

Review of compliance

Care UK Community Partnerships Limited Heatherbrook

Region:	London
Location address:	80 Como Street Romford Essex RM7 7DT
Type of service:	Care home service with nursing
Date of Publication:	December 2011
Overview of the service:	Heatherbrook is a purpose built home registered to provide nursing care to 45 older people with dementia. Care UK Community Partnerships Limited operates the home which is situated in a residential area of Romford and is in walking distance of local shops and public transport links. Residents are accommodated on two floors, Bluebell on the ground floor and Hylands on the first floor. A passenger lift is available.

	All rooms are single occupancy and have en-suite facilities.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Heatherbrook was not meeting one or more essential standards. Improvements are needed.

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

Why we carried out this review

We carried out this review 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.

What people told us

People said that staff seemed friendly and caring towards people. They said that there were usually enough staff around. Relatives spoken to said that the carers were friendly. We were told by one person that they had seen an improvement in their relative since they had been here while another said that they liked the home. Another said that the home had kept them informed of their relatives' progress and had no complaints.

What we found about the standards we reviewed and how well Heatherbrook 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 using the service are not always involved and encouraged to take part in decisions made about their care. There is little opportunity for people using the service to take part in social activities. People are not having their privacy, dignity and independence upheld.

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

People who use the service do not experience care and support that meet their needs and protect their rights. Delivery of care does not meet peoples' needs.

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

Heatherbrook demonstrated that they respond appropriately to safeguarding concerns.

Training records show that not all staff had received safeguarding training.

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

Aspects of the upkeep of the environment in the upstairs communal area contribute negatively to peoples' dignity and respect.

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

Both units are being staffed to the current stated staffing levels although staff were observed to not have the time to provide a good standard of care. The subjects covered within the training schedule are appropriate for the service but sufficient attention has not been paid to ensuring staff are adequately up to date with this training.

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

Unannounced audit visits by head office appear to be no longer taking place and it could not be demonstrated that the monthly internal audit topics chosen by head office are being used to affect service improvement.

There are systems in place to gather and evaluate information regarding the safety and quality of the service but this information is not being used to effectively improve the quality of the service.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. 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

There are moderate concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People said that staff seemed friendly and caring towards people. Relatives spoken to said that the carers were friendly.

Other evidence

There is an activities coordinator for the home whose time is split 50/50 between the upstairs and downstairs units. It was reported to us that there is also a volunteer who assists the activities coordinator although she was not on duty on the day of our visit. No other therapeutic or daytime activity was seen taking place apart from what was being provided by the activities coordinator, who was sitting with three people at a table conducting groupwork. The activities coordinator was observed to only be speaking to those in the main lounge area in the upstairs area during our visit. We did not observe the activities coordinator interacting with those in bed or who were bed bound. People generally seemed unengaged in meaningful activity.

In the upstairs unit staff did not seem engaged with people and we did not observe staff calling people by their names. In the upstairs unit we observed service users sleeping in arm chairs in the communal area with the television on. We did not see anyone ask them whether they wanted to go to bed or try to engage them in activity. Downstairs we found the environment to be peaceful and clean. There was more staff interaction with

residents. It was observed that staff also knew peoples' names.

We found one person sitting at the dining table who had fallen asleep and was crouching over. No one came to see him or accompany him into bed. Another person in the upstairs unit was observed sleeping on a sofa in the corridor for over 2 hours. At 12.15 we saw a carer taking him to the bathroom.

We observed that one resident was still having his personal care attended to in the bathroom when one of the carers opened the door and walked out without regard for his privacy and dignity.

Our judgement

People using the service are not always involved and encouraged to take part in decisions made about their care. There is little opportunity for people using the service to take part in social activities. People are not having their privacy, dignity and independence upheld.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We were told by one person that they had seen an improvement in their relative since they had been here while another said that they liked the home. Another said that the home had kept them informed of their relatives' progress and had no complaints.

Other evidence

We case tracked some residents through their care plans:

We found one resident's care plan talked about using touch to enable her to know someone is there, ensure that staff are aware of the risk of social isolation, allocate staff to spend time on a regular basis through the day, loves to chat and responds well to one to one contact. We found this person was left on her own in bed throughout the day of the inspection. We did not observe any social stimulation. The only contact we observed was with the carer supporting her to eat her lunch. Pressure care was identified. The care plan stated 'Needs position changed 4 hourly. Cushion under foot to relieve the foot from pressure'. We observed that the 'cushion under foot' was not there.

We found another resident in the upstairs unit, calling out. The pre admission assessment and care plan described this person as having challenging behaviour. The care plan also stated the activities they enjoyed and that staff should ascertain if there is any physical cause for the calling out, i.e. pad change, and that they responded to some company and reassurance. We observed the resident calling out when seated in the lounge area. No carers came to see if they were alright. We observed that they had

been left in the lounge area all morning on their own. We did not see anyone engage this person in activity. Activity was not evidenced in the notes. Lunch was served at 12.30pm. We asked a member of care staff at 1.05pm if this resident had had their lunch. Lunch was brought at 1.15pm, 45 minutes later and was the last one to have lunch. We asked three members of staff what time this person had breakfast. They could not give us this information.

We found another resident's care plan state 'All staff to be made aware of the risk of social isolation and spend time with'. We found this resident was left on their own in bed throughout the day of the inspection with no social stimulation being provided. The only contact we observed this resident having with anyone was with the carer supporting them to eat lunch at 12.30pm.

We observed another resident's care plan to state that they like to cuddle soft toys which is in keeping with the belief that doing so can be very therapeutic for people with dementia. We saw no evidence of these being provided.

Another resident's care plan stated that they should be maintained on a turning chart and turned regularly. We did not find a turning chart in the resident's room. We asked a member of staff where it was. We were informed that they were not on a turning chart and that they could turn in bed independently.

We found another resident with cot sides in place. We found a bed rail use agreement signed by next of kin.

All service users who were bed bound or are risk of falling out of bed, were checked hourly at night. Checks were recorded and documented.

All risk assessments for all care plans that were seen were in place. Generally care plans were not updated and staff did not seem to be aware of people's needs or their day to day activities.

Our judgement

People who use the service do not experience care and support that meet their needs and protect their rights. Delivery of care does not meet peoples' needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We did not talk to people about anything that related to this outcome.

Other evidence

Safeguarding referrals were reviewed. These alerts were seen to have been dealt with appropriately with recommendations put into place and practice being changed as a result. Contact with the local safeguarding team was also demonstrated to be taking place.

Protection of Vulnerable Adults (PoVA) and Safeguarding of Vulnerable Adults (SoVA) training records showed that Heatherbrook were changing over from the PoVA training module to the SoVA module and that all staff needed to complete this new training. Training records show that some staff had not been trained in either.

Our judgement

Heatherbrook demonstrated that they respond appropriately to safeguarding concerns. Training records show that not all staff had received safeguarding training.

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

There are minor concerns with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We did not talk to people about anything that related to this outcome.

Other evidence

At 10.30am in the upstairs communal lounge area we observed that all four roller blinds were rolled down, allowing for little natural light. The room lights were on. We asked staff why this was. We were told they hadn't had time to roll them up and they began raising the blinds. The blinds would not roll up and staff took the time to manually roll these up. We were told by staff that the blinds will sometimes not roll up and that this is an ongoing issue. We were also told by staff that when there is a maintenance job that needs doing it is placed in the maintenance request book. The maintenance request book showed that this was checked regularly by maintenance and that jobs were completed promptly. It also showed that the faulty roller blinds had not been reported. We were told by the maintenance person that the blinds were in need of replacing.

The upstairs communal lounge area had ten armchairs. One had a seat cushion that would not fit into the chair properly and a covering that did not fit the cushion properly. Another had a seat cushion that had a black covering on it that did not match any of the other seats. We did not observe any residents sitting in these chairs.

Our judgement

Aspects of the upkeep of the environment in the upstairs communal area contribute negatively to peoples' dignity and respect.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People said that staff seemed friendly and caring towards people. They said that there were usually enough staff around.

Other evidence

The staffing allocation for each unit was reported by the deputy manager. Rotas for the month for both the upstairs and downstairs units were checked. There is an extra shift to cover lunchtime duties in the upstairs unit as there is a higher dependency level upstairs. We found that both units were staffed to compliment for this period.

People at the home were not observed having their personal care attended to in timely manner. We observed people waiting for their lunch. Staff did not have time to interact with people at the home and staff looked rushed.

The training matrixes for Heatherbrook were reviewed. These demonstrated that training was taking place and that the subjects covered within the training schedule were appropriate for the service.

We also found that there were gaps in individual training records for core and mandatory training, either because it was out of date or it had not been completed. We sat with the manager and deputy manager asking questions about the training records in order to better understand the training records being presented. It was difficult to ascertain from this discussion whether Heatherbrook properly understood what its own training needs situation was.

Our judgement

Both units are being staffed to the current stated staffing levels although staff were observed to not have the time to provide a good standard of care. The subjects covered within the training schedule are appropriate for the service but sufficient attention has not been paid to ensuring staff are adequately up to date with this training.

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

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not talk to people about anything that related to this outcome.

Other evidence

Heatherbrook have a set of internal audits that 'head office' will set. In the recent past these have covered themes such as care records, medicines management, infection control, food and nutrition, communication and leadership. We were also told by the manager that Care UK's clinical governance team will carry out unannounced visits to conduct audits.

Head office carried out an environmental audit in March 2010. An action plan was sent back to head office by Heatherbrook that indicated what action would be taken to remedy the identified shortfalls and affect service improvement. An action plan was seen which indicated that half of the actions had been completed and half had not. We were told that the outstanding actions had been completed but that the action plan had not been updated and head office had not requested any further updates on service improvement.

Evidence was seen of 'head office' appearing at regular intervals to carry out audits up to September 2010 (environment). Evidence to demonstrate that more recent audits had been carried out by head office were requested but not found.

Themes for Care UK's internal monthly audits are sent to Heatherbrook regularly. For example: health and safety Aug 2011, dementia July 2011, hand hygiene March 2011

and body fluid and sharps injuries April 2011. There was very little evidence to demonstrate that the monthly audits had been used to improve the quality of service provision. It was difficult for Heatherbrook to demonstrate that they had followed up on issues identified from these audits in order to affect service improvement.

A 'head office' care planning audit score from February 2010 was seen. This was marked 5/10 for care plans being reviewed within one month. A follow up to the care plan audit was carried out by internally by Heatherbrook in June 2011 which indicated that progress had not been made on care planning. A care planning group supervision session was held in response to this for all qualified staff. Gaps and concerns were pointed out by the manager and actions needed to remedy these were stated. The manager told us that there was a follow up care planning audit to see if progress had been made but evidence to demonstrate this could not be located.

Customer service satisfaction survey for relatives and friends took place in April 2011. The survey asks fifteen questions such as do you feel welcome, are you happy with the GP service, is your relative supported to make the most of their physical and mental abilities. Scores for each are given at the end. The average of all 16 questions asked was 87% where relatives rated the service as good or excellent.

Complaints made had been responded to and investigated. It was demonstrated that changes to service delivery had occurred as a result of issues that had been raised.

Our judgement

Unannounced audit visits by head office appear to be no longer taking place and it could not be demonstrated that the monthly internal audit topics chosen by head office are being used to affect service improvement.

There are systems in place to gather and evaluate information regarding the safety and quality of the service but this information is not being used to effectively improve the quality of the service.

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 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Heatherbrook demonstrated that they respond appropriately to safeguarding concerns. Training records show that not all staff had received safeguarding training.	
Diagnostic and screening procedures	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Heatherbrook demonstrated that they respond appropriately to safeguarding concerns. Training records show that not all staff had received safeguarding training.	
Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	Why we have concerns: Heatherbrook demonstrated that they respond appropriately to safeguarding concerns. Training records show that not all staff had received safeguarding training.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing

	<p>Why we have concerns: Both units are being staffed to the current stated staffing levels although staff were observed to not have the time to provide a good standard of care. The subjects covered within the training schedule are appropriate for the service but sufficient attention has not been paid to ensuring staff are adequately up to date with this training.</p>	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns: Both units are being staffed to the current stated staffing levels although staff were observed to not have the time to provide a good standard of care. The subjects covered within the training schedule are appropriate for the service but sufficient attention has not been paid to ensuring staff are adequately up to date with this training.</p>	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns: Both units are being staffed to the current stated staffing levels although staff were observed to not have the time to provide a good standard of care. The subjects covered within the training schedule are appropriate for the service but sufficient attention has not been paid to ensuring staff are adequately up to date with this training.</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 14 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.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: People using the service are not always involved and encouraged to take part in decisions made about their care. There is little opportunity for people using the service to take part in social activities. People are not having their privacy, dignity and independence upheld.</p>	
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: People using the service are not always involved and encouraged to take part in decisions made about their care. There is little opportunity for people using the service to take part in social activities. People are not having their privacy, dignity and independence upheld.</p>	
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: People using the service are not always involved and encouraged to take part in decisions made about their care. There is little opportunity for people using the service</p>	

	to take part in social activities. People are not having their privacy, dignity and independence upheld.	
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
	How the regulation is not being met: People who use the service do not experience care and support that meet their needs and protect their rights. Delivery of care does not meet peoples' needs.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People who use the service do not experience care and support that meet their needs and protect their rights. Delivery of care does not meet peoples' needs.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: People who use the service do not experience care and support that meet their needs and protect their rights. Delivery of care does not meet peoples' needs.	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: Aspects of the upkeep of the environment in the upstairs communal area contribute negatively to patient dignity and respect.	
Diagnostic and screening procedures	Regulation 15 HSCA 2008 (Regulated	Outcome 10: Safety and suitability of premises

	Activities) Regulations 2010	
	How the regulation is not being met: Aspects of the upkeep of the environment in the upstairs communal area contribute negatively to patient dignity and respect.	
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	How the regulation is not being met: Aspects of the upkeep of the environment in the upstairs communal area contribute negatively to patient dignity and respect.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: Unannounced audit visits by head office appear to be no longer taking place and it could not be demonstrated that the monthly internal audit topics chosen by head office are being used to affect service improvement. There are systems in place to gather and evaluate information regarding the safety and quality of the service but this information is not being used to effectively improve the quality of the service.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: Unannounced audit visits by head office appear to be no longer taking place and it could not be demonstrated that the monthly internal audit topics chosen by head office are being used to affect service improvement.	

	There are systems in place to gather and evaluate information regarding the safety and quality of the service but this information is not being used to effectively improve the quality of the service.	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: Unannounced audit visits by head office appear to be no longer taking place and it could not be demonstrated that the monthly internal audit topics chosen by head office are being used to affect service improvement.</p> <p>There are systems in place to gather and evaluate information regarding the safety and quality of the service but this information is not being used to effectively improve the quality of the service.</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 the date that the final review of compliance report is sent to them.

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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