

Review of compliance

Romney Cottage Residential Care Home Romney Cottage Residential Care Home	
Region:	South East
Location address:	Madeira Road Littlestone New Romney Kent TN28 8QX
Type of service:	Care home service without nursing
Date of Publication:	August 2011
Overview of the service:	Romney Cottage is registered to provide care and accommodation for up to 22 people for people. It is a large detached home, in a quiet residential area of the seaside village of Littlestone, New Romney.

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

Our current overall judgement

Romney Cottage Residential 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, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

People told us that they were consulted about the care and support they received and there were opportunities for them to give their views on the service. They could make choices although they were not always offered enough choice of activity and of meals. They did not always know what the main meal would be.

People told us the home was kept clean and they were happy with their rooms. They said staff were kind, caring and respectful.

What we found about the standards we reviewed and how well Romney Cottage Residential 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 are consulted about the care and support they receive and where people lack capacity to make decisions their representatives are consulted.

Overall, we found that Romney Cottage was meeting this essential standard.

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

People receive safe and appropriate care and support and they or their representatives are consulted about the care they receive. However people are not provided with sufficient appropriate activities and do not have personalised activity plans.

Overall, we found that improvements were needed for this essential standard.

Outcome 05: Food and drink should meet people's individual dietary needs

People are not given adequate choice of what to eat or how much they would like. The home does not respect that meals should be uninterrupted, and that people's dignity needs to be maintained at mealtimes.

Overall, we found that improvements were needed for this essential standard.

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

People living at the home are protected from abuse and staff are aware of how to report any suspected abuse.

Overall, we found that Romney Cottage was meeting this essential standard.

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

Staff observe good hygiene procedures and the home is kept clean. However the standard of hygiene and upkeep in the downstairs shower room was poor and did not protect people from exposure to the risk of infection.

Overall, we found that improvements were needed for this essential standard.

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

The home is clean and has a friendly atmosphere, however the premises and grounds are not being adequately maintained and do not promote the safety, dignity or well being of people.

Overall, we found that improvements were needed for this essential standard.

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

People are kept safe and their health and personal care needs are met by sufficient numbers of staff with have the necessary knowledge and skills. Improvements could be made to allow for more stimulation and individual time for staff to spend with people.

Overall, we found that Romney Cottage was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

There are systems in place for the gathering and recording of information about the quality of the service. However prompt action is not always taken to act on shortfalls found, and make sure improvements are made.

Overall, we found that Romney Cottage was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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 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. Any regulatory decision that CQC takes 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

The people we spoke with told us they were consulted about the care they received and knew what was written in their care plans. One person said, "The manager sits down and goes through it with me".

People said that they were treated with respect and dignity, their privacy was maintained and there were opportunities to be involved in the way the home was run, such as being involved in menu planning, choosing colour schemes for their rooms and gardening.

Other evidence

People who are thinking about moving into the home and their relatives are welcome to visit before making their decision. One person's relative told us they had known the home beforehand and had looked at others.

The home was not full when we visited there were nineteen residents; staff told us that eight people needed full support with their personal care and hygiene needs. Others were independent or needed prompting.

We saw evidence on care plans that the home had consulted people's relatives and other representatives such as care managers, if they were not able to make personal

decisions about the care and support they received. Best interests meetings were held for those who did not have the capacity to make all their own decisions and the results recorded. Staff gave an example of a person who needed a medical procedure but was did not have the capacity to give consent personally, so a Best Interests meeting was held and the procedure went ahead.

We observed that people were given some choices during the day, one person chose to eat in their room, people were asked what they would like to drink in the morning and they could choose to spend time in their rooms or in shared areas. There was no set choice of lunchtime meal although people were asked what they wanted for pudding after the main course. People told us that they liked the meals although were not always aware of what main meal they would have each day.

Care plans included information about people's daily routines and how they liked to be supported, they could choose to have a bath, shower or wash and their choice was recorded. People can choose when to get up and go to bed; we saw that one person had gone to bed at varying times from early evening to 10.30 p.m. during one week.

People are supported to maintain their independence and to develop and relearn skills if possible. The extent to which they can be independent depends on their ability. We saw some people being supported by staff to lay the tables for lunch; staff were patient and explained to them what they needed to do. More able people help with tasks such as gardening and washing up, they told us they liked helping. The home works closely with other agencies to return people to the community where possible. One person told us they were moving to independent accommodation the next week.

Our judgement

People are consulted about the care and support they receive and where people lack capacity to make decisions their representatives are consulted.

Overall, we found that Romney Cottage was meeting this essential standard.

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

Our findings

What people who use the service experienced and told us

The people we spoke with told us they felt well cared for and supported. They received the level of support they needed, could make choices and encouraged to be independent.

Other evidence

The manager completes an assessment before admitting a new resident to the home, they are careful to make sure that new residents are compatible and the home can meet their needs. The home caters for people who have dementia, and those who have a mental illness. The abilities of the people at the home were quite varied; some people were mainly self caring whilst others needed support with all areas of daily living. We looked at some care plans, the information in them was person centred and gave clear information for staff to follow about how people liked to be supported, such as with personal care, eating, medication and mobilising. People's likes and dislikes and interests were recorded, care plans were signed off as being regularly reviewed this information in them was not always up to date. We saw that one person's plan still listed activities they had liked to do, but now they were not able to due to changes in their needs. We observed that when people seemed uncomfortable or requested attention staff responded quickly and took time to find out what was needed. People were comfortable in the company of staff and approached or spoke to them readily. One person told the manager they had a headache, another told staff they felt unwell, both were listened to.

Risk assessments were in place and staff we spoke with told us that they are made aware if a new risk was identified, such as a change in a person's behaviour leading to possible risk to themselves or others. Staff completed daily logs twice a day; the information gave a good picture of people's health, mood and daily routines for instance when they got up and any activities they took part in during the day. Activities entries mainly included statements such as "watched TV, "wandered in the garden", "dozed" or "read paper".

When we spoke with some of the people at the home who were more able to entertain themselves they told us they felt there was enough to do, they said they gardened, had use of an exercise bike in the summer house, helped in the kitchen, did art work and went shopping alone or with staff. One person said there was not enough to do. There were few daily activities available for less independent people and little to occupy or stimulate them. Some people went out for walks in the afternoons with staff. The daily activity plan had "TV" for the morning activity every day, with mainly games, walks or quizzes in the afternoons. A staff member is assigned to arrange activities each afternoon. People told us there were games played in the afternoons and evenings. We saw most people spending their time during the day in one of the lounges; people dozed, watched others, watched TV or walked about, a few people walked in the garden or went out for cigarettes. Staff chatted with them from time to time but did not have much time to devote to each person; Those who were quietest were mainly left alone. Staff said they knew what people enjoyed doing, however we observed that the environment provided little interest or stimulation for people. One person was visited by a relative in the morning.

Special events are celebrated; staff and residents told us that earlier in the week a barbeque had been held in the garden as three people had the same birthday. They said they had enjoyed the day; extra staff were on duty to make sure people were safe whilst the cooking was done.

The home supports people to keep in touch with health and social care professionals; we saw records of health appointments on care plans. A District Nurse visited whilst we were there and if it is practical people can choose to keep the GP they had before moving in.

Our judgement

People receive safe and appropriate care and support and they or their representatives are consulted about the care they receive. However people are not provided with sufficient appropriate activities and do not have personalised activity plans.

Overall, we found that improvements were needed for this essential standard.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

There are moderate concerns with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People told us they liked the meals at the home although when we asked them during the morning what was for lunch they did not know. Comments included "We do not always know what is for lunch but I do not mind", "I love the meals there is variety" and "Meals are adequate".

Other evidence

The manager had started one to one consultation meetings in order to gain people's views on the service and enable them to raise any issues. We saw examples in the recording of one to one meetings where people had requested a new meal be added to the menu. They told us the meals they had requested were now regularly provided and we saw the meals were included on the written up menus.

We saw that the meals on the menus were healthy and varied; although a daily choice of main meal was not recorded on the menu. The manager told us that the daily menu is usually written on a white board in the through lounge dining room, it was not written up when we visited so people did not know what they would be eating, and some people may not have easily been able to read or understand writing on the board. No choice of main course was offered when the lunch was served, although staff said if someone did not like anything they could always provide another option. A person who needed support with eating and a soft diet was assisted to eat appropriately by staff. If there are concerns about people's weights or that they may not be eating or drinking enough, weight is monitored and recorded; we saw examples of this on care plans. Staff said that they had recently needed to request a food supplement for a person be prescribed by their doctor.

Some people ate in the main dining room and others in a dining area off the smaller lounge. This was because the main dining room could not accommodate everyone. One person ate from a separate table; they said it was their choice for personal comfort reasons. When the plated up meal was served each person had a very large portion, individual appetite sizes were not accommodated, some people left a lot of the meal or took a long time to eat a little. The size of the meal appeared to put off some people; we saw others cleared their plates. There was no choice of drink at lunchtime, only water was available. The water was served in bright red and blue plastic cups which were not appropriate for the residents' ages, and did not respect their dignity. Drinks such as tea and coffee given at other times were in china mugs or the plastic cups. When some people were still eating at tables in the larger dining room, the lounge floor was hoovered. This again did not respect people's dignity and enable them to eat in a relaxed atmosphere.

Our judgement

People are not given adequate choice of what to eat or how much they would like. The home does not respect that meals should be uninterrupted, and that people's dignity needs to be maintained at mealtimes.

Overall, we found that improvements were needed for this essential standard.

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

We did not speak directly to people about this outcome.

Other evidence

The home has a safeguarding and whistleblowing procedure. Staff we spoke with confirmed they had received safeguarding training. They knew what to do if they had any concerns about people's safety.

We saw the home's training plan which showed the dates when staff had last received the training and when they would need it renewed. All the staff at the home attend safeguarding courses.

We saw records completed by staff and the manager about an incident that could have caused distress to people. It was not a safeguarding matter, but was raised by a member of staff out of concern for people. The manager had responded to make sure it did not happen again.

Our judgement

People living at the home are protected from abuse and staff are aware of how to report any suspected abuse.

Overall, we found that Romney Cottage was meeting this essential standard.

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 compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People we spoke with told us the home was kept clean and they were satisfied with the standard of cleanliness

Other evidence

The home employs two cleaners. When we looked round the home we saw that it was clean and tidy.

Staff told us that the carpet in a bedroom where there was a slight odour was regularly cleaned. Most bedrooms had laminate flooring that was more easily kept odour free.

We saw that staff wore disposable plastic gloves and aprons when attending to people's personal care, they washed their hands frequently and there was hand cleansing gel available for them.

In the downstairs shower room/toilet the toilet appeared to be leaking round the bottom of the bowl, metal hand rails were rusty, some wall tiles were chipped or broken with what appeared to be dirt or mould in brown areas around the chipped edges, the shower mat had mould on it, there was no toilet roll holder, paint on walls was peeling, the waste bin had no lid on it and the top had come off the hot tap. The lack of upkeep of the room presented a hygiene risk to people. The upstairs bathroom and toilet were clean and kept in good order, as were other toilets we saw during the visit.

Our judgement

Staff observe good hygiene procedures and the home is kept clean. However the standard of hygiene and upkeep in the downstairs shower room was poor and did not protect people from exposure to the risk of infection.

Overall, we found that improvements were needed for 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

The people we spoke with said they liked the home, were happy with their rooms and felt there was enough space for them. A person who had been in a shared room said they did not mind sharing at the time.

Other evidence

The home has a friendly atmosphere which is promoted by the cheerfulness of staff. We visited all the areas that people have access to and some of the bedrooms. People who have reduced mobility sleep downstairs. The home has four shared rooms, although only two were being used as such at the time of our visit. We saw an agreement to sharing on a care plan that a person had signed on moving in.

Some improvements had been made to the home, intumescent strips had been fitted this year to fire doors to add to safety in the event of fire, and some single bedrooms had recently been redecorated and refurbished attractively. People had been involved in choosing colour schemes and furniture with support from staff.

Bedrooms we saw were personalised to varying extents, one person's room showed that they liked trains, one had a collage of family and personal photos that staff had made for them and another had their own artwork on display. The manager said other bedrooms are to be improved. Some bedrooms and all the shared areas of the home were shabby and in need of attention.

There were holes in the lounge carpet from when smoking was allowed indoors, and peeling and chipped paint in numerous areas. Some furniture was shabby and worn looking. There were two lounges; the larger was not an inviting area for people as it

was shabby and rather gloomy. People spent time in their preferred lounges or moved between the two.

The downstairs shower room did not keep people safe from risk of infection; please see our findings in outcome 8.

The lounge patio window looks out on the back garden which overall is well kept, there is seating in the garden. The front garden was very overgrown with weeds and some low fencing was broken. The manager told us there were plans to have the front garden paved but there was no date for this yet. The front door bell was not working, a member of staff told us "Sometimes it does, and sometimes it doesn't". We had to call up to an open window to be let in. The sign displayed outside for the home did not reflect its current registration status and could be misleading for people, stating that the home was registered with Kent County Council who have not had this responsibility for a long time.

Our judgement

The home is clean and has a friendly atmosphere, however the premises and grounds are not being adequately maintained and do not promote the safety, dignity or well being of people.

Overall, we found that improvements were needed for this essential standard.

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

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People we spoke with told us that they liked the staff, that staff were caring and supported them well. One person said "The manager is fantastic, always has a smile on her face" and "Staff are wonderful".

Other evidence

There were two care staff on duty during the morning and third carer came on duty after lunch. Two domestic staff and the cook were on duty. The home has one waking and one sleeping carer on at night. The numbers of staff on duty were sufficient to meet the care and support needs of the people who needed help with personal care, eating and mobilising but did not allow for more than a little personal engagement with people or the provision of one to one or group activities in the morning.

Staff we spoke with were knowledgeable about people's needs, enthusiastic about supporting people back into independence when they could and in people's progress. One staff member told us how a person's mobility had improved with exercise and encouragement and they could now walk with a walking aid. The staff group is stable with little turnover so people are familiar with those caring for them, and we saw that people were comfortable with staff.

Staff told us they have plenty of training and mandatory courses are renewed when they should be. This was reflected in the training plan we saw.

All staff are included in dementia training, one carer said they had found the training very useful and they were keen to do as much training as they could. Other courses that help staff to understand the needs of people are provided, such as palliative care,

understanding challenging behaviour in dementia and nutrition. Staff told us they are well supported, regular recorded supervision meetings take place and the manager is approachable. A planned staff meeting was held in the afternoon, they are held regularly and at different times so staff on all shifts can attend.

Our judgement

People are kept safe and their health and personal care needs are met by sufficient numbers of staff with have the necessary knowledge and skills. Improvements could be made to allow for more stimulation and individual time for staff to spend with people.

Overall, we found that Romney Cottage was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People told us they were given opportunities to comment on the service, there were been residents meetings and one to one sessions held so they could express their views. They confirmed that action had been taken to address issues they raised such as expanding the menu and improving the garden. They knew how to raise a complaint and said they were confident they would be listened to but had not needed to raise any.

Other evidence

We saw examples of the recording of residents meetings and individual meetings with people, their suggestions had been acted upon. Annual surveys had been sent to residents and relatives; we looked at some of last year's completed surveys. We saw that one resident had written that they would like to move rooms, this had been acted upon. The comments we read from relatives were positive overall, one had written "You can feel the happiness as you enter the home".

The manager told us the provider visits the home at least once every seven to ten days. We saw that monthly provider visit reports are completed, that the provider speaks with residents and staff, and checks records and the premises. The reports record that work is needed to improve the building. The manager said that whilst there is no formal plan in place yet, discussion has started with an external contractor.

Our judgement

There are systems in place for the gathering and recording of information about the quality of the service. However prompt action is not always taken to act on shortfalls

found, and make sure improvements are made.

Overall, we found that Romney Cottage was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p> <p>Overall, we found that Romney Cottage was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</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>Why we have concerns:</p> <p>There are systems in place for the gathering and recording of information about the quality of the service. However prompt action is not always taken to act on shortfalls found, and make sure improvements are made.</p> <p>Overall, we found that Romney Cottage was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</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 within 14 days of this report being received.

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

Compliance actions

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

Regulated activity	Regulation	Outcome
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: People receive safe and appropriate care and support and they or their representatives are consulted about the care they receive. However people are not provided with sufficient appropriate activities and do not have personalised activity plans.</p> <p>Overall, we found that improvements were needed for this essential standard.</p>	
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>How the regulation is not being met: People are not given adequate choice of what to eat or how much they would like. The home does not respect that meals should be uninterrupted, and that people's dignity needs to be maintained at mealtimes.</p> <p>Overall, we found that improvements were needed for this essential standard.</p>	
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: Staff observe good hygiene procedures and the home is kept clean. However the</p>	

	<p>standard of hygiene and upkeep in the downstairs shower room was poor and did not protect people from exposure to the risk of infection.</p> <p>Overall, we found that improvements were needed for this essential standard.</p>	
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 10: Safety and suitability of premises</p>
	<p>How the regulation is not being met: The home is clean and has a friendly atmosphere, however the premises and grounds are not being adequately maintained and do not promote the safety, dignity or well being of people.</p> <p>Overall, we found that improvements were needed for this essential standard.</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 this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

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

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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