

Outcome	Lead Manager	Lead Director	2011/12 Annual Status Declaration	Comments at 11/09/12 [Good practice, further evidence required, areas of concern, significant lapses, agreed actions, assurance meeting dates]	2012/13 Annual Status Declaration
1 * Respecting and involving people who use services	Elaine Andrews Jane McSharry	Rob Dearden		Assurance meeting 16/07/12: good breadth of evidence and regularly updated. (Sign off sheet and PCA tool submitted). Currently rated yellow to reflect minor concerns recorded by CQC during the August inspection of Castleberg. An action plan has been developed; monitored by Q-SOG. Sent to the CQC: 18/10/12.	
2 * Consent to care and treatment	Ros Robbins	Andrew Catto		Assurance meeting held with Linda Wilson and Alison Fuller 4/09/12. Increased overall education target to 88% for 2012 [previously 40% for 2011].	
3 Fees etc	Andrew Copley	Sheenagh Powell		2012/13 Assurance meeting 3/08/12. Additional evidence provided re. overseas visiting – no issues. Sign off tool submitted – fully met.	
4 * Care and Welfare of people who use services	Linda Beckett (J Livesey/D Todd)	Christine Miles		Assurance meeting 31/08/12 – fully met. Good practice – nursing documentation as signposted by Deputy DoN. Documentation submitted.	
5 * Meeting nutritional needs	Katherine Jones Wendy Firth	Rob Dearden		Assurance meeting 16/07/12. Good breadth of evidence. Outcome is met. Sign off sheet completed; PCA tool submitted.	
6 * Co-operating with other providers	Shaun Milburn Karen Walker	Christine Miles		Assurance meeting 20/07/12. Due to capacity issues the assurance meeting re-scheduled for 12/10/12. Fully met. (PCA outstanding)	
7 * Safeguarding people who use services from abuse	Elaine Andrews Joanne Newman	Rob Dearden		Assurance meeting 30/08/12. Outcome fully met for children and adult safeguarding. Documentation submitted.	
8 * Cleanliness and Infection Control	Allison Charlesworth Wendy Firth	Rob Dearden		Assurance meeting 13/07/12. Outcome is met. Sign off sheet and PCA tool submitted.	
9 * Management of Medicines	Nick Chilton	Andrew Catto		Assurance meeting 16/07/12. Outcome is met. Sign off sheet submitted.	
10 * Safety and suitability of premises	Steve Blenkinsop	Christine Miles		Outcome is met – email confirmation from lead director 15/10/12. (Final sign off sheet and PCA tool outstanding @ 17/10/12)	

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11 * Safety, availability and suitability of equipment	John Logue	Andrew Catto		2012/13 Assurance meeting 11/09/12. Evidence has been collated - sign off and PCA submitted).	
12 * Requirements relating to workers	Nick Parker	J Steele		2012/13 Assurance meeting 24/08/12. J Steele agreed compliance; sign off submitted. PCA equivalent submitted.	
13 * Staffing	Nick Parker	J Steele		2012/13 Assurance meeting 24/08/12. J Steele agreed compliance; sign off submitted. PCA equivalent submitted.	
14 * Supporting workers	Matthew Smales-Cresswell	J Steele		2012/13 Assurance meeting 24/08/12. J Steele agreed compliance; sign off submitted. To include PDRs for current cycle – end of September. PCA equivalent submitted.	
15 Statement of purpose	Jane Downes	Ann Wagner		2012/13 Assurance meeting held 23/08/12. Statement of purpose updated to reflect annual plan 2012/13 and submitted to CQC.	
16 * Assessing and monitoring the quality of service provision	Alison Fuller	Andrew Catto		Evidence has been refreshed. 2012/13 Assurance meeting 10/08/12. Outcome is met. Paper work submitted.	
17 * Complaints	Helen Barrow	Andrew Catto		2012/13 Assurance meeting 16/08/12.Meeting cancelled by assurance director. Outcome is fully met; paperwork submitted.	
18 Notification of death of a service person who uses services	Alison Fuller	Andrew Catto		Evidence has been refreshed. 2012/13 Assurance meeting 10/08/12. Outcome is met. Paper work submitted.	
19 Notification of other death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983	Shaun Milburn Michael B. Smith	Christine Miles		2012/13 Assurance meeting 4/09/12. Robust process for detailing incidents and for reporting incidents to external bodies. Evidence provided in Absconder Policy, SIRI procedure and IG Policy. Sign off sheet submitted.	
20 Notification of other incidents	Alison Fuller	Andrew Catto		Evidence has been refreshed. 2012/13 Assurance meeting 10/08/12. Outcome is met. Paper work submitted.	
21 * Records	Sue Hardeman Mark Walsh	Andrew Catto Sheenagh Powell		2012/13 Assurance meeting 14/08/12. Fully met. PCA tool submitted. Currently rated yellow to reflect minor concerns recorded by CQC during the August inspection of Castleberg. An action plan has been developed; monitored by Q-SOG. Sent to the CQC: 18/10/12.	

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22 Requirement where the service provider is an individual or partnership	NA	NA			
23 Requirement where the service provider is body other than a partnership	Jane Downes	Ann Wagner		2012/13 Assurance meeting 23/08/12. Following August 2012 CQC unannounced visit to Castleberg Hospital, registration of specific services are being reviewed. Partially met – pending review. Timescale for action set.	
24 Requirements relating to Registered Manager	NA	NA			
25 Registered person: training	M. Smales-Cresswell	J Steele		2012/13 Assurance meeting 24/08/12. J Steele agreed compliance. Sign off sheet submitted.	
26 Financial position	NA	NA			
27 Notifications - Notice of absence	Jane Downes	Ann Wagner		2012/13 Assurance meeting 23/08/12. Process re notification of absences in place. Notification not necessary @ August 2012/13 for long-term absence as none have occurred to date. To review as required.	
28 Notifications - Notice of changes	Jane Downes	Ann Wagner		2012/13 Assurance meeting 23/08/12. Process in place; appointments notified. No further action required.	

Compliance Ratings:

Provisional confirmation; awaiting hardcopy sign off sheet.	Evidence available at time of assessment shows the outcome is met	Evidence available at time of assessment shows that the outcome is mostly met or there is not sufficient evidence to demonstrate outcome is met. Impact on people who use services, visitors or staff is low. Action required is minimal.	Evidence available at the time of assessment shows that the outcome is mostly met or there is sufficient evidence to demonstrate the outcome is met. Impact on people who use services, visitors or staff is medium (no long term effects). Action required is moderate.	Evidence available at the time of assessment shows that the outcome is at risk of not being met or there is no available evidence that the outcome is met. Impact on people who use services, visitors or staff is high/significant. Action required is high/significant. Action is required quickly.
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