

NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST

**CARE QUALITY COMMISSION RESPONSIVE REVIEW THE LINDEN CENTRE 2012
RESPONSE TO REVIEW OF COMPLIANCE – reference number RGP1-415693603**

Introduction

This report is in response to the Care Quality Commission review of compliance undertaken in North Essex Partnership NHS Foundation Trust. Following an unannounced visit to The Linden Centre we received the following review of compliance reports:

Final review of compliance report for The Linden Centre (electronic copy received 29th May 2012)

We have framed our response in the form of the action plan below outlining how we will address the following compliance actions:

Outcome 4 (regulation 9) Care and welfare of people who use services –

People did not always experience care, treatment and support that met their needs and protected their rights

- Gaps in the review and re-assessment of individual needs
- Care plans not updated to reflect changes in individual needs
- Some daily care evaluations lacked detail and those completed by support workers not countersigned by a trained nurse
- On-going care evaluations did not reflect how the service was meeting the specific daily needs of service users
- Incomplete weekly checks on ward based emergency equipment
- Justification of a designated smoking area

In addition locality and trust wide actions have been incorporated into this action plan.

We will monitor implementation and completion of the action plan through our Risk and Governance Executive and will inform the Care Quality Commission when the improvement actions are completed.

A signed copy of this report will follow in the post.

Chief Executive

Action plan

Standard	Action	By whom	By when	Outcome/evidence RAG rated
Outcome 4 (regulation 9) Care and welfare of people who use services: People did not always experience care, treatment and support that met their needs and protected their rights: <ul style="list-style-type: none"> Gaps in the review and re-assessment of individual needs Care plans not updated to reflect changes in individual needs Some daily care evaluations lacked detail and those completed by support workers not countersigned by a trained nurse On-going care evaluations did not reflect how the service was meeting the specific daily needs of service users Incomplete weekly 	Move towards electronic care review	[REDACTED] Operational Services Manager	1 st April 2013	
	In the interim ensure there is one recording only of the care review, either by the key worker, doctor or jointly	[REDACTED] Ward Managers	Immediate and on-going	
	In conjunction with electronic care review assess the need for administrative support as used at The Christopher Centre or with implementation of functional model support from medical secretary	[REDACTED] Operational Services Manager	1 st April 2013	
	Implement handover protocol in use in Mid locality to ensure care plans are updated in CareBase (or Remedy after 01.04.13) – includes suitability of rooms used for handover periods	[REDACTED]	End July 2012	
	Develop local data quality audit of care plans	[REDACTED]	End July 2012	
	Implement weekly audit on quality of care plans, initially 1 or 2 care plans each week, then review every 3 months.	[REDACTED]	Beginning of August 2012 and on-going	
	Analyse data and take corrective action	[REDACTED] Ward Managers	August 2012 and on-going	
	Daily care evaluations carried out by support workers must be checked to ensure reflection of care plan, identify any omissions/changes required to care plans, before signed off by key worker	All key workers	Immediate and on-going	
	All qualified bank staff must have in-patient log in access to CareBase (or Remedy) to enable counter-signing	[REDACTED] Head of NETSS Bureau CareBase trainers via [REDACTED] Systems	End July 2012 and on-going	

Standard	Action	By whom	By when	Outcome/evidence RAG rated
checks on ward based emergency equipment • Justification of a designated smoking area		Manager		
	Imminent minor capital bid for new smoking shelter will reiterate this is used only by service users asked on admission whether they smoke, are signposted to smoking cessation, and care planned; and reinforced in practice	Operational Services Manager	End June 2012	
		Key workers	Immediate and on-going	
	Identify all daily and weekly checks with rationale and discuss with relevant staff	Ward Managers	End June 2012	
	Ensure weekly recording of emergency equipment checks are completed and signed off	Identified nurse in charge	Immediate and on-going	
	At end of month Ward Manager will sign off emergency equipment check list and send to Quality, Risk & Patient Safety Department at Birchwood for auditing and copy retained on ward for inspection	Ward Managers	End June 2012 and on-going	
	Linked to above checks minor capital bid for air conditioning to pharmacy/clinic room and other key areas		End June 2012	
Mid Locality wide actions				
	Identify which of above actions relevant to Mid Locality in-patient areas and implement in parallel	Area Director;	End July 2012	
Trust wide actions				
	Take action plan to Area Directors meeting to establish relevant Trust wide and follow up	Quality and Compliance Manager Director of Operations and Nursing	End July 2012	

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