

# Review of compliance

Mr & Mrs P Newton Donness Nursing Home	
<b>Region:</b>	South West
<b>Location address:</b>	42 Atlantic Way Westward Ho Bideford Devon EX39 1JD
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	September 2011
<b>Overview of the service:</b>	Donness is a care home with nursing for up to 34 people. The home has various communal rooms on different floors of the building including dining rooms, lounge rooms and a visitors lounge room. The home has twenty six single bedrooms, and four bedrooms that can be shared if people choose to do so. Many rooms have en suite facilities. There is a large sun balcony with views

	<p>over the sea so people can sit outside. The home is close to local amenities and there is a bus route to Bideford.</p>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

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

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

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 08 - Cleanliness and infection control
- Outcome 09 - Management of medicines
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 July 2011, carried out a visit on 27 July 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

We carried out this responsive review in response to an overall multi agency safeguarding strategy which is being coordinated by Devon County Council. The alert focuses on key themes, which include:

- how pressure area care is managed
- how well the nursing home cares for people with complex needs
- how infection risks are managed
- how medicines are managed and whether this is done safely
- how staff are recruited and whether this protects people
- whether the staffing levels meet the needs of people.

We carried out a responsive review with two inspections to Donness Nursing Home on 21st and 27th July 2011 and because of the concerns we looked outcomes 4, 8, 9, 12 and 13.

We were not investigating this alert because this is being looked at as part of the safeguarding process. The purpose of this review was to check compliance in these five

key outcome groups for people currently living in the home.

We looked at the records of four people in detail; and where possible we spoke to the individual and or their carer. We observed other people being attended to whilst we were visiting. We also spoke to different care workers including nurses and care assistants.

People who were able to tell us said that their needs were being met and commented that care workers are "friendly" and "thoughtful". However, we observed that people with cognitive impairment did not always have the consistent attention they require to promote their well being or safety because there has been a reduction in the numbers of care workers on duty.

We have identified some key areas of concern where lack of assessment and care planning could place people at risk. We did not find that outcomes for people were poor, but we did find that care plans were not being reviewed and monitored sufficiently to ensure appropriate care and treatment was consistent.

People looked clean and neat and tidy in their own clothes. The home was spotlessly clean.

People are cared for by skilled and experienced care workers. We saw that when people did have attention care workers always had good eye contact with them. We also saw that care workers initiated conversations with people and treat them as individuals.

People did not tell us anything about how new staff are recruited. However, we suggested that improvements be made to the recruitment process, to ensure that it is robust and protects people.

We have set two compliance actions and two improvement actions and we will be reviewing these again in the near future with a further unannounced visit to the nursing home.

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

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

People are at risk of receiving inappropriate care because care plans and other records are incomplete. Failure to fully assess and plan the delivery of all aspects of care and treatment places people at risk of needs not being met. People are generally at ease with the care workers but are not supported to reach their potential due to insufficient staffing levels.

Overall we found that Donness Nursing Home was not meeting this essential standard.

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

## **the risk of infection**

Infection control measures are not being consistently followed and this could put people at risk of cross infection.

Overall, we found that Donness Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

People receive the medicines they need at the correct times and in the way they prefer.

Overall, we found that Donness Nursing Home was meeting this essential standard.

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

Recruitment practice is generally safe, however improvements are needed to always ensure that suitable care workers work with people living at the home.

Overall, we found that Donness Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

Fluctuating levels of care workers due to absence or sickness means that people's health, well being and right to have accurate records that reflect their needs are not consistently met.

Overall we found that Donness Nursing Home was not meeting 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. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

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

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

On 21st July 2011, we spoke at length with two people who live in the home - one person in their bedroom and one person in a lounge room. These people expressed satisfaction with their care and said that the care workers knew what to do to assist them and provided that assistance in the way people requested. People said care workers were "friendly" and "very, very thoughtful". They described the care provided as "very good". We also spoke to another person briefly in the office, and observed her interaction with the Registered Manager, which was very positive and friendly.

On 27th July 2011, we observed the experiences of five people that were unable to tell us about the care they receive. At lunchtime, we observed that a person who had been assessed as being at risk of choking did not have the continuous supervision throughout their meal that was stated in the person's care plan. Care workers were busy with people in the dining room, giving support then leaving to assist other people outside of the room. This means that people may be at risk because there are insufficient care workers to adequately provide the support needed.

After lunch, we observed another person with impaired cognitive abilities rocking back and forth and shouting out "help, help" for more than 40 minutes. The person's behaviour and facial expressions were signs that tell us they were distressed and anxious. Care workers came into the lounge twice during the period of observation of an hour. On both occasions the interactions with all three people sitting in the room were engaging, kind and caring. The individual who had previously been very distressed was helped to initiate a conversation, relaxed and started to smile.

However, this was not sustained as the carer then left the room shortly afterwards. Two visitors told us that the care workers are "very stretched and there is not enough of them around to properly supervise people". This is having an impact on the well being of people who need to be mentally stimulated and require closer monitoring.

### **Other evidence**

We spoke at length to four care workers about skin care and in particular asked them what would cause them concern and indicate potential pressure damage occurring, and all of them understood correctly how to do this.

We looked at the care records of one person who we talked to on 21st July 2011. These contained documents covering various aspects of the person's health and social care needs, including associated risks. The files contained information that showed health and social care professionals had been consulted and involved in the person's care. However the care plans did not contain enough detail for care workers to know what they needed to do to meet people's needs. They were not person-centred and were not used as working tools in that they were not updated when people's needs changed. Care workers relied on the information in the daily records to update them about each person. We were told by the Registered Manager that there were handovers each morning and evening to update care workers about people's changing needs.

We saw that the care workers in the home completed two sets of daily records - one set for the nurses and visiting professionals and one set for the care workers. However these records did not always correspond with each other indicating that care workers were not always reading all the daily notes on each person. We also found that there were inconsistencies in recording such as when a person was identified as developing a pressure damage. The two sets of daily records showed different information relating to the management of the pressure area/sore increasing the risk that care workers may not be providing the care needed. Through discussion with the manager and care workers we established that as is standard throughout the home, the individual had a pressure relieving mattress in place as a proactive measure to reduce the risk of damage occurring. However, this was not recorded in the person's care plan.

Another example of inconsistent recording related to the documentation of a person's weight. There were dates when this was written down in kilograms and at other times when stones and pounds were used. This meant it was difficult to track changes in the person's weight over time. Registered nurses are expected to follow the Nursing & Midwifery Council standards with regard to keeping clear and accurate records and this is not being met for people living in the home.

We looked at the duty rosters, which showed that there was a high level of absence and the manager told us that they are recruiting further care workers.

### **Our judgement**

People are at risk of receiving inappropriate care because care plans and other records are incomplete. Failure to fully assess and plan the delivery of all aspects of care and

treatment places people at risk of needs not being met. People are generally at ease with the care workers but are not supported to reach their potential due to insufficient staffing levels.

Overall we found that Donness Nursing Home was not meeting 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

People looked clean and were individually dressed in their own clothes. We observed care workers supporting people to bathrooms or their own bedrooms when their clothes needed changing. This demonstrated that people's dignity was maintained.

The home was spotlessly clean.

##### Other evidence

We looked at our records and there had been two instances of outbreak of infection in the last 2 years. The registered manager/provider sent in notifications about these. Additionally, the Health Protection Agency provided guidance and monitored how this was managed by the provider. The registered manager/provider told us that the Health Protection Agency is satisfied with infection control practice at Donness.

We spoke to four care workers about infection control practice. We were told that they always have access to protective clothing such as gloves and aprons, which we observed being used. Additionally, we observed that care workers followed good hand washing practices after delivering care to an individual.

A visitor told us that deep stains in clothing were still evident after being washed. We spoke to staff responsible for doing laundry and were told that clothing is washed at 40 degrees with a biological detergent. However, during these discussions we were told conflicting procedures with regard to the washing of bed linen. Staff told us that they would wash bed linen at 40 degrees and 60 degrees if soiled. This means that people could be put at risk by inconsistent infection control practice.

We spoke to the registered manager/provider about laundry practices and they told us they would review these and ensure that all of the staff responsible for doing this follows best practice.

**Our judgement**

Infection control measures are not being consistently followed and this could put people at risk of cross infection.

Overall, we found that Donness Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

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

We spoke to two people who lived in the home about how their medicines were administered. They told us that all their medicines were kept safely by the nurse who administered them at the required times and in the way that they wanted. One person said that, wherever possible, she preferred to take her tablets, one at a time, orally, in preparation for returning home eventually.

We observed an individual being given their medicines by a nurse via a PEG (percutaneous endoscopic gastrostomy) tube. We observed safe practice and skilled engagement of the person, which meant that they were fully informed and involved in the procedure.

##### Other evidence

Medicines were stored securely. A register for recording how controlled medication is managed was kept in good order. We looked at medication records for two individual's, which were up to date and accurately documented the medicines people received. We saw the nurse complete these after giving medicines to an individual, before then moving on to prepare prescribed medicines for another person. This demonstrates that people's medicines are managed safely.

##### Our judgement

People receive the medicines they need at the correct times and in the way they prefer.

Overall, we found that Donness Nursing Home was meeting this essential standard.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

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

People we spoke to did not tell us anything relating to the recruitment of new staff.

##### Other evidence

We looked records for two employees. Appropriate references including CRB (Criminal records bureau) checks had been obtained. Additionally, the provider had evidence in each file to show that the individual's identity had been verified and that a statement about the person's physical and mental health made. However, there was no written evidence that the provider had sought assurance from the Home Office for one employee to ensure that they are authorised to work here and have a working visa.

We discussed the recruitment process with a new employee who told us that the checks that the provider had undertaken were very thorough. We were also told that the person had not been "allowed to work until the police check was back".

##### Our judgement

Recruitment practice is generally safe, however improvements are needed to always ensure that suitable care workers work with people living at the home.

Overall, we found that Donness Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

## 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 who lived in the home told us that care workers were always "friendly" and "thoughtful" and there were always enough care workers to meet their personal care needs. During our visit to the home on 21 July 2011 we found that the atmosphere was relaxed and people were being assisted at a pace which suited them. On our arrival at 08.30am we found people were having breakfast in their bedrooms or in the dining rooms, or were receiving assistance with personal care, indicating that routines at the home were relaxed. One person we spoke with told us that he never used his call bell because the care workers kept popping in to check whether he needed anything.

Conversely, on 27th July 2011 two visitors told us that the care workers are "very stretched and there is not enough of them around to properly supervise people". We observed that people looked clean and tidy. Interactions with people living in the home demonstrated that care workers are highly skilled, caring and attentive. However, care workers did not have sufficient time to ensure that people's well being was consistently met. For example, at lunchtime, we observed that a person who had been assessed as being at risk of choking did not have the continuous supervision throughout their meal that was stated in the person's care plan. Care workers were busy with people in the dining room, giving support then leaving to assist other people outside of the room. Similarly, another person had experienced a high level of falls, all of these, except one had been recorded as having not been witnessed and occurred at busy times of the day during mealtimes or just after and in communal areas. This means that people with complex needs may not be getting the supervision they need to keep them safe.

### **Other evidence**

Professionals told us that they were concerned that there were insufficient care workers on duty when they visited. For example, on 20th July 2011 it was reported that there was a registered nurse and three care workers, one of whom left the building to escort a person to hospital. We spoke to the provider about this at the time and they told us that they were recruiting further care workers to replace staff that had left. The staffing levels the registered manager/provider told us they were working towards having would increase the number of care workers by two every morning (five care workers on duty).

On 21st July 2011, we spoke to two care workers, as well as the Registered Manager, who told us there were enough care workers on duty to ensure that people's personal support needs were met. There were 24 people living in the home when we visited on 21st July 2011. We found that, in the morning, there was a registered nurse on duty, four care staff (including one agency staff member), a person who assisted people with eating and drinking, a cook and two staff members carrying out domestic tasks. At lunchtime the number of care staff increased to seven so that people were provided with the assistance they needed to eat their meals. In the afternoon there was a Registered Nurse and three care staff until 8.30pm and, at night, there was a Registered Nurse and one member of care staff.

On 27th July 2011, a care worker told us "we're down on staffing this morning". We were told that a care worker was on sick leave. This person's shift was not covered whilst we were at the home. This meant that there was a registered nurse and three care workers looking after 25 people. In addition to this there was a hospitality carer responsible for ensuring that people were given drinks and assistance to eat their meals.

We looked at duty rosters covering the previous four weeks and compared these with a document 'exceptions to normal working time'. These documents showed that there were high levels of sickness and absence over this period. It did, however, also show that care workers and nurses in the team had worked extra hours but this did not correspond with every time when cover was needed to replace an individual that was absent.

We spoke to four care workers on 27th July 2011, all of whom told us that there were staff vacancies and recruitment is underway to fill these. The observations made in respect of inaccurate care plans were reported to care workers and the registered manager during both inspections. We were consistently told that gaps in recording were occurring because the team were prioritising meeting the physical care needs of people until staffing levels increased.

We discussed the level of needs people have with the registered manager/provider and spoke about our observations with regard to people's well being, gaps and inaccurate record keeping. We told the registered manager that this indicated that staffing levels were insufficient to fully meet the needs of people living in the home. The registered manager/provider agreed to review staffing levels and immediately did so by contacting local care agencies to obtain additional care workers to cover shifts. The registered manager/provider also told us that they were actively recruiting new care workers that would increase the total staff in the team and overall numbers per shift.

### **Our judgement**

Fluctuating levels of care workers due to absence or sickness means that people's health, well being and right to have accurate records that reflect their needs are not consistently met.

Overall we found that Donness Nursing Home was not meeting 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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p><b>Why we have concerns:</b> Infection control measures are not being consistently followed and this could put people at risk of cross infection.</p> <p>Overall, we found that Donness Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>	
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p><b>Why we have concerns:</b> Infection control measures are not being consistently followed and this could put people at risk of cross infection.</p> <p>Overall, we found that Donness Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>	
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> Infection control measures are not being consistently</p>	

	<p>followed and this could put people at risk of cross infection.</p> <p>Overall, we found that Donness Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>	
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p><b>Why we have concerns:</b></p> <p>Recruitment practice is generally safe, however improvements are needed to always ensure that suitable care workers work with people living at the home.</p> <p>Overall, we found that Donness Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>	
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p><b>Why we have concerns:</b></p> <p>Recruitment practice is generally safe, however improvements are needed to always ensure that suitable care workers work with people living at the home.</p> <p>Overall, we found that Donness Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>	
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p><b>Why we have concerns:</b></p> <p>Recruitment practice is generally safe, however improvements are needed to always ensure that suitable care workers work with people living at the</p>	

	<p>home.</p> <p>Overall, we found that Donness Nursing Home was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.</p>
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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 within 14 days of this report being received.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services

**How the regulation is not being met:**  
 People are at risk of receiving appropriate care because care plans and other records are incomplete. Failure to fully assess and plan the delivery of all aspects of care and treatment places people at risk of needs not being met. People are generally at ease with the care workers but are not supported to reach their potential due to insufficient staffing levels.

Overall we found that Donness Nursing Home was not meeting this essential standard.

**How the regulation is not being met:**  
 People are at risk of receiving appropriate care because care plans and other records are incomplete. Failure to fully assess and plan the delivery of all aspects of care and treatment places people at risk of needs not being met. People are generally at ease with the care workers but are not supported to reach their potential due to insufficient staffing levels.

Overall we found that Donness Nursing Home was not meeting this essential

	standard.	
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>  People are at risk of receiving appropriate care because care plans and other records are incomplete. Failure to fully assess and plan the delivery of all aspects of care and treatment places people at risk of needs not being met. People are generally at ease with the care workers but are not supported to reach their potential due to insufficient staffing levels.</p> <p>Overall we found that Donness Nursing Home was not meeting 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>  Fluctuating levels of care workers due to absence or sickness means that people's health, well being and right to have accurate records that reflect their needs are not consistently met.</p> <p>Overall we found that Donness Nursing Home was not meeting 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>  Fluctuating levels of care workers due to absence or sickness means that people's</p>	

	<p>health, well being and right to have accurate records that reflect their needs are not consistently met.</p> <p>Overall we found that Donness Nursing Home was not meeting this essential standard.</p>	
<p>Treatment of disease, disorder or injury</p>	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 13: Staffing</p>
	<p><b>How the regulation is not being met:</b> Fluctuating levels of care workers due to absence or sickness means that people's health, well being and right to have accurate records that reflect their needs are not consistently met.</p> <p>Overall we found that Donness Nursing Home was not meeting 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 14 days of this report being received.

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

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

# What is a review of compliance?

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

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

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

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

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

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

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

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

## Information for the reader

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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
<b>Telephone</b>	03000 616161
<b>Email address</b>	<a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a>
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