

**Name of Commissioning Assessor(s):** Rosemary Cowell and Kim Rushton **Date of Assessment Visit:** 11 October 2010

**Provider visited:** Cygnet Lodge  
Brighthouse

**Name of Manager:** Yvonne Morgan (Clinical  
Manager) Richard Williams (Hospital Manager)

25 beds, Patients age - 30 to 50 yrs - 16 male and 9 female, rooms ensuite.

**Levels of compliance:** Red - not compliant, Amber - partially compliant Green - fully compliant

	Standard	Self Assessment Level of compliance	Comments	Comments/ Action required
<b>Infection Control and Prevention</b>				
1	Compliance to CQC Outcome 8 : Cleanliness and Safety	Green	Evidence supports fully compliant (FC). Has SLA with Private company for advice	
2	Infection Control	Green	Evidence supports FC. Infection Control lead - David Bianchi (RMN, completed course in infection prevention and control. Sue Stepney - Corporate Governance and Clinical Governance Lead	
<b>Health and Safety</b>				
3	Compliance to CQC Outcome 10 : Safety and suitability of premises	Green	Evidence supports FC. Infection Control lead - David Bianchi (RMN, completed course in infection prevention and control. Sue Stepney - Corporate Governance and Clinical Governance Lead	
4	Compliance to CQC Outcome 11 : Safety, availability and suitability of equipment	Green	Evidence supports FC. Maintenance Log.	
5	PEAT compliance - good quality furniture	Green	Evidence supports FC.	
6	Health & Safety arrangements	Green	Evidence supports FC. Monthly meeting. Clinical Development Lead - Anne Marie Osbourne Fitzgerald	
7	Service specific environment - functional suitability	Green	Evidence supports FC.	
8	Disable access	Green	Evidence supports FC.	

9	Waste disposal (clinical and non-clinical)	Green	Evidence supports FC. SLA with Hazardous waste, Clinical waste and paper recycle	
10	Medical devices and safety alerts	Green	Evidence supports FC.	
11	Compliant with DSSA	Green	Evidence supports FC. To complete DSSA toolkit to provider	
12	Harrasment and Bullying	Green	Evidence supports FC.	
13	Aggression and violence	Green	Evidence supports FC. All staff carry individual personal alarm. Mandatory training and induction	
<b>Medicine Management</b>				
14	Compliance to CQC Outcome 9: Management of Medicine	Green	Evidence supports FC. Contract with Ashton pharmacy. CD Lead from Ashton Pharmacy.	
15	Medicine management	Green	Evidence supports FC. Audit weekly. MM training and 4 additional training provided annually by pharmacist	
16	Aspiration for self medicating for appropriate clients	Green	Evidence supports FC.	
<b>Safeguarding</b>				
17	Compliance to CQC Outcome 7: Safeguarding people who use services from abuse	Green	Evidence supports FC. Safeguarding Lead - Mel C	
18	Money management according to clients' need	Green	Evidence supports FC.	
19	Protection from abuse	Green	Evidence supports FC. Child and adult Safeguarding training for staff/ Manager doing Assessor course	
<b>Equality and Diversity</b>				
20	Compliance to CQC Outcome 1: Respecting and involving people who use services	Green	Evidence supports FC. Provider participating in national pilot project AIMS - MH Rehabilitation	
21	Discrimination / equal opportunity in line with Equality Act 2006	Green/Amber	No reference made to Equality Act. Provider said they have a high proportion of ethnic minority staff. Have a multi faith room within the establishment.	Policy to be provided
22	Information can be accessed in an appropriate format by clients.	Green	Evidence supports FC. Provider have Service User Group. Have access to Interpreters and translator services. Staff have access to Internet and can obtain information in different language via different DH and other national agencies.	

<b>Information Governance</b>				
23	Information Governance Toolkit	Green	Evidence supports FC. Have obtained Level 2 IG Toolkit	
24	Compliance to CQC Outcome 21: Records	Green	Evidence supports FC.	
25	Confidentiality / access to records	Green	Evidence supports FC. Caldicott Guardian - Yvonne Morgan for Brighthouse.	
26	Record keeping	Green	Evidence supports FC.	
27	Compliance to CQC Outcome 6: Cooperating with other providers	Green	Evidence supports FC. Good relationship with other providers. Service users involvement with staff interview.	
<b>Quality Assurance</b>				
28	External Audit	Green	Evidence supports FC. CQC report 2209/10. Actions noted have completed. Provider has recently had a visit re MHA visit on the 7 October.	To contact YM for MHAC report when available
29	Compliance to CQC Outcome 16: Assessing and monitoring the quality of service provision	Green	Evidence supports FC.	
30	Internal and Clinical Audit	Green	Evidence supports FC. Have a Clinical Governance Audit Programme and regular meeting.	
31	Risk Assessment / Management	Green	Evidence supports FC.	
<b>Governance</b>				
32	Leadership - clinical and corporate	Green	Evidence supports FC. Organisation have a Comprehensive Care Programme Approach. Have a specialist F/T registrar base at the Lodge (Dr Everett)	
33	Corporate / individual objectives setting and performance management	Green	Evidence supports FC.	
34	Compliance to CQC Outcome 17: Complaints	Green	Evidence supports FC.	
35	Complaints procedures	Green	Evidence supports FC.	
36	Governance	Green	Evidence supports FC. Have regular corporate Clinical Governance and management meeting. Manger feedback to staff at the Lodge. Have also, Lodge organisational structure in place.	
37	Compliance to CQC Outcome 20: Notification of other incidents (NOT included in the Quality and Safety core standard)	Green	Evidence supports FC. Have Reportable Incidents & SUIs protocol.	

38	Service development - participation processes	Green	Evidence supports FC.	
39	Independent Advocacy	Green	Evidence supports FC. External Advocacy IMHA visits weekly (Debbie Nebbit)	
<b>Workforce</b>				
40	Compliance to CQC Outcome 13: Staffing	Green	Evidence supports FC. Organisation have own Bank staff.	
41	Induction	Green	Evidence supports FC. Have a comprehensive Induction programme. 6 months probation period.	
42	Compliance to CQC Outcome 14: Supporting workers	Green	Evidence supports FC. Staff have access to organisation Intranet system	
43	Supervision	Green	Evidence supports FC.	
44	Compliance to CQC Outcome 12: Requirements relating to workers	Green	Evidence supports FC.	
45	Recruitment and Retention	Green	Evidence supports FC. Staff left mainly due to promotion or relocation.	
46	Registration and CRB	Green	Evidence supports FC. Manager reported that all staff have appropriate CRB checks.	
47	Staff Appraisal, PDP	Green	Evidence supports FC. Gateway training and In house training available to all staff	
48	Staffing levels and skill mix	Green	Evidence supports FC.	
49	Sickness rates and cover arrangements	Green	Evidence supports FC. Sickness policy in place. Staff who are sick have to phone in daily.	
50	Volunteers	Green	Evidence supports FC.	
<b>Care Planning and Review</b>				
51	Compliance to CQC Outcome 4: Care and welfare of people who use services	Green	Evidence supports FC.	
52	Care Planning and Review of care including service user participation	Green	Evidence supports FC.	
53	Assessment process	Green	Evidence supports FC.	
54	Compliance to CQC Outcome 2: Consent to care and treatment	Green	Evidence supports FC.	
55	Appeal process	Green	Evidence supports FC.	
<b>Outcomes</b>				
56	Outcomes focus and monitoring	Green	Evidence supports FC.	

57	Education, Training and Employment	Green	Evidence supports FC. Patients link with local college. Have internal food hygiene and hand hygiene training. Budget for food cookery.	
58	Daily living skills	Green	Evidence supports FC.	
59	Religious and Cultural needs	Green	Agreed. Multi faith room available	
60	Compliance to CQC Outcome 5: Meeting nutritional needs	Green	Evidence supports FC.	
61	Food	Green	Evidence supports FC.	
62	Social Interaction	Green	Evidence supports FC.	
63	Healthy lifestyle and Health Promotion	Green	Evidence supports FC. Staff have training in health	
64	Leisure activities	Green	Evidence supports FC.	

**PCT Quality and Assurance Assessment for Accreditation Scheme ISMH contract**

Rating: All CQC core standards and PCT standards fully met.

Scoring: CQC standards - 16 essential standards fully compliant;  
PCT standards - 47 fully compliant, 1 convert to Amber from fully compliant