

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	
Our reference	INS1-702773605
Location name	Chalbury Unit
Provider name	Dorset Healthcare University NHS Foundation Trust

Regulated Activities	Regulation
People's personal records, including medical records, should be accurate and kept safe and confidential	<p>Records</p> <p>How the regulation was not being met:</p> <p><i>Patients' care records did not always contain complete or accurate information. Regulation 20(1)(a)(2)(a)(c)</i></p>
<p>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</p>	
<p>1. There was no monitoring in place to ensure staff had an accurate record of the care provided and minimise the risk of inappropriate or unsafe care. Patient's records were still in paper format.</p> <p>a)</p> <p>b) There will always be paper records to support the electronic records.</p> <p style="text-align: right;">Action: Ward Manager Status: Completed</p> <p>2. We could not find any information in the care plans to describe the discharge arrangements. This meant that it was unclear if the discharge process had begun and that the patient could be safely discharged.</p> <p>a) Discharge planning is discussed at the weekly MDT review; the Ward Manager will ensure that a discharge care plan is produced reflecting and informing the decisions made in the weekly MDT review.</p> <p style="text-align: right;">Action: Ward Manager By When: End October 2013 Status:Completed</p> <p>3. When we looked in the activities room we found that there were a number of confidential documents relating to patients', past and present this meant that these personal records were not securely stored.</p> <p>a) The Ward Manager will ensure that the Service User records are not stored in an area accessible by patients.</p> <p style="text-align: right;">Action: Ward Manager By When: End December 2013 Status:Completed</p>	
Who is responsible for the action?	Please See above
<p>How are you going to ensure that improvements have been made and are sustainable?</p> <p>What measures are you going to put in place?</p>	
<p>1. (a) See above</p> <p>2. (a) The Ward Manager will ensure that all decisions to transfer or discharge patients are clearly documented in a discharge care plan and discussed as required during the weekly MDT meetings. (Ward Manager)</p> <p>3. (a) The Trust will procure lockable units to ensure that Service User records are securely stored. In the interim Service User records will be relocated to a room that can only be</p>	

accessed by staff. (Ward Manager)	
Who is responsible?	Please see above
What resources (if any) are needed to implement the change(s) and are these resources available?	
Date actions will be completed:	
How will not meeting this regulation until this date affect people who use the service(s)?	
Completed by (please print name(s) in full)	James Barton
Position(s)	Director Mental Health services
Date	5 June 2013

Regulated Activities	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: <i>The Trust undertook some quality monitoring activity. However, there was no overview of the quality of the services provided at the unit as relevant information was not effectively assessed or collated. Regulation 10 (1) (a)(2) (b) (iv) (c) (ii) (e).</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>1. The Trust undertook some quality monitoring activity. However, there was no overview of the quality of the service provided at the unit as relevant information was not effectively assessed or collated.</p> <p>a) The Operational Manager for Acute Services (West Dorset) will ensure monthly meetings with the Ward Manager for Linden, along with the Ward Manager for Waterston and the Team Leaders for the Crisis response and Home Treatment Team are implemented.</p> <p style="text-align: right;">Action: Operational Manager By When: June 2013 Status: Partial</p> <p>b) The Operational Manager will ensure information/data is available as well as identifying trends, lessons and concerns are discussed as part of structured team meetings.</p> <p>c) The patient information kiosk will be moved to the corridor where it will be possible for it to be switched on at all times without interfering in recreational activities such as watching the television.</p> <p style="text-align: right;">Action: Acting Ward Manager By When: July 2013 Status: Partial</p>	
Who is responsible for the action?	Please see above
How are you going to ensure that improvements have been made and are sustainable? What measures are you going to put in place?	
<p>1. The Trust undertook some quality monitoring activity. However, there was no overview of the quality of the service provided at the unit as relevant information was not effectively assessed or collated.</p> <p>a) The Operational Manager will establish and monitor frequency, attendance and content of meetings. Minutes of meetings will be taken to evidence.</p> <p>b) The Ward Manager/Acting Ward Manager for Linden and the Operational Manager will establish regular structured Ward meetings that reflect the Directorates Governance and</p>	

<p>reporting structure. Minutes of meetings will be monitored via the Inpatient Management Group.</p> <p>c) The Kiosk will be moved. The Ward Manager/Acting Ward Manager will check this daily to ensure it is switched on.</p>	
Who is responsible?	Please see above
What resources (if any) are needed to implement the change(s) and are these resources available?	
N/A	
Date actions will be completed:	July 2013
How will not meeting this regulation until this date affect people who use the service(s)?	
This has been actioned already. Prior to the Kiosk relocation the patients still have access if required.	
Completed by (please print name(s) in full)	James Barton
Position(s)	Director – Mental health Services
Date	5 June 2013