

Mr Christopher Murray  
HM Assistant Coroner  
Manchester South Coronial Area  
1 Mount Tabor Street  
Stockport  
SK1 3AG

Via email: [REDACTED]

13 January 2025

Our reference: [REDACTED]

Your reference: [REDACTED]

Dear HM Assistant Coroner, Christopher Murray,

**Prevention of future death report following inquest into the death of Michael Sean Heath.**

Thank you for sending CQC a copy of the prevention of future death report issued following the sad death of Mr Michael Sean Heath.

We note the legal requirement upon the Care Quality Commission to respond to your report within 56 days, by the 27 November 2024. As per our previous correspondence, we apologise for the delay in this response.

I would firstly like to express my deepest condolences to Mr Heath's family for their loss.

I note your Regulation 28 report was addressed to multiple organisations; this response is prepared solely on behalf of the Care Quality Commission (CQC) as far as I am able and relates to the role of CQC and its inspection methodology for those organisations it regulates.

## **The role of CQC and inspection methodology**

The role of CQC as an independent regulator is to register health and adult social care service providers in England and to assess/inspect whether the fundamental standards set out in the Health and Social Care Act 2008, and amendments, are being met.

The regulatory approach used during previous inspections of Greater Manchester Mental Health NHS Community Services considered five key questions. They asked if services were Safe; Effective; Caring; Responsive; and Well Led. Inspectors used a series of key lines of enquiry (KLOEs) and prompts to seek and corroborate evidence and reassurance of how the trust performed against characteristics of ratings and how risks to service users were identified, assessed and mitigated.

The regulatory framework includes providers being required to meet fundamental standards of care; the standards below which care must never fall. We provide guidance to providers on how they can meet these standards (Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

On 6 February 2024 CQC's Operations Network in the North region went live with our new Single Assessment Framework. This approach covers all sectors, service types and levels and the five key questions remain central to this approach. However, the previous key lines of enquiry (KLOEs) and prompts have been replaced with new 'quality statements'. The quality statements are described as 'we statements' as they have been written from a provider's perspective to help them understand what we expect of them. They draw on previous work developed with Think Local Act Personal (TLAP), National Voices and the Coalition for Collaborative Care on Making it Real. They set clear expectations of providers, based on people's experiences and the standards of care they expect. We have introduced six new evidence categories to organise information under the statements; these are 'Feedback from people', 'Feedback from staff and leaders', 'Feedback from partners', 'Our observations', 'Processes' and 'Outcomes'. This approach will allow CQC to use a range of information to assess providers flexibly and frequently, collect evidence on an ongoing basis and update ratings at any time; tailor our assessment to different types of providers and services; score evidence to make our judgements more structured and consistent; use site visits and data and insight to gather evidence to assess quality and produce shorter and simpler reports, showing the most up-to-date assessment.

## **Regulatory history**

Greater Manchester Mental Health NHS Foundation Trust's community mental health services for adults of working age were last inspected in July 2023 and rated overall as Requires Improvement. The Trust has submitted action plans to CQC to set out how it intends to improve to address all the breaches of regulation identified in that last inspection. We continue to work closely with the Trust through regular engagement and ongoing monitoring.

## **Matters of concern**

- 1. In relation to Policing is the extent to which all officers are trained to assess the increasing number of calls to the police which are of a mental health nature, the risks associated with the consequences of not making the right assessment where there may be an immediate risk to life and when to accept that the police are the right agency to be involved in mental health related enquiries due to their powers of entry.**

We have given consideration to this point and have concluded that this, regrettably sits outside of CQC's remit. We note that this report has also been sent to the Greater Manchester Police and the College of Policing and believe they will be of greater assistance in addressing this aspect of your concerns.

- 2. In relation to the management of mental health patients that their carers are made aware of any admission under the Mental Health Act within 24 hours and those patients are supported with access to an independent mental health advocate.**

Our frame work includes the quality statement Consent to Care and Treatment. This means we monitor compliance to ensure where necessary, people with legal authority or responsibility can make decisions within the requirements of the Mental Capacity Act 2005. This includes the duty to consult others such as carers, families and/or advocates, where appropriate.

- 3. The apparent lack of connectivity between mental health services abroad and the UK upon repatriation whilst the patient remains ill.**

Our assessment of services includes how providers respond to patients transitioning between services. We will continue to work with providers to monitor how they are working effectively with other agencies to prevent gaps in a person's care.

**4. That there is a risk to patients generated by a decision to remove a patient from a GP practice list where the patient resides out of geographical area for that GP practice without considering the wider circumstances and the likely follow on care.**

We have given careful consideration to this point and have concluded that this, regrettably sits outside of CQC remit. However, we would expect all GP practices to have clear policies and procedures in place for the removal of patients and have full regard for national guidance when considering the removal of patients from the register. CQC have produced a guide for providers, 'CQC's GP mythbuster 61: Patient registration', which also includes published guidance from the British Medical Association (BMA): Guidance on patient registration. It is up to the individual practice to establish whether it is clinically appropriate to continue to provide care and treatment to patients who move outside of the geographical practice boundaries. We would expect the practice to be open and transparent with patients and notify them appropriately that the patient is no longer living within the practice boundary, advising them on how to re-register elsewhere, as well as how to access emergency treatment where required. Should a patient wish to appeal the decision the practice should inform patients of the appeals process.

**5. The means of communication is known and agreed between all mental health agencies to ensure all relevant patient information is held in an accessible central repository.**

We have given careful consideration to this point and have concluded that this, regrettably sits outside of CQC remit. We note that this report has also been sent to the Department of Health and Social Care and believe they will be of greater assistance in addressing this aspect of your concerns.

Although it is not within our regulatory remit to take direct action to respond to the above concerns you have raised in this case, we hope our response has outlined how CQC

will continue to monitor the services we regulate to drive improvements at the healthcare providers involved.

Yours sincerely

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Deputy Director of Operations

Network North, CQC