

# Review of compliance

Quality Care UK Limited Lavender House	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	69 Welton Road Brough Hull East Riding of Yorkshire HU15 1NU
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	Lavender House is in the centre of Brough and provides accommodation for up to 32 older people, some of whom may have a memory impairment. Most bedrooms are single en-suite. There are two lounges, one with dining space, and four bathroom facilities. A passenger lift gives access to the upper floor though there are still some rooms up or down another couple of stairs.

	<p>The front of the house has gardens and car parking. An extension is being built to add another 22 bedrooms and facilities.</p>
--	---

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

## Our current overall judgement

**Lavender House was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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 6 December 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

We spoke with two people about living in the home and they told us they felt they had been included in compiling their care plan and were asked each day about the support they required.

They told us they thought their privacy and dignity was respected.

People told us that their permission was obtained to be assisted with daily care and that the staff delivered care and support the way they preferred and wanted it. They told us the staff were very nice and helpful.

People told us they enjoyed the food and that the cook knew their likes.

They said they had good relationships with the staff and were quite happy at Lavender House.

We spoke with people about feeling safe in the home and they said the staff were very kind. They told us they had no concerns about the way they were treated and that they had not seen anyone else treated other than well.

### What we found about the standards we reviewed and how well Lavender House 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 experienced opportunities to understand the care and support available to them, expressed their views where they were able, and were involved in making decisions. Peoples' privacy, dignity and independence were respected and their personal views and experiences were taken into account in the way they received care.

**Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

People experienced many verbal opportunities to give valid consent to the care and support they received, though written evidence of consent was minimal and needed to be obtained for everyone. People had opportunities to understand and know how to change decisions about care and support that had been previously agreed. People were confident that their human rights had been respected and taken into account.

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

People experienced effective, safe and appropriate care and support that met their needs and protected their rights. Care plan documents needed to be completed in all cases.

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

People were protected from abuse or the risk of abuse and their human rights were respected and upheld. Though staff we spoke with demonstrated understanding of safeguarding responsibilities the manager told us they had not all completed training in this area. See outcome 14 on staff training.

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

People had not experienced safe, accessible and suitable surroundings that promoted their well-being. The environment was not safe or suitable to meet peoples' needs and the dining facilities were insufficient.

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

People were protected from and were not at risk of harm from unsafe or unsuitable equipment because they had been assessed for its use and staff had been trained in its use. People had benefited from equipment that had been comfortable and had met their needs. Signage was needed to alert people to the place where oxygen was in use.

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

People were safe and their health and welfare needs had been met by staff that had been 'fit' and appropriately qualified. Staff were physically and mentally able to do their job, but

the recruitment process had not been properly followed with regard to the CRB check for one staff member.

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

People were safe and their health and welfare needs were met by sufficient numbers of staff with the right qualifications, knowledge and skills to support them.

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

People were safe and their health and welfare needs were met by competent staff, but all staff needed to complete safeguarding training, as some had not done so.

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

People benefited from safe quality care, treatment and support, due to effective decision making and the management of risk to their health, welfare and safety.

**Outcome 20: The service must tell us about important events that affect people's wellbeing, health and safety**

People were confident that important events that affected their welfare, health and safety had been reported to the CQC so that, where needed, action had been taken.

**Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

People were confident their personal records had been accurately maintained, had been fit for purpose and had been held securely and remained confidential. Other records required to be held to protect their safety and wellbeing were held securely where required, but all documents needed to be signed.

**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. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

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

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

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

## What we found

### Our judgement

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

### Our findings

#### What people who use the service experienced and told us

We spoke with two people about living in the home and they told us they felt they had been included in compiling their care plan and were asked each day about the support they required.

They told us they thought their privacy and dignity were respected.

We spoke with a relative who confirmed members of the family had been asked about care needs of the person living in the home.

#### Other evidence

We discussed with the manager the use of 'Best Interest' meetings for people who were unable to make serious decisions about their lives. She told us she had not carried out any Mental Capacity Act 2005 (MCA) assessments as she preferred to access support from the East Riding of Yorkshire Council (ERYC) for this.

The manager told us she would access an 'independent mental capacity advisor' (IMCA) for anyone without family to represent them.

We looked at case files for two people but they had not required support with decision

making, so we did not see any 'Best Interest' documentation.

The manager told us she had completed MCA and Deprivation of Liberty Safeguards (DoLS) training and had cascaded the information to staff. Staff had not completed the training themselves, but they demonstrated awareness of their responsibilities in discussion.

**Our judgement**

People experienced opportunities to understand the care and support available to them, expressed their views where they were able, and were involved in making decisions. Peoples' privacy, dignity and independence were respected and their personal views and experiences were taken into account in the way they received care.

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

We asked one person if they thought their permission was obtained each time they were asked about support with care. They told us that it was and that the staff delivered care and support the way they preferred and wanted it. They told us the staff were very nice and helpful.

##### Other evidence

We looked at two case files and saw that some completed documentation had been signed by the person it referred to. Care plans had been reviewed and showed changes to people's needs.

Other documents did not have signatures and so we instructed the manager to ensure all documents were signed as they were compiled.

We saw and heard staff asking people about their care needs and giving their consent through cooperation and verbal agreement.

The manager told us where possible people were asked about their needs, past history and preferences, otherwise their relatives were consulted.

#### Our judgement

People experienced many verbal opportunities to give valid consent to the care and support they received, though written evidence of consent was minimal and needed to be obtained for everyone. People had opportunities to understand and know how to change decisions about care and support that had been previously agreed. People were confident that their human rights had been respected and taken into account.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

We spoke with two people about the care they received and they told us the staff helped them in the way they preferred.

One person told us staff were very good, from the manager to the ancillary staff. They told us the company director was helpful too, as he was available much of the time overseeing some new building work. This person told us the night staff were always available as well and they carried out regular checks on everyone.

They told us they needed a little help with personal care, that they enjoyed the food though didn't eat much and that the cook knew their likes.

Another person told us they had not been resident long, but thought it was a lovely place. They said the staff were lovely, the food was good enough and they enjoyed staying in their room except to socialise at meal times. They said they had established some good relationships with the staff and was quite sure they would be happy at Lavender House.

##### Other evidence

We discussed care plans with the manager and staff and we looked at two peoples' case files. We also observed some interactions between people and staff.

We were told that people had their individual needs assessed, recorded and met and that changes to needs were reviewed. We saw evidence of this when we looked at

case files.

Care plans in case files contained all information and included risk assessment documents and monitoring charts. There were daily diary notes that reflected the care and support people had been given. Care plans were written in the third person and did not reflect a person-centred format. One had gaps in information. We were informed the person's daughter wanted to complete these blank documents herself. The other case file contained completed documentation.

We saw staff taking time in allowing people to be independent and assisting with support in a pleasant way. We saw that almost all people were assisted with their mobility through the use of their wheelchair.

**Our judgement**

People experienced effective, safe and appropriate care and support that met their needs and protected their rights. Care plan documents needed to be completed in all cases.

## 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 spoke with two people about feeling safe in the home and they both said the staff were very kind. They told us they had no concerns about the way they were treated and had only ever seen other people being well treated too.

##### Other evidence

We discussed safeguarding people from harm with the manager and staff and were told there had been no referrals to the East Riding of Yorkshire or Hull City Councils for some time, which reflected the information we held.

We were told the manager had completed safeguarding awareness training as had four of the staff and that all staff had received instruction on when to pass information to safeguarding teams. Evidence of training had been seen in staff files for some staff, but as not all staff had completed the course as required.

There were documents available to complete should the manager or staff have to make a safeguarding people referral.

##### Our judgement

People were protected from abuse or the risk of abuse and their human rights were respected and upheld. Though staff we spoke with demonstrated understanding of safeguarding responsibilities the manager told us they had not all completed training in this area. See outcome 14 on staff training.

## 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 minor concerns with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people directly about this outcome.

##### Other evidence

We looked at the environment in which people lived and we saw that the communal areas downstairs were maintained and furnished, but upstairs was in need of some refurbishment.

All of the toilets in the home had worn and damaged flooring and decoration on upstairs landings was tired and worn. Carpets in upstairs corridors and in one bedroom were stained and thresholds across bedroom doors were unsafe. There was an unused bathroom upstairs, which had been used for storage. This was a fire safety risk and we asked the manager to ensure the items were removed as a matter of urgency.

There were some bedroom doors propped open with wedges and though the manager explained doors were only kept open during the daytime to enable people to have access, we asked her to ensure that wedges be removed.

Downstairs there was seating at dining tables for 18 people and we observed that another 13 people ate their lunch from portable tables while sitting in their armchairs. This meant that people were not experiencing a change of seating position or getting any exercise.

##### Our judgement

People had not experienced safe, accessible and suitable surroundings that promoted

their well-being. The environment was not safe or suitable to meet peoples' needs and the dining facilities were insufficient.

## 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

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people directly about this outcome.

##### Other evidence

We discussed with the manager and staff the use of lifting equipment and training to operate it. We saw the equipment available, a mini-hoist and a turntable, but did not see it in use.

Staff told us they had received moving and handling training and hoist training. This was evidenced in their staff files.

We were told that people who needed assistance with their mobility were assessed by an occupational therapist before they used the equipment.

There was oxygen in use for one person upstairs and although it was safely stored there were no signs in place to alert people to its presence.

##### Our judgement

People were protected from and were not at risk of harm from unsafe or unsuitable equipment because they had been assessed for its use and staff had been trained in its use. People had benefited from equipment that had been comfortable and had met their needs. Signage was needed to alert people to the place where oxygen was in use.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people directly about this outcome.

##### Other evidence

We discussed with the manager and staff the process of recruitment and we viewed two staff recruitment files.

We were told by the manager that staff followed a recruitment process that was carried out by the home's administrator. This person also maintained the staff recruitment files.

These contained job application forms, two references, terms and conditions of employment, criminal records bureau (CRB) checks, identity evidence, induction evidence and job descriptions. We were told other staff files also contained information relating to staff legal status and work permits.

The files we saw did not show a start date for staff or contain any information about their interview. We were told that one staff had started work with the CRB from her previous position.

Staff explained to us the process they had followed in order to obtain the job.

##### Our judgement

People were safe and their health and welfare needs had been met by staff that had

been 'fit' and appropriately qualified. Staff were physically and mentally able to do their job, but the recruitment process had not been properly followed with regard to the CRB check for one staff member.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people directly about this outcome.

##### Other evidence

We discussed with the manager and staff the staffing levels and we looked at the roster for the week commencing 05/12/11.

We were told that there was usually four care staff working in the mornings and three in the afternoons, with two waking night staff. The manager was supernumerary and there was also a cleaner and a cook employed.

The manager confirmed there had been full occupancy of places recently and this had resulted in the need for more staff.

The staffing roster reflected the actual staff on duty and showed planned staffing levels for the rest of the week.

##### Our judgement

People were safe and their health and welfare needs were met by sufficient numbers of staff with the right qualifications, knowledge and skills to support them.

## 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

We did not speak with people directly about this outcome.

##### Other evidence

We discussed with the manager and staff the training opportunities available and we saw staff training records.

Staff told us they had completed mandatory training and some additional training relevant to their roles and the conditions of people in the home. Training records evidenced the training staff had completed. Most training was up to date, but not all staff had completed a course on safeguarding adults from harm.

Staff had been instructed by the manager in safeguarding awareness and responsibilities and had covered issues on their NVQ course.

##### Our judgement

People were safe and their health and welfare needs were met by competent staff, but all staff needed to complete safeguarding training, as some had not done so.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people directly about this outcome.

##### Other evidence

We discussed with the manager and staff what system was used for monitoring the quality of the service and we saw some of the documentation to support it.

We were told about and saw that there were monthly audits carried out on a different area each month, monthly meetings were held for people in the home and annual satisfaction surveys were given out to people and their relatives. Results of these were held on the company computer system.

##### Our judgement

People benefited from safe quality care, treatment and support, due to effective decision making and the management of risk to their health, welfare and safety.

## Outcome 20: Notification of other incidents

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

### What we found

#### Our judgement

The provider is compliant with Outcome 20: Notification of other incidents

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people directly about this outcome.

##### Other evidence

We discussed with the manager her responsibility to send notifications to the Care Quality Commission (CQC) and we looked at the records held in the home regarding notifications.

The manager told us she had sent several notifications to us and we saw copies of them. They had been recorded appropriately according to category.

##### Our judgement

People were confident that important events that affected their welfare, health and safety had been reported to the CQC so that, where needed, action had been taken.

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is compliant with Outcome 21: Records

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people directly about this outcome.

##### Other evidence

We viewed some of the records held in the home and saw that although most of them had been signed and dated and contained up to date information, a small number in one person's file had not been signed or completed.

The manager told us where there were blank areas in one person's file this was because a family member wished to gather the information for their relative and was still in the process of doing so.

All documents were appropriately and safely stored.

##### Our judgement

People were confident their personal records had been accurately maintained, had been fit for purpose and had been held securely and remained confidential. Other records required to be held to protect their safety and wellbeing were held securely where required, but all documents needed to be signed.

## 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 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<b>Why we have concerns:</b> Written consent to care and treatment needed to be obtained for everyone, either from the person or their relative or as a result of a 'best interest' meeting.	
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
	<b>Why we have concerns:</b> People experienced effective, safe and appropriate care and support that met their needs and protected their rights. Care plan documents needed to be completed in all cases.	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<b>Why we have concerns:</b> People had not experienced safe, accessible and suitable surroundings that promoted their well-being. The environment was not safe or suitable to meet peoples' needs and the dining facilities were insufficient.	
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

	<b>Why we have concerns:</b> Signage was needed to laert people to the place where oxygen was in use.	
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<b>Why we have concerns:</b> People were safe and their health and welfare needs had been met by staff that had been 'fit' and appropriately qualified. Staff were shown to be physically and mentally able to do their job, but the recruitment process had not been properly followed with regard to the CRB check for one staff.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<b>Why we have concerns:</b> People were safe and their health and welfare needs were met by competent staff, but all staff needed to complete safeguarding training, as some had not done so.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<b>Why we have concerns:</b> People were confident their personal records had been accurately maintained, had been fit for purpose and had been held securely and remained confidential. Other records required to be held to protect their safety and wellbeing were held securely where required, but all documents needed to be signed.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

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

# 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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Copyright</b>	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
<b>Postal address</b>	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA