

Review of compliance

Alma Lodge Care Home Alma Lodge Care Home	
Region:	South East
Location address:	Staveley Road Eastbourne East Sussex BN20 7LH
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	<p>Alma Lodge is a family-run service, which is registered to provide residential care to fourteen older people. However, only twelve are usually accommodated.</p> <p>The home is a two-storey detached property situated in a quiet residential area of The Meads in Eastbourne.</p> <p>Service user accommodation consists of ten single bedrooms and two shared</p>

	<p>bedrooms. Communal areas comprise of a lounge/dining room and a conservatory, which is the homes designated smoking area. The home has a passenger lift.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Alma Lodge Care Home 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 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, checked the provider's records, 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 spoke with people who live in the home and some of their relatives and friends.

People who live in the home told us that they could make their own decisions about their day to day routines and could make some choices around the food they eat. People told us that food portions were very good although one person said they thought the range of meals offered could be monotonous.

All the people in the home commented on the care and friendliness shown towards them by staff. One person said "staff are brilliant"

Relatives and friends we spoke with commented positively about the homely and welcoming atmosphere of the home. They said the home was good at communicating with them about their friend/relative's well being.

One person said they thought the home needed to improve the décor and furnishings in some areas of the home.

What we found about the standards we reviewed and how well Alma Lodge Care 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 told us that they could make their own decisions and choices in their day to day life

and routines. They said staff were kind and helpful.

People said they liked living in the home but current privacy arrangements in shared bedrooms needed improvement to maintain privacy and dignity of the people in those rooms.

Overall we found that Alma Lodge was meeting this essential standard but some improvement was needed

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

Delivery of personal care was generally good but was sometimes inconsistent with recorded support needs. Records viewed did not fully reflect the needs and preferences of people in the home and how these were to be supported. There was an over reliance on some information passing verbally between staff.

Overall we found Alma Lodge was not meeting this essential standard

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Generally the home provided a clean and homely environment to the people living there. However there had been a lack of investment in the routine maintenance and upkeep of the home and this could impact on the health and safety of people in the home and staff if not attended to.

Overall we found that Alma Lodge was not meeting this essential standard

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

People using the service were generally safe but there were inconsistencies in the recruitment system and the quality and range of documentation held for staff.

Overall we found that Alma Lodge was not meeting this essential standard.

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

A programme of mandatory training was in place for staff and this was updated regularly. An induction programme for new staff had not been maintained.

Staff found the management team approachable but improvement was needed to the frequency of staff supervisions.

Overall we found that Alma Lodge was not 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

Quality monitoring systems for the whole service were undeveloped. Some audits in place were not always robustly applied. People living in the home and other stakeholders were asked for their views and there was evidence these were taken account of in improvements to the service.

Overall we found that Alma Lodge was not meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take 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 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

People we spoke with said they could make their own decisions and could make some choices around food although generally they said they liked the food and portions sizes were big.

Two of the people we spoke with were new arrivals and said that someone from the home came to see them in hospital before they were admitted. This was to check that the home could provide the right support. One person said their relative had visited the home on their behalf and had liked the homely atmosphere.

Two people we spoke with had only arrived recently and said that from what they had seen so far they were happy with the placement.

One person said they only received visitors now and again.

People told us that they thought that home staff were welcoming of visitors. They spoke positively about staff commenting on their kindness and how friendly they were. One person said "staff are brilliant"

Some people told us that their relatives or friends visited regularly. We met two

relative/friends who confirmed they called in frequently to the home each week.

Independently they both commented on the friendliness of the home staff and said that they felt like family.

They reported that communication between the home and themselves was very good and they were kept informed of any events involving their relative/friend.

Other evidence

The home was registered for fourteen people but the manager reported that they only usually take twelve, some bedrooms were shared.

The manager reported that people were made aware if they would be sharing a double room.

We viewed some of the shared rooms, and noted that these had curtaining to aid separation of the space. However, current arrangements were not sufficient to provide a good level of privacy or to maintain dignity to people sharing the space for example when using commodes, or when unwell. This was an area for improvement.

When we arrived people in the home were still getting up. The manager reported that the home had a flexible routine, and that people could get up when they wanted.

We observed that bedrooms were lockable but the manager reported that people would only be offered a key to their bedroom if they requested it.

When we looked around we noted that bedroom doors were shut and staff were observed knocking on doors before entering.

Interactions between staff and people in the home were friendly, and mutually respectful. Staff were observed to be kind, supportive and their contacts with people in the home were not solely task based.

The manager introduced us to people in the home who were up and in the lounge and also one person who spent a lot of time in their bedroom.

The manager was proactive in asking relatives and friends present during our visit whether they would be willing to speak with us.

Our judgement

People told us that they could make their own decisions and choices in their day to day life and routines. They said staff were kind and helpful.

People said they liked living in the home but current privacy arrangements in shared bedrooms needed improvement to maintain privacy and dignity of the people in those rooms.

Overall we found that Alma Lodge was meeting this essential standard but some improvement was needed

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

There are minor concerns 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 someone who had recently come to live at the home. They told us that the home was convenient for their relative to visit.

They said that their relative had visited the home prior to admission to see if it was suitable.

They commented that they did not feel that they could comment much about the home because they had not spent a lot of time there, however, they said they were quite satisfied with what they had experienced to date.

They said they sometimes felt excluded from discussions between the home and their relative.

Another person told us since they had been at the home the number of tablets they had been taking had been greatly reduced. They felt physically much better. They told us that they did their own personal care but if they rang the bell staff would come quickly to help.

They said that staff administered their medication and they were happy with this commenting "I don't know what tablets I am taking"

I think all the staff are brilliant.

Another person told us if you didn't like something offered for a meal you could have something different. One person told us that the range of meals offered could be monotonous.

One person told us she had a key worker to help her, she was happy with her room, and thought she liked the food.

Everyone spoken with said they felt able to raise any concerns they had with staff

One person who had recently come to the home said that they had not yet been asked about personal preferences, but felt staff tried to make you happy and consulted with your family.

None of the people spoken with who lived in the home knew about the activities list, but one person thought that they might have had a manicure recently but couldn't remember.

We spoke to a visiting friend and a visiting relative of two people who lived in the home.

They told us they were very happy with the care provided at the home. One person said " I was amazed that everyone had been so lovely". They said the care provided and the homeliness was what attracted them to choose the home for their relative. Both thought that communication with family and friends was very good from the home. They spoke positively about the friendliness and kindness of staff without exception.

One person said their friend always looked good.

They said they had raised an issue in the past with the manager and this had been dealt with to their satisfaction.

One person did comment that they felt that people in the home would benefit from more stimulation.

Other evidence

We looked at two care plans approximately 19% of the available care plans.

We noted that peoples' preference in regard to what they wished to be called was recorded.

Hospital transfer summaries were noted for those people who came from hospital.

Good personal details log with contacts of significant and important people were maintained.

Pre-admission assessments were completed but undated and unsigned. The assessment was not completed well in those areas where the assessor had given a 'yes' response to a question requiring more information about an identified need. For example the assessor had indicated ' yes' to dentures, but had not provided additional information as to how these were dealt with and by who.

Both files viewed had a personal possessions list in place

The service had been proactive in completing a body map for each person on the day of arrival detailing any injuries, wounds or bruising. These were signed and dated

Skin integrity risk assessments were completed and detailed appropriate equipment put into place to reduce the risk levels. Weights were recorded.

Staff reported that they undertook fluid monitoring for some people in the home.

A dependency level assessment was noted in both files but it was very unclear as to how this was worked out by the manager, who was unable to provide an explanation. This was an area for improvement.

Moving and handling assessments were in place but again these were undated and unsigned. Also the assessment is not descriptive of the kind of help and support needed. For example it just states 'needs help' in those areas identified. There was no cross referencing to the care plan.

A personalised care plan was in place but this was not signed or dated as agreed by the person it was about or their relative/representative. We found no evidence in the file of one person recently returned from hospital of a re-assessment visit by the home manager, to assess that the persons needs could still be met at the home.

Health professionals contact sheets were maintained in each file detailing GP and district nurse visits.

One plan viewed indicated the person had a specific bedtime routine but this was not detailed and was dependent on staff knowing what this was.

A care plan viewed stated that staff needed to make sure the person was comfortable and legs were to be elevated when sitting. When we visited the lounge and met the person concerned we noted that their legs had not been elevated

We observed someone brought down from upstairs in the lift in a wheelchair with no foot rests in place.

In the care plan of one person there was a clear indication that the person should follow an exercise routine, however what this routine was, and how long it should last was not recorded.

There was some over reliance on the detail of peoples' routines and needs being passed verbally between staff rather than being recorded within the care plan. Deficiencies in care plan content have had less impact, owing to the continuity of the small core of longer serving staff. However, there were two staff newly employed and it was important daily routines and preferences of people living in the home were clearly documented, so that all staff provided support in a consistent manner.

Daily logs were being maintained.

We observed staff interactions with individual residents, and the extra care taken to provide personalised support. Staff were seen to speak kindly to people in the home,

displaying a friendly, but respectful and helpful attitude.

Our judgement

Delivery of personal care was generally good but was sometimes inconsistent with recorded support needs. Records viewed did not fully reflect the needs and preferences of people in the home and how these were to be supported. There was an over reliance on some information passing verbally between staff.

Overall we found Alma Lodge was not meeting this essential standard

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

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

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

There are moderate concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People we spoke with said they liked the home environment. Two people who were visiting said they found the home comfortable and homely.

Two people living in the home told us that they were hoping to bring in personal possessions to personalise their bedrooms.

One person said they thought the décor and furnishings were a bit faded and jaded but thought the care provided made up for those shortfalls.

Other evidence

When we visited and looked around the home we noted that whilst generally the home was clean and tidy there were some inconsistencies where the cleaning schedules within the home were not sufficiently robust.

We noted in the lounge in particular, small tables covered in drip stains, armchairs and cushions had food crumbs and stains on them.

There was an underlying odour in the lounge but it was unclear if this came from carpeting or some of the furnishings. Carpet cleaning was scheduled for every 3 months.

In Jan 2011 the Environmental Health Officer (EHO) had visited and made a number of recommendations and some immediate actions. The manager stated that on the whole these had been addressed. However, a kitchen refurbishment which was also indicated

in EHO visits from 2007 onwards was still underway with very little progress made.

Staff reported that they had access to protective clothing when required. This was stored in the cleaning cupboard.

We reviewed records maintained by the home which told us that a fire safety maintenance check was recorded weekly. This included testing of individual points. However, the points tested were not recorded to ensure testing alternated between points.

A visit by East Sussex fire and rescue on 22/9/11 highlighted that all fire doors required upgrading before the end of March 2012. At the time of our visit this work had not been completed. An updated fire risk assessment was noted. The fire alarm system had been recently serviced, as had fire fighting equipment.

A plan of external works was recorded from Aug 2011. Some areas of work were highlighted as needing to be done with timescales for undertaking the work, for example external painting of the building. However, paving and solid floor areas were ticked as ok and not requiring attention. We had noted on approaching the entrance to the home however, uneven paving/concrete to the front of the home that needed attention.

A record of portable electrical testing indicated this was undertaken in January 2011. The manager reported that her husband had the appropriate training to do this.

We noted some fire risks were identified for individual residents but not made clear as to how this would be handled in event of a fire. A fire risk assessment was completed on 22/8/11. No specific emergency plan was noted for the home or individual evacuation plans for residents that took into account their individual needs.

We viewed two bathrooms and found the baths in both badly stained. In one bathroom there was an electric bath hoist but we found no servicing date sticker, and we could find no evidence in records viewed of servicing. We found no evidence that bathrooms were on a list of planned refurbishments.

A nightie and towel belonging to someone living in the home had been left in the sink of one bathroom.

A stair carpet on an upstairs mezzanine level to a bathroom had holes in it and posed a tripping hazard.

A single toilet on the same floor had no means of hand washing or cleansing for people using it.

We noted that there had been a full electrical installation check by an electrical contractor in 2009. At that time the system was deemed unsatisfactory and a number of recommendations were made. There was no subsequent evidence of a revisit by the electrical contractor to confirm these shortfalls had been attended to. The manager indicated these works had been done and checked but could not find a record of this.

Furnishings in some bedrooms were of poor quality, but there was evidence that there

was a plan of refurbishment taking place with three bedrooms already refurbished in 2011.

A review of surveys conducted by the home indicated the main and only cause of concern amongst those surveys was the condition of the décor and furnishings in some areas of the home.

Our judgement

Generally the home provided a clean and homely environment to the people living there. However there had been a lack of investment in the routine maintenance and upkeep of the home and this could impact on the health and safety of people in the home and staff if not attended to.

Overall we found that Alma Lodge was not meeting this essential standard

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

There are minor concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People were not asked to comment about this outcome.

Other evidence

We looked at the files of two new staff to ensure all appropriate checks had been undertaken before they commenced working at the home.

In general we found that files contained evidence of application forms, references and appropriate criminal records checks. Health questionnaires. passport photographs and evidence of ID were also in place.

However, only one file viewed provided a recorded start date. Application forms viewed contained incomplete employment histories.

Where new staff had previously worked in care roles, we found verification of reasons for their leaving had not been documented.

One staff file gave a start date that preceded the receipt of an independent safeguarding authority (ISA) check and criminal records bureau (CRB) check. The manager reported that new staff were supervised, but, we found no evidence of a supervisory programme within their recruitment file. Neither did we note evidence of their being in a supernumerary capacity to the staffing numbers on duty during a period of induction.

In one file we saw that only one character reference had been received. An employment reference was outstanding from one of the employers listed.

Our judgement

People using the service were generally safe but there were inconsistencies in the recruitment system and the quality and range of documentation held for staff.

Overall we found that Alma Lodge was not meeting this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People in the home were not asked to comment on this.

Other evidence

We spoke with two members of the care staff.

Both staff indicated that they had worked at the home for approximately 4 years. Both have achieved NVQ level 2 with one staff member currently working towards level 3. Both staff reported that they received regular mandatory training, and that this was updated.

They reported that fire drills were undertaken monthly.

One staff member said that when they had moving and handling training there had been a practical element to this, they had been shown how to use the hoist in the home. The resident who used the hoist was actively involved in this part of the training.

Staff said that they had received updated safeguarding training, and understood their reporting responsibilities.

Supervision was provided every 3 months and this was an area for improvement. Staff reported that they felt comfortable about raising issues or concerns. They said they found the management team approachable and friendly and that there were informal discussions happening all the time.

Staff said that staff meetings took place usually once per year,

Both staff had key work responsibilities and were able to describe the help they offered the people they supported.

Staff spoken with were day staff. They reported they received handovers from the night staff when they came on shift. Changes to resident needs were recorded in a handover book and discussed.

Records indicated that two new staff had received some orientation to the home. However, there was no evidence that a formal induction programme was being used. In discussion the manager demonstrated an awareness of the common induction standards and had used these in the past but had not sustained this with new staff.

Our judgement

A programme of mandatory training was in place for staff and this was updated regularly.

An induction programme for new staff had not been maintained.

Staff found the management team approachable but improvement was needed to the frequency of staff supervisions.

Overall we found that Alma Lodge was not meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Visiting relatives and friends confirmed they were asked to give their views about the service.

Other evidence

There were a few stand alone audits in place in respect of health and safety, fire safety and environmental checks.

There was evidence in respect of the environment the home operated a system of highlighting shortfalls and putting in place remedial actions. This was not robustly applied and lacked timescales for implementation. Some improvement works had been outstanding for a long time, for example the kitchen refurbishment since 2007.

There was no overall quality assurance programme for the whole service. It was unclear how it provided information about quality monitoring and service improvement to people in the home and other interested parties.

There was a programme of identifying and recording risks but these were not always sufficiently descriptive to inform risk reduction measures.

Quality assurance surveys were undertaken each year with people in the home, their relatives, friends and health professionals who visit. A good return was noted on the surveys sent in 2011.

We reviewed the most recent surveys received. We noted that overall feedback was complimentary of the care and support offered by the service. However, a number of surveys highlighted that improvements were needed in respect of the décor and furnishings within the home.

Although there was no system in place for central recording and analysis of feedback. There was some evidence that these concerns had been taken account of, and three peoples' bedrooms had been refurbished last year.

Our judgement

Quality monitoring systems for the whole service were undeveloped. Some audits in place were not always robustly applied. People living in the home and other stakeholders were asked for their views and there was evidence these were taken account of in improvements to the service.

Overall we found that Alma Lodge was not meeting this essential standard.

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 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns:</p> <p>People told us that they could make their own decisions and choices in their day to day life and routines. They said staff were kind and helpful.</p> <p>People said they liked living in the home but current privacy arrangements in shared bedrooms needed improvement to maintain privacy and dignity of the people in those rooms.</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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: Delivery of personal care was generally good but was sometimes inconsistent with recorded support needs. Records viewed did not fully reflect the needs and preferences of people in the home and how these were to be supported. There was an over reliance on some information passing verbally between staff.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met: Generally the home provided a clean and homely environment to the people living there. However there had been a lack of investment in the routine maintenance and upkeep of the home and this could impact on the health and safety of people in the home and staff if not attended to.</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>How the regulation is not being met: People using the service were generally safe but there were inconsistencies in the recruitment system and the quality and range of documentation held for staff.</p>	

Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met:</p> <p>A programme of mandatory training was in place for staff and this was updated regularly.</p> <p>An induction programme for new staff had not been maintained.</p> <p>Staff found the management team approachable but improvement was needed to the frequency of staff supervisions.</p> <p>Overall we found that Alma Lodge was not meeting this essential standard.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met:</p> <p>Quality monitoring systems for the whole service were undeveloped. Some audits in place were not always robustly applied. People living in the home and other stakeholders were asked for their views and there was evidence these were taken account of in improvements to 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

Document purpose	Review of compliance report
Author	Care Quality Commission
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