# Review of compliance

## Langley Haven Care Home Limited

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<th>Region:</th>
<th>South East</th>
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| **Location address:** | 30 Rambler Lane  
Langley  
Slough  
Berkshire  
SL3 7RR |
| **Type of service:** | Care home service without nursing |
| **Date of Publication:** | May 2012 |
| **Overview of the service:** | Langley Haven Care Home aims to provide accommodation and care for people who are no longer able to live in their own homes independently. The home had been fully refurbished and decorated to a high standard, providing private rooms with en suite facilities, and access to assisted bathing. |
Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Langley Haven Care Home Limited was meeting all the essential standards of quality and safety inspected.

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, carried out a visit on 10 April 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke with a three of the residents and three visiting relatives, all of whom were complimentary of the home. Staff were said to be, "Very caring and dedicated." One relative told us that her father responded positively when he saw staff. A resident told us that "The staff couldn't be better." The provision of social activities was commented upon positively by relatives, with compliments extended about the activities co-ordinator.

The environment was said to be very homely, clean and nicely furnished. We were told that people were happy living in the home. Relatives and residents who spoke with us thought that the food service was very good, with a range of choice, good portion sizes and fresh produce.

What we found about the standards we reviewed and how well Langley Haven Care Home Limited was meeting them

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

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this standard.

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 provider was meeting this standard.

Outcome 05: Food and drink should meet people's individual dietary needs

People were protected from the risks of inadequate nutrition and dehydration. The provider was meeting this standard.

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

People who used 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 provider was meeting this standard.

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

People were protected from the risk of infection because appropriate guidance had been followed. The 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 used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. The provider was meeting this standard.

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

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The 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 provider had an effective system to regularly assess and monitor the quality of service that people received. The provider was meeting this standard.

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 asked residents if they felt involved in how they wished to live in the home, their specific care needs and if their wishes were respected. Residents told us that they had been involved in discussing their needs and agreed these with staff. They felt able to change things or speak up if they wanted to alter aspects of care or support, or to raise a concern. There was an awareness of their personalised care plans, which indicated that they were involved in discussions about their care. We were told that staff were respectful and always maintained their personal dignity.

Relatives who spoke with us said that they were very happy with the care provided and their relatives were treated in a dignified and respectful manner. Relatives told us that they were involved in two-weekly care plan reviews, and had been included in discussions about specific care needs.

Other evidence 
The home had a range of information about its services, including a designated website on the internet. We saw that the home has a residents' charter of rights which included their rights to personalised and dignified care and to have their independence maintained as far as possible. The information contained in the charter demonstrated a commitment to involving residents and their relatives and to keeping them informed with
regard to individual care needs. This included participating in regular reviews.

We saw a number of very positive statements from relatives including one which indicated that their relative was treated with respect and as an individual, staff having a clear philosophy of a holistic approach to residents.

Staff had guidance to support their practice, including the usual routines within the home and a care planning and review policy. Our discussion with staff demonstrated that staff had an understanding of the importance of respecting and involving people in how they wished to live in the home and that they actively encouraged this. For example, staff said how they would ask residents what they wished to do in the morning, what they wanted to wear or what food they wanted. Choices were given in relation to activities and where these would take place.

We reviewed four care records selected from the 11 available records, and identified that each resident had a detailed assessment of their immediate and longer term needs. This assessment included how their needs would be met, their preferences and choices. For example, we saw that preferences had been stated regarding assistance with bathing, dressing and mobilising. Name preferences and dietary needs were made clear in all of the records seen. We saw that the records were regularly reviewed and that relatives were written to, advising them of the formal review process and inviting them to attend.

We observed staff, including the provider talking with residents and relatives in order to check that they were happy and that their needs were being met. Staff took time to listen to the responses and took action where a request was made. For example, one resident requested that fresh fruit delivered to her in the lounge be taken to her room.

Our judgement
People’s views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The provider was meeting this standard.
Outcome 04: Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement
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
Residents who spoke with us said that the staff couldn't be better and that their needs were met by confident and skilled people. Staff were described as "Caring, friendly and supportive."

We were told that their personal needs had been discussed and agreed and that where help was required, that this had been identified, such as help with dressing and bathing.

Visiting relatives spoke very highly of the staff. One told us that their "Father's needs were always met, including basic care needs such as shaving and dressing." Staff were said to be responsive and gave consideration of their father's safety, giving an example of the bed having been moved to make sure that it was set in a familiar position to that of his home.

Relatives had a full awareness of the care plan used to support the delivery of care and were involved in reviewing this.

Other evidence
The atmosphere of the home was noted to be very calm and relaxed, with a homely feel, making it a suitable environment to live. Staff were observed providing care and support in a kind and compassionate manner, taking time to talk with each person and give time for them to respond. They were mindful of the privacy and dignity of each person. For example, when moving a resident from her chair into a wheelchair, they made sure that screens were placed around the area in the lounge.
Staff talked to us about how they ensured that the care and welfare needs of each person were met. They told us about the initial assessment and how this generated a care plan. The care plan provided guidance to staff on what was required by each person in order to meet their individual needs. These needs were said to be reviewed regularly.

Training was said to be provided in the induction and through designated courses which staff said helped them to promote individualised care. Examples of this training included dementia awareness, diabetic assessments and pressure area care.

We reviewed four care records out of the 11 resident files available, including the assessments and other relevant documentation. Each record was detailed with information about the resident, their background, medical history and medications for example. The initial assessment included a review of their abilities, limitations and identified specific needs in order to maintain as much independence as possible. Care plans were then developed from this information. These were personalised and had been reviewed at least once per month. We saw that these people's needs had been assessed and care and treatment was planned and delivered in line with their individual care plan.

There was evidence of involvement of other care providers, such as the GP. Staff also had access to first aid items and had been trained to enable them to respond to ill health or accidents.

The staff used risk assessments to ensure that where risks were raised that appropriate interventions were taken. For example, we saw manual handling and falls assessments which indicated the use of mobility aids and specified the number of staff required for a task. A communication risk was identified in a record that related to a resident whose first language was not English. Actions required of staff were made clear and were supported by the provision of translation aids. In addition to this staff had ensured that this resident had access to alternative radio and television channels in the lounge and their own room.

The social needs of each resident had been considered and staff recorded people's particular likes and dislikes, as well as where encouragement was required to join in with activities. We saw that there was a list of activities available for the week, and this was displayed in the lounge. We saw photographs and other evidence of some of the activities provided, for example, baking, arts and crafts, music and exercise. A testimonial written by a relative in the comments book said 'Impressed with exercise session.'

**Our judgement**
People experienced care, treatment and support that met their needs and protected their rights.
The provider was meeting this standard.
Outcome 05: Meeting nutritional needs

What the outcome says
This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement
The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Residents and visiting family members who spoke with us said that the food was very nice, and that they enjoyed what was provided. One person told us that her relative was a vegetarian and that the food could be somewhat repetitive. The portion sizes were said to be very good and there was plenty to eat, including fresh vegetables and fruit.

We were told by two residents that they could choose where they wished to dine. For example, they said that they choose to have their breakfast and evening meal in their room but went to the dining room for lunch. If a particular choice of food was not liked, it was said that the chef would make something else. Fresh fruit was also provided in resident's rooms.

Other evidence
The provider advised us that the kitchen had been fully refurbished and re-designed to facilitate improved provision of meal preparation areas and storage of food items. We saw that the kitchen was very clean and tidy. Meals were being prepared by the chef whilst we were on site. The chef was appropriately dressed in uniform and was seen to wash his hands at regular intervals whilst undertaking his duties.

The chef advised us that there was a rotating menu, at present this was based on the seasons. The spring menu was in use on the day of our visit and we saw a range and variety of menus planned for the day and the remaining week. Menus were available in clear laminated pictorial form as well as typed up.
The menu choice for lunch on the day of the visit provided a selection of two main courses with two vegetables. This was followed by choice of desert, the sweet trolley or fresh fruit. The dining area was clean and laid out with separate tables that could accommodate up to four people. Each table was dressed and had flowers centred along with a coloured laminated menu. This was prominently displayed on a small stand.

We saw staff providing assistance to residents who required help with eating and drinking. Staff provided this support in a caring and suitable manner, enabling residents to take their time and enjoy their food. Therefore, people were supported to be able to eat and drink sufficient amounts to meet their needs.

The chef was seen to take time to discuss the dietary needs of a resident who had particular special needs related to her cultural background. We were told that meals could be provided for a range of preferences, such as vegetarian and diabetic foods. We saw that the food provided to people met their religious or cultural needs. Where a person had difficulty swallowing some food items, we were informed that their meal was prepared to assist in overcoming this difficulty, for example, meat would be minced.

Staff told us that they took time to assess the needs of each resident, including their dietary needs, preferred foods and drinks. We reviewed a number of care records, including the records related to a resident who was vegetarian. We saw that there was detailed information about the person's dietary needs and preferences. Staff carried out nutritional risk assessments and weighed residents on a regular basis. Changes in their dietary needs were recorded and evaluated regularly in all cases.

**Our judgement**
People were protected from the risks of inadequate nutrition and dehydration. The 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
The residents who spoke with us said that they felt safe in the home and had confidence in the staff. Relatives of residents also commented on their feelings of security and that their loved ones were well cared for.

Other evidence
Staff told us that they had received training in relation to safeguarding vulnerable adults. The training records demonstrated that 60% of staff had been provided with this training up to the date of our inspection. In addition training had also been provided in relation to managing challenging behaviour and dementia awareness. Though in both respects a number of staff had not as yet received this training. Training in the mental capacity act and deprivation of liberties had only been undertaken by 17.6% of staff. However, training arrangements were in place for the staff over coming months.

Staff who spoke with us had a good understanding of safeguarding issues and knew how to access the guidance available to them. We saw that in addition to the policy that there were contact numbers displayed on the notice board.

Our judgement
People who used 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 provider was meeting this standard.
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
The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
Residents and relatives who spoke with us did not express any concerns about the level of cleanliness of the home.

Other evidence
We looked at rooms on each of the three floors and found that the home was very clean and tidy with no unpleasant odours. Equipment that we looked at, such as hoists and commodes were found to be clean and suitable for use, with the exception of two items, which despite guidance to direct staff, were found to have some contamination on the underside. The provider may wish to look at their checking procedures in greater detail. The domestic staff had their duties and responsibilities outlined and were seen to be following guidance in respect to the use of cleaning equipment for different parts of the home.

There were effective systems in place to reduce the risk and spread of infection. For example, the home has a named care worker who has responsibility for infection prevention and control (IPC). This person explained how she monitored the environment and carried out regular audits on a weekly basis. We reviewed a number of these audits for the periods of February and March 2012. The audits included comments and action taken where findings indicated that improvements were needed.

Staff had access to and were seen to use personal protective equipment, such as gloves and aprons. Hand wash facilities were readily available in all resident rooms and other areas of the home, with hand wash and paper towels provided. Hand gel units were provided in various areas of the home, including the main entrance. There was an absence of waste bins in three of the resident rooms inspected. This meant that the
disposal of hand towels and other domestic waste was not easy to do, without looking for alternative bins.

We saw that there were sanitised waste disposal units in a number of resident rooms. These units removed the potential for unpleasant odours and reduced the risk of cross infection. We observed that waste was managed correctly, although the external clinical waste storage bin, located in a fenced area to the front of the home was found unlocked. The provider may find it useful to note that this would be a potential hazard if the area was to be accessed by non-staff members.

The staff had a range of polices and procedures to guide and support them in minimising the risk of infection. In addition to this staff confirmed that they had regular mandatory training in IPC. The training records supplied to us indicated that 29.4% of staff had not had this training. This included the head chef, weekend cook and manager. We were provided with a list of planned training taking place over the coming months, which included dates for attendance by these individuals.

**Our judgement**
People were protected from the risk of infection because appropriate guidance had been followed.
The 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
The relatives and residents who were able to comment on the environment said that they found it very satisfactory and homely.

We saw that positive comments had also been entered into a book located at the reception desk. One comment written was 'Remarkable improvement and a very welcoming environment.'

Other evidence
The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. For example, since having a change of ownership last year, the home was seen to have been extensively improved, both externally and internally. The car park to the front had been upgraded and access routes to the home made safe and suitable for people who had restricted mobility. Externally the home had been painted and updated. Internally, the lift between floors had been replaced. We were provided with a full summary of the improvements made, as well as forthcoming developments.

We reviewed a number of resident rooms across all three floors, as well as the main lounge area, dining room and other facilities. All rooms had been refurbished, newly decorated, including the appropriate use of colour schemes suitable for people who have a cognitive impairment, such as dementia. Soft furnishings and furniture had been replaced and we found that the condition of these was very good. Ensuite facilities and bedroom wash basins had been replaced and vanity units incorporated. New flooring and carpets had been put in place in resident rooms. Staff said that new carpets were
to be fitted in the remaining areas of the lounge and dining room.

Bedrooms that had previously had full height windows and Juliet balconies had been bricked up to mid height, fabricated and made safe with new windows. We were told that the electrics and plumbing had been upgraded and we saw that lighting had been improved in all areas.

Staff explained that rooms had call bells and falls alarms fitted and we were able to see that these were in place in rooms that we viewed. We saw too that call bells were available in wet rooms and bathrooms. These areas had also been improved, with new fitments and tiling for example. Manual handling aids were available and were noted to be clean and in good order.

The home had a member of staff responsible for maintenance. The staff had a system for reporting maintenance issues and these were recorded in a book. The book was reviewed by us and was seen to list the problem, the date reported, the action taken and date resolved.

We were able to see that the previous concerns about the laundry facilities had been improved through the re-location of the laundry room. This room was suitably laid out to enable staff to manage resident's laundry safely.

The provider said that he received a weekly report in relation to various aspects of the service, including the environment. We were shown a copy of this report. The provider also discussed with us future developments, including the erection of a fence to the front of the home and hedging, further improving security. In addition the rear garden was said to be being developed.

In our discussion with staff who had worked at the home under the previous owners, they told us how much the home had improved and that this had made a positive impact on their working, through improved resources and a generally nicer environment. They said too that the residents appeared to be much happier and to appreciate the positive changes.

**Our judgement**
People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.
The provider was meeting this standard.
Outcome 14: Supporting staff

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
The residents and relatives who spoke with us expressed satisfaction with the staff in relation to their skills and caring abilities. One relative told us that "We have confidence in staff and feel dad is safe."

Other evidence
We spoke with staff about the arrangements that were in place to support them. One new member of staff was being inducted to the home, and was reviewing polices and procedures as part of this procedure. Staff said that they had undertaken a formal induction, which included for example, information about the home, the residents, and health and safety. Induction records were seen in employee files and these required signatures from the staff member and the manager as each area was completed.

Staff told us that they had a 'buddy' system of support during the initial period of induction. Formal supervisory reviews were said to take place at various intervals, with six sessions per year. The employee records demonstrated this through a written record. The record included opportunities for further learning or development identified in discussions. Competency observations formed part of the supervision process, for example, we were told that medication management was assessed for all relevant staff.

We saw that there was a range of polices to support staff, including for example, bullying and harassment, whistle blowing, equal opportunities, and data protection. The duty rota indicated that the home had a manager on duty five days a week, supported by administration personnel. The provider said that he attended the home usually three days a week, speaking to staff, residents and their relatives as part of this routine visit.
We were told that staff would have an annual review but under the new ownership, the current staff were not yet due to have these carried out.

Staff were able, from time to time, to obtain further relevant qualifications. For example, staff said that training had improved, that they had access to mandatory training, as well as professional training through national vocational qualifications (NVQ). The senior care worker said that she had commenced level 5, diploma in leadership, funded by the provider. Mandatory training that had been attended by one of the staff who spoke with us included IPC, first aid, safeguarding vulnerable adults and food hygiene. A review of the training records confirmed this attendance.

The training records provided to us showed that there was a detailed record for each employee. Records related to mandatory training as well as other general educational training attended. We were told that the records were updated once a certificate was received from the trainer. There were some acceptable gaps in the record, as some members of staff had yet to attend training planned for the coming months. We did note however, that there was no record of mandatory training for five members of staff, including the manager, administrator, the head chef, maintenance and the weekend cook.

Staff told us that they were very happy working at the home and they felt very well supported by the manager and provider. One staff member said that they had more time to care for residents, as there were more staff available. There was also a feeling of positive team work.

**Our judgement**
People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.
The 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

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<td>The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision</td>
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<td><strong>What people who use the service experienced and told us</strong></td>
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<td>Residents and relatives who spoke with us were very satisfied with the quality of care and support provided by the staff, as well as the quality of the home. They felt able to raise a concern or comment of standards, and had confidence that should anything need to be addressed, that it would be.</td>
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<th><strong>Other evidence</strong></th>
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<td>We asked the provider how they collected the views of the people who used the service. The provider said that the survey they would use to gather feedback about the quality of service was in the process of being updated and we saw evidence of this.</td>
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<td>We saw that the staff encouraged people to comment on the service, providing a comments and suggestion book at the entrance. Comments reviewed by us were all very positive, for example, one entry indicated that the family were very impressed, with the great care and devotion of staff. Another entry described staff as being helpful. Other positive comments included 'Mum seems very happy,' and there have been 'Many positive changes; staff friendly; helpful and hardworking.'</td>
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<td>Staff spoke with us about the changes in the home, expressing the positive impact on their own working environment, but also having more time to care for and support residents. They all felt that the changes had been beneficial to residents, for example, the improved range of social activities, better food services, and the improved environment. Staff also said that they were asked for their opinion about the service.</td>
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We were told that there was a process for raising and responding to complaints and we saw a copy of the policy. The staff had not received any complaints since the new ownership. We saw that the provider and staff actively sought the opinions of the residents and visitors, checking their overall satisfaction through informal discussion.

Staff had individual role profiles outlining their responsibilities to meet the needs of the residents and their families. They also had access to a range of polices and guidance to support them, examples of which included reporting incidents and notifications, reporting bad practice, and a policy covering quality. These policies were discussed as part of the induction process and signed off in staff records. We were informed that weekly monitoring reports were sent to the provider. Such reports included the number of residents and status of the environment. They also provided information on training, staff sickness and cover for this, an update of social activities, and other general quality aspects.

Our review of resident care records indicated that staff carried out full risk assessments and updated these as required, and as a minimum once per month. We saw that where interventions were required, that this was recorded and staff were able to follow the instruction accordingly.

The home held resident meetings and relatives were invited to these. The involvement of people using the service was seen to reflect the homes philosophy of care in ensuring that people had choice, had their rights respected and were involved in saying how the service should be run. The website for the provider displayed a number of positive testimonials from people who have used the service recently.

Our judgement
The provider had an effective system to regularly assess and monitor the quality of service that people received.
The provider was meeting this standard.
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.