

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Royal Victoria Infirmary

Inspection report

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Overall summary

Background

The Newcastle upon Tyne Hospitals NHS Foundation Trust is jointly commissioned by NHS England and the police forces of Northumbria, Durham and Cleveland to provide acute forensic medical assessments for children and young people up to their 16th birthday or 18th birthday for young people with learning disabilities. Acute means a sexual assault has taken place within the last seven days. The service is provided at the Royal Victoria Infirmary Paediatric Sexual Assault Referral Centre (SARC) and located within the Great North Children's Hospital.

The SARC is available 24 hours a day, 365 days a year for children and young people in Northumbria, Durham and Cleveland through a daily weekday clinic and out of hours rota. Access to the clinic is via a discreet entrance off the main concourse of the Great Northern Children's Hospital and accessed by ringing a buzzer. The SARC facilities include a forensic examination room, a non-forensic examining room, a waiting area, a quiet room, nurses offices, storage room and bathroom facilities including a shower.

The clinic team is overseen by a lead consultant paediatrician and a lead specialist nurse. The lead consultant paediatrician supports six consultant paediatricians who undertake medical forensic assessments. The lead specialist nurse supports two specialist nurses who conduct nursing assessments and carry out the crisis worker role for all children and young people attending the SARC. There is also a health care assistant and administration staff. Consultant paediatricians are members of the Royal College of Paediatrics and Child Health (RCPCH).

During Inspection, we spoke with 7 staff members and reviewed 7 patient records. We reviewed policies and procedures and other documents about how the service is managed.

Throughout this report we have used the term 'patients' to describe children and young people who use the service to reflect our inspection of the clinical aspects of the SARC'.

Summary of findings

Our key findings were:

- Patients were not consistently protected from the risk of abuse and improper treatment because effective systems were not in place to enable staff to share allegations of abuse with children's social care.
- Staff showed care and passion for their work and felt well supported in their roles.
- Patient feedback was positive about the support received from the SARC, and there had been no complaints.
- The service had thorough staff recruitment procedures.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The clinical staff provided patients care and treatment in line with current guidelines.
- The appointment/referral system met clients' needs.
- The service had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The staff had infection control procedures which reflected published guidance.

We identified regulations the provider was not meeting. They must:






- Ensure effective systems are in place to enable staff to share allegations of abuse with children's social care and/or partnering agencies.
- Ensure care records are legible, contemporaneous and all sections within proformas are completed.

Full details of the regulation/s the provider was/is not meeting are at the end of this report.

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?	Requirements notice 
Are services effective?	No action 
Are services caring?	No action 
Are services responsive to people's needs?	No action 
Are services well-led?	Requirements notice 

Are services safe?

Our findings

Safety systems and processes

The provider did not have effective systems in place to protect patients from the risk of abuse and improper treatment. We reviewed seven patients case records and found in three cases allegations of abuse had not been shared with children's social care. Whilst staff were able to identify suspected abuse and had received safeguarding training that met national, intercollegiate guidance on safeguarding roles, they relied on the police to make safeguarding referrals. This was contrary to the provider's safeguarding policies and procedures that contained information about identifying, reporting and dealing with suspected abuse. The policies were available to all SARC staff working and were up to date with scheduled review dates.

We have issued requirement notices under section 29 Health and Social Care Act 2008 requiring the provider to make improvements.

Patients' care records identified risk factors such as self harm, alcohol misuse and communication needs, however the proforma did not have a clear section to highlight whether a child had a learning disability. Staff checked whether a patient had social care involvement, was looked after child or subject to a child protection plan and this was clearly documented. Staff had access to the trust electronic records, which highlighted if a patient was on a child protection plan or was looked after. This enabled other areas of the trust to view if a patient had attended the SARC.

We heard leaders had met with local authorities to explore how the SARC will share attendance and non-safeguarding information following a patient's forensic medical examination.

Staff

The provider had a robust staff recruitment policy in place to ensure suitable staff were employed and the trust had whistleblowing procedures. Staff were supported by a dedicated local management team and had access to management from within the trust.

Staff completed mandatory training, which included a range of topics including basic life support, infection control and fire training. Mandatory training was monitored and discussed during supervision meetings with managers.

Consultant paediatricians attended a weekly peer and safeguarding supervision that includes reviewing DVD's of colposcopies (a colposcope is a piece of specialist equipment for making records of intimate images during examinations, including high quality photographs). Specialist nurses also attended the weekly peer review with consultant paediatricians and had monthly safeguarding supervision with a named safeguarding nurse.

All staff we spoke with were able to access additional training to support with continuing professional development. A consultant paediatrician had recently helped develop and deliver Child Sexual Assault and the Forensic Examination (Level 3+, 4 & 5) by the Royal College of Paediatrics and Child Health. Nurses were able to access face to face training (pre pandemic) from the local sexual health clinic to ensure their knowledge and skills regarding sexually transmitted diseases were up to date. The leadership team are planning for consultant paediatricians to complete the Licentiate in Forensic Legal Medicine Sexual Offences Medicine qualification (FFLM).

Risks to clients

Patients received a comprehensive assessment on arrival at the SARC to identify physical or mental health needs, and medical emergencies. Patients received a comprehensive assessment for post-exposure prophylaxis, hepatitis B

Are services safe?

prophylaxis, antibiotics and emergency contraception. Specialist nurses at the SARC made a follow-up call to all patients or their parents or carers the following day to check on their wellbeing. The service offered all patients a further appointment with the SARC at two weeks for STI screening and at three months for blood borne virus testing to ensure they were protected from ongoing risks.

Staff we spoke with knew how to respond to a medical emergency and mandatory training records we reviewed demonstrated that staff had received the appropriate life support training. Emergency equipment for paediatrics were accessible to all staff including emergency drugs and portable suction equipment. These were checked regularly to ensure equipment was available and in date. Staff had access to a defibrillator in a nearby ward and could call for emergency support from the hospital team in the case of a suspected cardiac arrest.

Premises and equipment

The provider conducted a comprehensive health and safety risk assessment in July 2021 with no issues identified. This was in line with trust health and safety policy and procedures. A fire risk assessment and evacuation plan were completed in April 2021 with one minor issue rectified. Fire tests were completed in the line with trust policy. Health equipment was checked regularly and serviced as required.

Staff demonstrated good infection prevention and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean. We saw evidence of cleaning check lists that had been completed consistently for two months. Clinical waste was managed appropriately.

The provider used its own NHS Trust cleaning facility to carry out general and forensic cleaning. Forensic rooms had to be accessed using security swipe cards that monitored entry and were clearly marked as forensically clean. There was a daily forensic cleaning schedule and log.

We saw evidence that an external company had completed a DNA test of the forensic examination room. This identified DNA on the colposcopy keyboard, door handles and curtain. Staff took action to replace the keyboard to a wipe clean version, changed curtains monthly and the results of the audit were shared with the NHS Trust cleaning team to improve standards.

Staff managed forensic samples in line with national standards. We saw appropriate storage of forensic samples in secured and alarmed cold storage, which were temperature checked daily to ensure forensic integrity was maintained. Staff told us they were in negotiation with the police with regards to how long forensic samples such as clothing would be stored in the clinic.

Information to deliver safe care and treatment

Staff told us they had the information they needed to deliver safe care and treatment to patients, however we found care records difficult to read.

In seven care records we reviewed, three records contained significant amounts of illegible handwriting. Illegible record keeping means that health practitioners reading the notes after this episode of care would not be able to read important health information contained in the record. This means the provider could not be assured risk to clients would be appropriately managed. During the inspection, we pointed out this risk to the provider who told us they would conduct an audit and implement improvements immediately.

Following the forensic examination, the consultant paediatrician completes a very comprehensive typed paediatric report that is routinely shared with the patients GP and police but not always with children's social care. This report contained detailed information regarding the patients' health, family history, identified concerns and findings from the examination.

Safe and appropriate use of medicines

Are services safe?

The SARC does not use patient group directives or stock controlled drugs. Paediatric Consultants prescribed medications individually for patients. Medicines were stored in locked drug cupboards and fridges that could only be accessed by nurses. We reviewed the drug cupboards and noted they contained medicines that were within their expiry dates.

Medicines were ordered by the nurses through pharmacy and pharmacy also completed stock checks. This ensured clear audit trails for medicines.

Vaccinations that were temperature sensitive were stored in the fridge. Fridge temperatures were monitored daily to ensure the medicines remained safe. The fridge was not checked over the weekend, but an alarm did alert staff if the fridge had gone out of optimal temperatures.

We saw that the emergency medicines boxes were in date for both paediatric and adults. Pharmacy maintained responsibility to ensure the boxes were replaced upon expiry, however staff also checked them daily to ensure they were in date.

Track record on safety

The trust used the electronic system Datix to record all incidents relating to the SARC. Staff we spoke with demonstrated an understanding of their responsibilities to report concerns and said they would also report near misses.

Lessons learned and improvements

Staff understood what was categorised as an incident and what should be reported. All incidents were reported on the trust's electronic system and were assessed to determine the timescale for investigation and response. Themes from incidents were discussed at the monthly team meeting but also at the weekly consultant supervision sessions. The provider has made improvement following a previous incident where the refer did not tell the SARC about disabled patient's communication needs. The provider updated the initial SARC contact form to include a question regarding disabilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Consultant paediatricians and specialist nurses assessed patients' needs and delivered care and treatment in line with guidelines from The Faculty of Forensic & Legal Medicine (FFLM). Consultant paediatricians were members of the RCPCH and had been encouraged to attend a FFLM webinar regarding future accreditation. All staff had all completed mandatory training and those we spoke with demonstrated a good understanding of the Mental Health Act (MHA) code of practice.

The provider had clear clinical pathways and protocols for staff to follow to provide treatment for HIV/Hepatitis B prophylaxis and emergency contraception. Consultant paediatrician diagnosed and treated any immediate healthcare needs, as well as making onwards referrals to GPs and other healthcare professionals where appropriate. Staff were able to provide patients with further information regarding onwards support and referrals were made to the Independent Sexual Violence Advisor with consent.

The weekly peer review process encouraged consistency in the treatment of patients. The lead consultant paediatrician co-ordinated the peer review and used this an opportunity to discuss current practice and developments. Staff were encouraged to attend external events to keep up to date with evidence-based practice. We heard staff had attended a two RCPCH Forensic Medical Examinations for Paediatricians course and an annual SARC conference.

Consent to care and treatment

Staff always sought consent from the patient and a responsible adult prior to any examination or treatment. Staff told us they would discuss treatment options and the examination procedure with the patient and/or responsible adult.

Staff demonstrated a good understanding of Gillick competence and Fraser guidelines. We heard staff would always speak directly to the patient to check their understanding of what is happening to them and we saw evidence where an examination had been declined by a patient. Staff spent time with the patient providing further information and reassurance and the patient returned for an examination the following day.

Staff explained in detail how they also looked for other nonverbal cues to ensure a patient was still comfortable and consenting to the examination. Staff explained how they had stopped an examination after identifying a patient was uncomfortable. Staff were able to provide reassurance and could be assured of continuing consent.

The SARC gave young people the opportunity to provide feedback on their care and treatment. Specialist nurses call the patient or their parent/carer the following day to check on their welfare and gained feedback. We also saw a feedback board in the patient bathroom that was well used by patients and provided them with the opportunity to provide feedback in their own words or through drawing. The provider is considering reintroducing a written feedback form that had to be stopped due to infection control during the COVID pandemic,

Monitoring care and treatment

Staff completed a standard proforma with patients and their responsible adult which included details of current and historic social, physical and mental health needs. Staff used the FFLM forensic medical examination proforma to ensure compliance with the FFLM guidelines.

During the inspection we reviewed 7 care records of patients' and found that 3 cases were difficult to read. We were assured that staff had conducted a thorough assessment because we saw a very a comprehensive, typed paediatric report that was produced following examination. This report provided a detailed summary of the assessment and was routinely shared with the patients GP and police. However, we found that provider had not conducted routine audits of case records that could have identified illegible contemporaneous record keeping. The provider has produced an action plan to address this immediately.

Are services effective?

(for example, treatment is effective)

Staff were required to attend a weekly peer review and supervision process, where a selection of cases were discussed to assure safe care and treatment.

Performance data was collated and reported to NHS England commissioners quarterly for formal contract monitoring. Engagement from the provider was described as good by commissioners.

Effective staffing

We saw evidence that newly recruited staff received a comprehensive induction programme including a range of mandatory training courses. Staff told us that they were given several shadow opportunities to ensure achieve competency and they had regular supervisions with managers. Staff received an annual appraisal in line with the trust's policy and staff maintained their own records of continuing professional development.

The provider had a range of mandatory training courses for staff working in the SARC, with a system to flag when courses were due to both the staff member and managers. Completion of training was recorded on an electronic system, which alerts managers to training nearing renewal. Mandatory training included Safeguarding Children Level 3 training which was up to date and this including bank nurses. Staff were encouraged to complete additional training such as court skills and report writing.

We found the rota was covered by consultant paediatrician and by specialist nurses, with the availability of trust bank nurses to support when required. We heard that management are succession planning to recruit and train more paediatricians to complete medical forensic examinations.

Co-ordinating care and treatment

Referrals into the SARC are made through a dedicated telephone line which are managed by Specialist nurses during working hours and the on call consultant paediatrician. Referrals are requested to come through police or children's social care, however healthcare professionals can speak to the SARC staff, where they advised to report concerns using local safeguarding procedures.

Specialist nurses and consultant paediatricians review referrals that do not lead to examination, where they signpost the referrer to other services if appropriate.

The SARC does not currently have direct access to therapeutic services although the dedicated nursing team provide immediate support for patients' and their families. Comprehensive paediatric reports are sent to the GP and onward referrals are made to Independent Sexual Violence Advocates and mental health support within 24 hours of attending the SARC. The SARC did not routinely make referrals to children's social care and relied on police to share information.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients who used the service and those close to them was always very positive about the way staff treated them.

Staff allowed patients and their families time to control the examination and took time to explain processes and next steps. Interviews with staff and a review of records showed staff were kind, respectful and compassionate as well as knowledgeable about the impact and trauma of sexual abuse. For example, would make reasonable adjustments for patients with learning difficulties such as visiting the patient in their home environment rather than recalling them back to the unit.

The service collected feedback from patients using written questionnaires and by giving patients the opportunity to use a feedback white board positioned in the toilets. This enabled patients to leave feedback anonymously if they wished.

It was evident in most of the written records that staff respected the patients viewpoints as well as acknowledging their growing independence and maturity.

Feedback from the white board included: *“Kindest people ever I love you all”*, *“I think you are so helpful”*, *“Kind and caring amazing staff”* and *“thank you for helping me you are all really nice”*.

Feedback audit's showed that during January through to December 2020, 46 feedback forms were completed and 38 of the 46 patients rated the service highly. The feedback also evidenced that patients had not seen the videos that were created to ensure patients were well prepared for their visit. Changes were therefore made to procedures to remind the police and social workers to direct the patient to the video's before they attended.

Feedback from patients was used to improve services. For example, in 2019 the clinic underwent a refurbishment and the clinic used previous service users as well as the young person's forum to gain views on how they would like the clinic to look and feel. We saw evidence of the changes made in line with patients views.

Privacy and dignity

Prior to examination we found that staff understood and respected the personal, cultural and social needs of patients. Specialist nurse's completed a full assessment prior to examination to identify patient's personal, cultural and social needs.

Prior to an assessment, patients were able to undress behind a curtain to maintain their dignity, however in one case record we found that police officers had been present in the room but screened by the curtain during the forensic medical examination to receive forensic samples. Leaders of the SARC recognised that this was a risk to patient's privacy and dignity and have immediately stopped this practice. Following examination, patients had access to shower facilities and toiletries. They were offered a selection of refreshments.

Staff reported that the pathway was patient led during the whole process and the patients were given the option of not continuing with the examination at many stages of the process. This ensured the child's voice and experience was at the centre of the process.

Access to the clinic was discreet and was called the 'children and young people's clinic'. Only one child and family were in the open area of the clinic at one time and clinic times were allocated to ensure there was not a crossover of cases.

Are services caring?

All the rooms were accessed by swipe cards and computers were password protected. Notes were stored securely in a locked cabinet within the nurses' office which was accessed by swipe card only. This prevented any unauthorised access to the notes and the clinic.

Involving people in decisions about care and treatment

It was clear from speaking with staff and reviewing records that patients were at the centre of their care and treatment. We saw evidence all patients and their families were involved in decisions about each step of their care and treatment, with staff advocating for patients.

Staff told us the patients were always given the opportunity to speak with the paediatrician consultant alone to discuss any concerns and to share additional information. Interpreters were available either face to face or over the telephone. This ensured patients understood the treatment and options open to them.

The service had two videos about what to expect when attending the unit. One for younger children and one for older children which were both produced with the input from children and young people. We saw positive feedback from patients who had watched the video and they said it had prepared them for the visit.

Patients were discharged from the clinic with patient information leaflets regarding any medication or tests that had been taken. This ensured the patient left the clinic informed about the next steps. Patients had a further appointment with the nurse two weeks after their attendance at the SARC. During out of hours, the nurses would call the patient the next day to arrange the two-week appointment. During this call, nurses would check in on the patient's welfare and answer any questions they may still have.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

The service planned and provided care in a way that met the needs of patients and their families.

The SARC was on the third floor and was accessed via stairs or a lift and fully wheelchair accessible throughout. All rooms within the unit were wheelchair accessible as were the showers and toilets.

The SARC was child friendly with wipe clean toys available for all ages. Due to the pandemic the clinic had arranged packs of toys that patients were able to take home, which reduced the risk of cross infection.

We heard leaders had recently used the SARC database to conduct a review into the number of patients with learning disability or difficulty with who had attended within 12-month period. Following this review, leaders are working with the trusts' learning disability team to improve their practice and to review the accessibility documentation and information provided to patients with a learning disability.

An example was shared of where a patient with learning disabilities was initially seen in the SARC but the two-week follow up appointment was completed at the patient's accommodation as travelling to the unit would have had a negative impact on them. This showed staff were responsive to patient's needs and made reasonable adjustments when required.

The service was welcoming of all patients and developed a trans gender friendly clinic. They were in the process of changing from the traditional pink for girls and blue for boys clerking documentation to using the same colour paperwork.

Taking account of particular needs and choices

The SARC did not have a male consultant paediatrician and management told us they had considered this in past, but it was not deemed to be an issue. Staff told us they had not had a request for a male examiner, and they had access to male children's nurses from the wider Trust if needed. We heard that the SARC could request support from male forensic examiners who work in the adult SARCs.

Timely access to services

The service was available 24 hours a day seven days a week for acute cases. Patients, where possible, were offered appointments at times that were convenient for them. The on call consultant paediatrician reviewed the timing of all appointments to make sure any time critical examinations were carried out within the forensic window.

Patients were called by nursing staff the day before their two week follow up appointment as a reminder. This was also an opportunity to check in on any welfare issues as well as discuss any alternate arrangements, such as attending a more local sexual health clinic for results or their GP. This ensured patients were given the choice of where they wished to attend for further follow up.

Staff followed the NHS Trust's 'Was not brought' policy if appointments were missed. For example, nursing staff would call the patient to ascertain why they missed their appointment and rearrange if necessary. Staff reported that if the patient was known to social services then they would contact the social worker as well as inform the examining consultant paediatrician.

The NHS Trust's website features videos for younger and older patients which describes what happens when they arrive in the SARC and includes a telephone number.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

The SARC clinic followed the NHS Trust's complaints policy, however, staff reported there had been no complaints received.

All staff we spoke with were unable to provide learning from specific complaints as they reported it was rare the service received complaints; however, we were told about one incident where a family relative was upset that a paediatric consultant had not arrived on time for an appointment. We were told how lessons had been learnt from this incident and improvements made to diary management as a result.

Patients were able to leave feedback on a feedback board as well as written feedback and staff told us if patients wanted to make a formal complaint, they would be given a leaflet with information and directed to the NHS trust's patient and liaison service (PALS).

Although no complaints had been received by the clinic, staff reported that learning from complaints and incidents were shared through staff meetings.

Are services well-led?

Our findings

Leadership capacity and capability

The SARC is overseen by an experienced lead consultant paediatrician and an experienced lead specialist nurse. They were supported by a comprehensive directorate management team. Leaders were visible during the inspection and they encouraged staff to be included in the inspection process.

Staff described a strong and passionate team, led by inclusive managers who were very supportive. We heard that policies and procedures had been developed and were more relevant since the lead consultant paediatrician and lead specialist nurse had been appointed.

Leaders demonstrated a sound knowledge of the SARC, however we found that they hadn't identified the risk of poor record keeping, auditing of case records and a reliance on police to make onward referrals to children's social care. Positively leaders were receptive to feedback and put an action plan together immediately to address these issues.

Leaders completed regular governance meetings both within the trust and held regular team meetings to discuss developments and address issues. They also held regular stakeholder meetings with police colleagues and contributed to training for children's social care and new social workers.

Vision and strategy

We found the leaders are passionate about their work and have a clear vision to improve the care of treatment for patients who have suffered sexual abuse.

Leaders have shared a vision for the development of the SARC and are preparing to ensure the clinical team undertake an accredited forensic qualification from the FFLM. They are also planning to achieve accreditation from the Forensic Sciences Regulator.

Culture

We found staff were passionate and committed to their roles at the SARC and provided patients with good care and treatment. Staff spoke about being a small, but inclusive team where everyone mattered. Staff described how they enjoyed working at the SARC and that there was a positive and supportive culture.

Staff also told us they felt listened to by leaders and were able to raise concerns should they need to. Incidents were investigated with openness and the use of the Datix system ensured investigations were consistently completed. During team meetings, leaders discussed areas of development and learning with staff.

Governance and management

The provider had clinical governance arrangements in place including policies and procedures specific to the SARC service, which were accessible to all staff and were reviewed and updated regularly. A range of meetings supported the governance structure and team meetings had continued throughout the pandemic virtually.

A risk register was in place for the SARC to identify any risks relating to the services provided. There is currently one risk in relation to their only being single forensic bathroom and toilet. The facilities team are looking to address this and, in the meantime, the SARC have mitigated the risk by instructing staff and visitors to use alternative facilities close by.

Appropriate and accurate information

Are services well-led?

Quality and operational information is used to monitor and improve performance. Complaints, incidents and patient feedback were standing agenda items in team meetings and were utilised to improve service delivery. Audit findings and service updates, regarding COVID-19 were also shared in these forums to ensure staff had the most up to date information they needed to deliver effective care and treatment.

Engagement with clients, the public, staff and external partners

The SARC encourage patients to give their views on the service they received prior to leaving the SARC. Specialist nurses ask for feedback during follow up calls to patients the next day and 3 weeks later.

Consultant paediatricians have delivered specific SARC training to Northumbria, Cleveland and Durham police forces during The Specialist Child Abuse Investigation Development Programme. The SARC have also provided training to nursing and Health Visitor students at Northumbria University

The SARC have taken part in the Sexual Abuse webinar with Newcastle Safeguarding Children Partnership Dec 2020 and Schwartz round September 2019 which enables staff to have conversations about the emotional impact of their work.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

Leaders told us they have identified a trend in peer on peer sexual abuse and they are undertaking a project to understand this form of sexual abuse in more detail. They aim to use the learning from this project to improve practice and share their findings with partnering agencies.

They have also completed a review of assessments undertaken in 2019 where the perpetrator had used the internet to contact the victim was featured. The SARC adjusted their practice to ensure staff considered and emphasised in documentation if contact with the victim was through the internet. They also recommended that online abuse is featured in future safeguarding training

Staff told us that they felt listened to by managers and that they were able to raise ideas or concerns which would be acted on quickly. Staff received training which was in line with the trust policy, and managers acknowledged the importance of continuing professional development.

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

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury
Diagnostic and screening procedures

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment