North Humberside Hospice Project Limited
Dove House Hospice

<table>
<thead>
<tr>
<th>Region:</th>
<th>Yorkshire &amp; Humberside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location address:</td>
<td>Chamberlain Road</td>
</tr>
<tr>
<td></td>
<td>Hull</td>
</tr>
<tr>
<td></td>
<td>East Riding of Yorkshire</td>
</tr>
<tr>
<td></td>
<td>HU8 8DH</td>
</tr>
<tr>
<td>Type of service:</td>
<td>Hospice services</td>
</tr>
<tr>
<td>Date of Publication:</td>
<td>January 2012</td>
</tr>
<tr>
<td>Overview of the service:</td>
<td>Dove House Hospice is a registered charity. It provides In-Patient, Day Care and Out Patient services to people with a life-limiting illness. This is often, but not always cancer. Referral to use the service is usually by a doctor or specialist nurse, but people can refer themselves or their relative for support, if appropriate. No direct charge is made to people using these services.</td>
</tr>
</tbody>
</table>
Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

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

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

Why we carried out this review

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

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 November 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

During our visit to the service we spent our time in the In-Patient unit. We spoke with two people being cared for. We did not speak with as many people as we would have liked because of the circumstances of the people being cared for there, on the day we visited. Those people we spoke with only provided positive comments about the service. These included “The care is absolutely brilliant. The staff, can't do enough. Nothing is too much trouble.” And "They (the staff) are always smiling".

Another person explained that they had quite complex care needs when they first arrived and “The care staff coped with me really well.” They added “Staff are very kind and attentive. And the standard of care day and night is the same too. It's a fantastic place.”

One person commented "Staff absolutely treat you with respect and dignity. 'They knock on your door before they come in and make sure you are covered when helping you.”

People also spoke positively about other aspects of the service. One person said they had expected lots of people to be dying, when they came in, but it wasn't like that at all. They said there was "A really happy atmosphere.” People commented about the lovely meals and the different places they could go with their visitors, like the lounges, gardens and café.

They also commented on the “Fantastic support” provided by the hospice. One person told us of the craft therapy, music therapy and aromatherapy. They added "There's always things going on.” These support systems have a positive impact on people’s emotional wellbeing and provide distraction and relaxation.

What we found about the standards we reviewed and how well Dove House Hospice 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 receiving care at Dove House are treated with dignity and respect. They are involved in decision-making about their care, and their need for privacy is always respected.

Overall, we found that Dove House Hospice was meeting this essential standard.

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

People receive safe, appropriate and consistent care and support, in line with what they need.

Overall, we found that Dove House Hospice was meeting this essential standard.

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

People are protected from abuse or the risk of abuse, and their human rights are respected and upheld. Current systems of reporting safeguarding incidents need to be re-looked at, to ensure appropriate and consistent guidance is followed.

Overall, we found that Dove House Hospice was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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

People receive care and support from staff who are properly trained and supervised, though some record-keeping around supervision and support could be improved.

Overall, we found that Dove House Hospice was meeting 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 way the service operates is regularly monitored and is being run in the interests of the people living there.

Overall, we found that Dove House Hospice was meeting this essential standard.

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

While people told us they received good care and looked properly cared for, key documents are not always being completed fully and accurately and this could compromise the care that people receive.
Overall, we found that Dove House Hospice was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

**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 to improve. We will check to make sure that the improvements have been made.

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

**Other information**

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

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

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

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

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

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

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

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.
Outcome 01: Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

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

What we found

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

Our findings

What people who use the service experienced and told us
People we spoke with told us they were always consulted and included in decisions about their care and treatment. They made positive comments about the care they received and the way they were spoken with. One person explained that staff had explained treatment options to them and provided information about how to manage symptoms in the future. They were given information leaflets about their condition and commented that doctors and nurses spent a lot of time explaining things to them.

Another person said the doctor had asked them if they had any questions about their treatment choices. They added that staff "absolutely" treat them with dignity and respect. They added that they (staff) knock on doors before coming into the room and always keep them covered up when helping with personal care.

Other evidence
We did not observe or overhear any personal care and support being provided, as this was always done behind closed doors. However we saw that care staff spoke with each other about the people receiving care in a respectful and quiet manner, to ensure confidentiality was maintained. And the way they spoke with us about the service they provided also demonstrated that they treated people in a respectful manner which promoted their dignity and privacy.
One care worker told us "We would always ask people what they want. This would include care, their meals and how we could help them to be more comfortable." Another added that it was important to listen to people – to do what they want. This helps to show that people's human rights are respected.

The service carries out twice yearly 'in-patient satisfaction surveys' and we saw the results from the most recent one, in which 16 people responded. This showed that people commented positively to questions like 'did you think your privacy was respected.' And 'did you have the opportunity to ask questions when you wanted to.' These positive comments are in line with the comments received by the small number of people receiving care, that we spoke with.

The service also actively encourages service-user involvement, by having a service user forum, which meets regularly and which reports directly to the Board of Trustees. A service user is included in the recruitment panel which appoints new staff. And the service also employs a 'Service User Involvement Coordinator' who reports to a senior nurse and who ensures people who use the service have a voice in how the hospice is being run. This helps to show that the views of people who use the service are valued and promoted.

Our judgement
People receiving care at Dove House are treated with dignity and respect. They are involved in decision-making about their care, and their need for privacy is always respected.

Overall, we found that Dove House Hospice was meeting 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

<table>
<thead>
<tr>
<th>Our judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provider is compliant with Outcome 04: Care and welfare of people who use services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Our findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What people who use the service experienced and told us</strong></td>
</tr>
</tbody>
</table>
| People we spoke with were very satisfied with the care they received. One person told us that staff looked after them really well when they were admitted there with very complex care needs. They added "They coped really well with me." They added "Nothing is too much trouble and the standard of care is the same, day and night."

Another person commented "The care is absolutely brilliant. The staff can't do enough." And "We get fantastic support here".

**Other evidence**
The in-patient satisfaction survey completed by the hospice earlier this year provided positive feedback about the care provided to people at the hospice. The comments in the survey matched those made by the people we spoke with.

We spoke with a nurse who explained the processes in place to determine which people need to be admitted to the hospice. People can be admitted at any time and as an emergency, and the service has good systems to ensure admissions are appropriate and timely. The service also has a number of respite beds, where people's admission can be more formally planned.

During the visit we checked the care files of three people to see how care was planned and met. We found that each individual had an initial assessment of their needs by nursing staff which identified their medical diagnosis and covered health and social care needs. There was also an assessment completed by medical staff.
Risk assessments were also completed on admission and we saw these included assessments for the risk of pressure ulcers and moving and handling. The risk assessments for pressure ulcers were reviewed three days after admission and then weekly thereafter. People with specific risks of pressure ulcers were nursed on special mattresses.

Care plans had been produced for each of the people we looked at. However, they did not contain individual information about how the person preferred to be cared for. This is referred to more in Outcome 21.

Monitoring charts were completed and daily records evidenced the care provided during the day and night.

We checked wound care documentation for one person. An assessment of the wound had been completed and a description of the treatment identified. A body map was in place and there was evidence that the dressing plan had been evaluated and the wound showed improvement.

In discussions staff were knowledgeable about the people they cared for despite the lack of personalised information in the care plans. They told us they had staff handovers at the start of each shift, where important or up-to date information could be shared. This helped to ensure people received safe and consistent care.

**Our judgement**
People receive safe, appropriate and consistent care and support, in line with what they need.

Overall, we found that Dove House Hospice was meeting this essential standard.
Outcome 07: Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People we spoke with told us they felt safe and trusted the staff with whom they came into contact. One person said "Staff are very kind and attentive." Another commented that they had no concerns at all about Dove House, but would feel able to approach staff about those concerns, if they had any.

Other evidence
The records we looked at and the staff responses demonstrated that discussions about care options are held with people, so that they can make an informed decision about their treatment. This helps to show people's human rights are being respected.

We spoke with two volunteers who work at the hospice and they confirmed that a police check on their background had been completed, before they started working there. These checks help to protect people from possible harm.

We spoke with staff about their knowledge of safeguarding. Staff said they would alert the manager or senior nurse on duty straight away if they had any concerns that abuse was, or might be taking place. One person though said they wouldn't report it, if the person asked them not to tell anyone. This means not all staff are aware of their role in keeping people safe.

Staff spoken with told us they had attended training on abuse awareness, and training records looked at confirmed this.
The registered manager told us how the service would manage an incident where mistreatment is reported. This though did not necessarily include a discussion with, or referral to the local authority safeguarding team. The manager should consider liaising with that team, who take the lead in managing all safeguarding incidents. This would help to make sure their local policy is in line with national guidance about safeguarding vulnerable people.

We spoke with a nurse about the Mental Capacity Act and they told us how best interest meetings can be held, to ensure people's choices are respected. We saw that staff attend annual refresher training about this Act, and also about recognising and valuing people's diverse needs.

We found that the service carries out a written assessment as to whether bedrails are needed, as the most appropriate way of keeping people safe. This assessment didn't include the use of bed rail protectors, which are seen as best practice, to minimise the risk of people trapping a part of their body in the bedrail. If bed rail protectors are not required, then this should be recorded in the assessment, as a way of showing that the use of these has been considered. The service should also determine how they can evidence that people have agreed and consented to the use of bedrails, which are a type of restraint.

**Our judgement**
People are protected from abuse or the risk of abuse, and their human rights are respected and upheld. Current systems of reporting safeguarding incidents need to be re-looked at, to ensure appropriate and consistent guidance is followed.

Overall, we found that Dove House Hospice was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.
Outcome 14: Supporting staff

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
People we talked with spoke warmly of the care staff who supported them. One person commented "The staff are very kind and attentive. Nothing is too much trouble for them. I get my medicines on time and when I need them." Another added "The staff are brilliant. They can't do enough for you and they are always smiling."

Other evidence
Care staff we spoke with told us that they thought they worked well as a team. One said "It's the best place I've ever worked. We're all very supportive of each other." They added that there were generally enough staff working on each shift, to ensure people's needs could be well met. They told us of an occasion in recent weeks where extra care staff had been employed from an agency for several days, because of the increased needs of the people receiving care at that time. They said that this had helped to ensure all the people staying there were still able to receive support when they needed it.

We spoke with one care worker who had worked at Dove House for just a short while. They told us they had attended a structured induction, when they started there, including working on a one-to-one basis and 'shadowing' more experienced care staff. This helped to make sure they had the practical skills, as well as understanding the policies and procedures which the service follows.

Care staff told us they received regular essential updating training, as well as training relevant to the work they do and the people they support. We looked at the training records for two care staff which confirmed this. We also saw evidence of a range of
training undertaken by a registered nurse, to ensure her own skills and knowledge are kept up to date.

Staff told us they feel well supported in their role. They said senior staff are available to speak with and will always make time for them, if asked. They confirmed that they have an annual appraisal where their training and career development are discussed.

Two care staff also told us they have clinical supervision every six weeks with a senior nurse. This is the opportunity to discuss areas of their work they have found difficult. We saw reference to these meetings on the staffing rota. No records are kept of these meetings though. Although discussions at these meetings are confidential, written records are needed so that issues or concerns raised at previous meetings can be re-referred to if necessary. They can also be used to evidence that the meetings actually took place.

**Our judgement**
People receive care and support from staff who are properly trained and supervised, though some record-keeping around supervision and support could be improved.

Overall, we found that Dove House Hospice was meeting 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 we spoke with didn't really comment on this outcome.

Other evidence
The service has a clear management structure. Staff meet each month to discuss how the service is operating and what changes need to be made. We saw minutes from these meetings, which demonstrated that a wide range of service-related issues, which have arisen in the previous month, are discussed. These included areas like health and safety, staff training, and untoward incidents, like accidents, drug errors and complaints. This helps to show that the service is regularly looking at the way it operates.

The service also holds regular service user meetings, so that people with an interest in how the service operates can provide their comments about whether changes are needed. The minutes we looked at also recorded a recent 'Forum feedback' meeting where two service users met with senior managers to discuss issues raised at the previous Service User Forum. A carers meeting had also recently been held, where carers set the agenda and discussed what was important to them. A service that regularly looks at the way they operate and makes changes according to what they find and what interested parties tell them is more likely to be running the service in an effective and efficient way, and in line with what people are wanting.

The service also carries out regular surveys of people who use the service and we saw the results of the most recent one. We found that people were generally highly satisfied
with the care and support they received at Dove House. We saw that the service had completed an action plan of areas that could be improved, as a result of their last survey. We did not see though any records to say whether there had been improvements as a result of these changes.

Care workers spoken with told us that checks are carried out periodically by senior managers, to ensure care practices and written records are being maintained as they should be,

We saw completed audits on the incidence of falls and other critical incidents, each over a six month period. These audits are primarily a description of each event. The service could look at how they evidence the analysis of these incidents to determine whether an action plan is required. This would show how they are reducing the risk of a similar incident happening again.

Our judgement
The way the service operates is regularly monitored and is being run in the interests of the people living there.

Overall, we found that Dove House Hospice was meeting this essential standard.
Outcome 21: Records

What the outcome says
This is what people who use services should expect.

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement
There are minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us
People we spoke with told us they knew there were records describing the care they needed. Neither person we spoke with had looked at those records, nor were interested in looking at them.

Other evidence
We looked at three people’s care records during the visit. Some records, such as a ‘wound-care’ plan were detailed and had been regularly evaluated, to check they were still appropriate.

The care plans describing how care was to be given, however were generally not individualised. Pre-printed standardised forms are used for various symptoms and care needs for which people being cared for at the hospice commonly need support. These provided general statements about, for example, the care of a person who is breathless, or has diabetes, or has an indwelling catheter.

We saw that one person’s specific health concern had been identified but not the effect this had on them and the support required by staff. Using generic care plans in this way means that care staff are more likely to treat the symptom, rather than exploring what impact this symptom has on the individual. More individualised care records would mean people are more likely to receive consistent, safe care, in line with what they are wanting.
However people we spoke with and results from the in-patient satisfaction survey does show that people consider they receive good care whilst at the hospice, and their care needs are being well met.

People's records, though, need to be maintained as an accurate and individualised record of their care and treatment. All records need to be signed and dated. This will help to ensure that people are protected against the risks of unsafe or inappropriate care.

**Our judgement**
While people told us they received good care and looked properly cared for, key documents are not always being completed fully and accurately and this could compromise the care that people receive.

Overall, we found that Dove House Hospice was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.
### 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.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 07: Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td><strong>Why we have concerns:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When people are protected from abuse or the risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of abuse, and their human rights are respected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and upheld, current systems of reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>safeguarding incidents need to be re-looked at,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to ensure appropriate and consistent guidance is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>followed. Overall, we found that Dove House</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice was meeting this essential standard but,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to maintain this, we have suggested that some</td>
<td></td>
<td></td>
</tr>
<tr>
<td>improvements are made.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment of disease, disorder</td>
<td>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 07: Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td>or injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Why we have concerns:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When people are protected from abuse or the risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of abuse, and their human rights are respected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and upheld, current systems of reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>safeguarding incidents need to be re-looked at,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to ensure appropriate and consistent guidance is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>followed. Overall, we found that Dove House</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice was meeting this essential standard but,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to maintain this, we have suggested that some</td>
<td></td>
<td></td>
</tr>
<tr>
<td>improvements are made.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport services, triage and medical advice</td>
<td>Regulation 11 HSCA 2008 (Regulated Activities) Regulations</td>
<td>Outcome 07: Safeguarding people who use services from abuse</td>
</tr>
<tr>
<td>provided remotely</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td><strong>Why we have concerns:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When people are protected from abuse or the risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of abuse, and their human rights are respected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and upheld, current systems of reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>safeguarding incidents need to be re-looked at,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to ensure appropriate and consistent guidance is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>followed. Overall, we found that Dove House</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice was meeting this essential standard but,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to maintain this, we have suggested that some</td>
<td></td>
<td></td>
</tr>
<tr>
<td>improvements are made.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Why we have concerns:

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

Current systems of reporting safeguarding incidents need to be re-looked at, to ensure appropriate and consistent guidance is followed.

Overall, we found that Dove House Hospice was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

---

### Diagnostic and screening procedures

**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010**

**Outcome 21: Records**

**Why we have concerns:**

While people told us they received good care and looked properly cared for, key documents are not always being completed fully and accurately and this could compromise the care that people receive.

Overall, we found that Dove House Hospice was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

---

### Transport services, triage and medical advice provided remotely

**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010**

**Outcome 21: Records**

**Why we have concerns:**

While people told us they received good care and looked properly cared for, key documents are not always being completed fully and accurately and this could compromise the care that people receive.

Overall, we found that Dove House Hospice was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

---

### Treatment of disease, disorder or injury

**Regulation 20 HSCA 2008 (Regulated Activities) Regulations**

**Outcome 21: Records**
2010

**Why we have concerns:**
While people told us they received good care and looked properly cared for, key documents are not always being completed fully and accurately and this could compromise the care that people receive.

Overall, we found that Dove House Hospice was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

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 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.
What is a review of compliance?

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

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

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

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

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

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

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

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