

# Field House

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

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

### Overall summary

We carried out an unannounced focused inspection of Field House in response to concerns raised by the registration inspectors following their visit in April 2016. We reviewed the aspects of the service associated with the concerns raised.

We found that:

- Care plans and risk assessments were detailed and up to date.
- Staff were readily able to access key documents on the electronic care record system.
- Staff monitored patients' physical health regularly and hospital staff had good relationships with other healthcare professionals, including GPs.
- Staff interactions with patients were warm, genuine and person-centred. Staff treated patients with kindness and dignity.
- Staff used radios effectively to communicate with each other.
- Patients were engaged in a range of activities within the community and the hospital environment. Activity planners were individualised and completed in collaboration with the patients.

# Summary of findings

- Staff spoke positively about the leadership within the organisation. There were plans in place to manage the recruitment process for a new registered manager.
- Staff felt supported in their role and had good access to specialist training where necessary.
- Field House had a robust admission process that carefully considered the mix of patients and skill set of staff.
- All staff had completed their mandatory training, which included The Mental Health Act (MHA) and The Mental Capacity Act (MCA).
- Patients had access to an Independent Mental Health Advocate (IMHA).

However:

- Not all staff could recall whether they had completed training in Mental Health Act or Mental Capacity Act.
- No patients were allowed unsupervised access to the small kitchen. There had been no risk assessment completed for this decision.
- Not all patients were given copies of their 'personal planning books' to keep in their bedrooms. There was no evidence to support the reason behind this restriction.
- There was no Independent Mental Capacity Advocate available to patients (IMCA).

# Summary of findings

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# Field House

**Services we looked at**

Wards for people with learning disabilities or autism.

# Summary of this inspection

## Background to Field House

Field House Hospital is owned and run by Lighthouse Healthcare Group. The hospital is a 10-bedded locked rehabilitation facility registered to provide step-down services and rehabilitation support for adult males with learning disabilities, autistic spectrum disorders and mental health problems.

On the day of our inspection, there were six patients residing at Field House. Most of the patients were older adults, and many of the patients had significant physical health needs associated with ageing. Many of the patients also had issues relating to challenging behaviour. Some of the patients had dementia.

There were bedrooms on the ground floor and first floor. All of the rooms had a toilet and a sink. Four of the rooms had showers. There was a separate bathroom with a walk-in shower facility and the manager outlined proposals to have a bath put in this bathroom. There was

another bathroom for assisted bathing. There were two lounge areas, one with a television and one quiet room that they referred to as the conservatory. There was a dining room and a small kitchen for patients to use, as well as a laundry room. Patients had free access to fresh air and a smoking area in the garden. Staff had additional access to a main office, a clinic, toilet facilities, a small office and a larger kitchen.

There were no seclusion facilities at Field House.

The registered manager was on duty on the day of our inspection.

Field House Hospital has been registered with the CQC since 07 January 2011. There had been five previous inspections at Field House Hospital, the latest of which had been carried out on 1 October 2015.

## Our inspection team

Team leader: Katie King

The team that inspected the service comprised two CQC inspectors.

## Why we carried out this inspection

We inspected this service in response to concerns raised by CQC Registration Inspectors following their visit to Field House Hospital on 21 April 2016. The concerns noted were as follows:

- Accessibility and quality of care plans and other key documentation
- Provision of activity and leave from hospital
- Staff interactions and general presentation within the hospital

- Quality of mandatory training for staff
- Lack of advocacy
- Admission criteria
- Resignation of registered manager

We have not rated this service following this inspection, as the purpose of our visit was to focus on the specific concerns raised by CQC Registration Inspectors.

## How we carried out this inspection

We focused on five key lines of enquiry:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well led?

# Summary of this inspection

During the inspection visit, the inspection team:

- looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with the registered manager for Field House
- spoke with three other staff members; including registered nurses and support workers
- looked at a range of care and treatment records of patients
- looked at activity planners for a range of patients
- looked at a range of policies, procedures and other documents relating to the running of the service.

## What people who use the service say

Due to the unannounced nature of our visit, we did not have the opportunity to speak with any of the patients at Field House. We met with five patients but we were unable to gather their views on the service.

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

- Patients' risk assessments and risk management plans were thorough and detailed.
- We saw evidence of behaviour support plans that were detailed and person-centred.
- All staff were up-to-date with their mandatory training.
- All staff accurately explained how they would identify any abuse and how they would report this through safeguarding procedures.
- Staffing levels were adequate to safely provide for all the patients' needs.
- There was infrequent use of temporary staff.
- There was one nursing vacancy at the time of our inspection, one Deputy Manager vacancy, and the provider was in the process of recruiting a new Registered Manager.

However:

- Not all of the risk management plans and care plans that we saw were in easy-read accessible format. This meant that not all patients would be able to understand them easily.
- The narrow corridors made it difficult for wheelchair users to navigate some parts of the building independently.

### Are services effective?

- Patients' care plans were thorough, holistic and detailed. All aspects of an individual's identified care needs were comprehensively addressed in the care plans.
- Staff had attempted to share patients' care plans with them and documented this within each patient's care records.
- Staff documented whether patients were able to contribute to their care plans or not due to lack of capacity or communication difficulties.
- Patients' received regular physical health checks from staff. Patients visited the local GP surgery whenever they needed to. All the patients were being well supported to manage any physical health conditions appropriately to achieve a good quality of life.
- Staff reported good working relationships with local GPs.
- Where appropriate, staff made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

# Summary of this inspection

- The two patients who were detained on section under the Mental Health Act had access to an Independent Mental Health Advocate (IMHA). There was information available about the IMHA service in the patient lounge and we saw leaflets for patients about this service.

However:

- Although staff had developed detailed 'personal planning booklets' with patients, it was not always clear why all patients did not have a copy of these booklets in their room. Staff explained that some patients may destroy them, but we did not see any evidence of the decision-making process behind this restriction.
- There was no independent mental capacity advocacy service (IMCA) available to patients.

## Are services caring?

- Patients were treated with kindness, dignity, respect and compassion.
- Staff interacted warmly with patients.
- Staff and patients demonstrated positive, friendly and professional relationships with each other.
- Patients were encouraged and supported to engage in tasks.
- Staff were respectful of patients' wishes.

## Are services responsive?

- We saw evidence that Field house had a robust admission process that considered the skill mix of the staff team as well as the patient mix.
- Staff sought specialist care for patients with additional medical needs outside of their mental health.
- Patients' bedrooms were personalised to reflect their own particular tastes and preferences.
- Patients were supported and encouraged to pursue hobbies and interests in the local community. We saw that patients had their own activity timetable. This was displayed in the communal corridor with photographs to support patients with communication difficulties.
- Staff told us that there were enough staff to ensure that activities or trips within the community were never cancelled.
- Field House operated a timetable for the use of the hospital vehicle. We spoke with staff about this and how it affected the patients being able to access the community regularly. We saw that patients accessed the community on a regular basis.



# Summary of this inspection

- The building had been modified to accommodate people using wheelchairs and people with mobility difficulties.
- We saw that staff supported a patient who used a wheelchair in a dignified manner.
- Patients could access advocacy services for their mental health issues or for any complaints they had about the service.

However:

- No patients had unsupervised access to the kitchen area to prepare their own snacks or drinks. This was a blanket restriction. Although staff were able to explain the rationale behind this, we saw no evidence of risk assessments to support this decision-making.
- Patients were not given any written information about their planned trips within the community.
- We did not see any evidence of sensory activity or equipment during the day of our inspection.

## Are services well-led?

- Staff morale was good. All staff said they felt comfortable in approaching the registered manager with any issues or concerns.
- Managers had good knowledge and understanding of the patient group and the staff group.
- The registered manager explained the upcoming plans for the hospital management following her recent resignation.

# Detailed findings from this inspection

## Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act (MHA) 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

The last Mental Health Act monitoring visit took place on 1 October 2015.

At the time of our inspection, two patients were detained under the Mental Health Act.

In addition, findings from this inspection showed:

“Asist” provided the independent mental health advocacy service in this area. Patients could refer themselves but often required support of staff.

## Mental Capacity Act and Deprivation of Liberty Safeguards

There were three patients subject to the Deprivation of Liberty Safeguards at the time of our visit.

# Wards for people with learning disabilities or autism

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Are wards for people with learning disabilities or autism safe?

### Safe and clean environment

- The ward environment was clean and free from clutter. The clinic room was clean and tidy.
- Despite extensive re-modelling of the building to make it accessible for wheelchair users, some challenges remained. The corridors were narrow and it could be awkward for a wheelchair user to turn off the corridor and into the lounge without assistance. This could mean that the wheelchair user's knuckles could be bumped or grazed when going through a door if they were propelling themselves. The narrow corridors would make it impossible for three people to walk side by side. This would mean that if staff were re-locating a patient under physical restraint, they would have to walk at an oblique angle with a potentially resistive patient. This could potentially increase the risks to staff and the patient from slips, trips or falls. It could also potentially affect or compromise the integrity of the physical intervention (restraint hold) being used.
- We saw no evidence of physical restraint on the day of our inspection.
- We saw that staff used belts that contained fobs to allow them access to different areas. We did not see staff using keys and saw that the use of the fobs was the most dignified way to monitor access between areas between staff and different patients. Patients had fobs to allow access to their own bedrooms and staff supported those patients who required assistance with this.
- Staff used 'walkie-talkie' type radios to communicate with each other around the hospital. We saw that staff used this infrequently in order to notify their colleagues about an incident or that they were moving from one

area to another with a patient and needed physical support. The manager told us that the radios were used as a back-up and to help to maintain the safety of patients and staff at all times.

### Safe staffing

- Field House had sufficient staffing levels to meet the needs of the patients in their care. On the day of our visit, we saw that two staff were supporting one of the patients at Field House. In addition to these staff members, there was an additional support worker and two qualified nurses on shift. We did not ask to see the staffing rota.
- Staff told us that they use some bank and agency staff, but that they try to pre-book the same agency staff wherever possible to ensure stability within the team. One of the staff members showed us a sheet that had been developed for agency staff, which outlined how to administer medication to the patients in a specific way. This was because some of the patients at Field House preferred to receive their medication in a certain order.
- There was one nurse vacancy at the time of our inspection.
- The manager told us that they had advertised for a Deputy Manager but had so far been unsuccessful. Field House were in the process of recruiting a Manager following the resignation of the current Registered Manager. There were plans in place for the cover of the manager's position in the interim and a meeting planned to discuss the covering arrangements with the whole staff team in the near future.
- Staff told us that there were enough staff to make sure that Section 17 leave was never cancelled. On the day of our visit, we saw three patients access leave into the community.
- Staff had received appropriate mandatory training. Staff told us they had undertaken mandatory training

# Wards for people with learning disabilities or autism

relevant to their role, including Mental Health Act and Mental Capacity Act, amongst other things. Records showed that all staff were up-to-date with mandatory training.

- The local GP provided out-of-hours medical cover. All patients were registered with the local GP service. Staff reported good working relationships with the local GPs. There were two psychiatrists employed by the hospital.

## Assessing and managing risk to patients and staff

- Staff explained the safeguarding policy and knew how to make safeguarding referrals. Staff used examples to explain how they had used this policy in practice.
- All sets of care records we looked at contained up-to-date risk assessments, risk management plans and care plans. Documentation was easily accessible on the electronic recording system. All staff were able to use the electronic system effectively and locate key documents when prompted to do so.
- We saw that staff completed detailed risk assessments for each patient on admission. Staff updated these regularly. We also saw risk management matrix documents for the patients, which were updated on a three monthly basis for all patients, unless there was a change in their level of risk, which resulted in updates being done more regularly. Risk assessments were stored electronically and in paper format for ease of access for the staff on shift.
- The multidisciplinary team carried out risk assessments using HCR 20. The Historical, Clinical Risk Management - 20 (HCR-20) is an assessment tool that helps mental health professionals estimate a person's probability of violence.
- Nursing staff used the in-house risk assessment tool, which supported a thorough and comprehensive assessment. It included gathering information about patients' triggers and early warning signs. Risk management plans were positive behaviour support (PBS) plans which is the recommended practice found in the revised Mental Health Act Code of Practice and 'Positive and Safe' (DH 2014).
- We saw evidence of behaviour support plans that were detailed and person-centred. The patient's named nurse reviewed and updated these plans regularly and shared these with the team. Following a recent safeguarding incident, one of the behaviour support plans had been

updated. These plans included details of de-escalation techniques that staff used. Staff that we spoke with were able to explain the different types of de-escalation techniques that they use in detail.

- None of the patients had unsupervised access to the small kitchen. This meant that no patients had free access to their personal snacks and drinks without staff support. This was a blanket restriction. Blanket restrictions are "rules or policies that restrict a patient's liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application" (paragraph 8.5, Mental Health Act 1983: Code of Practice). The use of this blanket rule is particularly restrictive for patients in a rehabilitation setting, where they are preparing for rehabilitation into the community.

## Reporting incidents and learning from when things go wrong

- All staff we spoke with were confident at reporting incidents and explained clearly the system that they use for doing this. All staff had access to the online system for incident reporting.
- Staff we spoke with explained how the team de-briefed following an incident and how they shared learning amongst the team. They used examples to show how they used specific incidents to develop their learning and cascade this information throughout the team.

**Are wards for people with learning disabilities or autism effective?**  
(for example, treatment is effective)

## Assessment of needs and planning of care

- Staff completed comprehensive and timely assessments upon each patient's admission. Care plans and risk assessments were thorough and holistic.
- We saw evidence of good ongoing physical health monitoring. Each patient had their physical observations (blood pressure, height, weight) monitored on a monthly basis as a minimum. We saw in the patients' care notes that there was input from GP, Speech and Language Therapists (SALT) and Occupational Therapists (OT).

# Wards for people with learning disabilities or autism

- All care plans were kept on the electronic care record system. Staff we spoke with were able to use this electronic system effectively and locate key documents readily. Staff told us that some documents were also kept as paper records for ease of use and to make amendments when necessary.
- We saw 'personal planning booklets' for two patients, which had been developed with the patient. These documents were written in the first person and were individualised to each patient's needs and preferences.
- All sets of care records we looked at contained up to date detailed care plans. Care plans were holistic and covered physical health issues, mental health issues, Section 17 leave and social issues.
- We saw two patients' care plans in detail both of which were in date and updated on a four weekly basis. These care plans were individualised and person-centred and there was evidence of whether the patient had contributed to their care plan. Staff documented whether patients were able to contribute to their care plans or not due to lack of capacity or communication difficulties.
- Staff had attempted to share patients' care plans with them and documented this within each patient's care records. Staff also told us that for patients whose families were involved in their care; their families were involved in their care plans. We saw evidence of this in one of the care plans we looked at.
- Although staff had developed detailed 'personal planning booklets' with patients, it was not always clear why all patients did not have a copy of these booklets in their room. Staff explained that some patients may destroy them, but we did not see any evidence of the decision-making process behind this restriction.

## Best practice in treatment and care

- All patients had good access to physical healthcare; including access to specialists when needed.
- We saw that staff monitored patients' diet and fluid intake in an individualised way and on a regular basis. For example, we saw on one patient's records evidence of dairy free guidelines to help to reduce Irritable Bowel Syndrome.

## Skilled staff to deliver care

- Staff reported that the induction training they received was beneficial, appropriately timed and felt that the

yearly updates were sufficient to maintain their understanding. However, some of the staff we spoke to could not recall which training modules they had complete or the content of those they had completed.

- We saw evidence that specialist training was offered to staff in areas such as communication relevant to people with learning difficulties and Autistic Spectrum Disorders. One staff member told us that they had completed their Makaton training earlier this year to support patients in the hospital who have communication difficulties. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking.

## Multi-disciplinary and inter-agency team work

- The multi-disciplinary team included a registered manager, nurses, support workers, a speech and language therapist, an occupational therapist, an independent mental health advocate (IMHA), a cleaner and a cook.
- Staff reported good working relationships with the local GPs.
- Staff that we spoke with reported good relationships amongst their team and felt supported in their role.

## Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- 100% of staff were trained in the Mental Health Act (MHA) and the Mental Capacity Act (MCA). We saw that this training was part of the mandatory training in each staff member's induction. However, not all staff could recall whether they had had training in the Mental Health Act or Mental Capacity Act or were aware of the key principles.
- There was good evidence that risk management plans followed a positive behaviour support model as recommended in the Mental Health Act Code of Practice (2015, 26.15). Risk management plans were thorough and up to date.
- The two patients who were detained on section under the Mental Health Act had access to an Independent Mental Health Advocate (IMHA). There was information available about the IMHA service in the patient lounge and we saw leaflets for patients about this service.

## Good practice in applying the Mental Capacity Act

# Wards for people with learning disabilities or autism

- There was no independent mental capacity advocacy service (IMCA) available to patients. The manager informed us that staff could make referrals to an Independent Mental Capacity Advocate (IMCA) if a patient had no family contact or if staff were worried that the family may not be acting in the patient's best interests. We were unable to see any evidence of staff discussing patients' capacity on the day of our visit.
- We saw evidence of staff implementing the principles of the Mental Capacity Act by offering patients clear choices and assuming that patients had capacity, unless they had been assessed to not have capacity. All staff we spoke with understood that capacity can fluctuate and assessment of capacity is decision-specific.

## Are wards for people with learning disabilities or autism caring?

### Kindness, dignity, respect and support

- Staff interactions with patients were warm, genuine and person-centred. Staff engaged the patients in light-hearted conversation and different activities. They also provided reassurance and comfort to patients who appeared confused.
- We saw staff talking to patients around the hospital in a friendly manner and acknowledging patients whenever they saw them. Staff spoke to patients in an individualised way. Staff demonstrated good rapport with complex patients who could present challenges to staff.
- When staff spoke with us about patients, they discussed them in a respectful manner and showed a good understanding of their individual needs.
- We saw that staff supported a patient who used a wheelchair in a dignified manner and were vigilant in making sure that he remained as comfortable as possible, asking for additional support from other staff when required.
- Staff used 'walkie-talkie' type radios to communicate with each other around the hospital. We saw that staff used this infrequently in order to notify their colleagues about an incident or that they were moving from one area to another with a patient and needed physical support. We saw that this was the most appropriate way for staff to communicate effectively with each other and that this maintained patients' dignity.

## Are wards for people with learning disabilities or autism responsive to people's needs? (for example, to feedback?)

### Access and discharge

- We saw evidence that Field house had a robust admission process that considered the skill mix of the staff team as well as the patient mix. Field House told us that they did not accept emergency referrals. This helped to ensure that the patient group remained settled.
- Staff sought specialist care for patients with additional medical needs outside of their mental health.
- Staff that we spoke with told us that patients could access advocacy services at any time for their mental health issues or for any complaints or concerns they had about the service. We did not have the opportunity to speak to the independent mental health advocate on the day of our visit.
- Staff reported good access to local GP services. Field House registered all patients with a local GP.
- Not all of the risk management plans and care plans that we saw were in easy-read accessible format. This meant that not all patients would be able to understand them easily.

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

- Field House was warm, clean, and comfortable. Effort had gone in to make it as homely as possible. Soft furnishings were in good condition and the seating was comfortable to sit on.
- An additional door had been added to the lounge to enable wheelchair users to move around the building more easily. There was an operational lift from the ground floor to the rooms upstairs. This was helpful for patients with mobility difficulties. There was a large assisted bathroom, which contained all the necessary equipment to lift and support patients with mobility difficulties.
- Patients' bedrooms were personalised to reflect their own particular tastes and preferences. However, one

# Wards for people with learning disabilities or autism

patient had recently moved bedrooms and their name was still written on the door of their old bedroom. This could cause confusion in this patient group, many of whom have dementia.

- No patients had unsupervised access to the kitchen area to prepare their own snacks or drinks. Although staff were able to explain the rationale behind this, there was no documented evidence of a risk assessment to outline the reason for this restriction. This was a blanket restriction.
- Staff supported and encouraged patients to pursue hobbies and interests in the local community. During the day of our visit, three of the patients went out into the community. One of these trips was planned and the patient was reminded on several occasions during the day about the plans for his trip. Staff told us that one of the patients goes for a walk into the town most days. Staff told us that they always had enough staff to facilitate trips out in the community.
- We saw that patients had their own activity timetable. This was displayed in the communal corridor with photographs to support patients with communication difficulties. Staff told us that although patients had their own activity plan, this was flexible so that patients could access the community on different days depending on how they were feeling. Staff also ensured that activity plans were considerate of the patients' sensory needs. For example, staff told us that activities take into consideration the business of areas in the community during school holidays for patients who may find noise and over-crowding stressful.
- Patients also had their own individualised activity plans within their personalised planning book. However, patients did not have access to this unless they asked staff because this book was kept in the staff office.
- Field House operated a timetable for the use of the hospital vehicle. We spoke with staff about this and how it affected the patients being able to access the community regularly, and whether patients could access the community on unspecified days. Staff told us that the timetable was used to ensure that each patient was allocated a specific time to use the vehicle, but that they were not restricted to only using the vehicle at this time during the week. Staff told us that there was always a vehicle driver on each shift. In the event of the hospital

vehicle being serviced or faulty, staff reported that patients were supported to use a taxi. One of the patients within the hospital was unable to use the vehicle so was supported to use a wheelchair taxi.

- Although there was no allocated activity co-ordinator at the hospital, we saw that there was a timetable where each staff member took it in turns to plan the activities for the shift. Staff we spoke with explained that this worked well and they felt that this promoted variety in the activities available to patients.
- Staff told us about some of the activities that took place on site. They included ball games, colouring groups, gardening, bingo, 1960s listening to music sessions and activities planned around calendar events such as American Independence Day or festive occasions such as Halloween and Christmas. We saw posters related to American Independence Day, which was appropriate given the date of our visit. We noticed that none of these activities were specifically rehabilitation-focused.
- We did not see any evidence of sensory activity or equipment during the day of our inspection. However, staff told us that sensory equipment was provided in the quiet lounge/conservatory.

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

- Field House was fully accessible to people with disabilities although the narrow corridors in parts of the building presented challenges to wheelchair users.
- We saw that lunch times at Field House were staggered so that not all patients were in the dining room at the same time. Staff said that this was because one person did not like noise and so the lunch time schedule was developed based on the individual preference of each patient.
- Staff used different communication styles to suit the needs of the patients. For example, we saw one staff member using 'memory cards' during a conversation with a patient who had dementia.
- However, staff did not give patients any written information about their planned trips within the community. We saw patients ask staff several times what their plans were for the day and may have benefitted from a written/visual prompt to support them with this.



# Wards for people with learning disabilities or autism

## Are wards for people with learning disabilities or autism well-led?

### Leadership, morale and staff engagement

- There was a concern raised during the Registration Inspector's visit in April 2016 that the registered manager at Field House was leaving. However, at the time of our inspection, we found no evidence that this had had a negative impact on the running of the service and there were no further concerns in this area.
- The registered manager explained the upcoming plans for the hospital management following her recent resignation.
- All staff we spoke with described their morale as being good and said that they felt well supported in their role. Staff spoke positively about the leadership within the hospital and the wider organisation. They reported feeling supported by the registered manager and said that she was a visible presence. All staff said they could approach the registered manager with any concerns.



# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider MUST take to improve

#### Action the provider MUST take to improve

- The provider must ensure that risk assessments are completed for each patient for the use of the kitchen.
- The provider must ensure that risk assessments to indicate whether patients can safely have access to their personal planning books within their room.
- The provider must give patients written copies of their activity plans, as well as verbal reminders.

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 9 HSCA (RA) Regulations 2014 Person-centred care  <b>Care and treatment did not reflect the needs and preferences of the patients. Blanket restrictions were in place that neglected the individual strength and weaknesses of the individual patients.</b>  This was a breach of Regulation 9 (1) (a) (b) (c) (3) (a) (b).