Review of compliance

Gracewell Healthcare Ltd The Pines	
Region:	South East
Location address:	Furze Hill Hove East Sussex BN3 1PA
Type of service:	Care home service with nursing
Date of Publication:	July 2012
Overview of the service:	The Pines provides personal and nursing care for up to 35 older people. It is owned by Gracewell Healthcare Ltd, who took ownership of the home on 03/10/2011. The home is situated in a residential area of Hove, East Sussex, and is within walking distance of the seafront. Accommodation is provided in thirty-five single rooms, all of which have en-suite facilities, thirty of these providing ensuite

	showers. Communal space includes a lounge/conservatory, quiet lounge, dining area and garden.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

The Pines was not meeting one or more essential standards. We have taken enforcement action against the provider to protect the safety and welfare of people who use services.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether The Pines had taken action in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 08 - Cleanliness and infection control
Outcome 09 - Management of medicines
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 May 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People told us that they were happy living at the home. They told us that they liked the staff.

One relative told us that they considered that staffing levels were not sufficient. They said that staff wanted to provide care but were often very rushed. Other people said that they felt that their needs were attended to promptly and that there were enough staff. However other evidence did not support this.

People told us that their preferences were taken into account when being supported by staff.

What we found about the standards we reviewed and how well The Pines was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Some areas of care planning were still incomplete. This placed some people at risk of not receiving the appropriate level of care for their individual needs.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

People were cared for in a clean, hygienic environment.

The provider was meeting this standard.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Prescribed medicines were not always available to people when they needed them. Auditing of medication records and people's medication needs are not robust.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider does not carry out a regular assessment of people's individual needs to inform the level and deployment of staff accross the three floors of the home.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were trained to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had introduced more systems to monitor the quality of care provided to people. However these are not comprehensive and shortfalls were still present.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

We have taken enforcement action against Gracewell Healthcare Ltd.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
People said that they were happy with the care that they received.

Other evidence
Our inspection of 01 November 2011 found that people were in receipt of care that was safe and appropriate to their individual needs. However some areas of care planning were incomplete which at the time placed people at risk of not receiving the appropriate level of care for their individual needs. The provider wrote to us on 20 December 2011 and told us that they had completed care plans for every person who lived at the home. They also said that risk assessments for all identified areas of concern had been implemented.

During the visit to the home we looked at the care plans and associated information held on file for four people who lived at the home. We were told that care plans were in the process of being re-written and that to date 16 had been completed. We questioned this as at our last visit we reported that staff were in the process of revising the care plans with the aim of making them more person centred and we were told at the time of our visit there were five remaining plans to be rewritten in this new format. We were told that this was a second re-write of the plans and that they were introducing a new format.

We looked at 2 of the new style care plans and 2 that had yet to be rewritten. There was a difference between the 2 versions. The new version provided more detail and was more comprehensive. The provider may find it useful to note that some of the new

plans provided more detail than others. It would seem that this was dependent on which member of staff had completed the plan and therefore may be a training issue.

Risk assessments and risk management plans were in place for identified risks. However there was not any clear rationale as to which care plans if any had been prioritised as needing to be reviewed first. An example being that the plan for someone requiring end of life care had not been reviewed since 07 March 2012 regarding their nutritional needs, 27 March 2012 regarding communication and behaviour and their end of life plan since 18 April. Another plan that we looked at was of someone whose notes dated 14 February 2012 stated that they had started to develop a pressure sore. It was evident that action had been taken however assessments related to skin integrity and pressure relief had not been reviewed since 25 March 2012.

Several people had been assessed as being at risk of dehydration. Their daily intake of fluids were being monitored and recorded. The monitoring form in use required a daily total to be entered for monitoring and assessment purposes. We found that these were not always accurate. One person's fluid monitoring chart dated 19 May 2012 had been incorrectly totalled indicating that they had received 150 ml of fluid more than they had actually received.

The provider had introduced a lot of different monitoring charts since our last visit. In discussion with staff they were all in agreement that these were a necessary safeguard for monitoring people's support needs. They did comment that the forms took up more of their time and that no extra resources had been allocated to assist with this.

In discussion with a staff member who had been asked to review and re–write care plans they told us that they had not been provided with additional time or resources to carry out the task. They said that the needs of people that they were caring for took precedent over writing care plans.

Despite some shortfalls, overall care plans and associated documents provided us with enough information to demonstrate that health care needs were being met and that people had access to a range of health services. We saw evidence that the home liaised and sought advice promptly for any health care concerns. This was confirmed through discussion with people who lived at the home.

The provider had introduced a new auditing tool to ensure that care plans had been updated and completed regularly.

In discussion with care staff they confirmed that they had access to everyone's care plan and associated records.

Our judgement
Some areas of care planning were still incomplete. This placed some people at risk of not receiving the appropriate level of care for their individual needs.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard.

Other evidence
Our inspection of 01 November 2011 found that many of the staff had not received safeguarding of vulnerable Adults (SOVA) training. The provider wrote to us on 20 December 2011 and told us that relevant training had been arranged for all staff. We saw from staff training records that all bar three members of staff had attended the training one of whom had been on long term leave. We were told that arrangements were being made for the other two staff members to attend the training. The provider told us that in future staff would receive annual refresher training. This was corroborated through examination of a staff training matrix that had been developed since our last visit. Safeguarding training had been delivered to domestic and administrative staff in addition to staff with caring responsibilities.

On the day of our visit many members of staff attended Mental Capacity Act 2005 and Deprivation of liberty (DOLS) training.

Staff spoken with demonstrated that they knew how to recognise the signs of abuse. They said that they had received relevant training and that they were aware of their responsibility to report any concerns.

We looked at the systems that were in place to safeguard people from financial abuse. These were robust and we saw evidence that financial transaction were appropriately

recorded and receipted.

The home was secure. Visitors to the home were required to sign in and out of the building and during the day time this was monitored via a receptionist. We observed that when visitors arrived reception staff went and checked with the people that they were happy to receive them prior to allowing the visitor to go and see them especially when they were in their bedrooms.

Outside of normal office hours the entrance to the home was monitored by CCTV.

Our judgement
People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 08:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People told us that they were happy with the standards of hygiene at the home.

Other evidence
Our inspection of 01 November 2011 found that staff needed more guidance as to how to care for people with contagious diseases and or infections. We also found that due to staffing shortages cleanliness had been compromised in some areas of the home. The provider wrote to us on 20 December 2011 and told us that they had addressed these issues.

Audits had been introduced since our last visit to check on standards of hygiene. The home had employed an additional person to work in the laundry and 'deep cleaning' of bedrooms and furnishings had been undertaken on a regular basis.

On the day of our visit the housekeeper was on duty and additional housekeeping staff consisted of two cleaners, laundry staff and two kitchen staff.

In discussion with a member of the housekeeping team they demonstrated that they were aware of the procedures to be followed in the event that someone contracted a contagious disease and infection control procedures in general. They confirmed that they had received relevant training and that they had all necessary equipment to maintain standards of hygiene.

Our own observation was that the home was clean and hygienic. Liquid soap and paper towels were available in toilets and bathrooms and aprons and gloves were provided for staff use. Training records showed that staff had received infection control training.

Our judgement
People were cared for in a clean, hygienic environment.

The provider was meeting this standard.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is non-compliant with Outcome 09: Management of medicines. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard.

Other evidence
Our inspection of 01 November 2011 found that some medication practices carried out at the home were unsafe, putting people at risk. The risk of errors being made was enhanced during busy times of the day or when there were less staff on duty and there was a lack of appropriate monitoring of medication records.

The provider wrote to us on 20 December 2011 and told us that they had addressed these issues. They said that regular auditing of records had been introduced and that all nursing staff had received further training.

A Clinical Quality Review Nurse from the local authority's ,'Commissioning Support Unit', carried out an audit at the home on 26 and 27 March 2012. As a result of their visit they raised 11 points of action regarding medication practices within the home. Some of the issues they found were very similar to the findings from our inspection of 01 November 2011. These were that medication audits were not robust and they observed an agency nurse sign the medication administration record (MAR) chart before giving the medication to people. This concerns us as we had previously been told that, these issues had been addressed.

The local authority carried out a visit to review progress with the 11 points of action on

22 May 2012. This coincided with our own visit.

We viewed medication records with the clinician. It was found on this occasion that eight of the points of action had been completed satisfactorily.

We found that that there was still a risk that, people requiring medication that needed to be given before food would not receive it until after lunch as this information had not been transferred on to the current MAR.

Secondly one person had been in receipt of 'as required medication' (PRN) pain relief medicine on almost a daily basis via an injection since 02 May 2012. Reviews had not been carried out to ensure that medication levels were continually appropriate.

We found that prescribed medication had not been re – ordered in time. Records showed that at least three people had missed doses of some of their medicines over a period of time. In all three cases O/S (out of stock) had been recorded on the MAR.

One person had been prescribed a dietary supplement to be taken twice a day to ensure that their nutritional needs were met. Records showed that they had not received this medicine for the period 15 April 2012 to 20 April 2012. This amounted to 12 doses.

The second person had been prescribed a medicine used to prevent strokes and heart attacks. The MAR chart showed that they had not received this medicine for the period 24 April 2012 to 01 May 2012 due to it being out of stock.

The third person who was in receipt of 'end of life care' had been prescribed pain relief patches to be replaced every three days. They had been due to be administered a fresh patch on 20 May 2012 but had not received it until the following day due to it being out of stock.

In discussion with a trained nurse responsible for the administration of medication, they were unable to offer any reason as to why the medicines had not been ordered in time.

At the end of our visit we fed back our findings to the manager, deputy manager and regional director. They were not able to provide us with any explanation as to why the medicines had not been ordered in time either.

Due to our concerns regarding the out of stock medication, we sent a safeguarding alert to Brighton & Hove City Council.

We found that were some inconsistencies in the coding that was used on medication records. This is important as the use of an agreed code alerts other care staff that the person had not taken the medicine for a recorded reason.

We saw that there had been an Improvement in the procedures for auditing medication records with regular daily checks being carried out at the end of shift. Although these were not fully effective and errors were still going undetected.

We saw that there were clear processes in place for the safe storage of medication, including controlled drugs. Medication was kept in a locked cupboard, fridge or trolley at

all times. Since the last inspection the home had introduced a 'protected drug round', whereby nursing staff wore red tabards when doing the medication round. This was to alert staff and visitors that the nurse should not be interupted at this time.

Our judgement
Prescribed medicines were not always available to people when they needed them. Auditing of medication records and people's medication needs are not robust.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is non-compliant with Outcome 13: Staffing. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us
Most people felt that staff were there when they needed them. However other evidence did not support this.

Other evidence
Our inspection of 01 November 2011 found that staffing levels were not maintained to meet people's care and support needs. The provider wrote to us on 20 December 2011 and told us that a thorough review of staffing levels had been undertaken. They said that arrangements had been put in place to ensure that levels were maintained and appropriate to people's dependency levels. They also said that staffing levels would be monitored continuously to ensure adequate care provision at all times.

Evidence from this recent visit showed that these actions had either not been implemented or sustained.

The provider produced no evidence to show that arrangements had been put in place to ensure that staffing numbers were set and maintained at an appropriate level to meet people's dependency and care needs. Or that this was being monitored to ensure adequate care provision was delivered at all times.

We looked at the staff rota for the day of our visit and this was a true reflection of the numbers of staff on duty. We also looked at the rota for week commencing 14 May 2012, this being the week prior to our visit. We saw that staffing levels were consistent.

Seven care staff and two nurses were on duty between 08:00 am and 2:00 pm. From 2:00 pm to 06:00 pm the number of care staff reduced to five with two nurses. From 6:00 pm onwards the numbers reduced further, with only one nurse on duty and five care staff to provide care. The night shift comprised of one nurse and three care staff.

There were 30 people living at the home on the day of our visit. Training was also taking place on site and we saw that cover had not been provided for all staff who attended the training. During the afternoon when there were only five care staff and two nurses on shift, one of the care staff attended training. This left only four members of care staff and two nurses on the floor. People were due to attend a quiz in the afternoon that had been organised by the activity coordinator. The quiz was cancelled due to the activity coordinator having to undertake a caring role as there was insufficient staff. This was the only organised activity for the day and therefore this directly impacted on the people who lived at the home. No other activities took place. From our observations we noted that staff were available in the dining room to assist people to eat their meal. However, at other times we saw that staff were very busy and had little time to speak to or spend time with people other than to assist with direct care needs.

In discussion with staff nearly all raised concerns about the lack of time they had to care for the significant level of peoples' needs. They said that one of the biggest issues was that by only having one carer on the ground floor, they continually had to get a staff member from another floor to assist with people requiring use of the hoist. They said that due to the number of people with high care needs that it was very difficult to keep up with the demands of the job and to meet everyone's needs.

We asked the home to provide us with the number of people living on each floor of the home on the day of our visit. We also asked them to identify how many people per floor required the assistance of two members of staff.

They told us that, on the ground floor of the home there were five people and that one person required support from two members of staff.

Of the thirteen people on the first floor, eight people required the support of two members of staff.

On the second floor there were twelve people, eight of who required support from two members of staff.

Overall seventeen of the thirty people living at the home were in need of the support of two members of staff for support needs.

We observed that during the tea time period staff on the second floor were particularly busy reheating and serving people their evening meal in their rooms. One person had asked staff to take them to their room however staff had informed them that they would have to wait until they had finished reheating and serving food.

In discussion with the person managing the home they said that they had been told to reduce staffing levels down to two nurses between 8am and 2pm then only one from 2pm onwards. They also said that in their opinion the level of night time cover was insufficient for the needs of people living at the home. They commented that the current

arrangement of one nurse and three care staff did not allow for the staff to take their breaks and compromised safety. They went on to say that they considered there was a need for two nurses to be on duty at all times with seven carers on duty during the morning and afternoon and evening. They further commented that this would enable staff to help with activities and converse with people.

One member of staff who worked night shifts told us that some people who required the support of two members of staff were not assisted to go to bed until about 11:00pm or sometimes later. They said that although people were assisted to bed if they asked, others had to wait until the nurse had completed giving people their night time medication and could then provide support to the care staff.

The provider may find it useful to note that during our visit it was observed that the dining room was only really used at lunch time. Very few people used it for their evening meal and we were told by people that hardly anyone used it for breakfast. Many people returned to their rooms for the afternoon. It was unclear whether this was through choice or whether this was influenced by insufficient staffing levels.

Our judgement
The provider does not carry out a regular assessment of people's individual needs to inform the level and deployment of staff accross the three floors of the home.

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

Outcome 14:
Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard.

Other evidence
Our inspection of 01 November 2011 found that care staff were not provided with regular supervision and did not feel well supported by management. The provider wrote to us on 20 December 2011 and told us that, a plan to ensure that all staff received regular supervised sessions was being implemented.

In discussion some staff said that they had now received supervision and some said that they had not. One person commented that a previous manager had not met with them but had left them a form to complete. We found however that some improvement had been made in this area and will further monitor this at our next visit.

All staff spoken with were of the opinion that they received sufficient training to meet the needs of the people that they cared for. This was supported through examination of training records They said that they had access to care plans, policies and procedures as necessary and this included a staff handbook.

Several staff had recently handed in their notice and staff morale was still low. Some of this can be attributed to the fact that they had recently been provided with new terms of employment and due to the changes that were being implemented. Several staff said that the organisations intentions were right and that the provider wanted to provide good care. They said that the approach to change and achieving this end was wrong and they did not feel valued by management.

Our judgement
People were cared for by staff who were trained to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard.

Other evidence
Our inspection of 01 November 2011 found that there was very little auditing or monitoring of records and therefore people were not provided with sufficient safeguards. The provider wrote to us on 20 December 2011 and told us that they were in the process of implementing a, 'Quality Compliance System'. They also stated that all care documentation would be reviewed on a monthly basis as a minimum.

Evidence presented throughout this report has demonstrated that although improvements had been made, the current systems to monitor quality within the home were still lacking. Some aspects of care planning, medication administration and staffing levels in relation to people's support needs were not being monitored appropriately.

The home had carried out a survey of people who lived at the home and or their relatives. At the time of this visit the data had not been collated.

The provider may find it useful to note that we found no evidence to show there were systems in place for gaining feedback or ascertaining the views of other people such as stakeholders and health professionals.

Resident's meetings had been re introduced and the person managing the home had been keeping people informed about developments at the home and consulting them on future plans.

Our judgement
The provider had introduced more systems to monitor the quality of care provided to people. However these are not comprehensive and shortfalls were still present.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

Action
we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Some areas of care planning were still incomplete. This placed some people at risk of not receiving the appropriate level of care for their individual needs.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Some areas of care planning were still incomplete. This placed some people at risk of not receiving the appropriate level of care for their individual needs.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Some areas of care planning were still incomplete. This placed some people at risk of not receiving the appropriate level of care for their individual needs.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities)	Outcome 13: Staffing

	Regulations 2010	
	How the regulation is not being met: The provider does not carry out a regular assessment of people's individual needs to inform the level and deployment of staff accross the three floors of the home.	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: The provider does not carry out a regular assessment of people's individual needs to inform the level and deployment of staff accross the three floors of the home.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: The provider does not carry out a regular assessment of people's individual needs to inform the level and deployment of staff accross the three floors of the home.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The provider had introduced more systems to monitor the quality of care provided to people. However these are not comprehensive and shortfalls were still present.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met:	

	The provider had introduced more systems to monitor the quality of care provided to people. However these are not comprehensive and shortfalls were still present.	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The provider had introduced more systems to monitor the quality of care provided to people. However these are not comprehensive and shortfalls were still present.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

Enforcement action we have taken

The table below shows enforcement action we have taken because the service provider is not meeting the essential standards of quality and safety shown below. Where the action is a Warning Notice, a timescale for compliance will also be shown.

Enforcement action taken			
Warning notice This action has been taken in relation to:			
Regulated activity	**Regulation or section of the Act**	**Outcome**	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines	
	How the regulation or section is not being met:	**Registered manager:**	**To be met by:**
	Prescribed medicines were not always available to people when they needed them. Auditing of medication records and people's medication needs are not robust.		15 July 2012

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA