

Review of compliance

<p>Crosscrown Limited Clifton Court Nursing Home</p>	
<p>Region:</p>	<p>West Midlands</p>
<p>Location address:</p>	<p>Lilbourne Road Clifton-upon-Dunsmore Rugby Warwickshire CV23 0BB</p>
<p>Type of service:</p>	<p>Care home service with nursing</p>
<p>Date of Publication:</p>	<p>April 2012</p>
<p>Overview of the service:</p>	<p>Clifton Court Nursing Home is a large care home situated in the village of Clifton upon Dunsmore, approximately 3 miles from Rugby town centre. The home is registered to provide care for 40 elderly persons that require personal and nursing care. Accommodation consists of two lounges, a dining room, three double and 34 single en suite rooms. The accommodation is over</p>

	three floors, which can be reached by stairs or passenger lift.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Clifton Court Nursing Home was meeting all the essential standards of quality and safety.

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 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, carried out a visit on 5 March 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We arrived at the home at 9.25am and were greeted by the manager and a person who lives at Clifton Court. The home were not aware that we were going to visit.

We spent a majority of our time in the large lounge. We spoke with two people who prefer to spend a majority of their time in their bedroom, two members of staff, the manager and a visitor to the home. We looked at paperwork whilst in the lounge and observed the interaction between staff and people who live at the home.

All of the people we met spoke positively about their life at Clifton Court. People said that they have a choice in everything that they do. We were told that the "dentist comes regularly, the chiropodist every six weeks and the hairdresser every week." During the morning of our visit people in the large lounge were engaged in a quiz and in the afternoon watched a DVD. Staff chatted to people and appeared to have a good relationship with them.

At the time of our visit the home was clean and no unpleasant odours were noted. People appeared to have their personal hygiene needs met and were well dressed.

Staff and people that live at the home praised the manager saying that she is friendly and helpful.

We were told that people are offered a choice of meal and we heard people being offered a choice for the evening meal. People commented that the food is good.

The atmosphere at the home was relaxed and friendly.

What we found about the standards we reviewed and how well Clifton Court Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People or their advocate are involved in making decisions about care as much as possible. Choices are always given.

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

People using the service receive care in line with their assessed needs and preferences.

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

People benefit from effective procedures to safeguard them from possible harm. Staff receive training to enable them to recognise signs of abuse and carry out agreed procedures to prevent abuse and keep people safe.

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

Experienced staff in sufficient numbers provide care to those people living at Clifton Court.

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

Quality assurance systems are in place to monitor the quality of service provided.

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 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We arrived at the home at 9.25am and met with the manager to discuss the requirements of our review of compliance. We were shown into the main lounge where we stayed for most of our visit.

Whilst in the lounge we took time to observe how staff provide care to people, we looked at paperwork, watched an activity session and observed how staff spoke with people and treated them. We saw how people interacted with each other and were able to see that some friendships had formed between people living at the home.

During our visit we spoke with two members of staff, the manager, a visitor and two people who live at the home. We also met other staff and people that live at Clifton Court and the home owner.

We observed that staff treated people with dignity and respect and called them by their preferred name. We saw that staff knocked on people's bedroom doors before entering the room.

Staff tried hard to maintain people's dignity whilst using the hoist to transfer them from wheelchair to lounge chair. We saw staff giving explanations to people, telling them

what they were doing as they hoisted them. This appeared to put people at ease.

We were told that people have a choice of having personal care provided by either male or female staff. We saw documentation in care plans to confirm this. One person we spoke with said that they had told the manager that they did not wish personal care to be provided by male staff and the home respected their wishes.

Before lunch we heard a member of staff asking some people quite loudly if they wanted to go to the toilet. We saw that other staff approached this subject in a more discreet manner.

The staff we spoke with said that respecting people's privacy, dignity and independence was very important. We were told that some staff have been made "dignity champions" and part of their role was to help staff provide care that meets people's privacy and dignity needs.

We saw people being given a choice of where to spend their time. People were asked if they wished to join in with the quiz that was taking place in the morning or if they wanted to go to the smaller quiet lounge. We heard staff offering people a choice of hot drink.

The manager told us that people have a choice of meal on each occasion. We were told that there is always a choice of two meals but the cook would make something else if people did not like either of the choices. The manager said that people are shown the two meals available, to help them choose which they would prefer. The people that we spoke with confirmed that there is a choice of meal each day.

We saw records showing people's preferred routines, for example, time to get up in the morning and go to bed in the evening. The people we spoke with confirmed that they always choose when to go to bed and when to get up in the morning. One person said that they go to bed very late and staff bring a drink of horlicks to help them sleep. We were also told that people can choose whether to have a bath, shower or strip wash.

Other evidence

We looked at the care records for two people living at the home. We saw that both people had a support plan regarding meeting their cultural and spiritual needs. The manager told us that communion takes place at the home and people are able to attend if they wish. Records show that the manager had made contact with a local roman catholic church to arrange visits to a person living at the home as they had requested.

We asked the manager how they ensure that people have a say about the way in which the home is run and their care is provided. We were told that "resident's meetings" take place every two months. During these meetings people are informed about any changes that are planned at the home and they are able to raise any issues. We looked at a copy of the minutes of the last resident's meeting held in November 2011. The minutes show that areas such as staff duty rotas and proposed changes to menus were discussed. One person we spoke with said that resident's meetings used to be held more frequently than they have been recently.

We were also told that staff invite the next of kin or advocate to a care review at least every other month or when there is a change to someone's health or wellbeing. We

saw records to show that families had been invited to care plan reviews and they had signed records to show their involvement.

The home was warm and clean at the time of our visit. Whilst in the lounge we heard people asking staff to close the windows as they felt a bit cold. Staff closed windows and then checked if people were warm enough. Some people were seen with a blanket over their legs.

We saw that people were dressed appropriately for the time of year, some of the ladies were wearing make up and it appeared that people's personal care needs were met.

It was evident through observations and conversations held with people living at the home that they were at ease in their surroundings and that they are offered choices regarding activities of daily life.

Our judgement

People or their advocate are involved in making decisions about care as much as possible. Choices are always given.

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

We spoke with a visiting family member. We were told that staff call the GP out quickly when needed and always keep them up to date with what is going on. We were told that the manager is very approachable and involves them in the care their relative receives.

We asked two people who live at the home whether they were happy with the care they received. Both people said that staff are kind and caring and help them out whenever they need. We were told about the other professionals such as chiropodist, speech and language therapist and dietician who are also called in to the home to provide care and guidance for staff. We were told that a member of care staff accompanies people when they attend hospital visits and this helps them to feel at ease.

We spoke with the activity co-coordinator who told us that she is a dignity champion. We were told about some of the recent training courses that she has undertaken, such as assisted feeding, food and hygiene and moving and handling. During the morning people were encouraged to join in with a quiz, a large majority of people present in the lounge appeared to enjoy the activity. The activity co-coordinator was very enthusiastic about providing activities to improve people's wellbeing. We were told that the management were supportive and provided equipment and training to help her provide a range of activities.

As people were being transferred back into the lounge after lunch, three people were seen to be distressed. Staff were patient and kind and spoke with these people. The

activity co-coordinator put on a DVD for people to watch and sat with those that were upset, completing hand massages and chatting to them. The activity co-coordinator appeared to have a very good relationship with those people in the lounge and had a jolly friendly personality.

The staff we spoke with during our inspection had a good knowledge of the care needs of people. The people we spoke with confirmed that they had their care needs met.

We saw that assistance was provided in a patient and caring manner and those people in the lounge appeared to have a good relationship with staff on duty.

Other evidence

We discussed the processes for people to move in to the home. The manager told us that pre-admission assessments were undertaken by herself or by one of the nursing staff employed. People are able to visit the home and have a look around to help them decide whether Clifton Court is the right home for them. People can stay for a meal, or are offered a short respite stay to decide whether they would like to move in to the home.

We looked at the care files for two people living at Clifton Court. Both of these files contained an assessment of people's needs and abilities completed before they agreed to move in to the home. This information helps to identify whether the home had the staff with the necessary skills and experience to be able to care for the person. Initial care plans developed give staff information about people's health and care needs when they moved in to the home. Very detailed information was recorded regarding medical history, GP and next of kin as well as care needs regarding, for example, mobility, vision and sleep.

There were 37 people living at Clifton Court at the time of our inspection. The manager confirmed that each person had a care plan. The two care plans we looked at showed evidence of a person centred approach. This means that the plans of care look at people in an individualised way. Life histories available help staff tailor the way in which they provide care to meet the person's specific needs.

Care plans were available for the identified needs of each person. They gave staff information about the person's health and personal care needs and the action that staff should take to meet these needs safely and appropriately. Personal preferences and routines were recorded. Information recorded in one care plan stated that a small sling and hoist were to be used to transfer the person. However, further on in the care file it was recorded that a hoist and medium sling were to be used. Conflicting information was also recorded regarding the frequency of monitoring the blood sugar of a diabetic person. The manager was aware of the correct information and confirmed that the care plan would be amended to reflect this. There was evidence in other care plans seen that information was updated as people's needs change.

Assessments, monitoring records and risk assessments were in place, up to date and easy to follow. Assessments regarding the risk of a person falling were undertaken. These give a score and rating of low, medium or high risk of falling. Care plans had been developed regarding mobility but the information recorded was not in accordance with the guidance recorded on the bottom of falls risk assessments. The manager confirmed that the information recorded on the bottom of the risk assessment is for

guidance only and may not necessarily be the best way of providing care for an individual.

Various assessments were available in each care file, such as an assessment regarding the risk of developing a pressure area, a nutritional assessment and a risk assessment regarding the use of bed rails. Body maps show if the person has developed a pressure area or has any other marks on their skin.

Evidence was available to demonstrate that external professionals such as GP, optician, dentist and dietician are involved as necessary to maintain people's health and wellbeing.

The manager told us that each person has a care profile in their room and a copy is kept in the office. This is a one page document which includes at a glance information for staff regarding mobility, transfers, daily routines, personal hygiene, continence, vision, and communication amongst other things. This important information is a helpful reminder to staff at the home and is a useful quick reference guide to hospital staff if an emergency hospital admission is required.

We were told that a random sample of care plans is audited each month to evidence whether information is correct and up to date. The manager told us that other managers from homes owned by the company audit any care plans that she has developed.

We looked at the medication and medication records for the two people whose care plans were reviewed. We also looked at the storage and records for any controlled medications in the home. Medication was stored safely and records were correct and up to date. Records were also available to demonstrate that the temperature of the medication fridge and medication storage room is checked on a daily basis. Appropriate key custody records were available. GPs have authorised a list of "homely remedies" such as simple cough linctus, that people are able to use in addition to their regular medication.

There was a photograph of the person on their medication record to help reduce the risk of medication error by staff giving medication to the wrong person.

Our judgement

People using the service receive care in line with their assessed needs and preferences.

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

Throughout our visit to Clifton Court we noted that staff were kind, caring and attentive to people's needs. Staff were quick to talk to people who were becoming distressed and along with the activity co-ordinator were able to put people at their ease and maintain a calm and relaxed atmosphere in the lounge.

We saw that people were able to wander freely around the home. Both of the people spoken with told us that they liked to have their breakfast and evening meal in their bedroom and go in to the dining room at lunch time to sit and chat with their friends. We were told that everything is "free and easy and you can do what you like."

One person spoken with told us that if they had any concerns or worries they would speak to staff. We were told that the manager is very good and they would be happy to speak to her or any of the other staff. Comments made include "Nicky (the manager) is very nice to talk to, she is very good, if I had any complaints I would speak to her." "I have no complaints but if I did I would speak to staff."

We spoke with two members of staff and asked them about safeguarding the people that live at the home. Staff demonstrated awareness on how to safeguard people from abuse and escalate concerns about poor practice. Staff told us they received safeguarding training regularly. Staff were aware of the location of policies and procedures that they could look at to remind them of the correct action to take.

We spoke with the manager about the processes in place to safeguard the people that

live at the home. We were told that safeguarding is discussed at interview for any job at Clifton Court. Safeguarding is also discussed during supervision and at staff meetings. The manager confirmed that the home have developed a policy regarding safeguarding and also have a copy of the local authority policy including contact numbers for the local safeguarding bodies.

Everybody we spoke with said that they had no concerns about safety.

Other evidence

We spoke with the manager about staff training regarding safeguarding vulnerable adults. We were told that safeguarding training was held approximately two weeks ago for newly employed staff. We took a copy of the home's training matrix. This records training undertaken by staff and shows that all staff have undertaken training regarding safeguarding vulnerable adults. However, some staff have not had any update training regarding this subject with the date of the training recorded as over three years ago.

We spoke with the home manager and were told that there have been no safeguarding incidents at the home recently. It was evident through discussion that she is aware of her role and responsibilities in responding to suspicion or allegation of abuse.

We discussed complaints and were told that there is a folder to record details of any complaints. The manager spoke about the last complaints received and action taken to resolve the issues raised. We saw a copy of the complaints policy on display on the notice board. The manager told us that complaints are discussed during resident's meetings and people are given the opportunity to talk about any issues they wish to raise. There is also a comments complaints and concerns folder available at reception for people to write any comments in.

We asked the manager if all staff employed have a criminal records bureau (CRB) check undertaken on them. This is a check to see if the person has a criminal record which may make them unsuitable to work with vulnerable people. The manager said that staff are not able to work at the home unless a CRB is available.

Our judgement

People benefit from effective procedures to safeguard them from possible harm. Staff receive training to enable them to recognise signs of abuse and carry out agreed procedures to prevent abuse and keep people safe.

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 spent the main part of the visit in the large lounge where 17 people were seated and were joining in with the quiz or snoozing. The activity co-ordinator was present in the lounge during the morning. Care and nursing staff came in and gave out drinks, medication and assistance as needed. We observed that there appeared to be sufficient staff to meet the needs of the people. Staff responded to requests for assistance and drinks quickly.

We spoke with a visitor to the service who told us that staff were friendly. We were told that visitors are made to feel welcome and offered refreshments and are kept up to date regarding the health and wellbeing of their loved ones.

The people who live at the home said "I feel that carers are undervalued, carers deserve more recognition." "Staff do their best, sometimes they come quickly, sometimes not, they are sometimes shorthanded." "The nurses are very good, they tell you more than the GP."

We spoke with two members of staff who demonstrated that they had a good knowledge of people's needs. Staff said that they enjoyed working at the home and felt that improvements had been made to the home within the last twelve months. One staff member said that the home is constantly improving and the home owner spends money on further improvements.

Staff confirmed that they received regular training and had all of the equipment that

they needed to do their job. We were told that staff work well as a team and ask each other for support when needed. The manager confirmed that there is a low turnover of staff and the home do not use agency staff to cover shifts. We were told that staff who work at Clifton Court are happy to cover shifts if they are able and other staff employed by Crosscrown (the company who own Clifton Court and three other homes in the area) also covered shifts if needed.

We saw that staff spent time encouraging people to be independent when walking, using appropriate equipment. We also saw that when staff were using hoists and stand aids to transfer people from their wheelchair to the lounge chair they explained what they were doing and chatted to the person.

Staff appeared to have a good relationship with the people under their care and the atmosphere at the home was relaxed and friendly.

We spoke with the manager about the staff at the home. The manager felt that staffing levels were good. The manager said "we have a fantastic team, everybody works really really hard." We were told that there are no staff vacancies currently.

Other evidence

At the time of our visit there were 37 people living at the home. We spoke with the manager about staffing levels and were told that the following staff are on duty each day

7am – 2.15pm

6 care assistants (including one senior care assistant)

2 nurses

1.45pm – 9pm

4 care assistants (including one senior carer assistant)

1 nurse

8.45pm – 8am

2 care assistants

1 nurse

In addition to the above care staff, the home also employ laundry staff with cover provided seven days per week, catering staff including a cook and kitchen assistants who cover seven days per week and housekeeping staff. The activity co-ordinator also works five days per week.

We were told that there are two housekeeping staff on duty, one who starts 7am and one who works 11am – 3pm. The manager was supernumerary, this means that she is not counted in the numbers of staff providing care as she is completing management duties. The manager said that she tries to attend the lunchtime handover of information between staff so that she keeps up to date with the health and welfare of everyone at the home and is aware of any changes in people's needs.

We spoke with the manager about staff training and took a copy of the home's training matrix as evidence of training undertaken by staff. Records show that staff receive

appropriate and mandatory training such as moving and handling, fire safety, safeguarding and infection control. Four staff require update training regarding moving and handling as they have not undertaken this training since 2008 or 2009. Two staff require food and hygiene update training as the date of their last training was recorded as 2008. Nursing staff also undertake this training and other training of a more clinical nature although records show that some staff have not undertaken any training for example, regarding dementia or peg feeding. The manager told us that training regarding dementia is booked for 29 March 2012.

The manager told us that 98% of staff have completed or are undertaking a National Vocational Qualification (NVQ) in care. This means that a majority of care staff at this home have undertaken the industry standard, national vocational training. This helps to ensure that staff have the up to date skills and knowledge to help them to do their job. The team leader spoken with said that she is currently undertaking an NVQ in management. We were also told that she is undertaking training so that she can complete staff supervision.

We asked the manager about staff supervision and were told that these take place approximately every six weeks. Staff are able to discuss any issues or concerns and training needs. We looked at a copy of the supervision schedule for 2012. This records staff supervision sessions undertaken to date. Records demonstrate that a majority of staff have received one supervision session so far during 2012.

We looked at the registered nurses professional identification numbers. These show that all nursing staff employed at the home are registered with their professional body as "fit" to work as a nurse and have provided evidence of training and updates in their practice.

Our judgement

Experienced staff in sufficient numbers provide care to those people living at Clifton Court.

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 spoke with two people about the quality of the service they received. We spent time in the lounge observing how people's needs were met and what their daily life is like at the home. We spoke to the manager about quality assurance systems in place and looked at records.

The people that live at the home commented "I have no complaints, it's all very good. They encourage me to be independent." "Staff come pretty quickly if I call for help but I can get around myself." "I know what activities go on but I don't go all of the time. The activity co-ordinator comes and tells me what goes on." "Staff are all helpful and polite, they are kind, they never refuse anything. I think they are very good." "I have a new mattress, I was in pain because of my arthritis so they changed my mattress which is good." "A carer who is only 19 comes and reads to me which I like."

We asked about the quality of the laundry and cleaning. People told us "they clean my room every day, it's good." "my husband does my laundry for me but I might ask them to do it in future." "they have lost all of my underwear, I have asked a member of staff to find it and she will have a route around in the laundry. They lost it before but they found it."

A visitor to the service told us "the manager is excellent, you can talk to her." "I visit every day, they give me drinks."

Whilst in the lounge we saw that people's requests for assistance or drinks were met

quickly by staff. During the morning people appeared to be at ease in their surroundings. Staff tried hard to ensure those people who became agitated during the early afternoon were relaxed.

Other evidence

The manager explained how the people that use the service and their relatives are consulted about the quality of the service provided. We were told that a "resident's meeting" is held approximately every two months. We looked at the minutes of the meeting held in November 2011. These demonstrated that information was given to people about the new manager, changes in shift patterns and the role of the key worker. It was noted that people had asked for a tea pot so that they could have more than one cup of tea in the morning. We asked the manager if they have an action plan showing action taken following these meetings. The manager said that currently there is no action plan.

We were told that questionnaires are sent out approximately every three months to everybody that lives at Clifton Court. The last questionnaire was sent out in November 2011 and we looked at the results from this. We could see that 25 surveys were sent out but only nine people responded. A total of 14 questions were asked regarding food and catering and personal care. Generally people responded that they were very satisfied or quiet satisfied to a majority of the questions. Some people had responded that they were not satisfied to questions. There is no action plan to demonstrate the action taken to make the changes necessary to ensure that these people are satisfied.

There are currently no questionnaires for other stakeholders, such as GPs, optician, hairdresser but we were told that they are planning to send these out in the near future. A questionnaire is sent to relatives approximately every 12 months.

We were told by the manager that she has an open door policy. This means that whenever she is in the office she can be contacted by telephone or in person to discuss anything.

We discussed audits that take place to ensure records are up to date and policies and procedures followed. These include medication, care plans infection control, accidents, bed rails and health and safety amongst other things. All records were up to date and in good order.

Our judgement

Quality assurance systems are in place to monitor the quality of service provided.

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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