

Waterloo Manor Limited

# Waterloo Manor Independent Hospital

## Quality Report

Waterloo Manor Independent Hospital, Selby Road,  
Garforth, Leeds, LS25 1NA.

Tel: 0113 287 6660

Website: [www.inmind.co.uk](http://www.inmind.co.uk)

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This report describes our judgement of the quality of care at this hospital. 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 hospital

Forensic/inpatient/secure wards

Long stay/rehabilitation mental health wards  
for working age adults

## Overall summary

We inspected Waterloo Manor Independent Hospital, but did not provide a rating. This was a focused re-inspection and, therefore, not all of the key lines of enquiry were inspected, as not all were relevant to the areas identified for the re-inspection, the review of the warning notices and the requirement notice.

We inspected the service in February 2015 when the service was rated inadequate because it was failing to meet regulatory standards in all areas inspected. We issued four warning notices, informing the service that they must meet the required standards by 9 July 2015 and advised that failure to do so would result in further action being taken.

We also issued one requirement notice in relation to safeguarding patients from abuse. We told the provider to tell us how improvements would be made. The service sent us an action plan detailing how improvements would be made.

When we inspected the hospital in August 2015, we looked at how the service was making progress in meeting the standards. We reviewed the action plan provided to us following the last inspection and we found that the service had made significant improvements to ensure patients received a standard of care that did not

# Summary of findings

place them at risk of harm. We were satisfied that the requirements set out in our warning notices had been met and that the service was improving its systems for identifying and preventing concerns of abuse.

During our inspection, there were 39 inpatients at the hospital. Following our inspection in February 2015 the service had made a voluntary agreement with the Care Quality Commission that no further admissions would take place until significant improvements had been made. We looked in detail at how the service had improved and identified which steps had been taken to address the following areas:

- Safe and clean environments.
- Ensuring patients were protected from the risks of abuse.
- Ensuring staff were deployed correctly and there was sufficient skilled staff to meet patients' needs.
- Patients' risks were appropriately assessed and care and treatment was planned and delivered in accordance with the assessed needs of individuals.
- Patients received care which was evidence based and fully integrated through an effective multi-disciplinary team (MDT). Where physical health care issues were identified these were effectively monitored with input from relevant professionals.

- All patients we reviewed had a discharge plan in place to ensure their needs when leaving the service would be met.
- The service had clear visions and values and, although these were in their infancy, the service recognised it still had work to do to ensure improvements continued and were sustained.
- The culture had improved with staff and senior managers talking positively about each other, and the changes which had been implemented.

Since our inspection in February 2015, all senior managers had left the service and a new team had been appointed. There was a new clinical director, a new head of occupational therapy, new head of psychology and a new governance director. There were also new appointments of nursing staff. However, the service did not have a registered manager, which is a legal requirement under the Health and Social Care Act 2008. Although at the time of the inspection the service did not have a registered manager, the recruitment process to appoint a Hospital director for this service was in place.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

Inspected but not rated:

- The service had made progress to ensure steps were taken to protect patients from the risks of abuse or the possible risk of abuse occurring.
- Staff working in the service were appropriately deployed and had the right skills to keep the patients safe.
- Safety on the wards had improved. The provider acted to minimise risks to patients. Staff could now more closely observe patients. The wards had mirrors to reduce blind spots and more qualified staff in patient areas.
- Wards were clean. The provider had a clear audit system to reduce the possibility of the spread of infections.
- The service had a process in place for monitoring incidents and learning where things went wrong.
- Staff assessed patients effectively to monitor and minimise risks and prevent them from harming themselves or others.

### **Are services effective?**

Inspected but not rated:

- Patients' care and treatment incorporated current evidence-based guidance, standards and practice.
- Staff met patients' physical health care needs by working alongside physical healthcare professionals and effective care planning and delivery of care.
- The service employed qualified staff with a good skill mix. Managers' appraised staff regularly, which ensured staff could meet the needs of patients.

### **Are services caring?**

Inspected but not rated:

- Patients told us they were well cared for and staff treated them with kindness, dignity and respect.
- The provider had taken action to address incidents of bullying between patients and had also taken action to investigate complaints about staff raised by patients.
- Care plans were holistic and person-centred. Patients told us they were engaged in all aspects of their care, which was a significant improvement since our February inspection 2015.

# Summary of findings

## Are services responsive?

Inspected but not rated:

- When a patient moved between wards, they had a clear plan to ensure staff could continue to meet their individual needs.
- Each patient had a discharge plan with clear goals for patients and staff to work towards.
- Wards optimised patient recovery because they were clean and well maintained. Patients also had access to a range of occupational therapy groups that supported and maximised independence.
- Patients told us, and records showed complaints were investigated and their experience was listened to.

## Are services well-led?

Inspected but not rated:

- The service did not have a registered manager, which is a legal requirement.
- The governance framework was still in its infancy and still required development.
- Although overall leadership had improved, senior charge nurses still did not challenge poor practices of their staff.

However:

- The service had a clear set of visions and values of which staff were aware of and could explain.
- The culture of the service had improved significantly. Staff and senior managers talked positively about their commitment to improve.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Forensic inpatient/ secure wards		Inspected but not rated
Long stay/ rehabilitation mental health wards for working-age adults		Inspected but not rated

# Waterloo Manor Independent Hospital

## Detailed findings

### Services we looked at

Inpatient low secure wards.

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

# Detailed findings

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## Background to Waterloo Manor Independent Hospital

Waterloo Manor Independent Hospital provides low secure and rehabilitation services for women with mental disorders and complex needs.

The hospital consists of:

- Three low secure wards: Cedar (12 beds), Maple (13 Beds) and Larch (8 beds).
- Three locked rehabilitation wards: Beech (6 beds), Holly (4 beds), Hazel (8 beds).
- One open rehabilitation ward: Lilac (5 beds).

The hospital has a total of 56 beds.

We have inspected the service four times since it was registered in October 2010.

At the time of the last inspection, Waterloo Manor Independent Hospital did not meet the fundamental standards relating to:

- Person-centred care (Regulation 9 of the Regulated Activities Regulations 2014).
- Safe care and treatment (Regulation 12 of the Regulated Activities Regulations 2014).
- Safeguarding service users from abuse and improper treatment (Regulation 13 Regulated Activities Regulations 2014)
- Good governance (Regulation 17 of the Regulated Activities Regulations 2014).
- Staffing (Regulation 18 of the Regulated Activities Regulations 2014).

As part of this focused inspection, we inspected these fundamental standards to ensure improvements had been implemented. The service met its legal obligations to comply with the warning notices served. It had also made significant progress in meeting the required standards of ensuring patients were protected from abuse.

## Our inspection team

There were three Care Quality Commission inspectors and one inspection assistant as part of the team.

# Detailed findings

## 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?

During the inspection visit, the inspection team:

- visited all seven wards, looked at the quality of the ward environment, and observed how staff were caring for patients.

- spoke with 16 patients who were using the service.
- spoke with the charge nurses for each of the wards.
- spoke with 19 other staff members; including doctors, nurses, and senior managers.
- interviewed the divisional directors with responsibility for this service.
- observed one hand-over meeting.

We also:

- looked at 12 treatment records of patients.
- looked at a range of policies, procedures and other documents relating to the management of the service.

# Are services safe?

## Our findings

### Safe and clean environment

At our previous inspection in February 2015, wards were not safe. There was poor observation of patients because there were no clear lines of sight. There was also no detailed ligature assessments in place to reduce the possible risk of harm to patients. The ward layout made it difficult for staff to observe all areas. The ward also had fixtures and fittings that could be used as ligature anchor points. This combined with poor observation practices by staff meant that some patients had harmed themselves due to a lack of proper supervision. Due to poor visibility of patients in communal areas, lack of observations and no detailed

Our recent inspection identified ward environments were safe. We inspected all ward areas and the provider had made significant changes to improve patient and staff safety. Staff could now observe patients effectively after improvements to fit parabolic mirrors. These reduced the areas where visibility was low or obstructed. The service had also ensured there was a presence of nurses within the communal areas, supporting staff to supervise and monitor patients with identified risks. We looked at incident records, which showed a reduction in self-harming.

The service had completed a risk assessment of ligature points. A ligature is a place where a patient intent on self-harm might tie something to strangle themselves. Each patient had an individual risk assessment and care plan in place to ensure they were not at risk of harm due to environmental factors. On Maple ward, the service removed all taps in patient bedrooms and replaced them with anti-ligature taps to minimise the risk of self-harm. Ligature cutters were kept in the office securely. We spoke with four agency nurses during our inspection who each told us they knew the location of cutters and that this was part of their induction to the ward.

Our February 2015 inspection identified wards were not clean. There was an absence of cleaning schedules and robust cleaning throughout the hospital. There was damaged and soiled furniture, which patients used, causing an increased risk of infection. At our recent inspection, all ward areas were clean and had cleaning schedules on display. These were monitored on a daily

basis to ensure patients were cared for in a clean environment. The service replaced all the damaged and soiled furniture and this had been received positively by patients following our discussions with them.

### Safe staffing

Our February 2015 inspection found there were staff vacancies, high use of bank and agency staff and there was no autonomy for senior managers to authorise or recruit additional staffing without the consent of Company Directors. Staff were also regularly moved between wards during their shifts which did not provide consistency for patients or staff. Induction of agency staff was poor and staff training was inadequate. Overall, the issues of staffing affected patients because staff had not received adequate training and planned leave was often cancelled.

Our recent inspection found the service reviewed its staffing levels to ensure each ward had the right numbers and skill mix of staff to meet the needs of patients. We reviewed rotas since 9 July 2015 up to 21 August 2015 and found appropriate staffing levels. Charge nurses and senior managers told us they could recruit to vacant posts and could request agency and bank staff, to meet the needs of the service, without the need to seek prior approval from the board of directors, and had done so.

The service was continuing to recruit to vacant posts. At the time of the inspection, there were five vacancies for qualified nurses. This resulted in the use of a significant amount of agency and bank staff. We looked at information from April 2015 until June 2015 but data for July and August 2015 was still being collated.

Since the previous inspection, the service had introduced a method to establish when patient leave had been cancelled due to staff shortages. Records showed that since 9 July 2015 no patient leave had been cancelled due to staff shortages. Patients talked positively to us about this.

Staff worked on the wards that they had been allocated to on the rota and were no longer moved between wards during shifts. However, staff told us they preferred to always work on the same ward, with the same patients, as this would provide care that was more consistent and allow staff to build good therapeutic relationships. Senior managers told us they would try to establish core staffing on each ward to ensure consistency for patients.

# Are services safe?

Agency staff told us before they started work on the units they received an induction along with induction pack detailing information about the service and its expectations of them. We saw the information staff had received from the agency about staff before they started working. The agency sent a profile detailing the experience, qualifications and training of individuals. This enabled the service to ensure staff working in the service had received adequate training and had suitable skills to work on the allocated wards.

At the time of the initial inspection, levels of staff training were inadequate. The service had taken significant steps to ensure improvements were made. Staff had completed 100% of mandatory training with the exception of some areas where small numbers of staff were still required to have training updates.

The training records we looked at confirmed that, out of 79 staff, eight staff were overdue refresher training in First Aid and information Governance, seven staff were overdue refresher training in Infection Control and five staff were overdue refresher training in Mental Capacity Act.

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

At our previous inspection in February 2015, staff did not adequately assess and manage risks to patients. The service used a range of risk assessment tools and staff had limited knowledge of how they were supposed to be used. This resulted in patients' risks not always being identified. We also identified that records were often incomplete and not up to date. There were also concerns regarding the management of medicines.

At our recent inspection, we found that staff had been trained in the use of Short-Term assessment of risk and Treatability (START) risk assessment tool. All of the 12 care records we reviewed showed the multi-disciplinary team had agreed the risks identified, their rating and comprehensive risk management plans. All the records we reviewed were up-to-date.

Improvements in medication management had been made. The service had a pharmacist representative at its management meetings and had rectified concerns following audits. Clinic rooms were all clean and tidy and medication was stored correctly.

Staff recorded consent to medication appropriately. Patients prescribed medication at doses above those recommended by the British National Formulary (BNF) had a full review and, where appropriate, their medication dosage reduced.

Three patients who were self-medicating had individual care plans to ensure a minimal risk of harm. One patient's plan following a self-medicating incident had not been updated. The service rectified the issue at the time of the inspection and acknowledged that the plan should have been amended sooner. The nursing team who were responsible for the overview of the patient's care were aware of the changes to the medication plan. This meant the risks to the patient self-medicating had been minimised.

## **Reporting incidents and learning from when things go wrong**

During our inspection in February 2015, we had serious concerns regarding the attitudes and behaviours of staff towards patients. There was a concern regarding patient on patient bullying and there were no processes for monitoring incidents or learning from when things went wrong.

At our recent inspection we found the service had embedded a daily "report out" meeting where the senior managers, nurses, health care assistants and doctors routinely reviewed each patient reflecting on incidents, patient risks, and overall health and well-being.

The introduction of the "report out" meant that staff could reflect and review incidents. They could also gather information to analyse incidents, identifying themes and trends. This system was still in its infancy but was a significant improvement from our last inspection.

We looked at 26 incident records and found a reduction in patient on patient bullying and allegations of staff abusing patients. Between February 2015 and July 2015 there were three complaints of staff being unkind to patients. The service investigated all of the incidents and reported them appropriately. Patients told us they did feel safe on the wards and since our inspection, things had significantly improved. The service did have safeguarding concerns as a standing agenda for the "daily report out" meetings to ensure information was captured appropriately. However, we received information from the hospital social worker that staff did not always identify safeguarding concerns. We

## Are services safe?

looked at one incident record, which confirmed this. The incident involved a nurse using inappropriate language towards a patient, which escalated into an incident. The

service was still in the process of improving safeguarding and acknowledged that work was still required. The service did have an action plan in place and was working to completion.

# Are services effective?

## Our findings

### Assessment of needs and planning of care

Our inspection in February 2015 found that the service did not adequately address the physical health care needs of patients. Many of the patients were overweight and had health conditions associated with obesity such as diabetes. There were also patients who had continence problems and the service had not taken adequate steps to ensure patients received adequate care and treatment.

Our recent inspection found the service had employed a dietician and each patient had a care plan in place. This helped staff to deliver effective care in weight reduction and weight management and ensure wider physical health care such as diabetes was appropriately monitored and treated. The care plans in place were comprehensive, personalised, and person-centred and appropriate to each patient's individual needs. The 12 records we reviewed showed that patients had been engaged in one to one discussions regarding weight management plans and physical exercise such as dance, swimming and attending a gym. All patients we spoke with talked positively about the plans that were in place to support them with managing their physical health.

The catering staff had been given advice and guidance from the dietician regarding healthy eating and portion size. A whole six-week menu had been devised with input from the dietician and patients to ensure food choices were healthy and nutritious.

Each patient had a range of care plans that had been completed by a variety of disciplines. Occupational therapists had compiled reports to guide staff on how to increase the skills of individual patients. Psychologists had developed individual patient reports to support staff in managing and understanding individual patient's needs in relation to the mental health. Some external professionals, such as continence nurses, had developed care plans to support staff to manage the needs of individual with these difficulties. Each report had been recorded into a care plan that was agreed by the multi-disciplinary team. Every staff member we spoke with was aware of patient care plans and how they were being used.

### Best practice in treatment and care

During our inspection in February 2015, we found that there was limited access to health professionals outside of the service and staff did not have the skills to appropriately address the needs of patients.

Our recent inspection found the service had improved. Senior managers had built relationships with the local GP and out of hours services. Patients were regularly seen by the local GP when required. Where a patient required immediate care and attention we noted patients accessed walk in centres and the local acute hospital for treatment. The service was recruiting a registered general nurse to support the service by promoting physical health needs and providing treatment without relying on external resources.

Patients had access to a full range of professionals such as occupational therapists and psychologists and a range of treatments were provided such as suicide prevention, Dialectical Behavioural Therapy and cognitive behavioural therapy.

Ward staff assessed patients using the Health of the Nation Outcome Scale and all nursing staff had received training in how to use the tool. At our previous inspection in February 2015 staff had not received any training in this area and had limited understanding of the tool.

### Skilled staff to deliver care

Our inspection in February 2015 identified staff were not appropriately supervised or appraised. The service previously had deficiencies in staff supervision rates and staff annual appraisal rates.

Our recent inspection found all staff including agency nurses received supervision. The service told us they expected to maintain standards that supervision should not fall below 90%. At the time of our inspection, supervision was 92%.

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

Our February 2015 inspection identified that multi-disciplinary team working was inadequate with little or no structure. There was no recording of decisions, or treatment plans.

Our recent inspection had found each patient had a multi-disciplinary team record with clear rationale for decisions that had been agreed by all staff. A new template

## Are services effective?

form was being used which detailed how patient care was to be planned and delivered. This had clear instructions of the roles and responsibilities of each member of the multi-disciplinary team.

Patients attended their multi-disciplinary team meetings when they chose to and participated in the planning of

their care. All reviews recorded the views of patients and how they felt about the care plans in place and whether or not they were effectively supported with recovery. All 12 patients' records we reviewed said they were happy with the plans in place.

# Are services caring?

## Our findings

### **Kindness, dignity, respect and support**

Our inspection in February 2015 found that patients were not treated with kindness, dignity, respect and lacked support.

However, at our recent inspection in August 2015 all of the patients we spoke with told us that things had improved. They said senior management attended the wards daily, they were approachable and listened to their concerns. We observed patients talking with senior managers during the inspection and found the interactions positive. All patients knew the managers' names and told them in our presence how happy they were with the changes the service had made. We saw a genuine interest in patients by senior managers, they were keen to listen to their experiences and rectify any legitimate concerns they had immediately. For example, one group of patients said they had insufficient freezer space to store personal items of food. Managers promptly ordered a new freezer.

Patients told us staff attitude on the wards had also improved. They told us they were able to talk to staff and their concerns were taken to senior managers and listened

to. We observed staff interacting with patients in one to one activities as well as supporting group work. Staff were patient, kind, and offered reassurance. When one patient was in distress, we observed a variety of interventions being used by a member of staff to engage the patient in an activity and reduce their anxiety and distress.

### **The involvement of people in the care they receive**

At our previous inspection in February 2015, patients were not involved in the planning of their care.

At our recent inspection, all 12 patients' records we looked at had their own person centred plan with details of their individual goals.

The service had employed two consultants to support the service to improve. They had also appointed two internal engagement leads to support nursing staff on how to develop a person-centred approach to care and treatment. The service now engaged patients effectively in their care and treatment. The service had also improved the information that was available to patients on wards. There were notice boards detailing information that was appropriate to patient's needs and engagement groups with patient participation.

# Are services responsive?

## Our findings

### Access and discharge

Following our inspection in February 2015, the service voluntarily agreed with the Care Quality Commission not to admit any further patients until improvements were made. No further admissions to the hospital had taken place since our February inspection.

The service had however started to revise its admission criteria to ensure patients admitted would have their needs met. We were told this would form the basis of any future admission as it was acknowledged that some patients' needs would have been best met elsewhere. The service

had identified where patients' needs were not being fully met and referrals had been made to alternative providers. Plans were in place to discharge patients to those more appropriate settings. Since the last inspection in February 2015, the hospital had discharged 8 patients.

Each patient had a discharge plan in place, stating the date of admission and on some records dating when discharge was predicted. This was an improvement since our February 2015 inspection where no patient had a discharge plan and it was unclear what future arrangements were planned. Although plans were now in place they did require further formulation as they were often not sufficiently detailed. This was acknowledged by the senior team and they assured us they would continue with their improvements and ensure discharge planning was detailed and suitably formulated.

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

Our February 2015 inspection found wards did not promote dignity, comfort or recovery because they were dirty, unpleasant and many pieces of furniture was in a state of disrepair.

Our recent inspection found that wards had been painted, furniture had been replaced and ward areas were clean. This was a marked improvement since our previous visit. Patients told us they were happy with the surroundings and very pleased that new furniture had been bought. Where previously notices and art work were fixed on walls with Elastoplast they were now mounted properly. The focus on properly presenting key pieces of patient work had markedly improved the ambience of the ward.

All outside spaces were well maintained with garden areas providing outdoor games such as tennis. This was a contrast to the poor environment we had previously seen.

### Listening to and learning from concerns and complaints

Our February 2015 inspection found patients knew how to raise concerns and make a complaint but told us that they had stopped complaining "because nothing ever happens when you do".

Our recent inspection identified improvements had been made. The service investigated each complaint made and a detailed response to the complainant was provided giving details of the outcome of the investigation and how changes would be made. Patients told us they now felt listened to if they needed to complain. Two relatives we spoke with also told us they felt more involved in patient care and their concerns were equally listened to.

# Are services well-led?

## Our findings

### Vision and values

Our February 2015 inspection identified that the organisation's visions and values were not evident within the service. It was unclear what, if any, principles and philosophies underpinned the work of care staff.

Our recent inspection found the service had taken into account our serious concerns and worked with staff and patients to develop a set of values that were applicable to Waterloo Manor. The values were being clearly displayed in each of the wards we visited, represented in the form of a tree. All members of staff we spoke with were able to describe the vision and values to us. Staff and patients told us they felt included in the process of establishing a new set of values and the focus of the service had dramatically changed as it was clear what the purpose and role of staff team now was.

The Waterloo Manor vision, mission and values are outlined here:

#### Vision

Our vision is to be the provider of choice for low secure, locked and open rehabilitation for female patients. We are trusted for our expertise and positive outcomes.

#### Mission

Our mission is to work in partnership with NHS England and Clinical Commissioning Groups to provide high quality, safe and supportive care for female patients at each stage in their recovery journey. We enable choice and facilitate the involvement of patients in all aspects of their care and day-to-day life in Waterloo Manor. Using evidence-based interventions, we support patients to develop and maintain strategies to maximise independence and to reduce the need for hospital-based care.

#### Values

We listen to what people tell us and act accordingly, treating everyone equally and with dignity and respect. Patients told us that what was important to them was 'GROWTH', which they defined as

G – Growth

R – Recovery

O – Ownership

W – Warmth

T – Time

H – Healing

Our shared value is to meet every meaning from the above and enable each patient to achieve their goals."

The culture in the service had significantly improved with both staff and managers speaking positively about each other whilst accepting that work was still needed to improve communication between staff, senior managers and the board. It was accepted by all senior managers that such significant changes take time and this relied on care staff and the senior management team having a sense of shared confidence in the ability of the service to deliver effective care that met the service's expectations.

### Good governance

Our February 2015 inspection identified that governance arrangements were inadequate.

At the time of our recent inspection the service had appointed a new governance

lead who was responsible for evaluating the current systems and implementing new ones. The service had employed an external consultant to evaluate the service and support them to make improvements. Although the service still lacked some overall quality assurance systems, they were able to extract important information such as audits on physical environment, risk to patients, staff training and supervision, and audits regarding staff sickness and the use of agency staff. The quality of audits produced were thorough and influenced significant change in the service. An audit we looked at had identified that staff required additional training and supervision to evaluate the number of incidents occurring within the service. The service had taken action to address this.

A senior manager stated that improvements were still in progress and the appointment of new staff to senior roles did have an impact on the service being able to deliver a full governance programme.

### Leadership, morale and staff engagement

Although leadership had improved since our February 2015, inspection further improvements were still required. The service did not have a registered manager. The service

## Are services well-led?

is required by law to have a registered manager. The service had appointed a new hospital director at the time of our inspection who was due to commence work on 1 September 2015.

Senior charge nurses continued to require development as they did not actively lead care staff to deliver high quality care. Where care records had not been appropriately updated or where incident records were not sufficiently detailed or raised concerns about staff conduct this had not been highlighted by senior charge nurses. These concerns were raised with the senior managers who

acknowledged our findings. They told us that on-going improvements would be made to the overall leadership and the appointment of a new hospital director will continue to support improvements.

Senior managers told us that recruitment continues to be difficult for the service.

All staff we spoke with talked positively about the service. Many staff described the service now as a pleasant place to work. Staff told us that they felt listened to and that when they raised concerns they were taken seriously.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- The service **MUST** ensure proper steps are in place to protect patients from the risk of abuse.
- The service **MUST** ensure they have a registered manager.

### Action the hospital **SHOULD** take to improve

- The service **SHOULD** ensure each patient has discharge plan which is detailed and comprehensive.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment <b>The service must ensure patients are protected from abuse and improper treatment.</b> Regulation 13 (1) (2) (3)