

Review of compliance

**Ashbourne (Eton) Limited
Cameron House**

Region:	East
Location address:	Cameron House, Plumleys, Pitsea, Basildon, Essex SS13 1NQ
Type of service:	Care home without nursing
Publication date:	15 June 2011
Overview of the service:	The service is registered to provide accommodation for persons who require nursing or personal care for up to 44 older people.

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

What we found overall

We found that Cameron House was not meeting one or more essential standards. Improvements were needed.

The summary below describes why we carried out the 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 15 June 2011, observed how people were being cared for, talked with people who use the service, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

Comments from people who use the service about the care and support provided at Cameron House were generally positive. People with whom we spoke told us they were happy living at Cameron House and that they were happy with the care and support provided by staff. People told us that there was enough staff to support them with their needs.

People told us they liked the home and that they found the home environment to be suitable and to meet their needs. People told us that they found the home to be clean and tidy. We were also told by those with whom we spoke that they liked their personal room and were able, when they moved in, to bring in their personal belongings and, where appropriate, small items of furniture so as to make it homely.

People told us they knew how to make a complaint and that they felt able to express their views and concerns if the need arose. People also told us that they felt safe and

that, if they had any concerns or worries, they would discuss them with their relative or a member of staff.

What we found about the standards we reviewed and how well Cameron House was meeting them

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People using the service receive the care and support that meets their individual needs however care plans require improvement to ensure that all of the person's care needs and how they are to be met by staff are recorded.

- Overall, we found that improvements were needed for this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Systems are in place so as to ensure that people who use the service are protected from abuse.

- Overall, we found that Cameron House was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

Medication practices and procedures require strengthening and improvement as people cannot be assured that they are given their medicines as prescribed at all times.

- Overall, we found that improvements were needed for this essential standard.

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

People who use the service live in a home environment that is comfortable and which meets their needs.

- Overall, we found that Cameron House was meeting this essential standard.

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

There is an efficient and well organised recruitment and selection process in place to ensure that an appropriate calibre of staff is working at the home.

- Overall, we found that Cameron House was meeting this essential standard.

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

People using the service are supported by sufficient numbers of competent staff to meet their needs.

- Overall, we found that Cameron House was meeting this essential standard.

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

People who use the service can be assured that staff working at the home, receive suitable opportunities for training, supervision and appraisal. However improvements are required to ensure that staff are properly trained and the programme is delivered effectively.

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

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

There is an effective quality assurance system in place so that the service can effectively assess and monitor the quality of its service delivery. This ensures that people who use the service receive safe and appropriate care.

- Overall, we found that Cameron House was meeting this essential standard.

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

People can feel confident that any concerns or complaints they raise will be listened to and acted upon.

- Overall, we found that Cameron House was meeting this essential standard.

Action 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.

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 4: 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 minor concerns
with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Comments from people who use the service about the care and support provided at Cameron House were generally positive. People with whom we spoke told us they were happy living at Cameron House and that they were happy with the care and support provided by staff.

Comments recorded within the latest 'service user' satisfaction survey in November 2010 from relatives recorded "Since my relative has been here I have complete peace of mind concerning their health and care. I cannot praise the home high enough, they do a magnificent job" and "I am more than happy with the care my relative receives. The staff are always friendly and helpful to me when I visit."

Other evidence
The owner told us, on their registration application in 2010, that they were meeting this outcome. No concerns were identified by our review carried out at that time.

We looked at five care files for people who use the service. Two people newly admitted to the service had a pre admission assessment in place. This ensures that

the service has considered whether Cameron House can meet the person's needs and also provides detail to inform their plan of care.

Records showed that each person had a plan of care and information recorded generally included the person's health, personal and social care needs and the action to be taken by staff to ensure these are met. However we did discuss with the manager the need to improve records further so as to ensure that all of an individual person's care needs are recorded and where there are changes to a person's needs, this is clearly recorded and the care plan and/or risk assessment is revised and updated.

The accident records for one person recorded them as experiencing a high incidence of falls. While records showed that suitable steps had been taken by the management team of the home to ensure that appropriate healthcare professionals were actively involved with this person, their care plan did not fully include all of the actions taken. For example records showed that the person had been referred to the 'Falls Prevention Team' and that following their assessment they were unable to provide further support and/or involvement. This was not recorded on their care plan. The risk assessment relating to falls had not been updated since January 2011 and did not reflect changes to their needs.

As noted in Outcome 9 (Management of Medicines) where some people had refused their medication or were prescribed pain relief medication, no care plan and/or risk assessment was completed. We also found for one person that their care plan relating to medication and medical conditions was only partially completed.

Daily care records were seen and provided an insight as to how people spend their day and the care that people had received.

Staff relations with people who use the service were positive and throughout the day of our visit staff were seen to be kind and caring in their approach, to listen effectively and to respond appropriately. Staff with whom we spoke demonstrated a good understanding of the care needs of people who live at the home.

Our judgement

People using the service receive the care and support that meets their individual needs however care plans require improvement to ensure that all of the person's care needs and how they are to be met by staff are recorded.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant
with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People living in the home looked relaxed during the day of our visit. People told us that they felt safe and that, if they had any concerns or worries, they would discuss them with their relative or a member of staff.

Other evidence
The owner told us, on their registration application in 2010, that they were meeting this outcome. No concerns were identified by our review carried out at that time.

There is a system in place whereby all safeguarding alerts are monitored by the organisation's central 'compliance department' and discussed with the quality advisor and area manager. This is so as to ensure that compliance is achieved within stated timescales and potential trends are monitored and addressed.

Within the past 12 months there has been one safeguarding alert raised in relation to suspected financial misuse. Records showed that all appropriate actions had been taken by the management team of the home. The manager confirmed that the safeguarding alert has been resolved.

Staff with whom we spoke demonstrated a good understanding and awareness of how to respond and raise concerns if there is suspicion of abuse. The staff training matrix showed that all staff have up to date safeguarding training. The owner told us that two members of the staff team have attained 'train the trainer' course in relation to safeguarding with Essex County Council. This means they can now provide this training to staff working within the home. Appropriate internal and local safeguarding policies and procedures are in place.

Additional information was seen to be readily available for people who use the service and visitors to the home offering a confidential helpline. This offers information and support if people are worried or concerned about possible abuse, neglect or financial exploitation.

Our judgement

Systems are in place so as to ensure that people who use the service are protected from abuse.

Outcome 9: 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

There are minor concerns
with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
We did not speak with the people who use the service about this outcome during the visit on 15 June 2011.

Other evidence
The owner told us, on their registration application in 2010, that they were meeting this outcome. No concerns were identified by our review carried out at that time.

We found that medicines were stored securely for the protection of people living at the home. The temperature of both rooms where medication is stored was recorded each day. Records showed that temperatures were within recommended guidelines. However, the temperature of the fridge on the first floor, which is used to keep medication cold, was seen over a three month period, on several occasions, to be outside the recommended range and there was no evidence to show that action had been taken to address this. None of the medication audits viewed had highlighted this. We saw medication being given to people who use the service. This was undertaken with regard to people's dignity.

We looked at the medication and medication records for twelve people. No unexplained gaps in the records made when medications are given to people were noted. We checked the records for people who are prescribed controlled drug medication and found that their medication was recorded appropriately and that stock balances were correct.

However for several people we found that their medication was not given as the records recorded them as being "asleep". For example the medication administration records (MAR) for one person recorded them as not receiving their anti-depressant or antipsychotic medication on 10 occasions. In addition records showed that they did not always receive their pain relief medication or medication used to control their cholesterol levels. This means that some people did not receive their prescribed medication as they should. There was no evidence to show that staff administering medication had brought this to the attention of either the deputy manager or manager. There was also no evidence to show that this had been discussed with the person's doctor.

The MAR records for one person showed they did not receive their pain relief medication as a result of it being unavailable, "waiting for prescription." There was no evidence to show what actions had been taken by the service to find another supplier.

The records for one person case tracked showed they frequently refused their medication. This person's medication care plan made reference to this but had not been updated since July 2009, despite a recent review in 2011 and there was no risk assessment in place. In addition where people are prescribed pain relief medication, not all were seen to have a pain assessment completed on the circumstances these medicines are used.

The staff training matrix showed that all staff responsible for the administration and handling of medicines within Cameron House had received suitable training. Records showed that all staff had been regularly assessed that they are competent to handle medicines safely.

Our judgement

Medication practices and procedures require strengthening and improvement as people cannot be assured that they are given their medicines as prescribed at all times.

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 told us they liked the home and that they found the home environment to be suitable and to meet their needs. People told us that they found the home to be clean and tidy. People told us they liked their personal room and were able, when they moved in, to bring in their personal belongings and, where appropriate, small items of furniture so as to make it homely.

Other evidence
The owner told us, within their registration application in 2010, that they were meeting this outcome. No concerns were identified by our review carried out at that time.

The home's environment was seen to be suitable to meet the needs of the people using the service. The home is decorated and furnished to a good standard and provides people with a homely and comfortable place in which to live.

There is an on-going schedule of maintenance so as to ensure the premises are maintained to a suitable standard. No obvious health and safety issues were noted during our visit.

A report by Essex County Council Fire and Rescue Service following their visit to

Cameron House on 14 February 2011 concluded that the home were not fully compliant with their regulations as there were limited systems in place to enable doors within the home to close automatically should a fire alarm sound. Evidence during our visit showed that all efforts have been made by the organisation to comply with the directive by the fire service's timescale of 01 August 2011.

Our judgement

People who use the service live in a home environment that is comfortable and which meets their needs.

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

The provider is compliant
with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
We did not speak with the people who use the service about this outcome during the visit on 15 June 2011.

Other evidence
The owner told us, within the registration application in 2010, that they were meeting this outcome. No concerns were identified by our review carried out at that time.

We looked at the staff recruitment records for three members of staff appointed within the last 12 months. Records showed there is an effective recruitment and selection procedure in place and that all relevant checks had been undertaken and records as required were in place. Each member of staff was seen to have received a full and comprehensive induction. Staff with whom we spoke confirmed this and told us that the induction had been thorough and very informative. One member of staff told us that for their first three shifts, they were supernumerary to the staff roster and had 'shadowed' an experienced member of staff during this time.

Our judgement
There is an efficient and well organised recruitment and selection process in place

to ensure that an appropriate calibre of staff is working at the home.

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

The provider is compliant
with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People using the service told us that there was enough staff to support them with their needs.

Other evidence
The owner told us, within their registration application in 2010, that they were meeting this outcome. No concerns were identified by our review carried out at that time.

The manager told us that 41 people were living in the home at the time of our visit on 15 June 2011. They confirmed to us that the staffing levels were two senior members of staff and four care staff on duty between 6.45am/7am and 9pm and one waking senior member of staff and three waking care staff between 8.45pm/9pm and 7am each day. The manager's hours are supernumerary to the above Monday to Friday and additional ancillary staff are employed at the home.

We looked at the staff rosters for a four week period and these showed that the above staffing levels were being maintained. Staff told us that generally there were sufficient numbers of staff available to respond to people's needs. Our observation

during the visit showed that staff deployment was well organised to ensure that staff were available to support people using the service and supervise lounges and dining areas. The manager confirmed that no agency staff had been used at the home for approximately three years.

Comments recorded within staff satisfaction surveys in May 2011 recorded “I always feel safe and supported at work”, “Our home is run to a very high standard and I am proud to be an employee in Cameron” and “I have always felt supported in all aspects at work”.

Our judgement

People using the service are supported by sufficient numbers of competent staff to meet their needs.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns

with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We did not speak with the people who use the service about this outcome during the visit on 15 June 2011.

Other evidence

The owner told us, within their registration application in 2010, that they were meeting this outcome. No concerns were identified by our review carried out at that time.

Records showed there are training opportunities available for staff and these cover both mandatory training courses and those courses associated with the specialist needs of older people. The training matrix demonstrated that all staff working at the home has up to date training relating to fire safety, food hygiene, moving and handling, COSHH (Control of Substances Hazardous to Health), health and safety, safeguarding, nutrition and infection control. Other training undertaken by staff includes pressure area care, customer care, challenging behaviour, dementia awareness, basic first aid and safe use of bed rails.

It was noted that several mandatory training course subjects were provided to staff on the same day. For example one person's training records showed that they undertook fire safety, food hygiene, COSHH, health and safety, safeguarding,

infection control and customer care training on the same day. This was not an isolated case and was evident for all staff training files viewed. This means that the depth and quality of the training provided and staffs' ability to retain such a large amount of information effectively could be compromised.

The manager confirmed that of 27 members of care staff, 11 staff has achieved NVQ (National Vocational Qualification) Level 2 in care, seven have NVQ Level 3 in care and six members of staff are close to completion of their NVQ programme.

Records also showed that staff received regular supervision and an annual appraisal in 2010 to 2011. Records seen provided little evidence that supervision covered all aspects of care practice, philosophy of the service and personal development for individual staff members. Where issues had been raised or highlighted at previous supervision sessions, no record was maintained of the actions to be taken, of any outcomes or how staff, were to be monitored and/or supported to make improvements. Staff with whom we spoke confirmed they receive regular supervision and that they find it to be a positive experience.

Our judgement

People who use the service can be assured that staff working at the home, receive suitable opportunities for training, supervision and appraisal. However systems must be in place to ensure that staff are properly trained and the programme is delivered effectively.

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
The most recent report following a visit to Cameron House by the organisation’s quality team recorded positive comments from people who use the service and their relatives. Comments included “Residents I spoke to voiced that they were happy with the support provided and enjoyed living at the home. One relative praised all the staff for the quality of care being delivered at the home and that their member of family’s health and wellbeing had improved since living at Cameron House”.

Other evidence
The owner told us, within the registration application in 2010, that they were meeting this outcome. No concerns were identified by our review carried out at that time.

The manager told us that there are systems in place to assess and monitor the quality of the service provided by both the organisation and by the home. This comprises regular audits relating to the home’s medication arrangements, catering, health and safety and accident and incident records. In addition this process includes the home’s internal Key Performance Indicator (KPI) database which looks

specifically at the incidence of pressure sores, weight loss and gain, medication errors and accidents and incidents and hospital admissions. The figures are analysed for possible trends by the organisation and depending on the outcome an action plan is completed.

The manager told us that they have an 'open door' policy in place whereby people can meet with them at any time to discuss areas of concern or other issues. The manager told us that they have in the past attempted to hold regular weekly surgeries; however these were unsuccessful as there was a lack of interest and attendance.

A system is in place where the home receives an annual visit by the organisation's quality team. The manager confirmed that the frequency of visits by the quality team is determined by the home's individual grade awarded. A comprehensive audit of the home is undertaken, a report completed and an overall grade awarded. Records showed that the last visit was on 23 February 2011 and the home was given an 'excellent' grading by the organisation's quality team advisor. The report showed that other internal audits feed into the overall quality assurance process and that feedback about the quality of the service provided is sought from people who use the service, their relatives, external stakeholders and staff working at the home. The manager confirmed that where issues are raised and there is evidence of non-compliance an action plan is devised and this is monitored by them and the quality team.

The manager told us that there are regular quarterly 'Network Group' meetings. The attendees of the meeting are primarily healthcare professionals. The purpose of the meeting is to share good practice ideas, to combine resources so as to meet 'service user' needs, to enhance professional skills and knowledge and to network with other agencies and services.

Regular meetings are held at the home for people who use the service and their relatives. It was evident from the minutes of these meetings that people who use the service are encouraged to actively participate and to raise issues. These give people the opportunity to contribute to how the home is run, raise concerns and make choices and decisions. Records showed that one of the most popular requests expressed from people who use the service was to have a pet at Cameron House, as several people had had a pet prior to entering the care home. The manager confirmed that this was discussed regularly at meetings to ensure that people who use the service were serious. The outcome was that a puppy was purchased following fundraising undertaken by staff and this has proved to be very positive.

Our judgement

There is an effective quality assurance system in place so that the service can effectively assess and monitor the quality of its service delivery. This ensures that people who use the service receive safe and appropriate care.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

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

What we found

Our judgement
The provider is compliant with outcome 17: Complaints

Our findings
<p>What people who use the service experienced and told us People told us they knew how to make a complaint and that they felt able to express their views and concerns if the need arose.</p> <p>Other evidence The owner told us, within the registration application in 2010, that they were meeting this outcome. No concerns were identified by our review carried out at that time.</p> <p>Information on how to make a complaint is displayed in the reception area within the home. The owner told us that all complaints received at the home are recorded and treated seriously. The manager confirmed that depending on the seriousness of the complaint, these are dealt with by the manager and/or the service quality advisor.</p> <p>Our judgement People can feel confident that any concerns or complaints they raise will be listened to and acted upon.</p>

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	23	14 Supporting Workers
	How the regulation is not being met: People who use the service can be assured that staff working at the home, receive suitable opportunities for training, supervision and appraisal. However systems must be in place to ensure that staff are properly trained and the programme is delivered effectively.	

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.	9	4 Care and Welfare
	<p>How the regulation is not being met: People using the service receive the care and support that meets their individual needs however care plans require improvement to ensure that all of the person's care needs and how they are to be met by staff are recorded.</p>	
Accommodation for persons who require nursing or personal care.	13	9 Management of Medicines
	<p>How the regulation is not being met: Medication practices and procedures require strengthening and improvement as people cannot be assured that they are given their medicines as prescribed at all times.</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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