

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.**

Account number	RXA
Our reference	INS1-1006537997
Location name	Clatterbridge Hospital Psychiatric Services
Provider name	Cheshire and Wirral Partnership NHS Foundation Trust

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs
	How the regulation was not being met:
	<i>Patients were not routinely receiving food that met their individual needs and which had been chosen by them.</i>
<i>Regulation 14 (1) (a)(b)(c)</i>	

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

Immediate action taken

- The Director of Operations issued an immediate email to all wards to ensure that service users are given complete menu choice and are assisted with this process to ensure that individual needs and choices are met.
- The ward teams have regular service user meetings, the ward managers identified that food and nutrition would be discussed as part of these meetings with immediate effect to seek additional feedback regarding the food options available to them.
- As part of the Trust's unannounced compliance inspections, the Trust identified that it will monitor nutritional needs and ensure that wards are ensuring that individual needs are met and catered for.
- The Head of Facilities and Head of Catering were provided with the feedback from the visit for their discussion with the external provider – the service is due for tender in March 2014.

Who is responsible for the action?

Andy Styring, Director of Operations,
Suzanne Edwards, General Manager/ Acting
Service Director CWP Wirral

**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?**

Learning from the visit feedback has been shared across the Trust and confirmation from services that immediate action had been taken as outlined above. Sustaining this will be monitored by the following means:

- Independent PLACE visits will monitor the quality of food and that individual needs are catered for, with any further improvement actions required escalated to the Trust's Operational Board.
- The Trust's unannounced compliance visits will assess the specific actions identified as part of the review of outcome 5 where aggregated analysis indicates potential gaps in controls and assurances.
- Regular ward meetings will monitor service user feedback re choice and quality of food, this will be monitored through real time patient experience which will be reported by exception to the Trust's Compliance, Assurance and Learning Sub Committee.

Who is responsible?

Locality Service Directors Trustwide
Jo Watts, Head of Compliance

What resources (if any) are needed to implement the change(s) and are these resources available?

Assessment and monitoring processes outlined above are already in place with no additional resources required.

Date actions will be completed:

Immediate action completed 15.11.2013

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Immediate action has been taken following the verbal feedback provided on the day of the visit, this has ensured that there will be no continued impact on people who use services.

Completed by: (please print name(s) in full)	Andy Styring/ Suzanne Edwards
Position(s):	Director of Operations/ General Manager/ Acting Service Director CWP Wirral
Date:	06.01.2014

Regulated activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met:
	<i>Accurate records with regard to the agreement of patients to care plans and risk assessments produced including their understanding of any restrictive practices were not clearly recorded in their individual care records.</i> <i>Regulation 20 (1)(a)</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>At the time of the visit, the Trust had an action plan in place to address the risk posed by dual record keeping systems, which is the reason for staff not fully recording the involvement and agreement of patients with care planning. It had been identified as a strategic risk as part of the corporate assurance framework, which is monitored by Quality Committee, Audit Committee and Board. The action plan is monitored by the Trust's Patient Safety & Effectiveness Sub Committee.</p> <p>In addition, a further communication will be issued to all staff in respect of record keeping and to ensure that staff appropriately signpost between electronic and paper files.</p>	
Who is responsible for the action?	Jo Watts, Head of Compliance Suzanne Edwards, General Manager/ Acting Service Director CWP Wirral Gill Monteith, Trust Records Manager
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?	
<p>The dual record keeping action plan will receive operational oversight by the Trust's Records and Information Governance Group and will be monitored, to ensure that improvements are being made, by the Trust's Patient Safety & Effectiveness Sub Committee. Once improvement actions are completed, the resulting plan will form an assurance framework, which will be routinely reviewed six monthly, initially, as part of the business cycle of the Trust's Patient Safety & Effectiveness Sub Committee.</p> <p>The Trust's unannounced compliance visits will assess the specific actions identified as part of the review of outcome 21 where aggregated analysis indicates potential gaps in controls and assurances. This will include a review of individual care records.</p>	
Who is responsible?	Jo Watts, Head of Compliance Gill Monteith, Trust Records Manager
What resources (if any) are needed to implement the change(s) and are these resources available?	
Assessment and monitoring processes outlined above are already in place with no additional	

resources required.

Date actions will be completed:

31.03.14

How will people who use the service(s) be affected by you not meeting this regulation until this date?

An interim communication will be issued to all services to request that staff refer to both electronic and paper health records to mitigate this risk; all staff have been reminded to record the involvement and agreement of patients with care planning.

Completed by: (please print name(s) in full)	Jo Watts/ Gill Monteith
Position(s):	Head of Compliance/ Trust Records Manager
Date:	06.01.14