

# Review of compliance

Havelock House Nursing Home Havelock House Nursing Home	
<b>Region:</b>	South East
<b>Location address:</b>	57-59 Victoria Road Polegate East Sussex BN26 6BY
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	Havelock House is located in a residential area of Polegate, East Sussex. It is registered to provide: Accommodation for persons who require nursing or personal care, treatment of disease, disorder or injury and diagnostic and screening procedures for up to 27 older people. The home is arranged over two floors and has a dining room and separate lounge for people to enjoy.

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

## Our current overall judgement

**Havelock House Nursing Home was not meeting one or more essential standards. Improvements are needed.**

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

### Why we carried out this review

We carried out this review 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 5 March 2012, observed how people were being cared for, talked to staff and talked to people who use services.

### What people told us

Some people we spoke with were able to tell us that they enjoyed living at Havelock House, and were happy. We were told by one person "everyone is nice", "I am lucky" and "the food is good".

### What we found about the standards we reviewed and how well Havelock House 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**

We found that people were not all being involved or consulted about the care they received. Care plans reflected a person centred care approach but were not always based on peoples' preferences and choices.

On the basis of the evidence provided and the views of people living in the home we found the service to be non compliant with this essential standard.

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

From reviewing the care documentation and from direct observation during our visit there was evidence that treatment and care was not always reflective of individual needs.

On the basis of the evidence provided and the views of the people using the service we

found the service non compliant with this essential standard.

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

Havelock House had taken steps to ensure that the policies and procedures regarding cleanliness and infection control were followed and that the home was clean and hygienic.

People were protected from infection and staff received regular infection control training. However, the sluice facilities at the time of the visit were not sufficient and could be a source of cross infection.

From the evidence seen and from information gathered we found the service to be non compliant for this essential standard.

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

The premises were designed to meet the needs of people using the service. They were decorated, and maintained to a good standard to promote peoples safety and independence.

From the evidence seen and from information gathered we found the service to be compliant for this essential standard.

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

Havelock House had not ensured that the people who used the service had their health and welfare needs met by a sufficient number of appropriate staff.

From the evidence seen and from information gathered we found the service to be non compliant with this essential standard.

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

The provider had systems in place to ensure that people who used the service were safe and that their quality of care was continually monitored.

On the basis of the evidence provided we found Havelock House to be compliant with this essential standard

**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

There are moderate concerns with Outcome 01: Respecting and involving people who use services

#### Our findings

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

Not everyone we spoke with were able to tell us if they were involved in planning their care. People we spoke with said "I feel that they forget to ask me sometimes if I would like to go to activities". "They do ask me if I'm happy".

##### Other evidence

We used the Short Observational Framework for Inspection (SOFI) tool during this inspection.

There was evidence in the documentation viewed that there had been limited consultation with, or involvement of, people in the pre admission process and in their admission to the home.

The care plans viewed evidenced that pre admission visits had been undertaken prior to admission and the information gathered informed the admission to the home.

There was some reference to an individual's communication abilities but limited reference to the level of understanding about the reasons for possible admission to the home and how it would emotionally impact on their life.

Care plans had all been rewritten in January 2012. We found that not all had been signed by the nurse who had rewritten the plan or that it had been signed and agreed by the individual or their representative.

From examining the care documentation and from talking with people who used the service, we found that not all people had been consulted in developing their care plan or involved in changes to their care.

The care plans were reflective of a person centred approach and provided guidance for staff in providing a consistent approach to the delivery of care.

There were some minor shortfalls noted which included that people had not been asked the preferred sex of the care staff/nurse who was to undertake personal care such as bathing and dressing. We were told that people were always encouraged to be as independent as possible but this was not apparent in the documentation seen.

We saw people being given drinks during the morning but they were not offered a choice.

Staff were seen to be kind and courteous when supporting people who lived in the home but limited verbal interaction was observed. For example, people were transferred from a wheelchair by hoist without any words exchanged.

We also found that people, despite their own refusal being documented, had bed rails on their bed. It had been decided that it was for their safety and signed for by family. This lacked clarification and a multi disciplinary approach. There was no evidence that the people had been consulted again about this decision.

By using the SOFI tool we observed that staff presented no options in respect of seating, food and drink for people whilst in the lounge area. People were not engaged with or involved in the process. The television was on but no one was watching it and it was left on the same channel without staff offering to change it or turn it off.

People were left unsupervised in the lounge for long periods of time. There was nothing put in place for stimulating or encouraging/involving people to do anything but sleep.

One person sat in the dining room following breakfast for nearly two hours. This person was seen asleep there for about 20 minutes. This was not considered to be their choice and it was not reflected in the care plan.

Care staff were seen to knock before entering bedrooms. We saw that peoples' clothes were well pressed and clean. All people were wearing clothes suitable for the temperature in the home.

Activities are held four days a week and the records were detailed. It was identified that staff were not always proactive in ensuring that people had their glasses on, hearing aids in, or their books with them when activities were not held.

We observed that communication was not actively promoted verbally by staff and as a result some people had resorted to pointing and not speaking.

## **Our judgement**

We found that people were not all being involved or consulted about the care they received. Care plans reflected a person centred care approach but were not always based on peoples' preferences and choices.

On the basis of the evidence provided and the views of people living in the home we found the service to be non compliant with this essential standard.

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

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

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

People we spoke with were able to tell us they were happy with the care they received.

One person told us "I'm happy" another said "It's okay".

##### Other evidence

We looked at six (50%) care plans in total. The initial assessment was based on the activities of daily life which was then transferred in to a plan of care for that assessed need.

The care plans had recently been reviewed and rewritten in January 2012. However, the review for one person had not been updated despite their care needs having changed.

The documentation viewed was generally health based with limited reflection on social and psychological needs. A separate file with peoples' involvement in activities was kept separately.

Mental capacity and monitoring of peoples' capacity was not always recorded correctly and lacked on going monitoring. We found that people who had memory loss did not have this monitored, or have a plan in place to stimulate them.

When asked about one persons' capacity to make a decision the staff said yes she

could but her care plan said she couldn't. As described in outcome one, we found that people had bed rails on their beds despite their care plans stating that they did not want them.

Personal risk assessments had been completed in full and followed through with an appropriate action plan. However, for one person their nutritional care plan was not reflective of their needs and had not been updated. There was no reference found that concerns had been referred to the dietician or doctor. Also no changes had been made to the nutritional assessment.

We found that people who received fluid thickeners had appropriate referrals in place. We saw one person eating with their fingers and could not ascertain the reason. The staff did not know why this was happening.

The visit identified that people had access to equipment to relieve pressure and provide safe moving and handling. However, there was limited evidence found that risk assessments had been undertaken and that they remained suitable and correct for individual people. There was no guidance found for the correct setting for air mattresses and equipment to be used on all the plans of care viewed.

We saw that people had been transported in wheelchairs that did not have foot plates in place to prevent injury.

There were people who remained on continuous bed rest with no clear rationale documented in their care plan and limited consultation with other health professionals. Staff told us one person liked to 'potter' but was now unsafe due to a recent illness. This had not been clearly reflected in the care plan. There was limited information as to how staff were now supporting this person to regain her mobility and strength.

We found that people who were in need of food and fluid monitoring had their input recorded.

Peoples' personal preferences or choices were not reflected in the actions taken by staff in the delivery of care.

Some people had recently been ill with a short term health problem, but no care plan had been put in to place to guide staff in the care required.

We saw that multidisciplinary notes were dated and timed and included records of visits from doctors, dieticians, chiropodists, opticians and therapists.

Information had been sought, regarding individuals choices/wishes in the event of their death. These however, did not all include a multi agency approach and the signature of the resident or their family.

We found that communication between staff and the people who used the service limited. Not all people were being encouraged to talk and the interaction seen in the lounge on the morning of the visit was not positive.

The SOFI tool identified that people were not being positively interacted with during the

inspection visit. There were times recorded that people were non responsive and some did not respond even when approached.

Care plans for communication were in place but were not being followed.

**Our judgement**

From reviewing the care documentation and from direct observation during our visit there was evidence that treatment and care was not always reflective of individual needs.

On the basis of the evidence provided and the views of the people using the service we found the service non compliant with 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

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

#### Our findings

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

We were told that the home was clean and comfortable.

##### Other evidence

We found that most areas of the home were cleaned to a good standard.

Furniture and carpets observed were a good quality and appeared clean and well maintained. The entrance hall and communal areas were well presented and welcoming.

Ancillary staff were seen to be using correct protective clothing. There were separate cleaning cloths and mops used in bathrooms, bedrooms and corridors.

There were separate ancillary staff to undertake cleaning and laundry duties. Cleaning staff spoken with were aware of infection control issues.

Hand gel and paper towels, as well as hand sanitizer, were located around the home. We saw staff use red bags appropriately for soiled linen. There were policies and procedures in place and soiled and clean linen was correctly segregated and managed.

Hazardous chemicals were stored appropriately in a locked cupboard with only staff having access to the key.

The manager was aware of the requirements for care homes as stipulated by the hygiene code and we were told that they have a nominated lead for infection control. This was confirmed by the training programme provided.

There was a folder in place dedicated to infection control policies and processes including audits all based on the 'Code of Practice.'

Staff were appropriately dressed in different uniforms to protect their clothes and reduce the risk of cross infection.

All staff spoken with told us that they had completed infection control training and were aware of infection control issues and when to use aprons and gloves. There were gloves and aprons available in easily accessible areas throughout the home. Staff told us that they were able to access protective clothing when they needed it.

The sluice room on the ground floor was out of order and had been for a long time. Staff could not tell us how they appropriately cleaned or transported used bedpans to the second floor sluice. There was no emergency policy in place for this. The sluice room on the second floor was clean and organised.

Staff were aware of the home's waste policy and clinical/soiled waste was appropriately stored in locked containers.

We were told that all staff had received training in infection control measures and that audits were carried out regularly. The training matrix produced confirmed this.

We were told that an ongoing maintenance programme was in place and there was a dedicated maintenance person on site Monday to Friday.

The staff had a book that was used to report maintenance issues found and this was then completed when the problem had been resolved.

### **Our judgement**

Havelock House had taken steps to ensure that the policies and procedures regarding cleanliness and infection control were followed and that the home was clean and hygienic.

People were protected from infection and staff received regular infection control training. However, the sluice facilities at the time of the visit were not sufficient and could be a source of cross infection.

From the evidence seen and from information gathered we found the service to be non compliant for this essential standard.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

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

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

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

People we spoke with told us they liked their rooms. One person told us "comfortable".

##### Other evidence

The building design and layout was appropriate, with accommodation provided over two floors.

Access to the upper floors was either by passenger lifts or stairs. Visitors were required to sign on entering and leaving the building.

All bedrooms were single occupancy. The bedrooms that we looked at were personalised with family photographs and ornaments to reflect people's individual preferences.

There was a good sized lounge with a separate dining room.

The laundry and kitchen areas were clean and tidy. Arrangements were in place for the disposal of clinical waste.

We looked at records and saw that regular health and safety checks were carried out. Generic risk assessments were up to date. We saw that personal emergency evacuation plans were in place in the event of a major incident at the service.

Records showed that fire safety checks were carried out routinely and staff were trained in evacuation procedures.

Maintenance problems were reported by staff in a maintenance folder, this was checked daily by the manager and problems dealt with.

The folder showed issues raised which were ticked and dated when resolved. This evidenced a robust system of reporting, with resolutions being achieved quickly and appropriately.

**Our judgement**

The premises were designed to meet the needs of people using the service. They were decorated, and maintained to a good standard to promote peoples safety and independence.

From the evidence seen and from information gathered we found the service to be compliant for this essential standard.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

There are moderate concerns with Outcome 13: Staffing

#### Our findings

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

People told us that they felt that there were not always sufficient staff in place but that staff were caring.

##### Other evidence

At the beginning of the site visit the staffing levels were checked against the duty rota. This identified that the staffing complement was correct on the day of the site visit. We requested to review the previous two weeks rota which evidenced that staffing levels were stable.

The duty rota for this period was viewed, and found to be accurate and clearly demonstrated who was working in the home.

There are 13 people who lived in the home the day staff team consists of two care staff and one registered nurse. The night staff team was one care staff and one registered nurse.

From direct observation during the visit the staffing levels during the day were not seen as appropriate for the needs of the people currently living in the home. The SOFI tool identified that people were unsupervised for long periods of time during the morning. This was due to the activity person being on escort duty. One person had been left sitting in a wheelchair in the lounge alone for an hour and half, asleep wrapped in a blanket before being hoisted into a chair for breakfast. Another person was in the dining room alone for approximately one hour. People who remained in their room were also left for some time with minimal input whilst staff were busy elsewhere.

The night staff ratio is not sufficient to meet the needs of the people at certain times. The registered nurse administers medication whilst the care staff settles people. There are people who require two care staff to turn or change. If someone was unwell and needed assistance it would impact negatively on other peoples care.

The accident/incident reports had been regularly audited. There were no trends that identified particular times of day that people were more at risk from insufficient staff.

**Our judgement**

Havelock House had not ensured that the people who used the service had their health and welfare needs met by a sufficient number of appropriate staff.

From the evidence seen and from information gathered we found the service to be non compliant with this essential standard.

## 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 spoken with made no specific comment about this outcome.

##### Other evidence

We saw documentary evidence of regular self auditing. The service was found to have assessed risk and quality across the service and acted appropriately on their findings.

The newly appointed manager had been in post for six months and had put systems in place to audit the service. New care plans had been put in place following an audit. We were told that the audits had proved invaluable in moving the service forward.

There had not been a recent survey undertaken to get essential feedback from people who used the service or visitors but this was planned for the near future.

Environmental audits that had been carried out had improved the cleanliness and maintenance of the home.

Information about people's experiences had been gathered and the information obtained had been to progress the service further.

The management structure for decision making and accountability provided guidance for staff, to ensure that care and support needs were met consistently and safely. Staff were confident and aware of how to raise concerns.

**Our judgement**

The provider had systems in place to ensure that people who used the service were safe and that their quality of care was continually monitored.

On the basis of the evidence provided we found Havelock House to be compliant with this essential standard

## 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
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p><b>Why we have concerns:</b></p> <p>Havelock House had taken steps to ensure that the policies and procedures regarding cleanliness and infection control were followed and that the home was clean and hygienic.</p> <p>People were protected from infection and staff received regular infection control training. However, the sluice facilities at the time of the visit were not sufficient and could be a source of cross infection.</p> <p>From the evidence seen and from information gathered we found the service to be non compliant for this essential standard.</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 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>How the regulation is not being met:</b> We found that people were not all being involved or consulted about the care they received. Care plans reflected a person centred care approach but were not always based on peoples' preferences and choices.</p> <p>On the basis of the evidence provided and the views of people living in the home we found the service to be non compliant with this essential standard.</p>	
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>How the regulation is not being met:</b> We found that people were not all being involved or consulted about the care they received. Care plans reflected a person centred care approach but were not always based on peoples' preferences and choices.</p> <p>On the basis of the evidence provided and the views of people living in the home we found the service to be non compliant with this essential standard.</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><b>How the regulation is not being met:</b>  We found that people were not all being involved or consulted about the care they received. Care plans reflected a person centred care approach but were not always based on peoples' preferences and choices.</p> <p>On the basis of the evidence provided and the views of people living in the home we found the service to be non compliant with this essential standard.</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><b>How the regulation is not being met:</b>  From reviewing the care documentation and from direct observation during our visit there was evidence that treatment and care was not always reflective of individual needs.</p> <p>On the basis of the evidence provided and the views of the people using the service we found the service non compliant with this essential standard.</p>	
Diagnostic and screening procedures	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>  From reviewing the care documentation and from direct observation during our visit there was evidence that treatment and care was not always reflective of individual needs.</p> <p>On the basis of the evidence provided and the views of the people using the service we found the service non compliant with this essential standard.</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><b>How the regulation is not being met:</b></p>	

	<p>From reviewing the care documentation and from direct observation during our visit there was evidence that treatment and care was not always reflective of individual needs.</p> <p>On the basis of the evidence provided and the views of the people using the service we found the service non compliant with this essential standard.</p>	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p><b>How the regulation is not being met:</b> Havelock House had not ensured that the people who used the service had their health and welfare needs met by a sufficient number of appropriate staff.</p> <p>From the evidence seen and from information gathered we found the service to be non compliant with this essential standard.</p>	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p><b>How the regulation is not being met:</b> Havelock House had not ensured that the people who used the service had their health and welfare needs met by a sufficient number of appropriate staff.</p> <p>From the evidence seen and from information gathered we found the service to be non compliant with this essential standard.</p>	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p><b>How the regulation is not being met:</b> Havelock House had not ensured that the people who used the service had their health</p>	

	<p>and welfare needs met by a sufficient number of appropriate staff.</p> <p>From the evidence seen and from information gathered we found the service to be non compliant with this essential standard.</p>
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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

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## Care Quality Commission

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