

Review of compliance

Trinity Care Limited Swallow Wood Care Home	
Region:	Yorkshire & Humberside
Location address:	Wath Road Mexborough Rotherham South Yorkshire S64 9RQ
Type of service:	Care home service with nursing
Date of Publication:	September 2011
Overview of the service:	Swallow Wood care home is registered to provide nursing and residential care for up to thirty-eight people. The home is a purpose built home and is situated on the main Mexborough road within a residential area to the west of the town centre of Mexborough.

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

Our current overall judgement

Swallow Wood Care Home 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, checked the provider's records, talked to staff and talked to people who use services.

What people told us

People told us that they were happy with the service and staff respected their choices and decisions around care. People said they enjoyed the activities on offer and family and friends were welcomed into the home.

People said that they could talk to the manager or staff about any problems they may have and were able to express their views about the service through meetings and one to one discussions.

What we found about the standards we reviewed and how well Swallow Wood Care Home was meeting them

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

The health, personal and social care needs of the people living in the home were being met by the service and staff; and people using the service had confidence in the staff looking after them.

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

There were clear processes and actions in place to minimise and prevent abuse from occurring in the service. Staff understood and recognised the signs of abuse, and knew how to respond and raise concerns appropriately if there was suspicion of abuse in the service.

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

The physical environment used for the provision of care was generally clean and fit for purpose. However cleaning schedules need to be more comprehensive to make sure they are effective and prevent, detect and control the spread of infection, and audits must be completed to monitor if this is being achieved.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The service did not fully protect people against the risks associated with the unsafe use and management of medication by means of the making of the appropriate arrangements for the recording, handling, using, safe keeping, safe administration and disposal of medicines.

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

The environment provided people with safe, comfortable and homely surroundings in which to live; that met their individual needs and lifestyles.

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

The provider had recruitment procedures that were consistently applied, and ensured that the health and safety of people using the service was protected.

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

The majority of staff had an appropriate induction and undertook mandatory training as required. Support for staff through clinical supervision was being planned and carried out by the manager and senior staff within the service, but was not fully embedded in the working practices of the home.

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 reviewed aspects of the service performance through a programme of audits and consultations, which included seeking the views of people using the service, staff and relatives.

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

Records about people who use the service are used to plan appropriate care, treatment and support. Some of the information needed for this is not systematically recorded.

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. Any regulatory decision that CQC takes 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 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

People who spoke with us said they were very satisfied with the care and support offered by the staff. Discussion with people using the service revealed that they were happy with the way in which personal care was delivered by the staff, and they said that the staff respected their wishes and choices regarding privacy and dignity.

People told us they were able to make their own decisions about their daily lives most of the time; that staff were supportive and listened and acted on what they said.

We observed that there were good interactions between the staff and people, with friendly and supportive care practices being used to assist people in their daily lives. We saw and heard staff giving care to people who remained in their rooms during our visit. Staff regularly came to check on these individuals, and through out the day offered them drinks, food and pressure care.

We spoke with four people who were busy knitting and having a chat with each other and the activity co-ordinator. They told us that they enjoyed the activities on offer and regularly took part in group sessions and events going on in the home. Family and friends were seen visiting in the home and people told us that they could go out with their relatives at any time.

Other evidence

As part of our visit to the service we looked at four care plans and other records of care. We found that the care plans detailed the needs and abilities of individuals and

documented people's social interests, likes and dislikes, spiritual needs and wishes regarding death and dying. However, most of the information in the plans was focused on the physical aspects of care and was not significantly person centred.

The care plans contained risk assessments to cover daily activities of living such as use of bed rails, mobility, eating and drinking, falls and pressure care. The care plans also reflected the changes to people's needs and the action required from the staff to meet those needs. For example one person's risk assessment for nutrition was reviewed monthly and staff had documented when the risk had increased and carefully monitored for any weight loss. Staff referred this person to a dietician and their plan subsequently documented they required nutritional "build up" drinks because their nutritional intake was poor. The staff then completed daily food and fluid charts for this person to document their daily intake and output and monitor their nutritional wellbeing.

The provider employed two activity co-ordinators who worked Monday to Friday and had flexible hours to cover weekends and evenings if events were planned. We spoke to one of the co-ordinators who told us that activities were done daily depending on the wishes of the people using the service. We saw that people were playing dominoes, doing knitting and having their nails done in the afternoon of our visit. People using the service were able go out on trips; these were "ad hoc" and mainly when sufficient staff were available to accompany people.

We saw group and one to one activities taking place and we were informed by the activity co-ordinator that people in the home liked to play chess and snooker. People were seen playing board games and chatting to each other. The lounge area had facilities for people to watch videos and films and there was a movement to music session once a month and other entertainment events on a regular basis.

Our judgement

The health, personal and social care needs of the people living in the home were being met by the service and staff; and people using the service had confidence in the staff looking after them.

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

People who we spoke with had a clear understanding about how to make their views and opinions heard within the service. People said "I would speak to the staff or the manager if I had a problem."

Other evidence

The manager kept a record of any safeguarding alerts made to the local authority in the past 12 months. The record showed only one incident had been reported when a person using the service had been let out of the building by a visitor and turned up at their relative's home. The alert was investigated by Doncaster council's safeguarding team and no further action was taken. The home put up signs in the entrance hall to ask visitors to be vigilant when leaving or entering the service. Information on advocacy, abuse and complaints was on display in the entrance hall and easily accessible to people using the service and visitors.

The provider had policies and procedures to cover adult protection and prevention of abuse, whistle blowing, aggression, physical intervention and restraint and management of people's money and financial affairs. The staff who spoke to us displayed a good understanding of the safeguarding of vulnerable adults procedure. They told us they were confident about reporting any concerns and certain that any allegations would be followed up promptly and the correct action taken.

The staff training plan given to us on 6 July 2011 showed there was an ongoing training programme for staff to attend safeguarding of vulnerable adults awareness training and

that 88% of staff attended this in the past year. Staff had also attended training on challenging behaviour (91%) and dementia awareness (84%).

Our judgement

There were clear processes and actions in place to minimise and prevent abuse from occurring in the service. Staff understood and recognised the signs of abuse, and knew how to respond and raise concerns appropriately if there was suspicion of abuse in the service.

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 moderate concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People we spoke with said they were happy with the cleanliness of the service. People said "My room is kept clean and tidy by the staff and the laundry service is quick and efficient."

Other evidence

The staff training plan given to us on 6 July 2011 showed that all of the staff had received infection control training in the last 12 months. The manager was the nominated individual for infection control, and the prevention of infection policies and procedures were in place and updated on a regular basis. We were informed by the manager that he had not completed any audits in relation to infection control, but these would start by August 2011.

All areas that we viewed were clean and free from odours. Staff, people using the service and visitors had good access to hand washing facilities as wash hand basins, liquid soap and paper hand towel dispensers were available in all the bathrooms and toilets. Sanitizing hand gel was located in dispensers on the walls throughout the service. Plastic aprons and gloves were easily accessible for staff.

Observation of working practice indicated that staff had a good understanding of infection control and used appropriate techniques to ensure people were cared for in a safe way. We saw that staff put on aprons and gloves before going into bedrooms to give care; these were then removed and put into disposable bags when they left the room. Staff were seen to wash their hands before and after completing different care tasks.

We saw that hand washing posters were on display around the home. Infection control information and cleaning product information was readily available to staff and colour coded cleaning equipment seen in use by the domestics.

We were given examples of cleaning schedules within the home, but some of those we looked at lacked information. The schedules for equipment did not include baths, shower chairs or commodes and lacked details of what equipment was cleaned, by whom and with what cleaning product. The staff we spoke to said that they were doing checks on "air flow" mattress covers but this was only visual outer checks, they did not look inside the covers for contamination due to seepage/ingress of bodily fluids.

Our judgement

The physical environment used for the provision of care was generally clean and fit for purpose. However cleaning schedules need to be more comprehensive to make sure they are effective and prevent, detect and control the spread of infection, and audits must be completed to monitor if this is being achieved.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People who we spoke with said that the nurses and care staff were very good at calling out the GP if they felt unwell. People said they got their medication on time and how they wanted it to be given, such as with orange juice or water or after their meals.

Other evidence

The service was using a local pharmacy for the supply of their medications and had a monitored dosage system where tablets were supplied in a "pop out" blister pack.

Checks of the staff training plan showed that 90% of staff had done medication update training in the last 12 months.

Each person using the service had a medication front sheet detailing any allergy information and how the person liked to take their medication. It also informed staff about where to apply any lotions or creams and when/how to administer "as directed" medication.

We looked at the medication system and records on the nursing unit and we found that the working practices of the staff were unsatisfactory and could put people using the service at risk. For example at 14:45 when we first looked at the records we found that the mid day medications had not been given out. We alerted the manager who informed the nurse on duty, who then started the medication round. The manager informed us that the reason for the delay may have been that staff had been in a meeting.

We found evidence of missing signatures on a number of medication sheets where staff had not signed to say that they had given out medication. We checked the stock levels which showed the medication had been administered.

Staff were performing tasks by "rote" without considering if the task was necessary. For example a number of people had their blood sugars taken by the staff, but there was no consistency to the time that this was done and no information on the medication sheet to tell staff how often it was to be carried out.

We looked at the controlled drugs kept in the service and their controlled drug register. The medication was stored correctly and accurately accounted for in the register.

Our judgement

The service did not fully protect people against the risks associated with the unsafe use and management of medication by means of the making of the appropriate arrangements for the recording, handling, using, safe keeping, safe administration and disposal of medicines.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

We spoke with people who were lying in specialist nursing beds. They told us the beds were comfortable and they were well looked after by the staff.

Other evidence

Swallow Wood was a purpose built care home and had accommodation and facilities on two floors, with lift and stair access to the upper level. There were two double bedrooms and the rest were single rooms; fifteen of the bedrooms were en-suite. There was a mix of large and small communal areas giving people options of where they wish to sit and a chance to enjoy quiet times as well as company. Bedrooms were large and spacious enough to accommodate the equipment needed to move individuals about during care giving. People had a choice of bathing facilities including a parker bath, showers and assisted (hoisted) baths. Outside of the building there was a secure garden area with seats and tables for people using the service.

Discussion with the staff and manager indicates that there was a wide range of equipment provided to help with the moving and handling of people and to encourage their independence within the home. This included mobile hoists, slide sheets, moving and handling belts and handrails. Bathrooms had wide doorways to enable wheelchair access. Specialist nursing beds including profiling and rise and fall adaptations were provided where people had an assessed need. The specialist beds made it easier for staff to move people safely into and out of bed. The home provided pressure relieving mattresses and cushions, where people were deemed at risk of developing pressure sores.

All areas seen during this visit were found to be warm, safe and comfortable, well decorated and welcoming.

We saw visitors to the premises signing in and out at the entrance hall as part of the provider's fire safety precautions. We looked at the service contract agreements which were in place to ensure equipment that was fixed to the premises was tested and fit for purpose; this included systems such as fire, electrics, nurse call, lighting, lifts, water and gas. These were all up to date and reviewed regularly by the manager.

Our judgement

The environment provided people with safe, comfortable and homely surroundings in which to live; that met their individual needs and lifestyles.

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

People we spoke with did not comment on this outcome area.

Other evidence

The provider had an equal opportunities policy and procedure. Information from the staff personnel and training records and discussion with the manager, showed that that this was promoted when employing new staff and throughout the working practices of the home.

The provider had a recruitment policy and procedure that the manager understood and used when taking on new members of staff. Checks of three staff files showed that Criminal Record Bureau checks, written references, health checks and past work history were obtained and satisfactory before the person started work.

The manager carried out regular checks with the Nursing and Midwifery Council to ensure that the nurses employed by the service had active registrations to practice.

Our judgement

The provider had recruitment procedures that were consistently applied, and ensured that the health and safety of people using the service was protected.

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

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People we spoke with did not comment on this outcome area.

Other evidence

There was a standard induction for new staff and the staff training records showed that there was a good uptake of training within the service. In the last 12 months the majority of staff (about 90%) had attended safe working practice training in fire safety, moving and handling, control of substances hazardous to health, health and safety and infection control. Staff also attended sessions on food hygiene, safeguarding of adults from abuse, care planning, customer care and nutrition.

The staff training plan did not indicate that the manager or staff had attended any training in MCA or DOLs and this was confirmed by the manager in our discussions with him. The manager told us that he would arrange for this training to take place as soon as possible.

We were informed by the manager that there was an open door policy so staff were able to discuss any concerns. Policies and procedures were in place to give staff advice on a number of subjects including bullying, harassment and grievance, dignity at work and whistle blowing. The manager held regular staff meetings so that people could talk about any work issues and there were up to date policies and procedures regarding work practices that staff could easily access.

The records of staff supervision showed that sessions had just started to take place on a regular basis. The manager informed us that these had yet to be embedded in

working practice and he hoped to achieve this by the end of September 2011.

Our judgement

The majority of staff had an appropriate induction and undertook mandatory training as required. Support for staff through clinical supervision was being planned and carried out by the manager and senior staff within the service, but was not fully embedded in the working practices of the home.

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 that we spoke with said that they could express their opinions and ideas about the service through regular meetings and one to one discussion with the manager. People told us that "We can speak to the staff or the manager at any time or we get our relatives to do this for us."

Other evidence

Feedback from people using the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings, suggestion box, one to one sessions and the open door policy. This information was analysed by the manager and where necessary action was taken to make changes or improvements to the service. This was evidenced in the various meeting minutes and discussed with all interested parties at the next meeting.

The last survey was carried out in January 2011 and the results were on display in the entrance hall. Overall the feedback was positive about the service, with people saying that they were involved in the discussions/decisions about their care, were satisfied with the care they received and were aware of the complaints procedure.

The provider had an effective quality assurance system in place with internal and external audits being carried out. Doncaster council's environmental health team visited in April 2011 and their report on the kitchen at Swallow Wood said the home was meeting their standards. The provider carried out their own catering audit in May 2011 and no issues were raised by staff or people using the service. The pharmacy supplier

carried out an audit in 2011 and recommended that fridge temperatures were recorded and stock levels were rotated, and we found on our visit that this had been actioned by the manager and staff.

The manager completed in-house safety audits of accident records and medication sheets. We were informed that the format for the infection prevention and control audit was available but had not yet been used by the manager. The manager said this would be completed by August 2011.

We were informed that the manager held meetings for staff, resident and relatives, health and safety and general issues. Minutes of the meetings were made available to us for inspection.

Our judgement

The provider reviewed aspects of the service performance through a programme of audits and consultations, which included seeking the views of people using the service, staff and relatives.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

There are moderate concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us

People who spoke to us did not comment on this outcome area.

Other evidence

As part of our inspection we looked at four care plans and other records of care. The care plans we looked at did not contain information about people's capacity to consent to treatment or care and there was no evidence that staff had done risk assessments about mental capacity or potential deprivation of liberty.

We found that care plans focused on the physical aspects of care and were not significantly person centred in that they did not always record people's social and emotional needs. All of the people whose care plans we looked at had close family and friends who visited them, but little information was recorded about their interactions with relatives and significant others. We saw that each care plan had a section called a personal profile, which if completed correctly should have given detailed information about the life and family history of the person using the service. In three of the four care plans that we looked at, this was incomplete.

The care plans for two people with diabetes were checked by us after we found out staff were taking blood sugar samples on an infrequent basis. The care plans did not say why blood sugars were being taken. There was no written evidence of unstable diabetes and no action plan for staff to follow if the person's blood sugar rose or fell

from 'normal' levels.

Our judgement

Records about people who use the service are used to plan appropriate care, treatment and support. Some of the information needed for this is not systematically recorded.

Action we have asked the provider to take

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 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>How the regulation is not being met: The physical environment used for the provision of care was generally clean and fit for purpose. However cleaning schedules need to be more comprehensive to make sure they are effective and prevent, detect and control the spread of infection, and audits must be completed to monitor if this is being achieved.</p>	
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	<p>How the regulation is not being met: The physical environment used for the provision of care was generally clean and fit for purpose. However cleaning schedules need to be more comprehensive to make sure they are effective and prevent, detect and control the spread of infection, and audits must be completed to monitor if this is being achieved.</p>	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control

	<p>How the regulation is not being met: The physical environment used for the provision of care was generally clean and fit for purpose. However cleaning schedules need to be more comprehensive to make sure they are effective and prevent, detect and control the spread of infection, and audits must be completed to monitor if this is being achieved.</p>	
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: The service did not fully protect people against the risks associated with the unsafe use and management of medication by means of the making of the appropriate arrangements for the recording, handling, using, safe keeping, safe administration and disposal of medicines.</p>	
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: The service did not fully protect people against the risks associated with the unsafe use and management of medication by means of the making of the appropriate arrangements for the recording, handling, using, safe keeping, safe administration and disposal of medicines.</p>	
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>How the regulation is not being met: The service did not fully protect people against the risks associated with the unsafe use and management of medication by</p>	

	means of the making of the appropriate arrangements for the recording, handling, using, safe keeping, safe administration and disposal of medicines.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: The majority of staff had an appropriate induction and undertook mandatory training as required. Support for staff through clinical supervision was being planned and carried out by the manager and senior staff within the service, but was not fully embedded in the working practices of the home.</p>	
Diagnostic and screening procedures	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: The majority of staff had an appropriate induction and undertook mandatory training as required. Support for staff through clinical supervision was being planned and carried out by the manager and senior staff within the service, but was not fully embedded in the working practices of the home.</p>	
Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>How the regulation is not being met: The majority of staff had an appropriate induction and undertook mandatory training as required. Support for staff through clinical supervision was being planned and carried out by the manager and senior staff within the service, but was not fully embedded in the working practices of the home.</p>	
Accommodation for persons who	Regulation 20	Outcome 21: Records

require nursing or personal care	HSCA 2008 (Regulated Activities) Regulations 2010	
	How the regulation is not being met: Records about people who use the service are used to plan appropriate care, treatment and support. Some of the information for this is not systematically recorded.	
Diagnostic and screening procedures	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Records about people who use the service are used to plan appropriate care, treatment and support. Some of the information for this is not systematically recorded.	
Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	How the regulation is not being met: Records about people who use the service are used to plan appropriate care, treatment and support. Some of the information for this is not systematically recorded.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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