

Review of compliance

Barchester Healthcare Homes Limited Lucerne House	
Region:	South West
Location address:	Chudleigh Road Alphington Exeter Devon EX2 8TU
Type of service:	Care home service with nursing
Date of Publication:	June 2012
Overview of the service:	Lucerne House Care Centre is a purpose-built home providing nursing care for up to 75 people, accommodated in three units. The home cares for people with dementia (Shillingford unit), older people (Ide unit) and for people with physical disabilities (Alphinbrook unit). The provider is Barchester Healthcare Homes Limited.

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

Our current overall judgement

Lucerne House was meeting all the essential standards of quality and safety inspected.

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 21 May 2012, 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 (the Care Quality Commission) carried out an unannounced visit on 21 May 2012 and completed the visit on 22 May 2012.

When we arrived people were going about their day as they wished. Some people were relaxing in the communal areas or in their rooms. We talked with 12 people who lived at the home. Six of those people were living with dementia and were cared for in the Shillingford unit. This meant that they could not specifically tell us what it was like to live at Lucerne. We observed people were comfortable in the presence of staff and appeared relaxed and able to move about the home keeping occupied with the wide array of interests around the home.

We spent time observing care delivery in the communal areas and looked at all areas of the home. We spoke to the manager, deputy general manager, the GP who holds surgeries at the home and with 17 staff who worked at the home. People told us that it was 'a wonderful home', one person said 'I wouldn't move to another place, staff are so nice here'. Staff were all positive such as 'it's a fantastic place and very rewarding to work here' and 'everything is for the residents'. We saw two relatives enjoying a tray of tea and biscuits in one lounge with people living at the home and they were heard to say that it was 'lovely, like a café'.

We saw that the home focussed on people's choice about how they wanted to live their lives. We saw and were told about clear examples of how knowledge of people's previous lifestyles and preferences had been used to enhance their life at the home in a person centred way. Staff were aware of people's likes and preferences and there was good communication between the staff and people living there. This included regular resident's

meetings, relatives meetings, a wide choice of relevant activities and topical events and a relative's bereavement support group. In addition to group activities, the home also supported people to engage in individual activities they enjoyed, this included reading, knitting and listening to their favourite music.

People told us they felt safe in the home and were able to raise any concerns and were confident they would be dealt with. Staff we spoke to confirmed they felt well supported, were able to raise concerns within their unit or with the management. Two members of staff we spoke to told us there was a 'really good atmosphere' at the home, several members of staff mentioned 'good teamwork' and one staff member said 'I love working at Lucerne, everything is for the residents, people have choices'.

The staff were involved in putting forward ideas and had undertaken projects to enhance the general feel of a local community within the home. At the time of our visit, a beach side themed garden was being developed.

Staff received training and were knowledgeable about people's needs and how to meet them and said they felt valued. The home had recently been nominated for a care award relating to their dementia services and individual staff had won recent awards within the provider group relating to care and activities.

The home had a variety of quality monitoring systems in place and regular audits and checks were carried out in all areas of the home with appropriate action taken to address any issues. There was a high standard of décor and cleanliness throughout the home and we saw that people looked well cared for.

We found the home was meeting the six outcome standards we looked at during our visit.

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

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

People's privacy, dignity and independence were respected in a very person centred way.

The provider was meeting this standard.

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

People experienced care, treatment and support that met their personalised needs and protected their rights in a comprehensive way.

The provider was meeting this standard.

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

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

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

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The provider was meeting this standard.

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

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

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

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People's privacy, dignity and independence was respected.

We spent time in each of the units talking to residents and staff. We spent time with six people who lived with dementia in a communal area on Shillingford. They appeared calm and relaxed with staff and spent time doing what they wanted to do. Staff were attentive and noticed for example if they looked uncomfortable or wanted something to eat or drink. These people were unable to specifically tell us about their experience at the home.

We spoke to one other person from the Alphinbrook unit who told us that they were having a 'lovely time' and that they were going off with the musicality therapist to rehearse a song for the upcoming 'Lucerne's got Talent' show.

Staff ensured that people's dignity was maintained, helping one person to the bathroom in a discreet way and encouraging another person not to lay their head on the table but move to a more comfortable chair. Staff do not wear uniforms on Shillingford unit and we were told that this was to encourage a homely feel. We heard that staff made sure that the television was not on at the same time as the radio.

People who used the service understood the care and treatment choices available to them.

We looked at five people's care plans. We saw that plans were very personalised and observed that person centred information in the care plans was being used to enable people to do activities that they had enjoyed before they lived at the home. One person had a sewing bag made up by staff as they had been a seamstress in the past. We heard that other people who had enjoyed gardening had been able to participate in a gardening group.

We saw staff interacting well with people living at the home, treating people with respect. For example, staff knocked on doors before entering and all rooms were kept clean and tidy. We were introduced to people before we spent time with them and relatives were acknowledged. Staff offered tea and coffee to them so that they could enjoy their time with the person living at the home.

People were supported in promoting their independence and community involvement.

We heard how people were using the home's 'memory lane' project, which included local landmarks that were built into the home's décor, to describe where they live. For example, one person said that they live near the 'garage'. On Shillingford unit, the following were represented, a garage, bank, hat shop, barbers, garden shed, airport, church, pub, bus stop and a takeaway was planned. A lot of thought and care had been taken in building these landmarks such as using local names and places that people would recognise.

Some people we spoke to told us about local community groups they attended regularly and there was a church service in the home on the day we visited. People's independence was promoted and we heard that people could move around the home and gardens as they wished. The outside spaces were secure and safe with wheelchair access and circular pathways to enable people to move freely. To minimise people's feelings of frustration at finding doors locked, exit doors were painted with muted colours and murals such as local landscapes.

Other evidence

People expressed their views and were involved in making decisions about their care and treatment. We spoke to the manager about how the home prepares for new admissions. The home contacts relatives/ advocates prior to admission to ask people to begin to compile a life history, which helps staff care for people in a person centred way. People were also encouraged to think about what personalised pictures and objects they would like to have in box frames that are hung on their room doors so that people are able to identify their rooms more easily.

Each care plan developed included meeting with residents/relatives/advocates as well as the person to ensure that the care plan was relevant, up to date and countersigned. Care plans were reviewed monthly. A summary of people's care needs was also held in their rooms so that staff could quickly see how care was personalised for each person.

Toilet, bedroom and communal areas were colour coded around doors, toilet seats and décor. This helped to make people who were mobile more independent as they could

find their rooms and other areas. In Alphinbrook unit, there was a kitchen and laundry area where people were supported to undertake cooking and laundry to help maintain and their independent living skills.

Our judgement

People's privacy, dignity and independence were respected in a very person centred way.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We spoke to one person who read us a poem they had written, which included the following lines about what their experience of moving to the home had meant to them:

' A whole new life was beginning for me

Friendly, helpful and caring, these are the qualities that all staff showed

Deep down inside I knew I should have moved to Lucerne years ago'.

Everyone we spoke with told us how staff were kind and we were told about the wide range of interests and activities they enjoyed. The home had an 'engagement' agenda. This was to ensure that people had something to do that interested them and so that they could feel useful and occupied, especially those people living with dementia. Attention was paid to ensuring that everyone at the home was involved and received regular input from staff to aid their wellbeing. Care plans included monthly activities reviews, which were informative. A musicality programme focused on finding out what music people enjoyed or evoked good memories. Each person had their own playlist on the home's I-pod. This was also used when people were feeling low in mood or displayed behaviour that could be challenging to staff to help minimise any distress.

We saw that meal time was a social event in a lovely setting. Staff and relatives also sat and had coffee with people living at the home and staff did not appear rushed. We saw people being assisted to eat and drink in a discreet, patient way whilst staff chatted to

them about topics that they might understand or were relevant to them. This showed that staff were knowledgeable about people. One person was upset so we saw staff sit with them looking at a book to distract them. People were able to choose where they sat in the dining room or they could choose to eat in their rooms. Each plate was personalised for the person's needs, such as cut up or for a person with a small appetite. We heard that meal times were flexible so that people could eat when they wanted to. The food was of good quality and well presented. The kitchen received the top food hygiene rating when last assessed in 2011.

The Shillingford unit had a memory lane project where individual areas had been made to add interest and purpose for people, especially those living with dementia, such as a bus stop, pub, garden shed, office, church, outside beach harbour area, hat shop and barbers, shop, bank and airport. We observed that people seemed happy and occupied throughout the day undertaking a range of activities which included gardening, flower arranging, reading and enjoyed singing and music.

The activity programme was wide ranging and well staffed by an activity team as well as input from care workers. It had been well thought out to meet people's individual needs and capabilities. Activities were not confined to each unit, people are welcome to attend any activity. For example, one person had popped out from Shillingford to attend the 'Gossips' coffee club on Alphinbrook. During our visit there was an Olympic torch event, a 'torch' had been made and was visiting each person at the home to celebrate the torch relay in the UK. There was a men's club and ladies' club, fitness with care, social get togethers, bingo, music nights, drama club and one to one sessions amongst others.

The outside space was purpose built to enable people to be more independent. There was a raised bed gardening area, a shady, sensory woodland walk, water feature, a music therapy area and benches. A new area was being built into a beach harbour with a boat, sand, crazy golf, Punch and Judy and beach huts. All new areas will be safe and secure and accessible with ramps.

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at five care plans in depth. Care records were very detailed, they were written in a person centred way such as when people liked their bed changed, how people liked a care worker to help them and what activities people could manage by themselves. There were good assessments about potential nursing needs and short term problems were clearly documented and assessed separately and signed off when they were no longer an issue.

Care records were kept up to date by all staff in the daily records. All areas of care were clearly recorded such as oral hygiene, foot care, communication, specific risks and information about family and relationships.

We saw that staff monitored areas of risk well, such as weight, nutrition and fluids as well as falls risks. We saw a good example of falls monitoring. All falls were recorded in individual care plans. One person had two falls in a week and this had been noted and an appropriate referral made to enable staff to further protect this person by minimising

the risks and taking remedial action. Another person was identified as being reluctant to eat. This had been managed very well by offering finger food that the person could eat 'on the go' and to ensure that food and drink offered was high in calories. To promote the use of natural nutritional drinks, the home, with GP input, have made up a recipe for a nutritious smoothie called the 'Lucerne drink'. People's weights were regularly monitored to alert for any unusual patterns which might indicate a change in wellbeing and action taken accordingly. This showed action was taken to ensure that people's wellbeing was maintained.

We noted in care records that people regularly saw a variety of health professionals such as opticians, dentists and chiropodists. Staff said people were escorted to their medical appointments. The home ensured that hospital staff were well informed about people's needs. The home gives the hospital a copy of the persons' 'This is Me' summary as well as verbal and written transfer information.

We spoke to the GP for the home. Although people are able to keep their own GP if they wish, the home has an allocated GP who offers a surgery at the home twice a week. The GP has been able to build up a rapport with people and said that people benefitted from the fact that they could see people in their own environment throughout the day and got to see more people. The home is unusual in that the GP has a computer link to the local surgery, which means that all the patient information is available and prescriptions can be ordered straight away. The home also has equipment to undertake some blood tests in house. Medication administration was done from the treatment room on a one by one basis to minimise the clinical feel and/or anxiety of a drug 'round'.

People's care was planned and delivered in a way that ensured it was in their best interests.

We were told by staff how the service worked with one person, their family, their care management team and other agencies to in making a best interest decision about where they would live in order to ensure that their care and welfare needs were met.

People's care and treatment reflected relevant research and guidance.

We were told that the unit in the home was working towards the Gold Standard Framework for 'end of life' care and towards a national recognised award for best practice in dementia care. One example of good practice described in relation to end of life care was how the home had introduced anticipatory prescribing to ensure supplies of medication were available when needed. This ensured people remained comfortable and did not have to wait for medication. There was a good relationship between staff, the local hospice team and the GP to ensure that end of life care was comprehensive and up to date. The staff also encouraged relatives to remain in contact with the home following a death and the home run a bereavement support network. There was a family, quiet room where family can stay overnight to support their relative.

Our judgement

People experienced care, treatment and support that met their personalised needs and protected their rights in a comprehensive way.

The provider was meeting this 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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke with six people and asked them if they felt safe in the home and what they would do if they had any concerns. Each person confirmed that they felt safe and happy at Lucerne. Each person identified staff within the unit they feel they could talk to and said they were confident any concerns would be taken seriously and dealt with.

Other evidence

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with four staff and asked them about safeguarding adults from abuse. Each care worker we spoke to confirmed they had received training on safeguarding adults and received regular updates. They described their roles and responsibilities to ensure people were protected from abuse. We were shown training records which showed all staff undertook mandatory training on safeguarding adults. Staff we spoke with told us if they had any concerns about abuse, they would raise them with senior staff. The home had written safeguarding policies available for staff in relation to vulnerable adults, which included the local authority safeguarding arrangements and local contact details.

The provider responded appropriately to any allegation of abuse.

The service told us about their involvement in a multiagency safeguarding strategy planning for one person and actions taken as a result to protect a vulnerable person.

This demonstrated the service worked with the local authority and other agencies to safeguard people from abuse.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this 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

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

Our findings

What people who use the service experienced and told us

We spoke to six people about the skills of staff who each confirmed that they felt staff were appropriately skilled to meet their needs.

Other evidence

There were effective recruitment and selection processes in place.

We looked at recruitment and induction records for three members of staff recently recruited to work at the home. We found that appropriate checks were undertaken before staff began work. These included interviews, seeking references and undergoing criminal record checks on each applicant and professional registration checks, as appropriate. Each new member underwent an induction period, where they undertook training and assessment to ensure they had the appropriate skills to undertake their job and use the equipment provided. All new staff had a probationary period and their performance was reviewed at three month intervals for the first six months to ensure they had the appropriate skills to work in a care setting. We spoke with a trainer who showed us the competency assessment tools they used for each job role to assess that staff had the necessary skills for their job. We spoke to a nurse and a care worker recently recruited to work at the home. They confirmed they had received appropriate support, training and assessment during their induction period.

Our judgement

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The provider was meeting this standard.

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

One person we spoke to who needed assistance to transfer from their wheelchair to their bed told us that two staff helped them and how they felt confident that staff were skilled and trained to assist them safely.

We observed staff interacting with service users throughout our visit. This showed staff had good communication skills and demonstrated positive regard for people who lived at the home. At lunchtime, we saw that some people were assisted to eat their meal safely and at a pace suited to their needs.

Other evidence

Staff received appropriate professional development.

The manager showed us a training matrix which showed all the training that staff undertook. This included mandatory training such as health and safety, moving and handling, infection control as well as a broad range of other training to meet individual people's needs which included training on Parkinson's, cerebral palsy and dementia. We met with the trainer who showed us the wide range of training and further development opportunities available for staff within their learning and development centre.

All staff we spoke to confirmed they had good opportunities to access training and development and many staff we met had undertaken further training and qualifications. Most staff had completed qualifications in care and undertaken a range of specialist and mandatory training in order to meet the needs of people they were caring for. We

heard how each member of staff had an annual appraisal where their development needs were identified. We sampled three staff files which confirmed records were kept of appraisals. The home had a comprehensive database which included records of all training undertaken by individual staff, which was regularly monitored to ensure staff attended regular training updates as required. This showed the service was committed to ongoing training, development and support for all staff.

The provider might find it useful to note that we found a variety of different practices in relation to supervision in different areas of the home. In one unit, we were told about one to one clinical supervision implemented for nursing staff and how supervision for other staff groups was due to be discussed at the next staff meeting. In two units, we were told how day to day issues about people's ongoing care were discussed with staff at each handover, where any concerns could be raised. We were told how any issues in relation to individual staff would be dealt with by the unit manager. Most of the supervision arrangements described to us were not documented although we saw that documentation to record supervision was provided. All staff we spoke to told us that their managers were approachable and they felt they could talk to them about any personal or work concerns although most staff we spoke to did not report receiving one to one supervision. Whilst there was no evidence of any risk to people, the expectations for supervision in relation to all groups of staff within the home needed to be further clarified to ensure all staff had the opportunity to receive regular support through supervision.

The provider safeguards high standards of care by creating an environment where clinical excellence can do well.

Each unit had individual staff meetings and we looked at minutes of meetings which demonstrated how staff were involved in discussions and decision making about people's care and developments in the home.

One staff member who referred to a work colleague said 'they are absolutely brilliant at palliative care, they know just what to do'. We were told about several schemes the home was involved in which provided assurance that staff were working to national best practice standards in specialist areas of care.

In addition to staff working in the unit, the home had a care worker apprenticeship scheme, provided practice placements for student nurses, physiotherapists and GP trainees. We spoke to an apprentice who told us about the range of training and experience they had gained since starting their apprenticeship. This staff member was hoping to undertake their nurse training in the future. This involvement in training helped the home keep up to date with changes and developments in practice.

Our judgement

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this 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 who use the service, their representatives and staff were asked for their views about care and treatment and they were acted on.

We spoke to people who confirmed that they were consulted and involved in decisions about their care. We were told about a recent decision to restart residents meetings and how these meetings would be chaired by a person who lived at the home.

The home had a monthly newsletter with contributions from residents and staff which contained a wealth of information about social activities, entertainment, church services, cookery and information about future plans.

The deputy manager described how the provider sent a questionnaire to residents and relatives to seek feedback on their satisfaction with the service but there were no recent survey results available at the time of our visit.

Staff and unit managers we spoke to told us about the range of ways in which they sought feedback from people who live at the home in their day to day work and addressed any issues raised.

Other evidence

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The deputy manager described how they regularly monitored people's care records and gave feedback to each unit about areas for improvement. We saw some of this feedback on the assessment documentation for a person recently admitted which included constructive feedback and additional suggestions.

A monitoring visit was carried out monthly by representatives of the provider and a report written and shared with CQC. These visits included speaking to staff and residents about the home. The reports received detailed findings and actions taken as a result which demonstrated robust internal monitoring by the provider. We were told about other occasional visits to the home on behalf of the provider by nurse specialists.

We looked at a database which showed a range of audits undertaken to monitor quality across all areas of the home. These included monthly audits of pressure area care, monitoring of accidents/incident including falls and a range of other regular audits such as medicines management and infection control. This showed that the home had systems in place to monitor quality to highlight and take action on any concerns. The home had cleaning schedules and regular spot checks of cleanliness were carried out. We heard how the manager did a regular walkabout throughout all areas of home to monitor that quality standards were being maintained. We met with the support services manager who showed us their system for maintenance of all areas of the home. This included servicing schedules for equipment, fire safety arrangements, environmental risks assessments and water testing. We saw that contingency arrangements were in place to manage any disruptions to major services such as electricity and gas supplies.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

We looked at some completed accident/incident forms. We saw how each incident was analysed and any learning identified to reduce the risk of recurrence. Any trends in relation to individuals or areas of the home were quickly identified and preventative action taken. We were told by the registered manager how all accidents/incidents were reported within the company to ensure any wider training, safety or policy issues were addressed.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The service showed us the systems in place to manage risks in relation to the premises. We saw written environmental risk assessments were completed for each area of the building, which were regularly updated. We saw records which showed regular fire equipment safety checks, daily and weekly checks and regular fire drills were undertaken. We saw records which showed regular maintenance and servicing of equipment was carried out.

The home used well known tools to identify, prevent manage and monitor risks related to pressure area care, nutrition and falls. Each person had individual risk assessments completed to identify any risks associated with their care and treatment which identified measures to reduce those risks to a minimum.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

What is a review of compliance?

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

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
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