

Review of compliance

Rushcliffe Care Limited Partridge Care Centre	
Region:	East
Location address:	Partridge Road Harlow Essex CM18 6TD
Type of service:	Care home service with nursing
Date of Publication:	April 2012
Overview of the service:	Partridge Care Centre is registered to provide accommodation for up to 117 people who require nursing or personal care. The Kingfisher and Mallard suites specialise in the care of the elderly, including people living with dementia. The Eider and Teal suites offer specialist nursing care for adults requiring specialised neurological support.

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

Our current overall judgement

Partridge Care Centre was not meeting one or more essential standards. Improvements are needed.

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 Partridge Care Centre had made improvements in relation to:

- Outcome 02 - Consent to care and treatment
- Outcome 04 - Care and welfare of people who use services
- Outcome 09 - Management of medicines
- Outcome 11 - Safety, availability and suitability of equipment
- Outcome 12 - Requirements relating to workers
- Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 March 2012, checked the provider's records, 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 satisfied with the care they received at Partridge Care Centre and that were able to make choices in their daily lives. They told us that they enjoyed the activities available, including the use of the gym.

People said that the quality of the service had improved because there were more permanent staff now and they preferred to have familiar staff. We were also told that the staff were great but that there was some staff turnover and the issues can be agency staff but this depended on the individual staff.

People told us that that they had all the equipment they needed and confirmed that they enjoyed the experience of bathing at Partridge Care Centre. One person said the home was 'beautiful'.

Some of the people using the service were unable to tell us their views on the care they received due to cognitive impairment or dementia. We saw that people were well supported and that care was delivered with sensitivity and respect. Overall, staff offered

people choices in a way suitable to their needs and supported them to make decisions where they were able.

We spoke with relatives who told us they had no complaints and that the care provided at Partridge Care Centre was very good. One relative said that the home was improving.

What we found about the standards we reviewed and how well Partridge Care Centre was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider is compliant with this outcome. People are usually offered choices in a way suitable to their abilities and needs and they are involved in making decisions as much as they are able. Improvements are needed to some of the ways that information is made available, as well as to the quality of some staff communications, so that all people using the service have their human rights respected.

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

The provider is compliant with this outcome. People receive support that meets their social needs, preferences and abilities.

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

The provider is compliant with this outcome area. People can be assured that their medicines are handled safely and securely and that they are given them as prescribed.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The provider is compliant with this outcome. People living at Partridge Care Centre benefit from equipment that is safe and comfortable.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider is compliant with this outcome. People are cared for by staff that had been safely recruited. Improvements are needed so that all staff involved in recruitment processes follow procedures effectively to demonstrate best practice.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

We have minor concerns with this outcome. People using the service have care and medicines records in place to support their safe and appropriate care. Improvements are needed to ensure that all records are consistent and accurate so that they support best outcomes for all people using the service.

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 to improve. We will check to make sure that the improvements have been made.

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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People told us that they were able to make choices in their daily lives at Partridge Care Centre.

One person using the service told us they had a choice of food for all meals and always had a choice of drinks and that their specific dietary need was always catered for. They told us they could choose the time they went to bed and also the time they got up in the morning. They could have a bath or shower as often as they wanted. The person told us that staff took clothes from their wardrobe and held them up, so they could choose what to wear each day. Another person using the service also confirmed that they could make choices about everyday activities for example what time they got up.

We spoke with a visitor who told us that their relative, who lived at Partridge Care Centre, was no longer able to communicate verbally due to their advanced dementia. The visitor told us that they were in the home every day and that their relative was always offered a choice of meals and drinks and that staff give them whatever choices possible. Another visitor we spoke with said they did not have any concerns about choices provided to people living at the home.

People told us that they felt they, or their relative living at the home, were well cared for and enjoyed a range of activities suitable to their needs and abilities.

One person using the service told us that the staff were 'great'. People told us that that they had all the equipment they needed and confirmed that they enjoyed the experience of bathing at Partridge Care Centre.

Other evidence

At our previous inspection visit to Partridge Care Centre on 08 December 2011 we found that, in some instances, the choices available to people could have been more clearly offered and the choices they made could have been better respected.

The manager sent us an action plan, on behalf of the provider, on 21 February 2012 to tell us how they would ensure that staff offered appropriate choices and people's dignity was maintained and their wishes respected. This included additional staff training to be completed by all staff by mid April 2012, direct observation of staff practice by senior staff and visual menu cards being made available.

Some of the people living at the home were not able to tell us verbally if they were offered choices due to cognitive impairment or dementia. During our visit of 12 March 2012, we spent time on each of the units observing everyday practice. We found that most staff did offer people choices, and in a suitable way. We saw that the menu was written in large print in one of the dining rooms we visited but was in smaller print in some of the others. Some visual menu cards were available with photographs of different foods to help people make choices. This is an area for ongoing development.

At lunchtime in one unit we saw people were asked what they would like. Staff brought the two choices of dessert to the person so that they could indicate their preference and also took note of how much custard they would like poured on this. On all but one occasion we saw that people were offered a choice of drinks. We talked about this occasion with the manager who confirmed they would discuss it with the member of staff involved to improve practice. We also saw that people were asked if they had finished their meal before their plate was cleared away.

Drinks were readily available to people on our arrival and throughout the day. We saw that people were encouraged to eat and drink. Information on what people ate and drank was completed by the care staff as part of a 24 hour record sheet. These were reviewed three times daily by senior staff.

We saw that staff asked and waited for people's agreement before providing support. This included asking people if they could help them to go to the meal table or before helping them to transfer to their wheelchair. We saw a member of the housekeeping staff check with the person using the service, who was in their room, if they could vacuum it.

We saw most staff speak with people with respect and there were some warm 'exchanges' between staff and people using the service. On one occasion we heard a member of staff referring to a group of women as 'girls'. After comments by this group the member of staff corrected themselves and referred to the group as 'ladies'. On another occasion we heard another member of staff calling loudly to a colleague that a person using the service needed 'changing'. The person using the service had heard this and said that it made them feel like an 'idiot'. When we informed the manager of this event we were assured this would be dealt with.

Staff had tried to learn, with the help of family members, some words of the first language of one of the people living in the home whose first language was not English. This would enable better understanding and more meaningful communication between the person using the service and staff supporting them.

The manager told us that training for staff in the Mental Capacity Act was progressing well. We saw that appropriate assessments were completed for some people to consider their ability to make decisions and consent to everyday issues such as receiving support with personal hygiene.

We saw on one file that a more formal assessment and Best Interest decision had been undertaken to consider the safety and wellbeing of a person using the service. This had been reviewed and included relevant people, including an invitation to the person to be present. The manager told us they were in the process of trying to achieve formal assessments for other people living at the home, but this was delayed while awaiting the support of other professionals.

Our judgement

The provider is compliant with this outcome. People are usually offered choices in a way suitable to their abilities and needs and they are involved in making decisions as much as they are able. Improvements are needed to some of the ways that information is made available, as well as to the quality of some staff communications, so that all people using the service have their human rights respected.

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 compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us that they, or their relative who lived at the home, were well cared for. Some people told us that having more regular and permanent staff had made a difference and people living at the home were better supported by staff who were more familiar to and with them.

One person living at the home said, "I love all the activities, especially the singing, I am quite happy here." Other people told us they really enjoyed using the gym. One person told us how much they had enjoyed being able to go out to do Christmas shopping and that they regularly used the garden areas in warmer weather. Another person said that staff were 'great', and that the home was 'beautiful'. We were told by one person using the service that they were able to have a shower everyday. Two people we spoke with talked about going to the gym; although one has had to stop going for a period of time.

One visitor said, "I have no complaints about the care here, I would feel able to say if there were any issues, the care is good, the staff are all very good, they speak to people. (Person) is always clean and is showered or bathed most days. I am here everyday so I know how good it is. They do try to get (person) to join in with them and doing things, they do cards with her and dancing, she loves that."

In January 2012 we received information from a relative of a person living at the home and who visited daily. This told us that the person living at Partridge Care Centre often chose to stay in their room but had help when they needed it and was always asked regarding their personal care and activities. The relative said this meant they could

leave the home feeling assured that the person was safe and secure.

Other evidence

At our previous inspection visit to Partridge Care Centre on 08 December 2011 we found that people received support for their health needs. However more attention needed to be given to people as individuals particularly with regard to social activities and maintaining skills.

The manager sent us an action plan on behalf of the provider on 21 February 2012 to tell us that this would be achieved through updated care planning, proper planning of activities and the appointment of another registered mental health nurse.

During our visit of 12 March 2012 the manager confirmed the recruitment of a registered mental nurse (RMN). This meant that each of the two units for people living with dementia now had direct leadership from a suitably qualified person to oversee the quality of the care provided to people living there.

We saw that care plan folders contained information about people's interests such as for watching football, listening to music or painting. Discussion with staff and review of records showed that people were supported to participate in these activities. One of the staff we spoke with said that they always tried to do activities with people. On one unit a small group of people were encouraged to use a small lounge to watch a DVD from a television programme of some years ago.

We spoke with one of the activity co-ordinators working at Partridge Care Centre, as the second person was on leave. The activity co-ordinators had a background in either occupational therapy or physiotherapy and so had skills to support people's needs in those areas. The activity coordinator explained how they now worked with people in the gym and also did some group activities where this was appropriate. They also worked with small groups of people on the units who had been selected based on shared interests and abilities. On the day of our visit they had carried out a reminiscence activity having borrowed, from the local museum, bottles of different scents, such as boot polish, to help people remember items from the past. Other activities they had undertaken recently included cake decorating.

A planned activities programme was in place to demonstrate this, as well as times set aside for group activities. We also saw an events calendar was in place with an event planned each month such as to celebrate St Patrick's Day, Easter, and the Diamond Jubilee. We saw that a St Valentine's Day celebration, with a professional singer, had taken place with each of the women being given a red flower. The manager told us that plans were progressing well to produce information about activities in a pictorial and easy read format so as to be accessible to more people in the home.

In February 2012 we received a copy of information sent to the manager from a relative of people living at the home. This thanked the manager and staff "for continuing to offer such good care and company for our (persons)."

Our judgement

The provider is compliant with this outcome. People receive support that meets their social needs, preferences and abilities.

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 compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We did not speak with anyone who uses the service about the way their medicines were managed.

Other evidence

Our last inspection visit to Partridge Care Centre on 08 December 2011 found that the owner was compliant with this outcome.

Since our last inspection we received information from other stakeholders such as staff from local authorities and safeguarding teams. This reported findings of much improved records relating to care management and management of medicines.

On this visit of 12 March 2012 we found medicines were stored securely for the protection of people who use the service. The temperatures of the areas where medicines were stored were monitored and recorded regularly to ensure medicines were of a suitable quality.

Systems were in place to record where medicines were received into the home, when they were given to people and when they were disposed of. These records were in good order, provided an account of medicines used and demonstrated that people received their medicines as prescribed. However when people were given medicines at different times to those printed on the medication record form, the actual time it was given was not always recorded. This could result in people receiving medicines too

close together. Where people receive medicated patches the site of the application was not clearly recorded.

Where people were prescribed medicines on a "when required" basis, for example, for pain relief or control their challenging behaviour, we found that the care plans had improved to contain clear guidance for staff to follow to ensure such medicines were used appropriately. (See outcome 21)

The management team carried out regular checks on the quality and accuracy of medication records and these had picked up some minor deficiencies. However, these had been investigated and resolved promptly.

Our judgement

The provider is compliant with this outcome area. People can be assured that their medicines are handled safely and securely and that they are given them as prescribed.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

People told us that they had all the equipment they needed, that they were satisfied with the premises and confirmed that they enjoyed their experience of bathing at Partridge Care Centre.

Other evidence

At our previous inspection visit to Partridge Care Centre on 08 December 2011 we found that people had access to the equipment they needed. We also found that the notices in bathrooms appeared institutional, bathrooms needed to be more homely and that sluice rooms needed to be kept locked to help keep people safe.

The manager sent us an action plan on behalf of the provider, on 21 February 2012, to tell us how they would do this. The action plan stated that keypad locks had been fitted to all sluice room doors and only necessary signs would remain in bathrooms. A competition was being held to invite staff to offer ideas on how to improve the homeliness of the bathrooms.

At our inspection visit of 12 March 2012 we saw that sluice room doors were fitted with keypad entry door locks and that all sluice room doors were secured. Signs in bathrooms were limited, mostly such as to remind people to wash their hands. The manager confirmed that the notice in one bathroom relating to the use of bins would be removed without delay.

Each of the eight bathrooms we looked at were well decorated and maintained. Six of the eight had additional touches such as attractive mirrors and wall decorations. Two of the bathrooms had been repainted in brighter colours. This helped to make them less institutional and more homely for people living at the home.

Our judgement

The provider is compliant with this outcome. People living at Partridge Care Centre benefit from equipment that is safe and comfortable.

Outcome 12: Requirements relating to workers

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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We did not speak with people using the service about staff recruitment.

Other evidence

At our previous inspection visit to Partridge Care Centre on 08 December 2011 we found that, while robust recruitment procedures were in place, more attention needed to be given to monitoring the quality of the information in references. The manager sent us an action plan on behalf of the provider on 21 February 2012 to tell us how they would do this.

At our inspection visit of 12 March 2012, we looked at the recruitment files for five more recently appointed staff. Initially, some records were not available on some of the files. These however were made available to us later in the day having been accessed from the organisation's head office.

All but one of the files that we looked at contained an application form and all but two had evidence of face to face interviews. Some interviews had been conducted by other people who worked for the provider, and not the manager of the home. We discussed with the manager that the interview process could better reflect the detail of the application information and supporting evidence to show that it had been properly considered. We were informed that for those files without an application form or interview notes, these documents were with the head office as part of their internal process for managing recruitment.

In their action plan the manager told us that they would scrutinise all references as they came through. Some references we saw had not been signed as seen by the manager. During the course of our visit they checked and 'signed off' these references. They told us that they would remind other staff in the organisation of the systems in place and their designated responsibility to work with these.

Files looked at showed that references had been taken up from previous employers and where the person had previously worked in a care setting. We discussed with the manager that an indication of who each reference was addressed to and received from would also make audit of the process more effective.

We saw that people had a current photograph and supporting evidence of identity. There was evidence that a Criminal Record Bureau check was completed and available for each person before they started working at the home. This helped to ensure that prospective staff were suitable to work with people living at Partridge Care Centre.

Our judgement

The provider is compliant with this outcome. People are cared for by staff that had been safely recruited. Improvements are needed so that all staff involved in recruitment processes follow procedures effectively to demonstrate best practice.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not speak with people using the service about record keeping at Partridge Care Centre.

Other evidence

The action plan we received from the provider told us that the malnutrition tool had been replaced and that the wound dressing assessment tool had been rewritten. We saw evidence of this when we looked at care records during our visit on 12 March 2012.

The provider's action plan told us that all care plan documentation was being reviewed and that care plans were being personalised. Of the five care plans we looked at we found that, while some areas needed further attention, there was sufficient improvement to the areas of concern identified at our last visit. The action plan also stated that a system was in place for the manager or a designated person to randomly sample five care plans each week. This would help to ensure the quality of the care management documentation and that improvements were sustained.

We saw that records of the care provided to people were being completed over a twenty four hour period. There was evidence to confirm that these had been reviewed by senior staff at regular intervals.

On one file a social history was available which provided good information about the person's life history, interests and who and what was important to them. A range of risk assessments and supporting care plans were in place although some of them had not been reviewed since December 2011. Staff we spoke with were aware that some of the reviews needed updating in accordance with the owner's expectations.

Not all of the information on one person's file was consistent, for example dietary preferences and hobbies. The file did not reflect the recent changes to the person's circumstances and there was no care plan to reflect the significant change in the person's life. However, in speaking with the person using the service and observing the care provided, staff were clear on the person's needs.

In another care plan, reference was made to observe, every 30 minutes, a particular person using the service as they were at risk of falls. Staff we spoke with told us the observations of the person were half hourly. However on another document reference was made to observations at intervals of 15 minutes.

Some care plans contained good detail of the person's needs and abilities and gave staff clear information on how to meet the person's needs in practice in the way they preferred. We saw that the person using the service or their representative had been involved in devising the plan of care. Care plans and the relevant risk assessments had been updated. Forms to record assessment of people's ability to make decisions about their care had also been updated.

Since our last inspection we have received information from other stakeholders such as staff from local authorities and safeguarding teams. This reported findings of much improved records relating to care management and management of medicines.

On this visit, we found that where people were prescribed medicines on a "when required" basis, for example for pain relief or to control their challenging behaviour, care plans had improved to contain clear guidance for staff to follow to ensure such medicines were used appropriately. Copies of this guidance was also filed with the medication records.

Our judgement

We have minor concerns with this outcome. People using the service have care and medicines records in place to support their safe and appropriate care. Improvements are needed to ensure that all records are consistent and accurate so that they support best outcomes for all people using the service.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p>Why we have concerns: Improvements are needed to some of the ways that information is made available, as well as to the quality of some staff communications, so that all people using the service have their human rights respected.</p>	
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>Why we have concerns: Improvements are needed so that all staff involved in recruitment processes follow procedures effectively to demonstrate best practice.</p>	

The provider must send CQC a report about how they are going to maintain 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.

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

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 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: Improvements are needed to ensure that all records are consistent and accurate so that they support best outcomes for people using the service.</p>	

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.

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.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, 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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