

# Review of compliance

Mr & Mrs S P Brailey Atlantis Care Home	
<b>Region:</b>	South West
<b>Location address:</b>	Polperro Road Polperro Cornwall Devon PL13 2JP
<b>Type of service:</b>	Care home service without nursing Rehabilitation services
<b>Date of Publication:</b>	August 2012
<b>Overview of the service:</b>	Atlantis Care Home provides care to older people and specialises in dementia care. The home can accommodate up to twenty people and is registered with the Care Quality Commission to provide the regulated activity of accommodation for persons who require nursing or personal care. Atlantis Care Home is also registered to

	provide personal care, in the form of a domiciliary care service, to people in their own homes.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Atlantis Care Home was not meeting one or more essential standards. Action is needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 12 July 2012, carried out a visit on 20 July 2012, 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 an inspection of Atlantis Care Home on 20 July 2012 as part of our annual inspection programme and to follow up on previous compliance actions that had been made in August 2011 and February 2012. During the course of our inspection we talked with one relative, and a friend who was visiting. We also spoke to four people who lived at Atlantis Care Home, the registered manager, three members of staff, the dementia liaison nurse and a community psychiatric nurse. We did not inspect the domiciliary care service.

Some of the people that lived at Atlantis Care Home were unable to tell us about their experiences. So to help us to understand their experiences we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching the type of support people received. We observed that overall people had positive experiences living at Atlantis Care Home.

Comments from people who lived at Atlantis Care Home included "staff are very accommodating", "I've been very well looked after here", "they do attend to your needs", and "I have never had to complain". One person told us that they don't get a choice about whether they would prefer a male or a female carer. They told us "I'd rather a female with personal care".

We were told by a relative that staff are "very helpful, always cheerful". Other comments included "any problems and they ring me at home" and "it's a nice home, not too large". A visitor who had been visiting the home for the first time told us that her first impressions had been good and that she had "heard good things" about the care home.

Staff comments included, "brilliant, love the atmosphere", "you get to know a part of their lives", "we try and get people to do as much as possible", "I know I can speak to the manager if I ever have a problem" and "very supportive".

Nursing professionals that visited the home told us "they are always welcoming", "the manager is professional", "they always let us look at notes", "I can not fault them", "they use their initiative", "they call me, and are precise about the concerns they have" and "I have never heard staff speak to people in a disrespectful way".

During our inspection we looked at seven outcomes of the 'Essential Standards'. We found that the provider was compliant in six areas and non compliant in one area inspected.

In the one area of non compliance, we found that people's needs were assessed however, care and treatment was not planned and delivered in line with their individual care plan.

## **What we found about the standards we reviewed and how well Atlantis Care Home was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

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

People's needs were assessed however, care and treatment was not planned and delivered in line with their individual care plan. Care plans were not consistently reflective of people's care needs.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

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

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

The provider was meeting this standard.

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

Staff received appropriate training and professional development.

The provider was meeting this standard.

### **Outcome 17: People should have their complaints listened to and acted on properly**

There was an effective complaints system available. People's comments and complaints were responded to appropriately.

The provider was meeting this standard.

### **Outcome 27: The service must tell us how they will manage the service safely when the person in charge is away**

People can be confident that if the person in charge of the service is absent, it will continue to be properly managed and be able to meet their needs.

The provider was meeting this standard.

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

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

### **Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

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

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

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

We observed a consistent approach by staff in the way they involved people and respected their dignity. Empathy was shown by staff for people they cared for. This was observed through their actions, their conversations and in their discussions with us. For example, we saw a member of staff taking time to ensure that someone who could not eat without assistance had help which was carried out in an unhurried way and was at the person's pace.

We spoke to four people who lived at Atlantis Care Home, comments included staff are "respectful of dignity and privacy when washing and dressing", "they keep your dignity", "you can't fault it" and "you have choice".

We spoke to one relative who told us "any problems they ring me at home" and "they have responded to concerns, no hesitation". We were told that when they had raised a concern about their relatives ankles, a GP had been called.

Staff told us they promoted independence. They did this by encouraging people to do as much for themselves as possible. We were told that an example of this was "we wash our hands together" and we encourage people to independently wash their faces rather than taking away a persons independence.

**Other evidence**

We observed staff knocking on people's bedrooms doors and seeking permission prior to entering. This demonstrated that staff understood and respected people's privacy and dignity.

We looked at three care plans. Care plans are a tool used to inform and direct staff about a person and their individual care needs. We saw that the person themselves or their relative or representative had been involved in creating their care plan and had signed to agree to staff following their plan of care.

We observed that people were well dressed and clothing was individual. This indicated that personal preferences were being respected.

We observed that all bedrooms had a lock and we were told that people were given a key. Having a key ensures that people feel that their bedroom door is their front door, it promotes peoples continued independence, as well as ensuring that their belongings can be locked and be kept safe.

During the inspection of the building, we noticed that a lock did not work on one of the ground floor toilets (at the entrance). The registered manager told us that she would get this fixed immediately. We also noticed that one of the lounge door handles was fitted very high, and could have been difficult for some people to reach. We shared our concerns with the registered manager; she had arranged for the handle to be lowered prior to us completing out inspection.

**Our judgement**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

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

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a minor impact on people who use the service.

#### Our findings

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

We spoke to four people who lived at Atlantis Care Home, they told us "you have choice, I can have the main meal or I can have sandwiches", "I like it here, I do", "I am happy here", "they tell me when I am getting my hair done" and "very well looked after".

Staff told us that they can alter peoples care plans as necessary and have access to people's records at all times. This is important because information may need changing and staff may need to refresh their understanding of people's health and social care needs.

We spoke to one relative who told us that they felt involved in their care. We were told that she had concerns about their relative's ankles, when she mentioned to the staff they took immediate action. We were also told "they respond to my concerns" and that "it is very individualised care". One person told us that they would like to know more about their relative's dementia. This person told us that they had not been involved in care reviews.

We spoke to a dementia liaison nurse and psychiatric nurse who were involved with some of the people who lived at Atlantis Care Home. We received comments such as "they genuinely want to make peoples lives better", "I can not fault them, they call me anytime and give me precise details about what the issues are", "they always let us look at notes" and "no concerns about how people are being cared for".

We saw staff spending time with people and supporting them in the way they wanted to

be supported. There was a good, happy atmosphere in the home.

Some of the people that lived at Atlantis Care Home were unable to tell us about their experiences. To help us to understand the experience people had we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allowed us to spend time watching, the type of support people get and whether they had positive experiences.

During lunch time we spent 55 minutes in the lounge/dinning room; we observed mainly good interactions and found that overall people had positive experiences. The staff supporting knew what support people needed. Good staff interaction indicated that staff attitudes, actions and responses had the potential to enable positive experiences for people.

The dining room was spacious with three dining. We observed that most people were sat in dining room chairs but one person was sat in their wheelchair. People ate at there own pace and were not rushed.

The tables were laid out in a restaurant manner, with napkins and condiments. A member of staff offered sauce to people in a restaurant manner. People were asked "would you like any tomato sauce"? and were able to choose independently. One person who lived at the care home responded "some for me please!", and we observed that the member of staff responded promptly to the person's request.

We observed that there were no jugs of drinks on the table for people to help themselves to. It is important that people are offered a choice of drink with their meals and are able to assist themselves. This maintains peoples own independent daily living skills.

There was a menu board with the lunch time menu displayed. The board was a white board and was quite worn. It may have been difficult for people to read what was being served and what other choices were available.

We observed staff speaking to people in inclusive manner. Questions were asked such as "are you quite happy with your juice, or would you like a cup of tea?", "would you like me to take that for you?," and "would you like anymore, did you enjoy that"? These questions illustrated that a collaborative relationship existed. The staff member ensured that the person was an equal partner in what was happening and offered choice.

During our observation, we were particularly positive regarding the support received by one person who was being assisted with his meal. This person was not in the main dining room but in the lounge and was reluctant to eat. The staff member who was trying to assist this person was sat down next to the person. This was a sign of good practice. It is important for staff to sit beside a person when providing assistance during a meal time; this ensures that a person does not feel different or intimidated. We observed polite staff interaction as they tried to encourage this person to eat. Conversation was held at a slow pace and prompts were used to try and ease the person into eating his lunch. The person was offered a number of different meal alternatives to choose from, but the staff did not succeed. Different staff tried, and all of the staff that tried had a polite and reassuring manner. Within forty minutes, the person

split their drink on the carpet. We observed quick staff responses and reassuring conversation. Comments included "we'll get a cloth X" and "as long as it didn't get you". The person's slippers were checked to see if they were wet and the person was offered another drink. This was a good example of staff interaction; staff provided warmth to the person by demonstrating genuine affection, care and concern for the person.

We did however; observe one example of poor staff interaction. One member of staff asked another staff member when they were serving a person's sweet "that's diabetic is it?" This was a sign of staff failing to hold the privacy and dignity of the person through the words that were used.

We spoke to the registered manager about this and explained what we had observed, the registered manager agreed that this was poor practice, and told us that she would share our feedback with the staff team.

### **Other evidence**

During our inspection of Atlantis Care Home we saw and heard staff interacting with the people who lived in the home in a positive and inclusive way. The atmosphere in the home was homely and there was a sense of calmness. We saw that the staff treated people in a friendly and respectful manner.

On our inspection in August 2011 the Care Quality Commission found that the service was not meeting this essential standard and we recognised that this had a moderate impact on the people who lived at the Atlantis Care Home. The provider was given twenty eight days to send an action plan to the Commission to explain how they were going to become compliant. We received the provider's action plan in May 2012.

Concerns had been raised in August 2011 about care plan documentation. The Care Quality Commission had recognised that whilst care plans identified the needs of each person, most of the care plans did not explain how people's needs were to be met. This was of particular concern regarding diabetic and colostomy care. We also identified that there were no proper risk assessments or consent paperwork in place relating to the use of bed rails.

During our inspection on 20 July 2012 we saw that the registered manager carried out an in-depth assessment of peoples needs prior to them coming to live at Atlantis Care Home. This ensured that all specific information about a person's health and social care needs were taken into consideration so the person's needs could be met.

Care plans are essential to plan and review the specific health and social care needs of a person. They are a tool used to inform and direct staff. We looked at five care plans and found that documentation made reference to people's health and social care needs and included documentation relating to associated risks (risk assessments). The registered manager told us that since the previous inspection a lot of work had been carried out to improve the care plans and to ensure that they were person centred.

We could see from the five care plans that they had been signed by either the person living at Atlantis Care Home or their relative or representative. It is important that care plans are signed, as this demonstrates that people have been involved in creating their care plan and agree to the care delivered by the staff team.

We saw that care plans had been adapted to improve the 'person centred' content. Care plan documentation made reference to "I would like you to call me" and "my life before you knew me". These documents are essential to staff to ensure that they get to know the person they care for. Specific care plans had been put into place that covered care regarding diabetic health care needs, and provided directions to staff.

Risk assessments and consent forms had been put into place to ensure that the necessary documentation protects people and their wishes. We saw in one persons care plan that a risk assessment had been updated because the person had been falling more frequently.

We saw two examples in two different care plans of information that was not reflective of the persons current care needs.

We reviewed the care plan of one person who we had observed during our observational exercise (SOFI) We observed during the observational exercise that one person ate his lunch in the lounge, they were being assisted by staff, and they were reluctant to eat.

The care plan we read had been reviewed on 19 April 2012. It stated that "X eats a large diet, X likes to have his meals in the dining room". We spoke to one member of staff who told us that this person had a small appetite. The nutritional risk assessment that was in this persons care plan had been reviewed on 12 April 2012 and indicated a low risk of nutritional malnutrition. However, comments in the daily records dated 27 June 2012 stated "refusing most dinner", on 29 June 2012 a comment stated "small diet taken" and on 15 July 2012 there was a record of "small diet". We saw from the daily notes that comments had been written by staff about this persons reduced appetite, however, this had not prompted staff to update the care plan.

The second example was from a care plan that stated "if X BM (Blood sugar level) is higher than Y, then X may have a water infection". However, there was no care plan in place to inform staff about the importance of fluid intake. Although, this care plan was very detailed about the person's complex behaviour management, it did not contain any information about social care and the person's interests.

Peoples care plans showed that religion and beliefs had been discussed with people. The manager told us that the home had a visiting priest and vicar and spoke to us in detail about their awareness of one person's last wishes.

We spoke to the manager about one of the people who lived at Atlantis Care Home who told us about preferring female care staff to assist with personal care. We were told that this person never had a male carer to assist her. However, there was no information in people's care plans to show that people had been asked whether they had a preference for the gender of staff to assist them with personal care. People should be consulted and offered a choice.

The files contained information that showed health and social care professionals had been consulted and involved in people's care. It is essential that people who live in a care home have access to external professionals.

All of the staff we spoke to confirmed that they could access read and alter peoples care plans at anytime.

We were shown that there was a system in place to update and review care plans on a monthly basis. However, we were concerned that the system may not be adequate because we had identified that a care plan did not reflect a persons current nutritional care needs.

**Our judgement**

People's needs were assessed however, care and treatment was not planned and delivered in line with their individual care plan. Care plans were not consistently reflective of people's care needs.

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

## Outcome 08: Cleanliness and infection control

### What the outcome says

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

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

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

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

##### Other evidence

We inspected the premises and the home looked clean and well ordered. There were no unpleasant odours. The bedrooms and bathrooms we looked at were all clean and tidy.

When we looked around the home we looked at the hand washing facilities in all bathrooms and some of the bedrooms. All of the rooms had liquid soap and paper towels for hand drying. This ensured that the risk of cross contamination was reduced.

We saw that information relating to hand washing techniques was displayed in bathroom areas. This ensured that staff and visitors followed guidelines to limit the risk of cross infection. We observed that people were asked to use the alcohol hand gel when entering the home. This was good practice and indicated to people who visited that infection control processes were taken seriously and that it was everyone's responsibility to ensure that germs were not spread unnecessarily.

We asked the registered manager about whether she was aware of the Department of Health Guidance "Code of Practice on the prevention and control of infections and related guidance". We were told that the registered manager was the lead for infection control and that she had a copy of the guidance to refer to as necessary.

The home had a robust infection control policy in place. The policy highlighted the homes responsibility in the event of an outbreak of infection and made reference to

their responsibilities of reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). This showed that the registered manager was clear about her responsibilities.

The home also had a hand washing policy, this policy provided information to staff about how to prevent cross contamination and for them to recognise that it was a shared responsibility to protect people who lived at Atlantis Care Home.

We saw from the homes training records that 11 out of 16 staff were trained in infection control and prevention. The manager confirmed that the rotas were always managed to ensure that someone who was working on duty had up to date training. This ensured that infection control processes were always followed and if an outbreak occurred, staff would be directed about what to do.

We could also see from induction records that infection control and prevention was covered as a key topic for any new member of staff.

### **Our judgement**

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

The provider was meeting this standard.

## Outcome 14: Supporting 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 competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

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

We spoke to four people who lived at Atlantis Care Home and they all told us that they felt the staff were kind and helpful. Comments included "staff are very accommodating", "some are better than others", "they are very good" and "they've got a difficult job, they do it well".

We spoke to two members of staff who both told us that the registered manager and provider were supportive. Comments included "I know I can speak to the manager if I have a problem", "the providers are supportive of your personal life", "very supportive", "they are supportive of my own ambitions" and "I have got a really good team".

A relative told us that "the staff are very helpful, always cheerful". They also told us that the staff appear to be confident and competent.

A community psychiatric nurse told us that the manager is "professional" and that the staff are "always welcoming" and the dementia liaison nurse told us "I can not fault them".

##### Other evidence

Staff told us they had received appropriate training specific to their job. We saw the homes training records and this showed us that staff were provided training to enable professional competence and development.

The homes training records showed that 14 out of 16 staff had completed dementia training. It is essential that staff have this training as the people who live at Atlantis

Care Home predominately suffer from a form of dementia. This ensures staff, are trained to meet people's complex health and social care needs.

Eleven out of twelve staff had also completed training on the safeguarding of vulnerable adults. It is important that all staff are trained so that they are able to raise any safeguarding concerns with the relevant department within the local authority and/or police and have a clear understanding of their responsibilities and of the process.

The Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DOLS) provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. We could see from the homes training records that ten out of sixteen members of staff had undertaken training. The provider may like to note that it is essential that all staff are trained, as this ensures that when people are unable to express their wishes and decisions, this legal framework protects peoples rights.

Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity for staff to sit down in a confidential one to one setting to discuss ongoing practice, support, training and development. Two members of staff told us that they had received formal supervision from the registered manager and we saw documentation to confirm this.

An induction is an essential process that all staff should undertake when joining an organisation. An induction welcomes new staff to the ethos of an organisation. It ensures that staff feel confident and equipped with the necessary information about the organisation, and enables staff to have a clear understanding of policy and procedures. We saw that the home used the Common Induction Standards (CIS). The CIS is a national tool, developed by Skills for Care, which is used to enable care workers to demonstrate high quality care in a health and social care setting.

### **Our judgement**

Staff received appropriate training and professional development.

The provider was meeting this standard.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

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

We spoke to four people who all told us that they would feel confident about speaking to the registered manager to make a complaint. Comments included "I am not one for complaining" and "I've never had to complain".

A relative told us they would complain to the registered manager, they also told us "if I am worried, I ask".

Staff comments included "if I've got a problem, I go straight to the manager or provider" and "I know I can speak to X if I have a problem".

A community psychiatric nurse told us that the manager "answers any questions they have, listens to any comments that are made".

##### Other evidence

We saw a copy of the homes complaints policy. People who lived at Atlantis Care Home were given a copy of the complaints policy before they moved in, relatives and representatives were also provided with a copy. The policy was detailed and ensured people understood how to make a complaint.

It is important that staff understand the complaints process; this ensures that all concerns can be addressed in a formal manner where necessary, and people understand their rights. We were told that as part of the staff induction process the complaints policy was discussed. A copy of the complaints policy was also given to all

new members of staff with their employment contract.

We asked the registered manager if she had received any complaints in the last six months. We were told that the home had not; the registered manager told us "we are a very transparent home" and that most relatives, in passing ask "could I just have word". The manager told us that if a complaint was received a separate file would be created, and a clear audit trail of all correspondence would be placed on file. This is important as it provides evidence that the complaints process has been followed in line with the complaints policy.

The home also had a whistle blowing policy. A whistle blowing policy is important for staff to feel that they can disclose bad practice and feel confident that their comments and concerns will be suitably acted upon. We were told that the whistle blowing policy is an integral part of the interview and induction process.

**Our judgement**

There was an effective complaints system available. People's comments and complaints were responded to appropriately.

The provider was meeting this standard.

## Outcome 27: Notifications – notice of absence

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Can have confidence that, if the person(s) in charge of their service is absent, it will continue to be properly managed and be able to meet their needs.

### What we found

#### Our judgement

The provider is compliant with Outcome 27: Notifications – notice of absence

#### Our findings

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

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

##### Other evidence

On our inspection in August 2011 we had identified that the registered provider and registered manager had not informed the Care Quality Commission that they were absent from the service and had moved abroad in August 2010 and had last been seen by staff at Christmas 2010.

Registered providers have a duty to inform the Care Quality Commission of the absence of any registered individual of 28 or more days.

We had been informed on 20 June 2012 that the registered provider would be absent from the service for approximate eight weeks and that the registered manager would be present at the service. We were pleased that the registered provider and registered manager had complied with the regulations and informed us.

During our inspection to Atlantis Care Home it was clearly evident that the home was currently being managed on a day to day basis by the new manager who had recently been registered by the Care Quality Commission in May 2012.

##### Our judgement

People can be confident that if the person in charge of the service is absent, it will continue to be properly managed and be able to meet their needs.

The provider was meeting this standard.

## 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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b>            People's needs were assessed however, care and treatment was not planned and delivered in line with their individual care plan. Care plans were not consistently reflective of people's care needs.</p> <p>The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.</p>	

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

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

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

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

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

# What is a review of compliance?

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

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

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

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

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

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

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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