

Review of compliance

Sudera Care Associates Limited Fauld House Nursing Home

Region:	West Midlands
Location address:	Fauld Tutbury Burton-on-Trent Staffordshire DE13 9HS
Type of service:	Care home service with nursing
Date of Publication:	September 2011
Overview of the service:	Fauld House provides personal and nursing care to a maximum of 30 people. Ground, first and second floor accommodation is provided for people, with a mixture of single, double and en-suite bedrooms. The home is presently being extended and will be able to accommodate 48 people when completed. This is expected by Autumn 2011.

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

Our current overall judgement

Fauld House Nursing 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 because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 08 - Cleanliness and infection control
- Outcome 09 - Management of medicines
- Outcome 10 - Safety and suitability of premises
- Outcome 11 - Safety, availability and suitability of equipment
- Outcome 12 - Requirements relating to workers
- Outcome 14 - Supporting staff
- Outcome 15 - Statement of purpose

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 31 August 2011, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out this review in response to an overall multi agency safe guarding strategy which was being coordinated by the local authority. The investigation is presently ongoing. The alerts raised identify potential concerns around specific aspects of care provided to people which included how pressure area care was managed. We were not looking at the investigation of these alerts because these were being looked at under separate safe guarding procedures. The purpose of this review was to check compliance in key outcome areas.

Due to the needs of some of the people living at the home not everyone was able to share their experiences of what it was like to live at Fauld Nursing Home. We spent time observing people being supported by the staff on duty during our visit.

People told us the staff were very good, comments included; "They are thoughtful, I can take my time." "I like it here the staff are nice." "I am well looked after." "They are kind and helpful." One person told us, "You sometimes have to wait a bit (for help or care) and that can be difficult."

Comments made by visiting relatives were positive they included; "I am very happy with the staff, I have never seen anything untoward." "I'm not worried about anything." "I can't fault it at all it is lovely."

Staff told us they felt well supported by the new manager who had been in post for six weeks they said, "She is improving it a lot, and she is on the ball." "We can do our job safely now." "We have a manager that listens, it is a 100% better."

We saw people were dressed in their own style and if they needed support, staff helped them to continue to take a pride in their appearance. The staff provided support where required and people in the home were well presented.

People using the service required more equipment to keep them safe and the environment needed to be improved upon to ensure people were comfortable and looked after appropriately. For example there was no facility for people to have a bath at the time of our visit and equipment to protect people when they were in bed was not always in place.

The home needed to improve the systems they had in place for infection control management to minimise healthcare associated infections.

What we found about the standards we reviewed and how well Fauld House Nursing Home was meeting them

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

People who use the service received appropriate care and support from the staff team.

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

People were not adequately protected from the risk of infection. There were gaps in the home's arrangements to promote and sustain good standards of cleanliness and infection control.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The service had effective processes for the safe and secure handling of medication. People using the service received their medicines at the times they needed them and in a safe way.

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

The environment does not meet people's needs safely.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People do not have suitable or sufficient equipment to keep them safe.

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

People who used the service could be assured that care was provided by staff who had been appropriately recruited.

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

Staff were trained and supported to provide care and treatment to people who use the service.

Outcome 15: The service must tell us about what kinds of services it provides

The provider needs to produce an up to date statement of purpose that offers all the necessary information.

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 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

Some people told us they had discussed their care and preferred routines with staff and they were happy with the care and support they received. People told us they had the help they required and keeping their independence was always encouraged. One person said, "I do what I am able to do sometimes it can be difficult and they are there (staff) to help you if needed". Observations confirmed people had their own routines, which were respected and people were treated as individuals. One relative said, "I have always been satisfied with the care". Observations also confirmed that the atmosphere was calm and relaxed; people were conversing with each other or in small groups.

We saw good examples of positive interactions and evidence of respect and dignity being considered although some staff did engage with people more than others. People appeared comfortable and were able to wander around the home with staff being nearby, should they require any assistance. Nobody we spoke with or observed expressed dissatisfaction with their care.

When we talked to staff they were able to tell us the needs of the people they cared for and the procedures they would follow if a person's needs had changed. They told us that this information was recorded and reported to senior staff and would be discussed during the shift handover.

We were made aware there were a number of pressure sores and also a risk of pressure sore development in the home. This information had initiated the safe

guarding procedures. We determined that three people had a pressure sore, six people had intermittent pressure sores and one person's sores had healed. The district nurse attended to the pressure sore care for those people assessed as needing a residential placement. The manager told us they had good working relationships with the tissue viability nurse, general practitioner and district nursing team. It was apparent that not all equipment such as pressure relieving cushions was in place although some of these were on order.

During our visit, we saw people being offered choices, for example whether they wanted to remain in their own room or join others in the communal areas of the home. This showed the staff team respected people's preferred lifestyles.

We observed people being supported in the lounges and dining room during lunchtime. Staff engaged with people in a positive manner and those who required support with eating their food were offered the necessary assistance in a sensitive and dignified manner. We did observe one person remained in a lying position when they were supported with their meal and the manager was disappointed this had occurred.

On the day we visited there was a church service in the morning and an external entertainer playing music in the afternoon; people were seen to be enjoying these activities and participating throughout.

Other evidence

We did not look at plans of care during this visit because we were aware that people's health and social care needs were being fully considered under the safe guarding process. This was ongoing and in place for every person living at Fauld Nursing Home. It was being undertaken by the local authority and the primary care trust (PCT).

The local authority's quality monitoring team carried out two visits in August 2011. They found the care planning process would be strengthened by clearer and more detailed information. They said risk assessments required review and needed to offer greater detail.

The home produced a newsletter which offered information on forthcoming events and visitors confirmed residents' meetings took place.

Our judgement

People who use the service received appropriate care and support from the staff team.

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

There are moderate concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

A visitor commented the home was "nice and clean" another person told us they thought their relative was always in clean clothing and the bedding was changed regularly.

We observed that staff used disposable gloves and aprons as necessary and when we spoke with them they had a knowledge and awareness of infection control practices. The training record showed staff had access to infection control training and those we spoke to said they had completed this training, although they were not all able to comment on its content.

We spoke with domestic staff who verified they were provided with the necessary cleaning products and were very happy with the way the home was managed. They were also aware new cleaning regimes were about to start which would improve current systems and practices.

The manager was in the process of ensuring tasks were suitably delegated and that audits and checklists were available. There were some audits in place but the manager was aware some were lacking, for example, a daily domestic log to evidence jobs had been completed, and audits for mattress turning were not in place.

The quality monitoring officer from the local authority and the PCT had visited Fauld Nursing Home the week before CQC and were concerned with the malodour in some areas of the home. We visited these areas and the odour was not apparent at the time of our visit.

We saw some bedrooms had soap dispensers and paper towels but we also saw block soap was on the sink in some rooms which increased the risk of cross infection.

We saw the assisted shower room contained toiletries that were not locked away and which could be used by different people rather than for personal use. This was also reported during our visit in January 2011. We saw towels and incontinence wear were stored on the window sill.

We were not aware of anybody being asked if they would like to wash their hands before mealtime.

Other evidence

The laundry area did not appear to have a clean or dirty area and this was confirmed by the manager, personal protective equipment such as disposable gloves were not visible in this area. Dirty washing was placed in a container and the manager was disappointed to see the lid had not been placed on this receptacle. The home was in the process of reorganising laundry practice to minimise cross infection.

The quality monitoring officer from the local authority and the PCT representative had seen a number of dirty commodes during their visit. These were being communally washed in the top floor bathroom. When we visited the home we saw commodes were clean but an appropriate method to clean such items was still required because they were still being washed communally.

In January 2011 one commode we saw was very dirty and rusty and it did not have any rubber stoppers on the feet; this did not comply with infection control standards. On this visit additional commodes were also seen in this state.

We were aware the home had a copy of the 'Code of practice for health and adult social care on the prevention and control of infections and related guidance'. The service had not yet nominated an infection, prevention and control person as required within this guide. The manager needs to review the code of practice and demonstrate how the service meets all criterion in the guide to demonstrate on going compliance with this legislation.

Our judgement

People were not adequately protected from the risk of infection. There were gaps in the home's arrangements to promote and sustain good standards of cleanliness and infection control.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We observed people being given their medication and the staff were seen to be following safe practices in the way they administered and recorded this. Staff told us only qualified nurses administered medication and they felt they had the necessary knowledge and skills to do this.

The medication round started prior to lunch, there was a do not disturb tabard available, but it was not worn. The nurse administering medication was approached by a visitor, and although this did not distract them they may not have been approached if they had been wearing the tabard. Medication was taken into other sitting areas individually; the trolley was left unattended in the dining area. The nurse reported that they would normally ask a member of staff to stay with the trolley however this was not observed. As it was lunch time other staff members were about however the trolley should not be left unattended if opened.

We looked at a couple of current medication administration records (MAR sheets) and found the records were clear, had the name of the medication, dosage, frequency and date prescribed on the label, person's name etc. The medication on this sample had been administered and signed for appropriately as the medication in stock tallied with the medication signed for.

Other evidence

Controlled drugs were administered to people when we visited; we checked the

controlled drugs register and could verify appropriate records were in place.

Drug fridge temperatures were taken twice daily and recorded; one set of eye drops stored in the fridge had been opened but not dated as required.

Our judgement

The service had effective processes for the safe and secure handling of medication. People using the service received their medicines at the times they needed them and in a safe way.

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 major concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We observed the sluice room on the first floor was unlocked and the window in this room was not restricted. We also found bedrooms on the third floor without restrictors, although one bedroom was not in use at the time.

Some windows we checked on the first floor would not close meaning people were not able to control their bedroom temperature.

An en suite on the first floor was accessible from the landing and this door was unlocked, this means people's dignity and privacy could be compromised.

We saw the recent fire risk assessment completed by the fire officer in June 2011 recorded a number of recommendations. Sixteen of these were given priority one, meaning they had to be dealt with within 60 days. Our visit was on day 66. We checked four of these recommendations. The laundry door had not been repaired, the door release on a ground floor bedroom was still inadequate, the fire plan did not highlight what was required from the fire officer's report and combustible materials were still in the cellar. It was concluded by the home that none of the recommendations had been actioned, this means people using the service were not adequately protected.

We saw that rooms were personalised to reflect individual choice and preference but we also saw the furniture in some rooms was tired and worn including beds, wardrobes and drawers. There was a redecoration programme in place and some furniture had been purchased. One person was particularly pleased because old drawers and wardrobes had been replaced with new ones. We saw appropriate screening and

suitable lockable storage areas were available so people's rights to privacy and dignity were met.

A chest freezer was stored on the third floor landing and it was unlocked, which could be considered a risk.

There were no assisted baths available within the home meaning people had no choice but to shower. We were advised that some people would love a long hot soak, but this was not possible. Staff considered bathing facilities was a big problem and that they had to prioritise who they could shower and when. The staff verified they were able to support everybody with showering but that it was very difficult.

Other evidence

We were made aware that the home was being gradually decorated.

Pictures and photographs are often provided to help orientate people who are confused or have dementia and these were also in the process of being provided. Although the menu was on a white board in one lounge it was only visible to a small number of people. No information on daily activities was provided within the home. We were told this had been removed when decorating commenced. We observed people were not told what the lunchtime meal was nor was this explained to those who required support with their meal. No alternative meal was seen. The manager told us they were aware work was required regarding this. We observed the lunch trolley was positioned in front of the fire exit and left unattended for short periods of time.

We saw a staff board in the hallway but this was not in use to identify the staff on duty. A visitor told us they had found this useful and wished it was still in use.

A maintenance person was employed to maintain the home and in attendance on the day we visited.

Our judgement

The environment does not meet people's needs safely.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

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

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

There are major concerns with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

Some people had bed rails fitted. Bed rails are designed for use where people have been assessed as being at risk of falling out of bed. We saw that assessments had been completed for everyone prompting staff to consider the reason for the use of bed rails. However, when they were assessed as high risk the appropriate equipment (in these instances bed rail covers and bed rail extensions) were not in place. This placed people at risk of falling out of bed and as a result we spoke with the provider and asked for immediate action. The provider purchased the necessary equipment straight away and we were informed it arrived within 72 hours of our visit. The provider needs to ensure that when equipment is needed it is provided in a timely manner to keep people safe.

We did not observe the staff on duty using inappropriate lifting techniques however, the quality monitoring officer had observed this on two visits and shared the information with the manager of the home and CQC. This means the staff may cause discomfort for those people, and the risk of developing pressure sores may be increased. The home had one hoist downstairs and this needed to be available for at least six people, this meant people had to wait to be assisted, or if they were in desperate need they may be moved inappropriately to relieve their distress. There were two hoists in the building one on the ground floor and one on the first floor. The one on the first floor was not suitable when the quality monitoring officer from the local authority visited but we saw evidence this was now in a suitable state of repair. We discovered that only two hoist slings were available in the home and these may not be suitable for everyone

who used them. As a matter of priority the provider must ensure that the slings used meet the needs of the people who use the service. This will ensure people are transferred safely.

Positive interactions between the staff and the people living at the home were observed but we also noted people were in areas of the home without a staff presence for some time; one person was left without a call bell in the front porch area and another person was seen trying to get the staff's attention for quite some time. This person was given a trolley that they wanted by the maintenance man. The person clearly wanted this placing on the other side and tried unsuccessfully to move it. They had no way of gaining staff's attention because they were facing the wall and there were no staff present in this area. It took the person approximately five minutes to gain the staff's attention in order to resolve this.

We spoke with three people in their bedrooms and they all had a call bell to hand, one person told us the staff came quickly when they needed to use their bell. Another person told us the staff were about to respond if needed.

Other evidence

We found a lack of some vital equipment; pressure relieving cushions, suitable equipment to maintain cleanliness within the home, hoist slings, an assisted bath, a shower chair, suitable commodes and any other items identified to keep people safe by professionals, people who use the service or staff.

Our judgement

People do not have suitable or sufficient equipment to keep them safe.

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

We spoke with visitors and people who live at the home regarding the staff, and staffing levels. People spoke positively about the staff and considered they were caring. One relative said, "Nothing to fault, the staff are wonderful, my relative wants for nothing".

There were some concerns raised regarding the number of staff available from visitors and some people using the service. Observations during the visit revealed that staff were required to be present in four sitting rooms, and in bedrooms on three floors. We were told by the staff that this was challenging. The manager was aware of this and had recently provided an extra member of staff, they understood the need to continually monitor this.

Other evidence

We saw evidence there were effective recruitment and selection procedures in place in order to determine the applicant was suitable to work with people who may be vulnerable. We looked at one staff file to see if it contained the necessary documentation to demonstrate that staff had been recruited in a safe and appropriate manner. All necessary records were in place.

Our judgement

People who used the service could be assured that care was provided by staff who had been appropriately recruited.

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 we spoke with said they had worked at the home for a length of time and felt there was a very good staff group who all worked together as a team.

The staff told us they worked as a well coordinated team and received three handovers a day; this meant pertinent information was passed from one staff group to another.

They told us the manager provided all necessary information so they were aware of any issues they needed to know about.

Staff told us they have attended staff meetings since the manager came into post. They told us they feel they were valued "I feel the manager has worked really hard, knows what needs to be done and we support one another."

Fauld Nursing Home had a designated person to carry out activities two days a week; people told us this meant the care staff had the time to support people. Staff told us they worked well as a team and they took pride in their work.

Other evidence

We looked at the training matrix and spoke with the person responsible for arranging the training. There were some shortfalls but these were being addressed and there were clear systems and structures in place to ensure training was provided to all the staff in the areas needed.

We were aware staff provided care and support to people with a learning difficulty; training had not been delivered in this area and should be addressed. This will ensure the staff receive information and support to help them provide consistent and well

informed care to people.

Training records we looked at showed the process has been reviewed and there were clear records of what training had been carried out on an individual basis the manager told us they knew they must focus on where training was required.

Care staff presently received a minimal induction when they commenced work but the manager felt confident the staff team made sure new staff had the knowledge and skills to carry out their roles. The manager was aware a thorough induction was required and was in the process of implementing this.

Our judgement

Staff were trained and supported to provide care and treatment to people who use the service.

Outcome 15: Statement of purpose

What the outcome says

This is what people who use services should expect.

People who use services:

* Will benefit from the knowledge that the Care Quality Commission is informed of services being provided.

What we found

Our judgement

There are minor concerns with Outcome 15: Statement of purpose

Our findings

What people who use the service experienced and told us

We did not talk about the statement of purpose with any of the people who live there. The statement of purpose was not visible within the home and the manager needed assistance to locate it. In January 2011 it was clear that people using the service did not receive a statement of purpose but a copy was given to family members.

Other evidence

We identified that the statement of purpose was in need of updating and also required information to demonstrate the home could support people with a learning difficulty appropriately. Training had not been provided to the staff who told us they thought it would be beneficial and was needed. A copy of the statement of purpose should be sent to CQC; we do not have a copy presently and require this when updated.

Our judgement

The provider needs to produce an up to date statement of purpose that offers all the necessary information.

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
	How the regulation is not being met: People were not adequately protected from the risk of infection. There were gaps in the home's arrangements to promote and sustain good standards of cleanliness and infection control.	
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: People were not adequately protected from the risk of infection. There were gaps in the home's arrangements to promote and sustain good standards of cleanliness and infection control.	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: People were not adequately protected from the risk of infection. There were gaps in the home's arrangements to promote and sustain good standards of cleanliness and infection	

	control.	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: The environment does not meet people's needs safely.	
Diagnostic and screening procedures	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: The environment does not meet people's needs safely.	
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: The environment does not meet people's needs safely.	
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	How the regulation is not being met: People do not have suitable or sufficient equipment to keep them safe.	
Diagnostic and screening procedures	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	How the regulation is not being met: People do not have suitable or sufficient equipment to keep them safe.	

Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	How the regulation is not being met: People do not have suitable or sufficient equipment to keep them safe.	
Accommodation for persons who require nursing or personal care	Regulation 12 CQC (Registration) Regulations 2009	Outcome 15: Statement of purpose
	How the regulation is not being met: The provider needs to produce an up to date statement of purpose that offers all the necessary information.	
Diagnostic and screening procedures	Regulation 12 CQC (Registration) Regulations 2009	Outcome 15: Statement of purpose
	How the regulation is not being met: The provider needs to produce an up to date statement of purpose that offers all the necessary information.	
Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009	Outcome 15: Statement of purpose
	How the regulation is not being met: The provider needs to produce an up to date statement of purpose that offers all the necessary information.	

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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