

Review of compliance

Langley Lodge Residential Home Langley Lodge Residential Home	
Region:	East
Location address:	26 Queens Road Wisbech Cambridgeshire PE13 2PE
Type of service:	Care home service without nursing
Date of Publication:	July 2012
Overview of the service:	Langley Lodge Residential Care Home is registered to provide the regulated activity for 'Accommodation for persons requiring nursing or personal care' for up to 20, mainly older, people. The home is registered not to provide nursing care.

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

Our current overall judgement

Langley Lodge Residential Home was not meeting one or more essential standards. Action is 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, carried out a visit on 2 July 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

People who we spoke with were satisfied with how their support and care needs were met. They were complimentary about how staff treated them. They said that they were treated with respect and were actively involved in making decisions about their day-to-day support and care.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We noted that people's wellbeing was promoted due to effective ways staff engaged with them. This included telling people stories about their families and sharing a joke with them.

One person told us that they, "Could not have wanted anything more" because they liked living at the home. Other people were satisfied with how they were looked after. This included having opportunities provided to take part in social activities.

We were told that people felt, "Safe" because staff treated them well. One person told us that they could not have wanted anything more because they liked living at the home.

People said they liked their rooms, especially looking out of their windows at the views of the garden and activities taking place on the road outside.

People also said that their support and care needs were met by staff who were skilled and knowledgeable to safely to dot heir job. People said that there was a sufficient number of care staff on duty so that they did not have to wait for assistance.

What we found about the standards we reviewed and how well Langley Lodge Residential 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

The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. Although people were cared for in a clean, hygienic environment, they were not protected from the risk of infection because appropriate guidance had not been followed.

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

The provider was meeting this standard. People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 14: Staff should be properly trained and supervised, and have the chance

to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

The provider was meeting this standard. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

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

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

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

Outcome 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 expressed their views and were involved in making decisions about their care and treatment.

All people that were spoken with told us that the staff treated them with respect. They also told us that they were involved in making decisions about their day-to-day care, including choosing what clothes they wanted to wear.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We noted that staff interacted with people in a respectful and attentive way. This included when supporting them with their mobility and when talking to them in a social way.

We noted that people were supported with their personal care in private.

Other evidence

People expressed their views and were involved in making decisions about their care and treatment. People who used the service were given appropriate information and support regarding their support, care or treatment.

A review of three out of twenty sets of people's care records indicated that their representative had been actively involved in agreeing with the person's care plans.

The care records reviewed, provided evidence that people's choices about their support and care were valued. This included when they chose to go to bed and when they declined support to change their position when in bed.

People had access to information about the home and the services it provided. Brochures were available in people's bedrooms and by the visitors' signing in book.

The provider may find it useful to note that the Statement of Purpose, although provided people with detailed information, had some out-of-date information due to the changes made under the Health and Social Act 2008.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

People we spoke with said that their support and care needs were met in the way that they wanted. One person told us that they were looked after, "Very well. I can't want for anything better." Another person said, "They look after you well."

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We noted that staff engaged with people that promoted their wellbeing. This included talking to them in a social way, about their families and pets and sharing a joke.

We also noted that people were provided with opportunities to sit and talk with each other, read a newspaper, watch a television history programme or do word puzzles from a magazine.

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Our inspection of 13 January 2012 found that care plans did not always include adequate instructions for care staff to follow to ensure that they were providing care that met people's needs. On 23 March 2012, the provider wrote to us and told us that remedial action was taken to improve the standard of people's care plans. During our visit of 02 July 2012, we found evidence to support this.

We reviewed three out of twenty sets of people's care records and found that risk assessments were carried out and measures were in place to manage these assessed risks, including those associated with mobility and developing pressure ulcers.

Care plans provided guidance for staff in how to meet people's support and care needs, including those for eating and drinking and communication. The care records reviewed, indicated that people's likes, dislikes and choices of how they wished to spend their day, were included in their individual care plans. Recorded evidence indicated that people were supported in accessing a range of health care services, including opticians, GPs and district nurses.

Staff told us that they had found that improvements had been made in the standard of people's care records. The care plans had now given them clearer guidance in how to meet people's individual support and care needs in a safe and appropriate way.

The care records were reviewed every month, or sooner, to ensure that people received safe and appropriate care to meet their ongoing and changing support and care needs.

To promote people's wellbeing, social activities included visits by entertainers. Publicly displayed photographs showed people who used the service, celebrating the Queen's diamond jubilee.

Through speaking with the manager and a review of three out of twenty sets of people's care records, we noted that people were provided with opportunities to take part in individual social activities, including going out with friends and families.

The provider might find it useful to note that in one person's care records reviewed, it was stated that the person did not take part in social activities due to their mental health condition. Although there was no evidence of any risk to the person, the lack of appropriate social care activities may not promote the wellbeing of the person living at the home.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

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

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

All of the people we spoke with said that they felt, "Safe". This was due to the way that staff treated them. One person said, "We are all safe here. We are looked after very well."

Other evidence

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

Our inspection of 13 January 2012 found that there were insufficient measures in place to ensure that staff were informed about safeguarding and that they were able to independently report a concern to the Local Authority or were guided by a suitable safeguarding policy. On 23 March 2012, the provider wrote to us and told us what remedial action was taken to become compliant. During our visit on 02 July 2012, we found evidence to support this.

The local authority's safeguarding telephone contact detail was made publicly available on notice boards. This safeguarding information was also kept in information brochures

found in people's rooms and available by the main entrance to the home.

Through speaking with staff and examination of staff supervision records we noted that they were knowledgeable about the types of behaviours that constitute abuse against a vulnerable person. The staff also demonstrated their knowledge about correct safeguarding reporting procedures and were aware of the information and guidance available to them.

The manager advised us that work was in progress to review the home's safeguarding policy, pending the publication of the local authority's safeguarding policy and procedure manual.

Our judgement

The provider was meeting this standard. People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 08: Cleanliness and infection control

What the outcome says

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

What we found

Our judgement

The provider is non-compliant with Outcome 08: Cleanliness and infection control. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

There were inadequate systems in place to reduce the risk and spread of infection.

All areas of the home were clean and free from malodours. We also found commode pans and toilets were clean for people to use. However, through speaking with staff there were ineffective cleaning systems in place in respect of the communal shower chair. We were told that this was cleaned each day but was not cleaned after use by different people. This posed a risk of spread of infection between people who used the service.

Through speaking with staff and examination of two staff training records we noted that they had not attended training in the control and management of infection.

Although staff knew where policies and procedures were kept, we noted that the infection control policy was out-of-date. The manager confirmed that up-to-date infection control guidance was not available. This meant that staff had inadequate guidance to protect people from the health risks associated with infection.

We noted that people who used the service and staff had inadequate hand washing and hand drying facilities in communal toilets, bathrooms and bedrooms, including shared bedrooms.

Communal toiletries and tubs of cream were found in the used shower and bathroom

areas. The use of such items poses a risk of infection occurring between people.

The provider might find it useful to note that the use of communal toiletries did not promote the dignity of the individual people living at the home.

Our judgement

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. Although people were cared for in a clean, hygienic environment, they were not protected from the risk of infection because appropriate guidance had not been followed.

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

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Four out of twenty people were spoken with and all of these four people said that they liked their room.

Other evidence

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Our inspection of 13 January 2012 found that improvements were required to increase the bathroom facilities and to address the sharing of small sized rooms, so that people were afforded the right to privacy and adequate space to safely move around and to use necessary support equipment. Improvements were also required to ensure that the building was designed to protect people from the risks of fire. On 23 March 2012, the provider wrote and told us what remedial action was taken to become compliant. During our visit of 02 July 2012, we found evidence to support this.

Although people's care records provided inadequate evidence to support people's decisions to share their room with another person, the manager advised us that people's choices were taken into account although currently were not recorded.

The manager also advised us that, following our last visit, people's moving and handling and support needs were re-assessed and people were re-located to more spacious

rooms, if needed. This was so that people's support and care needs were safely met. From speaking with staff we noted that action was taken to increase the space of a person's room to safely meet their changed support and care needs.

Health and safety risk assessments were available for people's individual rooms and measures were in place to manage these risks.

We observed staff support people with their mobility and use of wheelchairs and hoists. We noted that people were moved safely round corners of the building including from a corridor and into a bathroom. Access to the garden was by means of steps or a portable ramp.

Access to the upstairs was by means of stair/chair lifts which were last serviced on 12 April 2012.

Ten out of seventeen bedrooms were provided with en suite facilities. People who used the service also had access to a shower room and bathroom. To increase the bathing facilities, the provider advised us that, following our last visit on 13 January 2012, arrangements were in place to increase the number of bathing facilities by August 2012.

Remedial action had been taken to ensure people were protected from the health and safety risks associated with fire. Fire doors were now fitted with magnetic fire guards that were wired up to the fire alarm system. A fire risk assessment, dated 07 March 2011, was in place for all areas of the home.

Records were maintained for tests of temperatures of hot water accessed by people who used the service and safety tests for emergency lights and fire alarms.

The provider might find it useful to note that bathrooms and toilets had incontinence aids and toilet rolls in open view. The upstairs bath was used to store a bedside table and a walking frame. People's personal property, including toiletries, hairbrush, comb and a Christmas present, were stored in communal bathing facilities. There was no evidence of any risk to people, however these premises did not promote the wellbeing and respect of the people living at the home.

Our judgement

The provider was meeting this standard. People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

Appropriate checks were undertaken before staff began work.

Although we did not ask people about the home's recruitment and selection procedures, people we spoke with were satisfied with how their support and care needs were safely and appropriately met.

Other evidence

There were effective recruitment and selection processes in place.

Our inspection of 13 January 2012 found that due to inadequate recruitment procedures people could not be assured that they were protected from the risk of unsuitable staff. On 23 March 2012, the provider wrote to us and told us what remedial action was taken to become compliant. During our visit of 02 July 2012, we found evidence to support this.

We examined two sets of staff recruitment files and we found that required information was obtained before the person commenced their employment. This information included clear criminal record bureau checks, complete employment histories and proof of identification.

From speaking with staff and observing the standard of their work, we noted that they were skilled and experienced to safely and appropriately meet the support and care

needs of people who used the service.

Our judgement

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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

There were enough qualified, skilled and experienced staff to meet people's needs.

People we spoke with said that there was always enough staff on duty to meet their support and care needs in the way they wanted. One person summarised this by saying, "When I call for assistance, staff usually come when I need them. I don't usually have to wait long before they come to me."

Other evidence

There were enough qualified, skilled and experienced staff to meet people's needs.

Our inspection of 13 January 2012 found that improvements could be made to ensure that the provider remained compliant with the standard. On 23 March 2012, the provider wrote to us and told us what remedial action was taken to improve the ways staff worked to ensure people's support and care needs continued to be met in a timely way. During our visit of 02 July 2012, we found evidence to support this.

Through speaking with staff we found that the deputy manager's duties had been reviewed to enable them to assist care staff in providing people with their support and care needs. This included supporting people to take their prescribed medication during the busier times of the day and taking on the role of liaising with health care professionals. Staff said that these changes had supported them in their work to provide people who used the service with the support and care, how and when the person chose.

We observed that people were supported by staff in an unhurried manner and there was no time delay for when people were served their lunch.

Our judgement

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

Staff received appropriate professional development.

All of the people we spoke with said that they had confidence in the capability and competency of staff. One person said that, in their view, they considered that staff were able to safely and competently do their job. This was because they said they were, "Well looked after."

Other evidence

Staff received appropriate professional development.

Our inspection of 13 January 2012 found that people could not be assured that staff were suitably trained and supervised to safely and appropriately meet their support and care needs. On 23 March 2012, the provider wrote to tell us what remedial action was taken to become compliant. During our visit of 02 July 2012, we found evidence to support this.

From speaking with staff and a review of staff training and supervision records we noted that there was some improvement in how staff were trained and supported to safely do their job.

Staff said that they had attended in-house training in safeguarding vulnerable people from abuse, fire safety training, including fire drill practice, and safe moving and handling. According to the manager all of the thirteen members of care staff had completed or were undergoing training to achieve the national vocational qualification,

level 2, in care.

Staff were able to demonstrate their skills and knowledge in meeting people's individual support and care needs, including safe moving and handling and effectively communicating with people who used the service.

The manager told us that work was in progress to develop a staff training and development plan which would identify future staff training needs.

Staff told us that they had received one-to-one supervision with the manager during which their work performance and training and development needs were discussed and identified respectively. Staff said that they felt supported by the management of the home and enjoyed their work.

The provider may find it useful to note that from examination of staff supervision records and from speaking with staff we noted that records were not always maintained of staff's one-to-one supervisions. Although this posed no risk to people who used the service, the lack of one-to-one supervision records did not provide documented evidence to support the action taken in supervising staff.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

One of the people we spoke with said that they felt listened to when they had raised a concern. They said that they were satisfied with the subsequent action taken by the home. They also said they had confidence in the management of the home, saying, "They have the finger on the pulse as to what is going on."

Although people said that they were unaware of the existence of their care plans, they said that they were given day-to-day opportunities to influence how their support and care needs were met.

Other evidence

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Our inspection of 13 January 2012 found that the home did not have systems to monitor or assess the training and competency of staff. There was no system in place to monitor and assess the risks of fire and to ensure that people were protected from the risks of fire. On 23 March 2012, the provider wrote to us and told us what remedial action was taken to become compliant. During our visit of 02 July 2012, we found evidence to support this.

Improvements were made and work was in progress to ensure that staff were trained and competent to safely do their job. A review of staff supervision records indicated that staff were assessed to be competent to do their job. This included using safe techniques when supporting people with their moving and handling, safely supporting people when using the stair lift and correct hand washing techniques to reduce the risk of people acquiring infections.

The manager advised us that work was in progress to improve the staff training and development plan.

Improvements also had been made to improve the fire safety of the premises. This included the installation of magnetic self-closing devices on fire doors and change of a locking system on a fire exit door.

Our judgement

The provider was meeting this standard. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Action we have asked the provider to take

Compliance actions

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

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>How the regulation is not being met: People were not protected from the risk of infection because appropriate guidance had not been followed. This was due to inadequate hand washing and hand drying facilities in communal toilets, bathrooms and bedrooms. Staff were not effectively trained in infection control procedures and had access to out-of-date policy guidance. The use of communal toiletries posed a risk of infection. There was an inadequate cleaning schedule to ensure that people were protected from the risk of infection when using the shower chair.</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 14 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.

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

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

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

Information for the reader

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Care Quality Commission

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