

# Review of compliance

Charlton Care Limited Charlton Kings Care Home	
<b>Region:</b>	South West
<b>Location address:</b>	Charlton Kings Care Home Moorend Road Cheltenham Gloucestershire GL53 9AX
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	August 2012
<b>Overview of the service:</b>	This service can provide care and accomodation to up to 36 people. It predominantly provides this care to older people and is not registered to provide nursing care.

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

## Our current overall judgement

**Charlton Kings Care Home was not meeting one or more essential standards. Action is 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 to check whether Charlton Kings Care Home had taken action in relation to:

- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 10 - Safety and suitability of premises
- Outcome 13 - Staffing
- Outcome 16 - Assessing and monitoring the quality of service provision
- Outcome 20 - Notification of other incidents
- Outcome 21 - Records
- Outcome 24 - Requirements relating to registered managers

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 May 2012, observed how people were being cared for, looked at records of people who use services and talked to people who use services.

### What people told us

In order to get people's views of the service we asked four people what it was like living at Charlton Kings Care Home.

Only two were able to give a clear view of the service. One person said

"Staff always consult me regarding what support I require"

"Staff know what my care needs are and how and when I wish to receive support"

"Staff respect my wishes to have meals when I want them".

Another said, "The staff are lovely, kind and always ask me if I'm comfortable" and

"They are excellent with my husband and understand his healthcare needs".

We also read all of the satisfaction questionnaires received back by the service in February of this year, from people who use it.

These are a selection of many positive comments read.

'I am very happy and I have told my daughter, as she was worried about changing from where I was. I like the friendliness of the staff'.

'I was impressed when I first came here and I remain impressed'.

'I know I can join in activities if I want'.  
'I feel secure here'.

One comment referred to wanting a different tea menu and we were told that the new cook plans to alter the tea menu.

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

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

People experienced care, treatment and support that met their needs and protected their rights.

The registered provider was meeting this standard.

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

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

The registered provider was meeting this standard.

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

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

The registered provider was meeting this standard.

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

There were enough qualified, skilled and experienced staff to meet people's needs.

The registered provider was meeting this standard.

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

The registered provider had the beginnings of a system to regularly assess and monitor the quality of service.

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

The registered provider was meeting this standard.

**Outcome 20: The service must tell us about important events that affect people's wellbeing, health and safety**

People can be confident that important events that effect their welfare, health and safety were being reported to us so that, where needed, action can be taken to help protect people.

The registered provider was meeting this standard.

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

People were at risk of not being protected from unsafe or inappropriate care because their care records were not accurate or complete.

The provider was not meeting this standard

**Outcome 24: Services must be managed by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job**

The service was being managed by an appropriate person who has been correctly registered with us.

The registered provider was meeting this standard.

**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. We will check to make sure that this action has been taken.

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.

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

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

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

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

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

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

## Outcome 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

We spoke to four people about their care and how they felt supported by the service. Only two were able to give us a view on this.

One said "Staff always consult me regarding what support I require" and "Staff know what my care needs are and how and when I wish to receive support"

Another person said "The staff are lovely, kind and always ask me if I'm comfortable" and "They are excellent with my husband and understand his healthcare needs".

We also read satisfaction surveys received back from people who use the service, in February of this year. These included comments such as

'I was impressed when I first came here and I remain that way'.

'Sometimes staff can meet my needs, sometimes they are busy'.

'If I have to be somewhere, I could not choose a better place'.

One comment which required following up was

'My call bell was not at hand when I needed staff'.

##### Other evidence

When we visited on 1 December 2011 the service was not always meeting people's needs. The service was finding some particular needs hard to meet and risks to people were not being sufficiently identified and managed. After this visit the service took immediate action to improve this situation at night time by increasing the numbers of staff on duty between 8pm and 8am. Specific people had their overall level of need reviewed by external professionals. These situations were resolved by changing the

type of care the person was funded for, getting them appropriately assessed and adjusting their medical and mental health support and by providing additional support to staff in how to manage some people's needs. The registered provider wrote to us on 7 March 2012 and told us that shortfalls pertaining to this outcome would be met by 10 April 2012.

During this visit we inspected the care records of four people. Two of these people had been admitted for short-term care (respite care) although they had been receiving this for nearly eight weeks. There was evidence to tell us that their needs had been assessed prior to being admitted and risk assessments were in place. There was detailed guidance for staff in relation to their likes, dislikes, routines and how personal care should be provided.

The two other people were receiving long-term care. Care plans were personalised and had been reviewed and likes and dislikes recorded in both cases. We spoke to the senior carer about some specific entries in the care records of these people as we could not determine from the records, whether these had been addressed. One related to a person's increased risk to pressure ulcers. We were told that the person did not have a pressure ulcer.

Another person had been in severe pain and the care records implied that the service had run out of pain relief. After investigation this had been the case but the senior carer confirmed that other pain relief had continued. We looked at the person's medication administration record and could see that another pain relief had continued to be given. The care records told us that this person had been in pain since a fall up to the point they were admitted to hospital 16 days later. Although it had been confirmed on admission to hospital that there were no fractures, this would have been formally unknown up to this point. The service had requested a review by the local surgery, three times before the person was admitted to hospital.

We inspected this person's weight record. This recorded a substantial loss of weight, 5.8kilograms (12lbs) between August 2011 and when the person was weighed again in January of this year. The current care plan described the support the person required now and they had been weighed monthly since January, with small losses recorded each month. The Malnutrition Universal Screening Tool (MUST) used by the service, to assess malnutrition risk, had however remained at 'observation only' throughout these recordings, although the records imply that this person's weight was not monitored again until January 2012.

After reading the satisfaction surveys completed by people in February of this year, it was clear that people felt they were being well cared for. The above examples demonstrate that although care plans are being devised and reviewed and appropriate assessments had been carried out since January of this year, there are important shortfalls in record keeping. By talking to the senior carer we could establish that two out of the three examples had shown that the person's health had not been compromised by this. The lack of weight records however leave the service not being able to demonstrate that they acted appropriately when they should have because they were unaware of the loss as they had not weighed the person. This person's records do show that the service acted on this person's behalf when they required medical assessment and persued this action until a satisfactory outcome was achieved.

## **Our judgement**



People experienced care, treatment and support that met their needs and protected their rights.

The registered provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect. People who use services: \* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

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

#### Our findings

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

People told us that they felt safe and that staff were helpful and friendly.

The three staff members we spoke to confirmed they had received training in safeguarding people. They were aware of the whistle blowing policy and knew how to contact external agencies if they needed to.

The satisfaction questionnaires included comments such as

'Staff are friendly'.

'I feel secure here'.

'I like the friendliness of the staff'.

##### Other evidence

When we visited on 1 December 2011 the service was judged as being compliant in this outcome. We revisited this outcome during this visit as there have been several new staff and changes within the service since then.

The manager present confirmed that the services policy and procedures had been reviewed since our last visit. We know from our previous visit that these fall in line with Gloucestershire County Council's safeguarding policy and protocols.

Since our last visit the Registered Manager has followed these protocols and informed us of any concerns relating to potential abuse of a person.

The staff training matrix recorded that most staff had been fully updated in safeguarding training in 2011. The manager present told us that a few new staff still needed to complete the local authorities training, but that they had completed relevant on line 'E' Learning.

The registered provider had written to us on 7 March 2012 and informed us that senior care staff would be attending more in-depth training and that they hoped this would be completed by September of this year (the service has to wait for available spaces for this training by external training providers).

The manager confirmed that the subject and the policy and procedures are discussed during staff induction training.

We looked at the minutes of staff meetings held in January and March of this year and saw that safeguarding issues had been discussed. We were told that this subject was now on the agenda for each meeting. The minutes of the relative and resident meeting held in May, told us that it had been discussed. This was to help raise people's awareness of abuse and what they can do about it.

**Our judgement**

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

The registered provider was meeting this standard.

## 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 did not ask for people's views on the suitability of the building. Instead we looked around the building and followed up on shortfalls from our previous visit.

We spoke to a manager about improvements that had been made and talked about how changes to signs were helping one particular person.

##### Other evidence

Our inspection of 1 December 2011 found that fire safety arrangements were inadequate and the environment was not meeting some people's needs.

Action was taken immediately after our inspection to improve fire safety and further action taken following a visit by the Fire Safety Officer, also in December. The registered provider wrote to us on 7 March 2012 and told us that some shortfalls would be met by the end of March 2012, others have taken longer and are ongoing. We have liaised with the Fire Safety Officer since our last visit and he is pleased with the progress being made by the service.

During this visit we revisited the locks on two toilet doors which were absent in December. These had been replaced but were not working. We asked for this to be addressed immediately and we subsequently received confirmation of this.

The carpet in the lounge area had a split across the middle of it which did not visually look good. However, during our visit it did not appear raised or torn so as to cause a trip hazard. This carpet was also stained in several areas despite having been cleaned. A Director of the company told us that ideally it should be changed but that the fire safety work had taken priority. They assured us it would be monitored for potential trip hazards and action to make it safe would be taken. We subsequently received confirmation that environmental audits had started and we presume that this would be included in this.

The dining room had been improved by way of having new pictures and ornaments that depicted the rooms use. Some of these had been especially chosen in colours that have more prominence and meaning for a person who has dementia. The service plans to keep the needs of people with dementia in mind when it makes future changes to its crockery and decor. It is planned that the floor in this room will be altered for easier cleaning.

We were shown new signs that had been placed in strategic positions around the building. These were to help one specific person find there way around more easily. We were told that it had been a success with this person now following many of the signs independently.

**Our judgement**

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

The registered provider was meeting this standard.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect. People who use services: \* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

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

We did not ask for people's views on how the service is staffed, instead we spoke to staff and a senior manager and we looked at satisfaction questionnaires completed by people using the service.

##### Other evidence

Our inspection of 1 December 2011 found inadequate numbers of staff on duty at night time. People's needs could not be appropriately met and fire safety was compromised. The service took immediate action and increased their staff numbers at night. Following that action and an adjustment to care routines in the day time we judged this outcome as being met. The introduction of a new duty roster, which had been devised so that the service could be staffed according to people's needs, could not be started in December as planned. The service still required more care staff and needed a more cost effective way of staffing itself.

We therefore chose to revisit this outcome as part of this visit. We were told by the manager present that the service had been able to reduce its use of agency staff by recruiting more care staff. We commented on the fact that both service managers were on leave at the same time. The manager present agreed that this was not beneficial to the service. There was also a head of care who happened to be on a training course when we visited. We were informed that all of these staff are rostered to work Monday to Friday. There was also a full-time office administrator.

On the day of our visit there was a senior carer on duty organising medication administration, making telephone calls, generally managing the shift and completing the required paperwork. The office administrator was also on duty.

There were five care staff and one new staff member shadowing them and there were 27 service users. One of the staff members could not perform some tasks for health

reasons and they confirmed that they had an appropriate risk assessment in place. Staff explained that there were seven service users who required two staff to help with all their care. The staff said that the shift runs more smoothly if there are six care staff fully able to operate. On the day of our visit they completed the mornings care and getting people up at 11.45am. Three came in to take the first break at 11.45am. We were told that lunch times had been put forward to 12midday instead of 12.30pm as staff lunch breaks were being taken too late. This was then having a knock on effect for the afternoon shift. At this point (11.45am) we were told that there were still some people who required support to use the toilet before lunch and get to the table. The senior carer had not had a break.

There was also a full time activities coordinator on duty.  
We were introduced to the new cook who had a kitchen assistant working with her.

The manager present, who works at provider level, told us that he was currently working full time in the home as part of the management team. He admitted he had taken on several service level management tasks such as organising the staffs' annual leave and managing the duty rosters.

The impression we left with was there were a lot of senior staff and support staff for the size of the service. The way in which some of their working hours were organised was not to the benefit of the service either practically or financially.

The registered provider may find it useful to know that there was no evidence that care had been compromised on the day of our visit, but the care was completed late in the morning. Staff were clearly committed to achieving this by having a very short and late break and by the senior carer not taking a break. It may therefore be advisable for the registered provider to review how all staff are deployed.

### **Our judgement**

There were enough qualified, skilled and experienced staff to meet people's needs.

The registered provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect. People who use services: \* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

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

We did not ask for people's views on how the service monitors itself. Instead we looked at satisfaction questionnaires completed by people using the service, spoke to the senior manager present and another person who has been supporting the service with this outcome.

##### Other evidence

Our inspection of 1 December 2011 found inadequate arrangements for effective quality assurance and monitoring of the service. The registered provider had told us how they had started to address this and we were shown the improvement plan that the service had compiled following their review dated November 2011. The management team had not been able to progress the plan as well as they had hoped due to other priorities within the service; maintaining care delivery being the main focus at the time. The registered provider wrote to us on 7 March 2012 and told us that shortfalls pertaining to this outcome would be met by 18 May 2012.

During this follow up visit we spoke to the manager present, who also represented the registered provider. Both Registered Manager and Deputy Manager were on annual leave and unable to contribute. We asked the manager present to provide us with evidence that the service had an effective monitoring and quality assurance system. They explained that a lot of work had been done in laying the foundations for this system but were unable to be specific or demonstrate what exactly had been achieved and completed. We were told that an external consultant had been providing support and training to the Registered Manager and her deputy so we asked for permission to speak to this person. They confirmed that progress had been made but that more work was required before the management team could start auditing, collating information



and forming a service improvement plan. They were able to tell us that people's risks had been reviewed and a more structured risk management system existed. They confirmed that accident and incident reports were being effectively checked and the required actions put in place, but that collating information on numbers and trends had not yet begun. They told us that senior management meetings were more structured and meaningful and that the team were pulling together.

The manager present showed us what they called a medication audit. This was more like a checklist for each staff member to complete following medication administration. Whilst we were visiting we picked up on various shortfalls in record keeping pertaining to the medication system and pointed these out to the manager. If there had been an effective audit in place, the kind of shortfalls we were identifying, would either have not happened or would have been picked up by the service earlier.

It was also evident from reading the contents of care plans and associated assessments that the monitoring of these was not effective enough. Lacking was a structured audit which prompted a more robust review of the contents and which then led on to actions for staff to address.

As the Registered Manager and her deputy were both on leave and clearly some work had been done to address this outcome, we asked for further evidence to be forwarded to us. This has subsequently been received. The manager present during our visit, had followed up our comments relating to record keeping and has gone on to uncover further issues. Although not a good position to be in, the provider had subsequently used effective auditing and identified shortfalls. The service has confirmed that these will be addressed.

During this visit we read all 24 questionnaires returned in February of this year, by people who use the service. All questionnaires were positive about the standard of care and services being provided. A few specific comments needed a follow up. A brief summary of the overall information had been completed but had not yet contributed to an annual improvement plan for the service.

A summary of our findings during this visit would be that the service had acted on the compliance action issued after our visit on 1 December 2011. There were the beginnings of a structured monitoring system, which we have been told will develop as additional areas of auditing are added. Staff awareness of people's individual risk had improved and there were arrangements in place for effective risk management. This all now needs to be sustained. The registered provider requires information from structured audits and ongoing management meetings in a format that, enables an assessment of the services overall performance and level of compliance to be made.

### **Our judgement**

The registered provider had the beginnings of a system to regularly assess and monitor the quality of service.

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

The registered provider was meeting this standard.

## Outcome 20: Notification of other incidents

### What the outcome says

This is what people who use services should expect. People who use services: \* Can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

### What we found

#### Our judgement

The provider is compliant with Outcome 20: Notification of other incidents

#### Our findings

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

We did not speak to people about how the service makes appropriate notifications to us or other agencies.

Instead we spoke to the manager present and reviewed the notifications we have received from the service.

##### Other evidence

Our inspection of 1 December 2011 found that the service was not sending appropriate notifications to external agencies. This increased the risk to people as necessary action could not be taken, if needed, to protect people. The registered provider wrote to us on 7 March 2012 and told us that these shortfalls had already been addressed and monitoring of notifications would take place 3 monthly.

Since our previous visit we have received notifications from the service for situations that were not previously being correctly notified to us. We have been informed that the monitoring of these notifications has been maintained.

##### Our judgement

People can be confident that important events that effect their welfare, health and safety were being reported to us so that, where needed, action can be taken to help protect people.

The registered provider was meeting this standard.

## 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

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

#### Our findings

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

We did not talk to people about how the service maintained its records. Instead we read the care files of four people and examined other records kept by the service.

##### Other evidence

There were shortfalls in the record keeping for two people care during this visit.

In one example a person's medication, prescribed to be taken as 'when required' had not been transferred on to the medication administration record as to be taken 'when required'. The instruction for staff was therefore not clear and there was evidence that it had been given on a regular basis. If this medication was being used on a regular basis then a request to alter the prescription should have been made and the new instruction followed on to the medication administration record. There was no stock control being recorded for this tablet that was in regular use but supplied as 'take when required', consequently the service had run out.

The recorded weights for the same person had not been recorded for five months. When the person was weighed again, the records showed a substantial loss. The service had no evidence to demonstrate that they had monitored this person's weight and addressed the weight loss.

Another person's records recorded a change in the condition of a person's skin in February. This described change could have indicated that the person was at risk of developing a pressure ulcer. There was no record of any follow up. The pressure ulcer assessment recorded just after this entry recorded 'no change'. Another recording in May described the person's skin as being 'sore' and recorded 'there is no cream'. When we went in to this person's bedroom, there was cream evident but it had been

prescribed for someone who was no longer using the service. From these records we were not clear whether the person was at risk of developing a pressure ulcer or if the correct action had been taken. The person's medication administration record did not record a cream having been prescribed and there was no additional record pertaining to what cream if any should have been used by staff.

The above standard of recording puts people at risk and means that the service is unable to provide accurate records relating to people's care.

**Our judgement**

People were at risk of not being protected from unsafe or inappropriate care because their care records were not accurate or complete.

The provider was not meeting this standard

## Outcome 24: Requirements relating to registered managers

### What the outcome says

This is what people who use services should expect. People who use services: \* Have their needs met because it is managed by an appropriate person.

### What we found

#### Our judgement

The provider is compliant with Outcome 24: Requirements relating to registered managers

#### Our findings

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

We did not ask for people's views on how the service is managed. Instead we followed up on the action taken by the service following our last visit.

We were unable to speak to the Registered Manager as she was on annual leave.

##### Other evidence

Our inspection of 1 December 2011 found that the service was being managed by a person who had been in post as manager since August 2011. They were not registered with us and we had not received an application from this person to be considered for registration.

The registered provider wrote to us telling us that it was this person's intention to apply. Following a successful interview a registered manager's certificate of registration was issued on 23 March 2012.

##### Our judgement

The service was being managed by an appropriate person who has been correctly registered with us.

The registered provider was meeting this standard.

## 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 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b> The service, in the records we inspected, were not recording what action it had taken in response to increased risks to people and in relation to medication, the record was inaccurate.</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.

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

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

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

## Information for the reader

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## Care Quality Commission

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