

Review of compliance

Bridgefoot Developments Limited Jason Hylton Court

Region:	East Midlands
Location address:	Wilmot Road Swadlincote Derbyshire DE11 9BJ
Type of service:	Care home service with nursing
Date of Publication:	May 2012
Overview of the service:	<p>Jason Hylton Court is located in Swadlincote, South Derbyshire and is owned by Bridgefoot Developments Limited.</p> <p>Jason Hylton Court is registered to provide a care home service with nursing for up to 37 older people.</p>

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

Our current overall judgement

Jason Hylton Court 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 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, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We spoke to five people that were using the services and four relatives.

People using the service and relatives spoken with said they were very happy with the support they received from the staff team.

People told us they liked the staff and felt that they did a good job. They told us that the staff were friendly and were able to meet their needs. One person told us "They look after me very well." Another person said "They're very nice to us, always got a smile and a friendly word, I'm very happy here".

One person told us that when staff were busy attending to other people they could be waiting up to half an hour at night time before their nurse call bell was answered.

One visitor confirmed that although they did not have any specific issues with their mother's care they had observed occasions when there had been no staff in the communal areas for up to half an hour.

People told us they felt safe, and able to report any concerns they may have to staff or the person in charge. Relatives also told us that they felt able to report any concerns to staff.

What we found about the standards we reviewed and how well Jason Hylton Court 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

The provider was meeting this regulation. People's privacy, dignity and independence were respected.

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

The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. The care, treatment and support experienced by people did not always meet their needs and protect their rights.

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

The provider was meeting this standard. 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.

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

The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People who use the service, staff and visitors were not protected against the risks of unsuitable premises.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

The provider was not meeting this regulation. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People were not protected from unsafe or unsuitable equipment.

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

The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. There was not enough qualified, skilled and experienced staff to meet people's needs.

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

The provider was meeting this regulation. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

The provider was not meeting this regulation. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

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

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

We spoke with five people that were using the service and four relatives. People told us that they were able to express their views and were involved in decisions about their care and treatment.

People confirmed that daily routines were flexible and felt that their privacy and dignity was respected. People did not feel they were restricted to a specific schedule.

Relatives told us they were involved in decisions about the care, treatment and support their family member received. One relative told us they had been involved in their mothers care planning and said, "I'm informed straight away if there's any changes to mums health and I attend mums care reviews." Another relative told us, "I'm invited to care reviews and feel comfortable in raising any issues".

Other evidence

We looked at three people's care plans. Information within care plans included people's preferences and choices. Such as their likes and dislikes in food and drink and their preferred daily routine, including the time they liked to go to bed and the time they liked to get up.

The care plans seen had been signed by the individual or their representative to demonstrate their agreement with their plan of care.

The activities coordinator worked Monday to Friday from 10am to 2pm. Records were seen of the activities provided. People spoken with confirmed that they were able to participate in activities if they wished to. On the day of our visit a quiz took place and several people were observed taking part. One person who spent all of their time in their bedroom told us that the activities coordinator visited them. They said, "We have a chat or we might do a crossword, it keeps my brain active".

Information was recorded regarding individuals cultural and faith needs and how these were to be met. A Christian service was provided at the home on a monthly basis for anyone who wished to participate. The registered manager confirmed that this service was well attended by people using the service. Contacts were also in place with specific religious denominations such as the Catholic Church and the Church of England as and when required

Our judgement

The provider was meeting this regulation. People's privacy, dignity and independence were respected.

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 non-compliant with Outcome 04: Care and welfare of people who use services. 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

People using the service and relatives spoken with said they were very happy with the support they received from the staff team.

One relative said, "staff are golden with my mother, I can't speak highly enough about this home, I have absolutely no concerns".

Another relative said, "On the whole I'm quite happy with the care mum gets but do think they could do with more staff around".

Another relative told us that they were very happy with the care their wife received and said, "They are all very good, I can't fault them".

People told us that staff recognise when they are unwell and require treatment, and respond to their needs. They saw their GP when required. People's care records we checked confirmed this.

One person we spoke with was nursed in bed due to their physical health needs. This person told us that they would like to spend an hour or two each day out of bed and in the communal areas of the home. This person told us that this happened until recently when they had been told by the registered manager that this was no longer possible as the hoisting equipment available was not suitable. We discussed this with the registered manager who confirmed that no multi agency assessment of this person's needs had been undertaken to look at suitable equipment that could be used to enable this person

to spend some time each day out of bed and use other facilities within the home such as baths or showers. The registered manager agreed to make a referral requesting an assessment of this persons moving and handling needs.

Other evidence

We observed staff approaching and supporting people in a caring and appropriate manner.

Care plans and risk assessments were in place. There was information that demonstrated that people's health and social care needs were identified and their preference on how they were to be supported was recorded. Care plans were up to date and reviewed on a regular basis as to the effectiveness of the care, treatment and support. However as stated above action was not always taken to ensure individuals preferences were identified and maintained.

People's needs were assessed and any areas of identified risk had an action plans to demonstrate how these areas of risk were to be managed to ensure people were supported in a safe way.

People's health care needs were recorded and monitored on a regular basis. Records demonstrated that people accessed health care professionals as and when needed to ensure their health care needs were met, such as doctors.

Our judgement

The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. The care, treatment and support experienced by people did not always meet their needs and protect their rights.

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 they felt safe, and able to report any concerns they may have to staff or the person in charge. Relatives also told us that they felt able to report any concerns to staff.

Other evidence

Staff spoken with knew there was a clear system to report concerns about colleagues and managers. This ensured that concerns were investigated in line with whistle blowing policies and procedures.

At a monitoring visit undertaken by the local authority in February 2012 it was identified that four staff had not received an annual update in safeguarding adults. A further visit by the local authority in April 2012 confirmed that all staff were now up to date with this training. This ensured that staff were aware of their responsibilities in regards to safe guarding procedures.

Staff spoken with were aware of the safeguarding policy and their role in reporting.

Within the last twelve months there has been one safeguarding investigation undertaken by the local authority. This was found to be unsubstantiated and no action was required.

We saw policies and procedures were in place to safeguard people's welfare.

We looked at the systems in place to protect people from financial abuse. Robust systems were in place. All financial transactions were recorded appropriately and monies held were securely stored

The registered manager told us that no forms of restraint were used on people using the service. The findings of the visit supported this.

Our judgement

The provider was meeting this standard. 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.

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 non-compliant with Outcome 10: Safety and suitability of premises. 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

People spoken with told us about the lift at the service that did not always work. One relative said, "the lift doesn't always work. I think they have some problems with it". Other people spoken with also confirmed this. The registered manager confirmed that there had been faults with the lift and said that they had changed contractors recently as the previous service provider was not satisfactory.

Other evidence

We received information anonymously in April 2012. This was regarding the lack of hot water in the bathrooms and the washing machines that we were told were for domestic use only and were not working properly.

We were unable to check the temperature of the hot water in the baths as there was no bath thermometer available to use. We were told that a bath thermometer was available and that water temperatures were checked before people bathed. No records of bath temperatures were held to demonstrate that people were bathed at comfortable and safe temperatures. The water temperature was checked by hand and felt warm. However without a bath thermometer it was not possible to confirm that this water was warm enough to provide a comfortable bathing temperature. The registered manager stated that additional bath thermometers would be ordered to ensure one was available in each bathroom and confirmed that records would be made of the water temperature prior to people bathing.

We looked at the washing machines which were for commercial use and at the time of our visit both machines were in working order. The registered manager confirmed that

there had been problems with the washing machines and said that they were intending to replace the current machines in the near future.

We asked the registered manager to provide us with the latest service dates for the equipment at Jason Hylton Court.

The maintenance service for the lift had been undertaken on the 21 April 2012.

The fire safety checks and fire alarm testing was up to date and the registered manager confirmed that the actions left at the last fire officers visit had been undertaken.

Portable electrical equipment within the service was undertaken in January 2012 and the 5 year electrical check is not due until October 2015.

The gas safety check for the premises had not been done since October 2010. This is an annual check that is required by law. Since our visit the registered manager has confirmed that a gas safety check has been booked for the week commencing 30 April 2012.

A water risk assessment and water testing for the management and control of legionella bacteria had not been undertaken.

The registered manager took action on the day of our visit and contacted the relevant service professionals regarding these maintenance assessments and checks. Since our visit the registered manager has confirmed that a water risk assessment was undertaken on the 27 April 2012 with further work to be undertaken as required. A gas service has been booked although no definite date has been provided for this.

Our judgement

The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People who use the service, staff and visitors were not protected against the risks of unsuitable premises.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

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

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is non-compliant with Outcome 11: Safety, availability and suitability of equipment. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

From discussions with one person using the service it was identified that suitable equipment was not in place to meet the moving and handling needs of this person.

Staff were observed using hoists to support some people within the communal areas. Staff were seen using this equipment correctly and ensured people's dignity was maintained throughout the moving and handling procedure.

Other evidence

We received information anonymously in April 2012. We were told us that there was a lack of supplies in continence wear for people using the service. This was checked at our visit and people were provided with continence wear as assessed by the continence nurse.

We asked the registered manager to provide us with the latest service dates for the hoists. The manager confirmed that the hoists had not been serviced since the home opened in October 2010.

The registered manager took action on the day of our visit and contacted the relevant service professional. Since our visit the registered manager has confirmed that the hoists were serviced on 30 April 2012.

Our judgement

The provider was not meeting this regulation. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People were not protected from unsafe or unsuitable equipment.

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 non-compliant with Outcome 13: Staffing. 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

One person told us that when staff were busy attending to other people they could be waiting up to half an hour at night time before their nurse call bell was answered.

Two visitors felt there was not enough staff on duty to meet people's needs. One visitor confirmed that although they did not have any specific issues with their mother's care they had observed occasions when there had been no staff in the communal areas for up to half an hour.

Other evidence

Monitoring visits had been undertaken by the local primary care team. At the recent visit in April there had been increases in the number of nursing staff on duty with two nurses on duty both morning and afternoon. These nursing levels remained in place at the time of our visit. However due to the numbers of people currently living at the home the care staffing levels had been reduced to four care staff in the morning and afternoon rather than five on each shift. The number of people resident at the time of our visit was 32 and of these 28 people were receiving nursing care.

Staff spoken with told us that the staffing levels were not sufficient to meet the needs of the people using the service. Staff spoken with said they found it difficult to support people in an effective way and did not have any spare time to sit and spend quality time with people. Staff told us that over half of the people using the service needed the support of two care staff for their personal care needs. Staff talked about recent shifts where only three care staff had been on duty due to staff sickness.

The registered manager said that staffing levels were based on the needs of the people and not the numbers of people using the service. However there was no system in place to demonstrate how staffing levels were determined by using a needs analysis risk assessment as the basis for deciding sufficient staffing levels.

Our judgement

The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. There was not enough qualified, skilled and experienced staff to meet people's needs.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People using the service and their visitors did not express any concerns regarding the competency of the staff team.

People told us they liked the staff and felt that they did a good job. They told us that the staff were friendly and were able to meet their needs. One person told us "They look after me very well." Another person said "They're very nice to us, always got a smile and a friendly word, I'm very happy here".

Other evidence

A monitoring visit had been undertaken by the local authority contracts manager in February 2012, where it was identified that not all staff were up to date in all areas of mandatory training. The follow up visit in April 2012 confirmed that progress had been made in regard to mandatory training.

The registered manager confirmed that the outstanding areas of training were being addressed. These were continence training which was booked for the 27 April and the 4 May 2012 and food safety training which 10 staff were completing through Skills for Care workbooks.

Staff spoken with and confirmed that they received regular training updates.

Staff told us that they were provided with regular supervision from the management team. Staff records were picked at random and all records seen confirmed that supervision was provided on a regular basis, to ensure staff were supported to maintain

and develop their skills.

Staff told us they worked well as a team and they felt supported by the manager. Staff told us they enjoyed their work and confirmed they had opportunities to share information and to express their views through staff meetings.

Our judgement

The provider was meeting this regulation. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate 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 non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard. People did tell us that they felt able to raise any concerns about their care with the staff team.

Relatives we spoke with felt the service is well run and had confidence in staff to run things properly. Relatives also felt able to raise any concerns about the care and service with the staff team.

Other evidence

We saw that measures were in place to obtain peoples' views about the care and service they receive, including care reviews and a recent satisfaction survey. The registered manager confirmed that she was auditing the results of this recent survey and confirmed that the results were generally positive although some issues had been raised regarding the laundry service. The registered manager confirmed that a summary of the findings and action taken in response to the issues raised would be displayed in the home upon completion.

Team meetings for all staff members were held and minutes of recent team meetings from March 2012 were seen. Nurse team meetings were also held and the minutes of the last team meeting in February 2012 was seen.

Although we were informed that the maintenance of the home was audited we

observed and were told about areas of the home that required repair. A curtain in the lounge area was hanging off the curtain track. One visitor was not confident that this would be repaired in the near future. The carpet in the communal lounge area was stained. We were told by a relative about the door of their mother's en suite toilet which needed repair. This relative said this had needed repair for some time. We were advised by the homes administrator that this repair had been overlooked and would be repaired the following day when the maintenance contractor visited.

As identified earlier in this report several areas of maintenance had been overlooked which did not demonstrate that quality audits regarding the environment and equipment were audited.

Visits undertaken this year from the Environmental Health Officer and the Infection Control Lead at the primary care trust confirmed that actions were required to meet satisfactory hygiene standards. This also demonstrates that adequate systems were not in place to ensure satisfactory infection control and food hygiene standards were maintained. Follow up visits from these professionals confirmed that improvements have now been made.

Our judgement

The provider was not meeting this regulation. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. The care, treatment and support experienced by people did not always meet their needs and protect their rights.</p>	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. The care, treatment and support experienced by people did not always meet their needs and protect their rights.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met: The provider was not meeting this regulation. We judged that this had a minor impact on</p>	

	people using the service and action was needed for this essential standard. People who use the service, staff and visitors were not protected against the risks of unsuitable premises.	
Diagnostic and screening procedures	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>How the regulation is not being met: The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. People who use the service, staff and visitors were not protected against the risks of unsuitable premises.</p>	
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	<p>How the regulation is not being met: The provider was not meeting this regulation. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People were not protected from unsafe or unsuitable equipment.</p>	
Diagnostic and screening procedures	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	<p>How the regulation is not being met: The provider was not meeting this regulation. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People were not protected from unsafe or unsuitable equipment.</p>	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008	Outcome 13: Staffing

	(Regulated Activities) Regulations 2010	
	<p>How the regulation is not being met: The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. There was not enough qualified, skilled and experienced staff to meet people's needs.</p>	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>How the regulation is not being met: The provider was not meeting this regulation. We judged that this had a minor impact on people using the service and action was needed for this essential standard. There was not enough qualified, skilled and experienced staff to meet people's needs.</p>	
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
	<p>How the regulation is not being met: The provider was not meeting this regulation. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.</p>	
Diagnostic and screening procedures	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: The provider was not meeting this regulation. We judged that this had a moderate impact</p>	

	on people using the service and action was needed for this essential standard. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.
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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

Document purpose	Review of compliance report
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