understood the duty of candour and gave patients and families a full explanation if and when things went wrong.

# Our findings

## Areas for improvement

### Wards for older people with mental health problems

#### Action the trust **MUST** take to improve:

- The trust must ensure that actions are planned and timescaled to address remedial actions from ligature risk assessments relating to fittings in use across the trust (Regulation 12)
- The trust must review all blanket restrictions currently in place at the service to ensure patients are cared for in the least restrictive manner, including informal patients (Regulation 12)
- The trust must ensure that the position of call bells in Greenway ward is reviewed and these are sited where needed (Regulation 12)
- The trust must ensure that newly established governance processes and audit cycles continue, and that performance and risk are managed well. (Regulations 17).
- The trust must ensure that systems and processes, such as audits of the service provided, are completed accurately and findings acted upon (Regulation 17)
- The trust must ensure that all staff have all the appropriate training to perform their roles safely and effectively. (Regulations 18)
- The trust must ensure that a doctor is available to attend Woodlands wards out of hours (Regulation 18)

#### Action the trust **SHOULD** take to improve:

- The trust should remove call bell points which are no longer in use on Holly ward and ensure that alternative arrangements to ensure patients can access staff help are effective
- The trust should ensure there is monitoring of diet and fluid charts alongside whether specific dietary plans are being adhered to

# Our inspection team

## How we carried out the inspection

During the inspection visit the teams:

- Toured the environments at all four wards
- Spoke with 10 patients and undertook informal observations in communal areas in all four wards
- Reviewed 11 care records
- Reviewed four prescription cards and consent to treatment documentation
- Spoke to the pharmacist and reviewed changes to medicines management
- Spoke with staff including nurses, support workers, physical health staff and student nurses.
- Spoke to ward managers and deputy ward managers
- Reviewed a range of policies, procedures and other documents.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

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

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Diagnostic and screening procedures

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Treatment of disease, disorder or injury

Diagnostic and screening procedures

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing