

# Review of compliance

Grandcross Limited Gotton Manor Care Home	
<b>Region:</b>	South West
<b>Location address:</b>	Gotton Cheddon Fitzpane Taunton Somerset TA2 8LL
<b>Type of service:</b>	Care home service without nursing Care home service with nursing
<b>Date of Publication:</b>	March 2012
<b>Overview of the service:</b>	Gotton Manor provides care home services for older people who require nursing or personal care. The home can accommodate up to a maximum of 60 people. The home comprises two separate but adjacent buildings, one contains residential home beds (The Coach House) and the other has nursing home beds.

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

## Our current overall judgement

**Gotton Manor Care Home 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 to check whether Gotton Manor Care Home had made improvements in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 08 - Cleanliness and infection control
- Outcome 12 - Requirements relating to workers
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

## How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 31 January 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 carried out an unannounced inspection to review the nursing home service and to check whether improvements had been made since our last inspection on 1 and 6 September 2011.

At the inspection in September 2011 we found that the residential home service (The Coach House) was meeting the essential standards of quality and safety. However, we had concerns about the nursing home service which was not compliant with four of the essential standards. Improvements were also needed to maintain compliance with two other essential standards.

At our last inspection we found that there were some inconsistencies in staff practices. Previously we were told that some of the male care staff were impolite and not very friendly. At this inspection we were told that this had improved. People told us, "I am happy for the male carers to look after me" and "I get on fine with the male carers".

Throughout the day we observed that the staff were polite and respectful. We observed and heard much improved communications between staff and people who lived in the home. Staff regularly greeted people and engaged them in friendly conversations. For example, while supporting people with their lunch the staff engaged well with everyone including people who had difficulty communicating verbally. The staff were more visible and available when people needed assistance. The general atmosphere throughout the home was sociable, friendly and personal.

At our last inspection some people told us they had concerns about the time taken by staff to respond to call bells and a lack of activities for people to do. We also found that the needs of people with mental health issues were not sufficiently well understood. At this inspection we observed that the call bell rang much less frequently and when it did ring it was responded to quickly. One person told us, "It is a bit intermittent, sometimes the bells all go off together but mostly I don't notice them. At night they dim the noise to make it less disturbing".

A new activities coordinator had been appointed since our last visit. Several people told us that they had regular one to one discussions with the activities coordinator. Group activities were also taking place on the day of our inspection. We spoke with three people who sometimes displayed challenging behaviours. They were calm and relaxed and appeared to be a lot happier than when we last met them.

People's bedrooms and communal areas, such as the dining room and the lounge, were all clean and tidy. A lot of refurbishment work had taken place since our last inspection. These works had improved the environment for people in the home and had aided the prevention and control of infection. However, some of the internal corridors as well as the outside fabric of the nursing home remained in poor decorative order. Management informed us that funding had already been earmarked by the company for further refurbishment works.

The home had recently appointed a new full-time manager. At this inspection we observed that they had an open management style. The new manager was visible throughout the home and was observed speaking with people and enquiring about their well being and their experiences of the service. One person said "The new manager is very friendly and down to earth. He's the kind of person you could say anything you want to". The new manager told us that they planned to have quarterly residents and relatives meetings as a forum to discuss issues and obtain people's views on the service.

## **What we found about the standards we reviewed and how well Gotton Manor Care Home was meeting them**

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

People living in the home are able to make choices about their daily lives and their preferences are known and acted upon. The home has systems in place to ensure people in the home, other professionals and relatives can be involved in decisions about their care. People's privacy, dignity and independence are respected.

Overall, we found that Gotton Manor Care Home was meeting this essential standard.

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

Overall people are receiving appropriate care, treatment and support which meets their individual needs. People's rights are protected through systems for involving them, their relatives and outside professionals in decisions about their care and treatment. However, there are sometimes inconsistencies between the daily records of care provided and the care described in people's care plans.

Overall, we found that Gotton Manor Care Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People are protected from the risk of infection through the home's systems and procedures for infection prevention and control. Overall people experience a clean environment but they would benefit from continued refurbishment works to aid the prevention and control of infection and provide a more homely setting.

Overall, we found that Gotton Manor Care Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People are protected through effective staff recruitment procedures and employment checks. Their care needs are met by suitably qualified and experienced staff who are able to communicate appropriately with people living in the home.

Overall, we found that Gotton Manor Care Home 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's health and welfare needs are being met by competent and appropriately trained staff. Staff can access support and advice from other colleagues and from senior staff through one to one supervision sessions and staff meetings.

Overall, we found that Gotton Manor Care Home 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**

Systems are in place for monitoring the quality of the service to ensure that people receive an appropriate standard of care, treatment and support. These systems take into account feedback from people living in the home, their relatives and staff. The home is taking effective action to remedy identified shortfalls in the service.

Overall, we found that Gotton Manor Care Home was meeting this essential standard.

### **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

At our last inspection we found that people living in the home were able to express their views, made choices and understood the care and support that was available to them.

The dignity, privacy and independence of people were respected most of the time but there were some inconsistencies in staff practices. Previously we were told that some of the male care staff were impolite and not very friendly. At this inspection we were told that this had improved. People told us, "I am happy for the male carers to look after me" and "I get on fine with the male carers". One person told us that they still felt "unhappy with one of the male carers but the others are lovely". With their permission we informed the manager who agreed to take this up with the carer in question. People were also complimentary about the new manager one person said "He is very friendly and down to earth. I feel I could talk to him about anything".

Throughout the day we observed that the staff were polite and respectful and treated people as individuals. The staff regularly talked to people and engaged with them in friendly and supportive conversations. At lunchtime we saw that there were more staff available to support people and they engaged well with everyone including individuals who had difficulty communicating verbally. At this inspection the general atmosphere throughout the home was more sociable, friendly and personal.

**Other evidence**

At our last inspection we looked at people's care plans and saw they were signed either by the individual themselves or by their next of kin to confirm their involvement in the care planning process.

The new manager informed us that since our last inspection a number of changes had been implemented to ensure people were always treated with dignity and respect. Each person now had a named nurse and a named care assistant to oversee the care provided. This was introduced to improve the service experienced by people as their named staff gained a better understanding of each person's needs and preferences. One of the new nurses had also taken on a lead role for ensuring dignity and person centred care within the home.

We reviewed the staff training records and saw that staff had recently received refresher training in person centred care. The manager told us that arrangements had been made for an independent mental capacity advocate to provide staff training on the Mental Capacity Act 2005 and Deprivation Of Liberty Safeguards. The legislation protected people's human rights and the training explained the arrangements for assessing people's mental capacity to make decisions about their care.

We looked at the minutes of the last two staff meetings and saw that improving interactions and communications with residents was discussed at both meetings.

**Our judgement**

People living in the home are able to make choices about their daily lives and their preferences are known and acted upon. The home has systems in place to ensure people in the home, other professionals and relatives can be involved in decisions about their care. People's privacy, dignity and independence are respected.

Overall, we found that Gotton Manor Care Home 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

#### Our judgement

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

#### Our findings

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

When we last inspected the home people told us they had concerns about the time taken by staff to respond to call bells and a lack of activities for people to do. We also found that the needs of people with mental health issues were not sufficiently well understood.

At this inspection we observed that the call bell rang much less frequently and when it did ring it was responded to quickly. One person told us, "It is a bit intermittent, sometimes the bells all go off together but mostly I don't notice them. At night they dim the noise to make it less disturbing".

Several people told us that they had regular one to one discussions with the home's activities coordinator. Group activities were also taking place on the day of our inspection. The manager told us that a new activities coordinator had been employed for 20 hours a week and they would soon be making a further appointment for an additional 10 hours a week.

At our last inspection we found that people's physical health and medication needs were being met in accordance with their care plans. People told us that they were generally satisfied with the care and support they received. However, we found that the mental health needs of some people with challenging behaviours were not sufficiently understood or catered for. At this inspection we spoke with three of the people who sometimes displayed challenging behaviours. They were calm and relaxed and appeared to be a lot happier than when we last met them. We observed that their

rooms were cleaner and better presented. One individual had agreed to move to a larger room in a quieter part of the building which was more suited to their care needs. Another person who had remained in bed all day when we last visited was now observed socialising with a relative, the other residents and staff in the communal areas of the home.

### **Other evidence**

The new manager told us they were dual qualified as a general clinical nurse (RN) and a mental health nurse (RMN). Also one of the new nurses was a registered mental health nurse. They said they had a lot of experience in caring for older people and people with mental illnesses. We were told that the mental health nurse and the general nurses were able to share their knowledge and experience. This meant the home was now better able to provide for the mental and physical health needs of people who lived there.

Two new nurses had been employed since our last inspection. Their shifts overlapped which meant there were two nurses on duty at times whereas previously there was only one. This enabled the nurses to spend more time with people and to get out on the floor more. They were also more readily available to offer advice and support to the care assistants. This meant the deputy manager/clinical nurse lead had more time and was able to review people's care plans more often.

We looked at four people's care plans. These contained details of each individual's health and welfare needs and, where applicable, mental capacity assessments. They contained up to date daily records of the care provided to each individual. We also looked at the care charts in some individual's bedrooms. They recorded people's food and fluid intake, bedrail assessments and other care processes. In most cases we found that the daily care records were consistent with what was described in people's care plans. However, we did find some gaps and minor discrepancies. For example, there were discrepancies between the care plan and the daily records for one individual about the frequency their dressings were changed. We were told that the individual would sometimes refuse a change of dressing but this explanation was not recorded in either the daily record or the care plan. We brought this discrepancy to the attention of the nurse on duty and the manager.

We saw various examples in the care plans of other health professionals being involved in decisions about people's care. There was a challenging behaviour assessment protocol prepared by a community psychiatric nurse. A GP had signed a do not resuscitate form with the agreement of the individual and one of their close friends. A speech and language therapist had visited to assist an individual with significant speech and swallowing problems.

The manager told us that a new company wide system of care planning was about to be introduced. He had not received the full details yet but said it was designed to ensure that people's care charts, the daily records and care plans were fully integrated. We saw from the minutes of the staff meeting that the introduction of a new system of care planning had been communicated to staff.

### **Our judgement**

Overall people are receiving appropriate care, treatment and support which meets their individual needs. People's rights are protected through systems for involving them, their

relatives and outside professionals in decisions about their care and treatment. However, there are sometimes inconsistencies between the daily records of care provided and the care described in people's care plans.

Overall, we found that Gotton Manor Care Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

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

#### Our findings

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

At our last inspection we found shortfalls in the cleanliness and hygiene standards experienced by people in some areas of the nursing home. At this inspection we observed that improvements had been made. People's bedrooms and communal areas, such as the dining room and the lounge, were all clean and tidy. A lot of refurbishment work had taken place. This included the downstairs bathroom which had been refurbished and equipped to a high standard. The other areas highlighted in our last report had also been refurbished including the upstairs treatment room and the two sluice rooms. These works had improved the environment for people in the home and had aided the prevention and control of infection.

Although the environment in the nursing home building had been improved it still lagged behind the standards of the neighbouring Coach House building. In particular, some of the internal corridors as well as the outside fabric of the nursing home remained in poor decorative order. There was flaking paint work, old flooring and some communal areas still looked shabby. Management informed us that funding had already been earmarked by the company for further refurbishment works.

##### Other evidence

One of the home's new general nurses had taken on the role of infection control champion. In this role they monitored staff practices to ensure that staff were observing the home's infection control procedures. This included domestic, ancillary and care staff. They said that they monitored staff hand washing practices and the appropriate use of protective clothing and other infection control processes. They told us that when needed the hospital microbiologist provided them with advice on appropriate treatments.

The manager told us that arrangements had been made for an outside specialist infection control nurse to deliver infection control training sessions to staff. This would provide practical advice and demonstrations to back up the company's mandatory infection control e-learning module that all staff had to complete.

We looked at the minutes of the November 2011 staff meeting which recorded discussions with staff about the proper segregation of laundry and other infection control reminders.

**Our judgement**

People are protected from the risk of infection through the home's systems and procedures for infection prevention and control. Overall people experience a clean environment but they would benefit from continued refurbishment works to aid the prevention and control of infection and provide a more homely setting.

Overall, we found that Gotton Manor Care Home was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

## 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

At our last inspection we found there was a risk that people's needs may not always be properly understood due to shortfalls in the communication and interpersonal skills of some staff.

At this inspection we observed and heard much improved communications between staff and people who lived in the home. Staff regularly greeted people and engaged them in friendly conversations. For example, while supporting people with their lunch the staff engaged well with everyone including people who had difficulty communicating verbally. The general atmosphere throughout the home was more sociable, friendly and personal.

##### Other evidence

At our last inspection we found that people's safety was protected by effective recruitment procedures and employment checks and their care needs were met by appropriately qualified and experienced staff. However, improvements were needed in the communication and interpersonal skills of some staff.

At this inspection we looked at the staff training records and saw that staff had received refresher training in person centred care. We also looked at the staff supervision records and could see from the notes that communications with residents and their relatives had been discussed at one to one sessions with each member of staff. The minutes of the last two staff meetings also recorded discussions about improving staff interactions and communications with people in the home.

Since our last inspection the home had taken six bedrooms out of commission. The staffing numbers remained unchanged and new nursing staff with relevant experience had been recruited. This meant that staff now had more time to engage properly with people in the home.

**Our judgement**

People are protected through effective staff recruitment procedures and employment checks. Their care needs are met by suitably qualified and experienced staff who are able to communicate appropriately with people living in the home.

Overall, we found that Gotton Manor Care Home was meeting this essential 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

At our last inspection most of the people we spoke with told us that they were well cared for. People were generally complimentary about the staff although there were some exceptions. We were given some examples of staff being impolite and not respecting people's dignity.

At this inspection we observed that staff were more visible and available when people needed assistance. All of the interactions we observed between staff and people in the home were polite, respectful and caring. We spoke with two people who had previously raised concerns with us about some of the staff. They told us that the attitude and approach of staff had improved. One person was still unhappy with the support provided by a particular member of staff although they said it had improved. With the person's permission we brought this to the attention of the manager who said they would follow this up with the staff member.

##### Other evidence

At our last inspection we found that people's health and welfare needs were being met by competent staff who were adequately trained to perform their jobs. However, the lack of a consistent and clear management focus had started to impact on the standard of care provided.

A new full-time manager had recently been appointed. They were very visible around the home on the day of our inspection. New care staff had also been recruited and a named nurse/named care assistant system had been introduced. This was intended to help staff become more knowledgeable about each individual's needs and preferences.

We looked at the staff supervision records and these showed that staff had received formal one to one supervision sessions over the last three month period. Key topics discussed were engaging with residents and respecting people's privacy and dignity. These topics were also discussed at recent staff meetings. We looked at the minutes of the last two staff meetings and they recorded discussions about the various concerns identified at our last inspection. The new manager told us that the company policy was to hold staff meetings on a quarterly basis although they planned to hold them more frequently.

Staff training records showed that all staff had recently had training in person centred care. The manager said that specialists from other organisations would shortly be delivering refresher training in infection control and in the Mental Capacity Act 2005. This would provide practical training to support the company's internal e-learning training modules.

We spoke with five of the care staff. They felt they were well trained and supported by their colleagues and by the senior staff. One member of staff said "morale has been very low, we have been through hell but are now back on track" and another staff member said "everyone enjoys the work and gives of themselves".

#### **Our judgement**

People's health and welfare needs are being met by competent and appropriately trained staff. Staff can access support and advice from other colleagues and from senior staff through one to one supervision sessions and staff meetings.

Overall, we found that Gotton Manor Care Home 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

At our last inspection some people told us that they were reluctant to complain in case this adversely affected the care they received. At this inspection we observed an open management style. The new manager was visible throughout the home and was observed speaking with people and enquiring about their well being and their experiences of the service. One person said "The new manager is very friendly and down to earth. He's the kind of person you could say anything you want to".

The new manager told us that they planned to have quarterly residents and relatives meetings as a forum to discuss issues and obtain people's views on the service. Their first residents and relatives meeting was held in December 2011. We looked at the minutes of the meeting. It was attended by eleven relatives and one resident, although all residents had been invited to attend. The minutes recorded an introduction by the new manager, updates on new service initiatives, discussion about the latest customer survey results and the home's complaints procedures. At the end of the meeting the manager invited feedback and constructive criticism. It was recorded that only positive feedback was received from the relatives that attended the meeting.

We spoke with one person's relative who was visiting on the day of our inspection. They told us that they were very happy with the care and support provided for their relative by the home.

##### Other evidence

The home participated in a company wide quality monitoring system. This included

regular management performance reports, six monthly quality audits and a computerised incident and accident recording system.

At our last inspection we found that the home's quality monitoring systems had identified various shortcomings but they had not been acted upon. At this inspection we saw evidence of effective management action to improve the quality of service for people who lived in the home. There had been significant refurbishment work and various staffing initiatives to improve the care and support experienced by people in the home. Further details are provided under the other outcome headings in this report.

### **Our judgement**

Systems are in place for monitoring the quality of the service to ensure that people receive an appropriate standard of care, treatment and support. These systems take into account feedback from people living in the home, their relatives and staff. The home is taking effective action to remedy identified shortfalls in the service.

Overall, we found that Gotton Manor Care Home was meeting this essential standard.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>Why we have concerns:</b></p> <p>Overall people are receiving appropriate care, treatment and support which meets their individual needs. People's rights are protected through systems for involving them, their relatives and outside professionals in decisions about their care and treatment. However, there are sometimes inconsistencies between the daily records of care provided and the care described in people's care plans.</p>	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>Why we have concerns:</b></p> <p>Overall people are receiving appropriate care, treatment and support which meets their individual needs. People's rights are protected through systems for involving them, their relatives and outside professionals in decisions about their care and treatment. However, there are sometimes inconsistencies between the daily records of care provided and the care described in people's care plans.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>Why we have concerns:</b></p> <p>Overall people are receiving appropriate care,</p>	

	<p>treatment and support which meets their individual needs. People's rights are protected through systems for involving them, their relatives and outside professionals in decisions about their care and treatment. However, there are sometimes inconsistencies between the daily records of care provided and the care described in people's care plans.</p>	
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 08: Cleanliness and infection control</p>
	<p><b>Why we have concerns:</b>          People are protected from the risk of infection through the home's systems and procedures for infection prevention and control. Overall people experience a clean environment but they would benefit from continued refurbishment works to aid the prevention and control of infection and provide a more homely setting.</p>	
<p>Diagnostic and screening procedures</p>	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 08: Cleanliness and infection control</p>
	<p><b>Why we have concerns:</b>          People are protected from the risk of infection through the home's systems and procedures for infection prevention and control. Overall people experience a clean environment but they would benefit from continued refurbishment works to aid the prevention and control of infection and provide a more homely setting.</p>	
<p>Treatment of disease, disorder or injury</p>	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</p>	<p>Outcome 08: Cleanliness and infection control</p>
	<p><b>Why we have concerns:</b>          People are protected from the risk of infection through the home's systems and procedures for infection prevention and control. Overall people experience a clean environment but they would benefit from continued refurbishment works to aid the prevention and control of infection and provide a more homely setting.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 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.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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## Care Quality Commission

<b>Website</b>	<a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
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