

Review of compliance

Molescroft Nursing Home (Holdings) Ltd. Beverley Grange Nursing Home

Region:	Yorkshire and Humber
Location address:	Lockwood Road Beverley East Yorkshire HU17 (GQ)
Type of service:	Care home including nursing
Date the review was completed:	23 rd February 2011
Overview of the service:	<p>Beverley Grange is a purpose built home situated on a housing development in a residential area on the outskirts of Beverley. The home is set in its own grounds with plenty of space for people to sit and enjoy the fresh air. The home was opened in 1999 to provide long term and respite stays, looking after older people who need residential care or nursing care.</p> <p>The home is registered for 64 older people,</p>

	<p>some of whom may have dementia, and the service also includes a number of bungalows in the grounds for more able-bodied people who need minimal care. The bungalows provide up to a total of 11 additional places for older people.</p> <p>The home has two floors with the ground floor having the reception area and office provision with a lounge and a hairdressing salon. The corridors run off each side of this area and people's bedrooms are located in these areas, along with bathrooms and toilets. One of the corridors leads to the bar-lounge, whilst the other corridor leads to the ground floor dining room, kitchen and staff room. The first floor has the same layout with storage areas.</p>
--	--

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

What we found overall

We found that Beverley Grange was meeting all the essential standards of quality and safety we reviewed.

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

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider.

The provider submitted Provider Compliance Assessment (PCA) documents to the Care Quality Commission (CQC) which describe in detail how this service is compliant with those outcomes reviewed and all of the elements that form the outcomes.

The provider also told us about areas which they had identified as needing improvement. They have provided us with a detailed action plan which identifies times scales and resources required to make these improvements.

We have also spoken to the Local Placing Authority, the Local Authority Contracts Compliance Department and the Local Authority Safeguarding Team and they told us that there are no outstanding concerns or on going safeguarding investigations.

What people told us

We have not spoken directly to the people who use this service; however the provider sent us information about people's views and their involvement in the running of the home. The provider gathered this information during December 2010, January 2011 and February 2011 using residents' questionnaires, relatives' questionnaires, and residents' meetings, analysis of complaints or concerns and informal discussions.

Following the last review in November 2009 the people who live at the home continued to experience good outcomes. Surveys used as part of that review told us that people were satisfied with the service provided at the home.

Since that time we have received no information to indicate non-compliance with any of the essential standards.

What we found about the standards we reviewed and how well Beverley Grange was meeting them

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

- Overall, we found that Beverley Grange was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

- Overall, we found that Beverley Grange was meeting this essential standard.

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

- Overall, we found that Beverley Grange was meeting this essential 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

- Overall, we found that Beverley Grange was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

- Overall, we found that Beverley Grange was meeting this essential standard.

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

- Overall, we found that Beverley Grange was meeting this essential standard.

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 4: 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 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We have not spoken directly to the people who use this service; however the provider sent us information about people’s views and their involvement in the running of the home. The provider gathered this information during December 2010, January 2011 and February 2011 using residents’ questionnaires, relatives’ questionnaires, and residents’ meetings, analysis of complaints or concerns and informal discussions.

Following the last review in November 2009 the people who live at the home continued to experience good outcomes. Surveys used as part of that review told us that people were satisfied with the service provided at the home.

Since that time we have received no information to indicate non-compliance in this outcome.

Other evidence
We have spoken to the Local Placing Authority, the Local Authority Contracts Compliance Department, and the Local Authority Safeguarding Team and they told us that there are no outstanding concerns or on going safeguarding investigations.

The provider submitted a Provider Compliance Assessment (PCA) document to the Care Quality Commission (CQC) which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome.

The provider told us that pre assessments are carried out before people come to live at the home. These include information about the person's needs and whether the home can meet these. A letter is then sent to the person or their families confirming whether the home can meet their needs and arranging an admission date.

A community care plan is obtained from the Local Placing Authority which is used to formulate a care plan. If the person is self funding a pre assessment form is used and care plan is devised from this. The care staff and management of the home speak with people when they are admitted to establish if their needs have changed since the assessment work was done.

Care plans are now being completed which are more person centred and include information about the person's emotional, spiritual and physical wellbeing, any nutritional needs and likes and dislikes. The care plans also include information about their culture, sexuality, mental capacity and end of life wishes. The care plans include a brief outline of any medical conditions the person may have this is obtained from their GP.

The care plans contain risk assessments regarding falls, nutrition, tissue viability, moving and handling, the use of bed rails and self medication. All assessed risks are discussed with the person, their family, if appropriate, and multi disciplinary health care teams.

Once the care plans are completed they are discussed with the person and their families, if appropriate, and signed. These plans are evaluated every month and any changes to the person's needs are recorded and the care plan changed. This can be done sooner if needed.

Each person who lives at the home has a formal review every six months. All those people who have an interest in the care the person is receiving are invited; this includes the Local Placing Authority and any health care professionals.

The management of the home audit the care plans on a regular basis. This ensures the staff are completing the care plans consistently and the recording of information is as up to date as it can be.

Detailed daily notes are kept and these indicate any changes in the person's wellbeing and any action taken, for example calling the GP when someone is ill.

Activities coordinators are employed at the home and they make sure people are

afforded the opportunity to undertake hobbies and interests which have been identified as part of the care plan. This can be on a one to one basis or in larger groups. A physiotherapist is employed at the home and their expertise is used as part of the overall care package provided if needed. Such as helping people to mobilise following discharge from hospital and falls.

Residents' surveys used by the provider to gain people's views on how the home is run showed that some people felt they did not receive good quality care. The provider is addressing this by involving people in re-writing their care plans, holding reviews more regularly and amending care plans where necessary. They have also employed more staff.

Stakeholder surveys used by the provider commented on good, kind, caring staff who are friendly and professional, high standards of care, good medical care and inclusion of residents in activities.

The provider also told us about areas which they had identified as needing improvement. They have provided us with a detailed action plan which identifies times scales and resources required to make these improvements.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

Outcome 7: 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 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We have not spoken directly to the people who use this service; however, the provider sent us information about people’s views and their involvement in the running of the home. The provider gathered this information during December 2010, January 2011 and February 2011 using residents’ questionnaires, relatives’ questionnaires, and residents’ meetings, analysis of complaints or concerns and informal discussions.

Following the last review in November 2009 the people who live at the home continued to experience good outcomes. Surveys used as part of that review told us that people were satisfied with the service provided at the home.

Since that time we have received no information to indicate non-compliance in this outcome.

Other evidence

We have spoken to the Local Placing Authority, the Local Authority Contracts Compliance Department, and the Local Authority Safeguarding Team and they told us that there are no outstanding concerns or on going safeguarding investigations.

There have been eleven safeguarding referrals made to the Local Authority Safeguarding Team in the last year. They told us that all allegations have been investigated and are now resolved. The management of the home cooperated fully with the investigations and took appropriate action when required.

The provider submitted a PCA document to the CQC which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome.

The provider told us that there is a 'zero tolerance policy' with regard to abusive behaviour within the home, and there are clear whistle blowing and safeguarding policies available for the staff to follow. These are displayed in prominent places around the home.

Staff receive safeguarding training as part of the mandatory training programme and this is updated as part of the annual training schedule.

Any visitors are actively encouraged to raise any concerns they may have with the staff. Staff have clear guidelines to follow about reporting these to their line manager.

All accidents and injuries are recorded and the more serious or concerning are formally investigated; any potential abusive issues are referred to the Social Services Safeguarding team for investigation. The detail of the investigations and any outcomes are recorded and action taken where needed.

If any safeguarding referrals are made, the manager takes steps to ensure people are safe and all those who have an interest in the care of the person are informed. Families are kept updated about any investigations and are informed of the outcome under the direction of the Safeguarding Team. Care plans may be changed or systems put in place to protect both the alleged perpetrator and the victim if this constitutes part of the findings of the investigation.

There are disciplinary procedures in place to deal with allegations made about staff's conduct and a formal record of all allegations, complaints and concerns is kept and this is audited by the manager to establish any patterns or areas for improvement.

The manager is aware of recent guidelines and publications with regard to adult abuse and provides a library resource for staff to use and refer to, to further their development.

Policies are in place which inform staff that they are not allowed to become involved in any of the matters relating to people's money or property and that they can not benefit from them in any way.

The current manager has been a safeguarding trainer and has the knowledge to teach staff.

Information is provided to people who live at the home and their relatives about how to contact local advocacy groups, how to make complaints or raise concerns, deprivation of liberty and the Local Authority Safeguarding Team.

Best interest meetings are held for those people who have been assessed not to have the capacity to make decisions about their care. A multi disciplinary approach is taken and any decision taken must be in the best interest of the person.

Residents' surveys used by the provider to gain people's views on how the home is run showed that some people did not feel the staff assisted them in a discreet sensitive manner. This is to be addressed by providing further Safeguarding of Vulnerable Adults (SOVA) training for the staff at the end of February and in March 2011, to reinforce the need for care to be given in a respectful manner that promotes the person's dignity.

Some people did not feel the staff were always friendly and polite whilst delivering their care. This is to be addressed by appointing a 'dignity champion' within the home, who will work alongside staff and give advice on how to deliver care in a friendly, polite and respectful way.

Stakeholder surveys used by the provider commented on a safe environment and good support to families.

The provider also told us about areas which they had identified as needing improvement. They have provided us with a detailed action plan which identifies times scales and resources required to make these improvements.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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 compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We have not spoken directly to the people who use this service; however the provider sent us information about people's views and their involvement in the running of the home. The provider gathered this information during December 2010, January 2011 and February 2011 using residents' questionnaires, relatives' questionnaires, and residents' meetings, analysis of complaints or concerns and informal discussions.

Following the last review in November 2009 the people who live at the home continued to experience good outcomes. Surveys used as part of that review told us that people were satisfied with the service provided at the home.

Since that time we have received no information to indicate non-compliance in this outcome.

Other evidence
We have spoken to the Local Placing Authority, the Local Authority Contracts Compliance Department, and the Local Authority Safeguarding Team and they told us that there are no outstanding concerns or on going safeguarding investigations.

The provider submitted a PCA document to the CQC which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome.

The provider told us that rotas are in place which reflects the occupancy levels and the needs of the people who live at the home. There are three activities coordinators who undertake activities throughout the day. This allows the care staff to undertake essential caring duties for those people who are more dependent on staff assistance.

Newly recruited staff receive induction training, in house training and are allocated a mentor.

Mandatory training about health and safety, moving and handling, first aid and dementia awareness is provided for all staff and updated annually, or as and when required. Staff are encouraged to undertake further training, for example, NVQ levels 2 and 3 and the home have links with local colleges to achieve this.

There is a recruitment procedure in place and all prospective employees are checked before they commence working at the home. This includes references from previous employers and an enhanced Criminal Records Bureau (CRB) check. Nursing staffs' qualifications are checked and verified before they start working at the home.

There is a bank of staff that is used to cover for sickness and annual leave.

Staff receive back to work interviews following any time off due to sickness; this is logged to establish if there are issues or patterns emerging.

Residents' surveys used by the provider to gain people's views on how the home is run showed that some people did not know who their key worker was. This has been addressed by reviewing key worker lists; photographs have been taken and are currently being put onto a key worker identity sheet for each person. A key worker responsibility sheet has also been produced and both these sheets are to be displayed in a wall holder in each bedroom.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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 compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We have not spoken directly to the people who use this service; however the provider sent us information about people's views and their involvement in the running of the home. The provider gathered this information during December 2010, January 2011 and February 2011 using residents' questionnaires, relatives' questionnaires, and residents' meetings, analysis of complaints or concerns and informal discussions.

Following the last review in November 2009 the people who live at the home continued to experience good outcomes. Surveys used as part of that review told us that people were satisfied with the service provided at the home.

Since that time we have received no information to indicate non-compliance in this outcome.

Other evidence
We have spoken to the Local Placing Authority, the Local Authority Contracts Compliance Department, and the Local Authority Safeguarding Team and they told

us that there are no outstanding concerns or on going safeguarding investigations.

The provider submitted a PCA document to the CQC which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome.

The provider told us that currently there is full review of all the auditing processes as there have been inconsistencies as to how these have been conducted in the past.

The processes are now more user friendly and systems are in place which monitors medication, catering, maintenance, bed rails, care plans, accidents, incidents & safeguarding, complaints, health & safety, equipment, housekeeping, finance, fire safety and training. These are completed monthly by the manager, deputy manager or other staff in line with their role.

The manager then reviews all the audits and produces an action plan that is discussed with various staff. They then assist in carrying out the plan to reduce risk and improve service across the home.

Information is provided to the people who live at the home, their relatives, heads of departments and other staff via various meetings, one to one meetings or staff supervisions.

The manager and the deputy manager conduct 'walk a-rounds' daily and use direct observation to identify issues that need to be addressed to promote safety or improve the quality of care. They speak to the people who live at the home, visitors and staff for feedback on the service and use that information in planning improvements.

All accidents, incidents, safeguarding referrals and complaints are reviewed and investigated as is applicable and actions are taken to address the issues promptly and prevent re-occurrence. This is documented and filed in the appropriate folder for audit trail purposes. These are then audited monthly to ensure that they have been appropriately actioned and resolved.

Any information received relating to clinical governance reports or national reviews are filed and actions are built into any day to day plans for improvements

Questionnaires and surveys are given to various health care professional to gain information about their perspective on the quality of the service provided at the home. These are sent out every alternate month, collated and the results are reviewed; action is taken to address areas that are perceived as poor.

At the end of the year the information gathered is used to produce an 'Annual Service Review' which is available to all stakeholders. These are made available to people and are posted on the notice board.

Residents' surveys used by the provider to gain people's views on how the home is run showed that some people felt they were not offered enough activities. This has been addressed by purchasing an activities board and all the weekly and monthly activities calendars are to be displayed. People who live at the home and their families can then easily view activities available each day to promote their participation.

Stakeholder surveys used by the provider commented on a high quality of catering, inclusion of people in activities, a safe environment, high standard of care and a good environment which is clean, tidy, odour free with nicely decorated areas.

The provider also told us about areas which they had identified as needing improvement. They have provided us with a detailed action plan which identifies times scales and resources required to make these improvements.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with outcome 17: Complaints

Our findings

What people who use the service experienced and told us
We have not spoken directly to the people who use this service; however the provider sent us information about people’s views and their involvement in the running of the home. The provider gathered this information during December 2010, January 2011 and February 2011 using residents’ questionnaires, relatives’ questionnaires, and residents’ meetings, analysis of complaints or concerns and informal discussions.

Following the last review in November 2009 the people who live at the home continued to experience good outcomes. Surveys used as part of that review told us that people were satisfied with the service provided at the home.

Since that time we have received no information to indicate non-compliance in this outcome.

Other evidence
We have spoken to the Local Placing Authority, the Local Authority Contracts Compliance Department, and the Local Authority Safeguarding Team and they told us that there are no outstanding concerns or on going safeguarding investigations.

The provider submitted a PCA document to the CQC which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome.

The provider told us that there is a complaints procedure in place and this is displayed around the home. The manager operates an 'open door' policy and actively encourages people who live at the home, and their relatives, to speak with her face to face to air their views or any concerns they may have.

All complaints are recorded and investigated. Records are kept of any investigations and the complainant is given the opportunity to express their satisfaction with the investigation and whether they are happy with the outcome.

People are given further information about who to contact if they are not happy with the way the investigation has been conducted or the outcome. This includes the Local Authority, independent advocacy services and the CQC.

A monthly complaints audit has now been started to help the manager ensure that all complaints have been fully resolved. This information can also be used to reflect on what lessons can be learnt as a result of the outcome of any investigation.

Staff may deal with verbal complaints if they are relatively minor and can be dealt with straight away. Staff are being encouraged to record these "niggles or grumbles" and forward to the manager to ensure they are dealt with to the person's satisfaction.

'Resident and relatives' meetings are held as part of the quality auditing of the service. these also provide a forum for people to air their views and to discuss any concerns they may have.

The provider also told us about areas which they had identified as needing improvement. They have provided us with a detailed action plan which identifies times scales and resources required to make these improvements.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us
We have not spoken directly to the people who use this service; however the provider sent us information about people’s views and their involvement in the running of the home. The provider gathered this information during December 2010, January 2011 and February 2011 using residents’ questionnaires, relatives’ questionnaires, and residents’ meetings, analysis of complaints or concerns and informal discussions.

Following the last review in November 2009 the people who live at the home continued to experience good outcomes. Surveys used as part of that review told us that people were satisfied with the service provided at the home.

Since that time we have received no information to indicate non-compliance in this outcome.

Other evidence
We have spoken to the Local Placing Authority, the Local Authority Contracts Compliance Department, and the Local Authority Safeguarding Team and they told us that there are no outstanding concerns or on going safeguarding investigations.

The provider submitted a PCA document to the CQC which describes in detail how this service is compliant with this outcome and all of the elements that form the outcome.

The provider told us that detailed records are kept about the wellbeing of the people who live at the home. These are stored in accordance with relevant legislation and are archived safely.

People's finances are stored securely and there is a clear audit trail of any money spent; these are regularly checked and clear accounts are kept.

There is a confidentiality policy and staff are instructed about this during their induction; the policy is referred to in the staff hand book and displayed around the home. We were told that any breach of this policy would result in disciplinary action being taken.

Any requests for access to the records by some one who is not directly involved with people's care is always referred to a legal advisor so as not to breach the requirements of the Data Protection Act and the Freedom of Information Act.

All none care documents that are linked to the safe running of the home are also kept. Documents such as staff files, training files, quality audits, health & safety certificates, home risk assessments and duty rosters are kept in files in the manager's office. They usually reflect the last twelve months information. Anything over and above this is archived and stored.

The provider also told us about areas which they had identified as needing improvement. They have provided us with a detailed action plan which identifies times scales and resources required to make these improvements.

Our judgement

The evidence suggests there is no area of non-compliance with this outcome.

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
Enter_activity	Enter_regulation_no.	Enter_outcome_no. and title
	Why we have concerns: Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above	
Enter_activity	Enter_regulation_no.	Enter_outcome_no.
	Why we have concerns: Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above	
Enter_activity	Enter_regulation_no.	Enter_outcome_no.
	Why we have concerns: Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above	

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 within 28 days of this report being received.

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
Enter_activity	Enter_regulation_no.	Enter_outcome_no. and title
	How the regulation is not being met: Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above	
Enter_activity	Enter_regulation_no.	Enter_outcome_no.
	How the regulation is not being met: Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above	
Enter_activity	Enter_regulation_no.	Enter_outcome_no.
	How the regulation is not being met: Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above	

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 this report being received.

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 are taking

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 being taken			
Enter_enforcement_action			
This action is being taken in relation to:			
Regulated activity	Regulation or section of the Act	Outcome	Timescale (if applicable)
Enter_activity	Reg_no_or_Section_Act	Enter_outcome_no. and title	Enter_timescale
	How the regulation or section is not being met:	Registered manager:	To be met by:
	Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above	Include the name of the registered manager if relevant or put N/A	dd_mm_yyyy

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 Adult 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

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