

Review of compliance

Ilkley Health Care Limited Riverview Nursing Home	
Region:	Yorkshire & Humberside
Location address:	Stourton Road Ilkley West Yorkshire LS29 9BG
Type of service:	Care home service with nursing
Date of Publication:	February 2012
Overview of the service:	The home provides personal and nursing care for up to 60 older people who are living with dementia. It is a large converted property and is located close to the town centre in Ilkley. The accommodation is on four floors and consists of shared and single rooms of which 17 have en-suite facilities. There are two passenger lifts giving access to all areas. Most of the communal rooms are on the ground floor, there is one

	lounge on the first floor. There are gardens which are accessible to people.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Riverview 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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 February 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

People told us they were satisfied with the care and support provided at Riverview Nursing Home. Visitors told us they were able to visit when they wanted to and said they were kept informed about their relatives care and any changes in their needs or condition. Visitors told us that if they had any concerns they talked to the manager or staff and their concerns were dealt with.

What we found about the standards we reviewed and how well Riverview Nursing 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

Generally, people's privacy, dignity and human rights are respected and their diversity needs are understood but there are occasions when this is not reflected in practice.

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

For the most part people's care needs are met. However, more attention should be given to making sure people's care plans are detailed enough to reduce the risk of individual needs being overlooked.

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

Generally people's nutritional needs are identified and met but this is not always accurately reflected in their records.

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

People using the service are protected from abuse and the risk of abuse.

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

People are not fully protected against the risks associated with unsafe and/or unsuitable premises.

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

There are suitable systems in place to make sure staff receive the support and training they need to understand and meet the needs of people using the service.

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 to monitor the quality of the service and seek the views of people using the service. However, the records do not always provide a clear audit trail.

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

People's care records do not always contain clear, accurate and up to date information about their care and treatment therefore there is a risk people's needs could be overlooked.

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

Because of their complex needs many of the people using the service were not able to tell us about their experiences. Those that were told us they were content. We saw that people looked comfortable and generally staff showed respect and kindness in their interactions with people. Visitors told us that they were able to visit whenever they wanted to and said they were kept informed about their relatives care.

Other evidence

When we looked around we saw that most people had personal belongings in their bedrooms. People's personal clothing was named and in most cases put away neatly. People had their own toiletries but in some shared rooms we saw that although two wash bowls had been provided it was not always possible to tell who they belonged to because they had not been named.

There were screens in the shared rooms to protect people's privacy.

In some of the bathrooms we saw evidence that incontinence products were being used communally rather than individually. The manager told us she is addressing this.

We saw that information about people's past lives and interests was recorded in their

care records. We saw that people's families or representatives were involved in planning and reviewing their care. There was a meeting for families/friends of people using the service in April last year. The manager told us she is planning to have these meetings once or twice a year.

The activities organiser was not working on the day we visited. A programme of planned activities was displayed in the home. There were no organised activities on the day we visited but we saw some staff sitting and talking to people or playing games such as dominoes. The activities records were not up to date in the care plans we looked at. The daily records provided information about people's general well being they did not provide much information about how people spent their time.

Some people preferred to spend their time in their bedrooms rather than in the communal rooms. We saw that they were able to do this and have their meals served in their rooms.

For the most part staff were respectful in the way they interacted with people. However, we heard one member of staff talking over someone's head about them and another member of staff referring to people who required help with their meals as "feeders". We talked to the manager about this, she told us training on privacy and dignity is included in the induction programme and training on equality and diversity is planned.

Our judgement

Generally, people's privacy, dignity and human rights are respected and their diversity needs are understood but there are occasions when this is not reflected in practice.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People told us they were satisfied with the care and support provided at Riverview Nursing Home.

Other evidence

During the visit we looked at four people's care records. The records showed that people's needs were assessed and there were care plans in place dealing with people's health, personal and social care needs. The care plans included information about people's preferences.

There were risk assessments in place for areas of potential risk such as pressure sores, falls, nutrition and moving and handling.

When people were identified as being at risk of developing pressure sores we saw that pressure relieving equipment, such as air mattresses had been provided. The care plans we looked at had information about how often people should be helped to change their position, to relieve pressure, during the night. There was no information about how people should be helped to change their position during the day when they were not in bed.

We saw that some people had charts where staff recorded when they helped people to change their position. However, the charts were left in the bedrooms when people were downstairs and therefore were not completed during the day. When people require this level of support to make sure they are changing their position regularly it is important

that this is done and recorded over a 24 hour period and not just at night.

When people were being treated for pressure sores we saw that the tissue viability nurse specialist was involved in planning their care and treatment.

When we looked around we saw a number of new adjustable beds had been provided. The manager told us that all the old beds are being replaced. The adjustable beds make it easier for people to change their position in bed and make it easier to help people move safely.

We saw that people have access to a range of NHS services and visits from health and social care professionals were recorded in people's notes.

There was some information about people's wishes in relation to end of life care. In some people's records we saw that Do Not Resuscitate (DNR) forms had been completed and this had been discussed with their representatives.

Our judgement

For the most part people's care needs are met. However, more attention should be given to making sure people's care plans are detailed enough to reduce the risk of individual needs being overlooked.

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

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People told us they enjoyed their lunch.

Other evidence

The menus have recently been changed and people now have a snack meal at lunch time and the main meal is served in the evening. The manager told us this had been done because people were not always ready for a full meal at lunchtime and said it had improved people's dietary intake. We saw from the records that people were offered a choice at breakfast and some people had a full cooked breakfast. At lunch time people were offered the choice of a hot or cold snack meal and home made soup was provided for the people who required a soft diet. This was followed by a choice of fruit, cheese and biscuits or chocolate mousse.

There were two sittings at lunch time, people who needed help to eat had their meal first. The manager told us this was to make sure staff were available to give people the support they needed and to allow people time to enjoy their food.

Generally people were given appropriate support to eat and drink, however staff did not always explain to people what they were having. For example, one member of staff was helping someone with their soup and then started to give the person chocolate mouse without saying anything to them.

Nutritional risk assessments and care plans were in place. However, people's weights were not always monitored in accordance with the care plans. In one person's records the plan said their weight should be checked every month but the most up to date

record we could find was for October 2011. One of the nursing staff found a piece of paper which she said was a record of the person's weight as recorded in January 2012, although there was no date on the piece of paper. The January record showed the person had lost weight since October but this information had not been included in their care plan.

In another person's records we saw that their weight had been recorded in July 2011 and not recorded again until 13 January 2012. The care plan said it should be done monthly. They had lost 2 kg in that time and their body weight was already low. A further entry dated 20 January 2012 showed the person had not gained any weight. One of the nurses told us they had spoken to the community matron about this but had not yet spoken to the person's GP. They told us a referral had been made to the Speech and Language Therapist because of concerns about the person's ability to swallow.

Our judgement

Generally people's nutritional needs are identified and met but this is not always accurately reflected in their records.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People did not make any comments about this outcome.

Other evidence

There are policies and procedures in place to protect people from abuse. Information is displayed in the home about the local adult protection procedures and this includes contact details.

The manager is familiar with requirements in relation to referring and reporting concerns about people's safety and well being and where necessary has made appropriate referrals and notified the Care Quality Commission.

The staff we spoke to told us they had received training on safeguarding vulnerable adults. They were able to give us examples of how people's rights could be abused by poor working practices and were able to tell us how they would report any concerns they might have both within the service and if necessary to outside agencies.

When people lack capacity to make decisions and do not have anyone to advocate on their behalf advocacy services are used. The manager gave us an example of one situation in which advocacy services were being used to support a person using the service and their representative.

Our judgement

People using the service are protected from abuse and the risk of abuse.

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

People did not make any comments about this outcome.

Other evidence

We looked around the home accompanied by the manager. Overall, the home was clean, there were odours in one or two areas and the manager explained what they were doing to deal with this.

Some parts of the home were not very warm. The management team told us they were dealing with this and they had identified that some radiators needed to be replaced. We saw that additional heaters had been provided in some areas; however this needs to be dealt with as a matter of some urgency given the current cold weather.

We saw evidence of ongoing decoration and refurbishment however there was no formal refurbishment plan and the approach seemed somewhat haphazard. For example, in one room a new wardrobe and chest of drawers had been provided but the bed and the floor covering needed to be replaced and the armchair was dirty and stained. In a shared room occupied by two people we saw that one of the wardrobes had been replaced but the other had not. We saw similar examples in a number of other bedrooms.

The manager explained that following an audit of the service in January 2011 the management team had agreed a programme of refurbishment but this had not been formalised into a written plan. She told us she was due to carry out another audit and we discussed the benefits of developing a more structured refurbishment programme.

We saw that one of the bathrooms had been converted into a wet room to make it more accessible to people. However, a number of other communal bathrooms were in need of refurbishment and there was no definite plan as to when this would be done.

The maintenance man carries out weekly checks on the hot water temperatures to make sure they are within the recommended safe limits. However, there were no bath thermometers available in the communal bathrooms we looked at. Bath thermometers should be available so that the water temperature can be checked before people use the bath to reduce the risk of scalding. The manager told us they were usually available and said she would make sure they were provided.

Two of the communal rooms not available for use, one had a key pad fitted which meant that people could only use it when accompanied by a member of staff. The other was set up as a dining room but was being used for storage when we visited.

The manager told us she was aware that Personal Emergency Evacuation Plans (PEEPs) needed to be completed for people using the service. The plans are designed to provide a summary of each person's needs to make sure they get appropriate support in the event of an emergency.

Our judgement

People are not fully protected against the risks associated with unsafe and/or unsuitable premises.

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

People did not make any comments about this outcome.

Other evidence

When new staff start work in the home they have induction training. There is an induction checklist which is specific to the home and following on from that they complete the Skills for Care induction standards. Over the past year all the existing staff have been completing the Skills for Care induction standards to update their skills and knowledge.

Staff told us they have plenty of training to help keep them up to date with safe working practices and to help them understand the needs of people using the service. They told us they have regular supervision, approximately every two months, and have an appraisal once a year. The records we looked at confirmed this.

The manager has a training matrix which shows what training has taken place. She also has a training plan for 2012. Over the past 12 months training has taken place on subjects including safeguarding vulnerable adults, Deprivation of Liberty Safeguards and caring for people with dementia in addition to mandatory training.

Training planned for the next 12 months includes person centred care, record keeping, communication, equality and diversity, a more in depth training course on caring for people with dementia and palliative care.

The manager told us that all the nursing staff had recently completed a training update

on the safe management of medicines and this will now be updated every year.

The manager told us all the care staff either have a national vocational qualification (NVQ) at level 2 or are working to obtain one. Some of the senior care staff have completed an NVQ at level 3.

There are meetings every month for care and nursing staff.

Our judgement

There are suitable systems in place to make sure staff receive the support and training they need to understand and meet the needs of people using the service.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People did not make any comments about this outcome.

Other evidence

The service sent surveys to relatives and friend of people using the service and to visiting health and social care professionals in October 2011. The service received responses from 16 of the 43 relatives/friends surveyed and one response from visiting professionals. Of the 16 relatives/friends who responded just over 80% were said they were either "very satisfied" or "satisfied" with the care provided. Areas identified for improvement included the activities programme, the toilet and bathing facilities, knowledge of staff names, roles and responsibilities and the car parking facilities. A report on the findings of the survey was displayed in the home for people and this included information on the actions that will be taken to address some of the shortfalls.

The manager told us that informal consultation takes place with people using the service. She told us that because most of the people using the service are living with dementia individual consultation and dealing with people's preferences at the time they express them is more effective than meetings.

As mentioned in outcome 10 of this report a full audit of the building was done in January 2011 and as a result work started on refurbishment. The manager told us this audit is now due to be done again. There are regular audits of the medicine systems and the manager told us that she carries out checks on various aspects of the service

every six weeks, although these are not recorded.

Accidents and incidents are recorded when they happen and the manager keeps a central record of all accidents/incidents so that she can identify any patterns or trends and take action to reduce the risk.

The manager told us that the senior management team meet approximately four times a year to review the service and plan improvements. We did not see the records of these meetings.

The service had an external infection control audit last year. This was done by the NHS infection control team and was given a rating of 92% compliance. The home had a deep clean in December 2011; this was done as a precautionary measure.

The service has been given a 5 star (the highest) rating by the local environmental health department for its standards of food safety and hygiene.

Our judgement

There are systems in place to monitor the quality of the service and seek the views of people using the service. However, the records do not always provide a clear audit trail.

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

There are minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

People did not make any comments about this outcome.

Other evidence

While assessing how people's care, welfare and nutritional needs were met we found some shortfalls in the records.

For example, some people's care plans had information about the help they needed to change their position, to reduce the risk of developing pressure sores, during the night. However, there was no information about how people should be helped to change their position during the day when they were not in bed.

We saw that some people had charts where staff recorded when they helped people to change their position. However, the charts were left in the bedrooms when people were downstairs and therefore were not completed during the day.

We saw that people's weight records were not always completed and recorded at the intervals specified in their care plans.

When people's dietary intake was being monitored it was difficult to get a clear picture of what they were eating and drinking over a 24 hour period. Some people had fluid charts in their bedrooms but these were not completed during the day as they were left

in the room when the person had gone downstairs. There is a separate checklist where staff record when people have had their main meal and some people were also on food charts. The food charts we looked at did not have detailed information about what the person had eaten and in most cases no entries had been made after the evening meal (at approximately 16:30) until breakfast the next day, (approximately 09:00). This was discussed with the manager who said she would deal with it.

Our judgement

People's care records do not always contain clear, accurate and up to date information about their care and treatment therefore there is a risk people's needs could be overlooked.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns: Generally, people's privacy, dignity and human rights are respected and their diversity needs are understood but there are occasions when this is not reflected in practice.</p>	
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns: Generally, people's privacy, dignity and human rights are respected and their diversity needs are understood but there are occasions when this is not reflected in practice.</p>	
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>Why we have concerns: Generally, people's privacy, dignity and human rights are respected and their diversity needs are understood but there are occasions when this is not reflected in practice.</p>	
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>Why we have concerns: For the most part people's care needs are met. However, more attention should be given to making sure people's care plans are detailed enough to reduce the risk of individual needs being overlooked.</p>	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns: For the most part people's care needs are met. However, more attention should be given to making sure people's care plans are detailed enough to reduce the risk of individual needs being overlooked.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns: For the most part people's care needs are met. However, more attention should be given to making sure people's care plans are detailed enough to reduce the risk of individual needs being overlooked.</p>	
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>Why we have concerns: Generally people's nutritional needs are identified and met but this is not always accurately reflected in their records.</p>	
Diagnostic and screening procedures	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	<p>Why we have concerns: Generally people's nutritional needs are identified and met but this is not always accurately reflected in their records.</p>	
Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations	Outcome 05: Meeting nutritional needs

	2010	
	<p>Why we have concerns: Generally people's nutritional needs are identified and met but this is not always accurately reflected in their records.</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: There are systems in place to monitor the quality of the service and seek the views of people using the service. However, the records do not always provide a clear audit trail.</p>	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: There are systems in place to monitor the quality of the service and seek the views of people using the service. However, the records do not always provide a clear audit trail.</p>	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>Why we have concerns: There are systems in place to monitor the quality of the service and seek the views of people using the service. However, the records do not always provide a clear audit trail.</p>	

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

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

The provider's report should be sent to us within 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.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: People are not fully protected against the risks associated with unsafe and/or unsuitable premises.	
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: People are not fully protected against the risks associated with unsafe and/or unsuitable premises.	
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: People are not fully protected against the risks associated with unsafe and/or unsuitable premises.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People's care records do not always contain clear, accurate and up to date information	

	about their care and treatment therefore there is a risk people's needs could be overlooked.	
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People's care records do not always contain clear, accurate and up to date information about their care and treatment therefore there is a risk people's needs could be overlooked.	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: People's care records do not always contain clear, accurate and up to date information about their care and treatment therefore there is a risk people's needs could be overlooked.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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

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

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

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

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

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

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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