

## Report on actions you plan to take to meet CQC essential standards

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

<b>Account number</b>	RXA
<b>Our reference</b>	INS1-1210066058
<b>Location name</b>	Bowmere Hospital
<b>Provider name</b>	Cheshire and Wirral Partnership NHS Foundation Trust

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
Treatment of disease, disorder or injury	Records
	<b>How the regulation was not being met:</b>
	<i>Observation records and risk assessments did not always accurately reflect the risks identified and the level of support and monitoring required to maintain patients safety and wellbeing.</i>

### Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

The Trust's Therapeutic Observation Policy has been reviewed by a multi disciplinary group of staff and updated following the visit to incorporate the CQC's findings and the revised policy has been disseminated out to all clinical staff for implementation. The policy clearly outlines the risk assessment and care plan process in relation to observation levels.

<b>Who is responsible for the action?</b>	Head of Compliance
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### How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place to check this?

Ward Managers are providing assurance that all staff have confirmed that they have read and understood the policy changes, this will be monitored by the Policy Support Officer and reported to the Trust's Compliance, Assurance & Learning Sub Committee.

Unannounced visits will assess the implementation of the observation policy through the review of clinical records. The outcomes of visits are reported and monitored by the Trust's Quality Committee every 2 months.

A clinical audit has been scheduled to be conducted in July 2014 to review the policy and its implementation. Findings of the audit will be reviewed by the Compliance, Assurance &

Learning Sub Committee.	
<b>Who is responsible?</b>	General Manager & Head of Compliance
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
None identified	
<b>Date actions will be completed:</b>	24/02/2014 and ongoing

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
Immediate action taken so should not affect people who use services.

<b>Completed by:</b> (please print name(s) in full)	Jo Watts
<b>Position(s):</b>	Head of Compliance
<b>Date:</b>	12/03/14