Southend University Hospital NHS Foundation Trust
Southend University Hospital

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<td>Location address:</td>
<td>Prittewell Chase Westcliff-on-Sea Essex SS0 0RY</td>
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<tr>
<td>Type of service:</td>
<td>Acute services with overnight beds Community healthcare service Rehabilitation services</td>
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<td>Date of Publication:</td>
<td>November 2012</td>
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<td>Overview of the service:</td>
<td>Southend University Hospital NHS Foundation Trust provides a comprehensive range of services to a local population of some 330,000 in and around Southend and nearby towns. The trust has 729 beds. The hospital became a Foundation Trust in 2006. The trust provides a comprehensive</td>
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range of acute services and is the South Essex surgical centre for uro-oncology and gynae-oncology surgery.
Our current overall judgement

Southend University Hospital 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 18 October 2012, carried out a visit on 19 October 2012, checked the provider’s records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

What people told us

During our visit we spoke with patients in Accident and Emergency and outpatients departments, paediatric, medical and surgical wards and the maternity unit.

Patients told us that they were happy with how staff explained their care and treatment. They told us that everything was explained in a way which they could understand so that they could give their consent to the care and treatment they received.

People told us that they were very satisfied with the care and treatment they received at Southend University Hospital. One patient told us: "Staff are so nice to me they have explained everything, they treat me with respect."

Patients we spoke with told us that they were involved in planning their discharge from hospital. Patients said that they were given appropriate information and an estimated discharge date to assist them in making arrangements for leaving hospital. One patient and their relative who told us that staff had discussed discharge arrangements with them on the first day the patient was admitted into hospital. The patient required support in a care home. We were told that nursing staff and the hospital based social worker had dealt with this sensitively.

What we found about the standards we reviewed and how well
Southend University Hospital was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was meeting this standard. Before people received care and treatment they were asked for their consent. Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

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

The provider was meeting this standard. Care and treatment was planned and delivered in a way that ensured people's safety and welfare. There were arrangements in place to deal with foreseeable emergencies.

Outcome 06: People should get safe and coordinated care when they move between different services

The provider was meeting this standard. People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others.

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

The provider was meeting this standard. The service protects people against the risks associated with the unsafe use and management of medication.

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

The provider was meeting this standard. People who use the service, staff and visitors were protected from unsafe premises.

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

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

Outcome 17: People should have their complaints listened to and acted on properly

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately

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 02: Consent to care and treatment

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

People who use services:
* Where they are able, give valid consent to the examination, care, treatment and support they receive.
* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
* Can be confident that their human rights are respected and taken into account.

What we found

Our judgement
The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us
Patients told us that they were happy with the way staff explained their planned care and treatment. A number of people told us that staff took their time when explaining treatment procedures to ensure that they fully understood and could give an informed consent. One person told us: "Staff will explain things as many times as needed so that I fully understand everything."

We spoke with two people who had learning disabilities. They told us that staff had spent time with them to help them understand their care and treatment.

Other evidence
Southend University Hospital had procedures in place for obtaining consent to care and treatment from patients. We looked at patient consent forms across medical, surgical, paediatric and maternity wards. We saw that the planned treatment, benefits of this treatment and any risks to the patient were recorded. Patient records showed that the treatment, benefits and risks were explained so that people could understand and give an informed consent.

For some, but not all patients information leaflets were provided, which described treatments and procedures to help patients fully understand their treatment. A learning disability specialist nurse was employed at the hospital to help staff support patients...
who had a learning disability or difficulties in communication. A number of advice leaflets had been produced in an 'easy read' form with pictures to assist these patients understand the treatment they received. Where information was not available in an 'easy read' format we saw that this nurse visited patients and spent time explaining treatment to help people understand and help reduce anxiety levels. The nurse told us that there was work in progress to make more information available in 'easy read' format.

Our judgement
The provider was meeting this standard. Before people received care and treatment they were asked for their consent. Where people did not have the capacity to consent the provider acted in accordance with legal requirements.
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

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| Patients told us that they were very satisfied with the care and treatment they received at Southend Hospital. One patient told us: "Staff are so nice to me they have explained everything, they treat me with respect." Another patient said: "I've never had any problems coming here they are always helpful. They always tell me what they are doing such as putting the dye in the cannula."

One patient reported that the hospital gowns were not big enough for "larger people" and that they had to wear their own clothing on back front to cover themselves.

One patient we spoke with in the outpatients department told us that while they were overall satisfied with the service, they were unhappy that this was the third visit in six months where patient notes had not been available during their appointment.

**Other evidence**
We looked at care records for a number of patients in A&E department, paediatric, maternity, medical and surgical wards. We saw that there was detailed information about each person's needs and the care and treatment that they received. Records showed that patients were reviewed regularly by doctors and that appropriate care and treatment was planned and delivered effectively. Nursing and medical notes we looked at were clear and provided a detailed record for the treatment and support for each patient. There was clear recorded evidence as to the input from allied health professionals for example speech and language therapists, dieticians, occupational therapists and physiotherapists.
We looked at care plans and risk assessments and saw that where there were specific risks to a patient's health, safety or welfare such as risks of developing pressure sores, patient falls, poor hydration or nutrition that there were plans in place to minimise these risks. We saw that these plans were regularly reviewed and updated to ensure that staff had accurate information about the level of risk so as to support patients appropriately. Nursing and health care staff carried out patient 'basic comfort rounds' usually every hour. These involved carrying out physical checks on patients to assess level of comfort, pain and to help identify any changes in patients needs, check if patients required drinks or any assistance. These checks helped to improve patient's experience and to reduce risks to their health and safety such as developing pressure sore or incidents of falls.

When we last visited the hospital in November 2011 we were aware of concerns about how risks to patients of developing pressure sores were managed. During our recent visit we spoke with staff who told us about the work that had been carried out to reduce the incidence of patients acquiring pressure sores while in hospital. Staff told us that there was an ongoing campaign, including staff training to increase staff awareness and to improve how all patients were monitored to identify risks and to minimise these.

Where patients were identified as being at risk there were specific care pathways for staff to follow to reduce these risks. We saw that the incidences of patients acquiring pressure sores, while in hospital were monitored regularly. From the results of internal audits carried out around pressure sores we saw that the trust had continued to improve month on month in reducing the numbers of pressure sores acquired by patients while in hospital.

As part of our inspection we looked at how the trust managed care of patients whose medical condition was deteriorating or likely to deteriorate so as to minimise risks to the health and welfare of the patient. We saw that staff had undertaken training in recognising the deteriorating patient and there were specific observation tools to assess a patient's condition. We looked at these records and saw that appropriate observations were carried out and that staff sought prompt medical attention where patients were assessed as being at risk. We spoke with a member of staff from the critical care outreach team (who assess patients whose condition had deteriorated or was likely to deteriorate) and they told us that a lot of work had been carried out to improve how deteriorating patients were cared for.

We discussed the comments made by patients during our visit with the head of nursing. They told us that larger gowns were available within the hospital and that these would be made available on all ward and clinic areas. They told us that there were audits carried out in respect of patient's notes being unavailable when patients visited outpatients departments for follow up appointments. From these audits we saw that there had been improvements made to help ensure that patient's notes were available. The head of nursing but acknowledged that on occasions patient's notes were not available and that work was being done to determine the reasons for this and to make improvements in this area.

**Our judgement**
The provider was meeting this standard. Care and treatment was planned and delivered in a way that ensured people's safety and welfare. There were arrangements in place to deal with foreseeable emergencies.
Outcome 06:
Cooperating with other providers

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

People who use services:
* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement
The provider is compliant with Outcome 06: Cooperating with other providers

Our findings

What people who use the service experienced and told us
Patients we spoke with told us that they were involved in planning their discharge from hospital. Patients said that they were given appropriate information and an estimated discharge date to assist them in making arrangements for leaving hospital. One patient and their relative who told us that staff had discussed discharge arrangements with them on the first day the patient was admitted into hospital. The patient required support in a care home. We were told that nursing staff and the hospital based social worker had dealt with this sensitively.

Other evidence
We spoke with the hospital's discharge coordinator, and one social worker. They told us that improvements had been made over the previous twelve months to how people were discharged from hospital. The hospital has a system for predicting a patients discharge date based on the treatment they require when they are admitted. Recent audits for planning discharges showed that the hospital has improved in predicting discharge dates and this has meant that planning is more effective.

They told us that regular multidisciplinary meetings were held involving nurses, consultants, social workers, occupational therapists and the rehabilitation team where patients needs following discharge were discussed and appropriate plans were put in place. Patient’s records we looked at showed that discharges were well planned with the input from health and social care professionals, the patient and their families where this was appropriate.
The discharge coordinator told us that they held meetings each month with Essex and Southend local authority to help improve patients discharge from hospital. They told us that on average 60 people who require support when they leave hospital were discharged each day.

We looked at the discharge planning procedures for patients who were terminally ill and who wished to die in their own homes. The hospital had a ‘fast track’ system in place to ensure that people's wishes were met. We saw that discharge for these patients was well planned and that assessments were carried out to identify individual's needs for support, pain relief and to ensure that appropriate assistance and equipment was in place to enable the person to be discharged home safely.

Some staff told us that while discharge planning was generally good that some patients had to wait for up to three hours to go home. They said that this was generally due to transport delays, waiting for medicines or for doctors to complete records necessary for discharge. The provider may wish to consider ways to improve on waiting times experienced by people who are waiting to be discharged from the hospital.

As part of our inspection we contacted partner agencies who work to ensure the health, safety and welfare of people who use health care services. These included the local Primary Care Trust (PCT) who commission services from the trust, and Monitor who have regulatory responsibilities for Foundation Trusts. These agencies reported that they have good working relationships with the trust. They reported that the trust engage well and are open and transparent in their approach.

When we inspected this service in November 2011, we found concerns with dermatology services that were provided by Basildon Hospital University Trust staff at Southend Hospital. At that time there were no arrangements in place to support staff and to ensure that they were aware of local procedures, for example dealing with an emergency and health and safety issues. During this visit Basildon Hospital staff told us that improvements had been made to the training they can access and that they can now access both Basildon Hospital and Southend Hospital systems for training.

Basildon Hospital staff told us that staff at Southend Hospital were supportive and if there were any emergencies they could approach them for support. Staff reported that they experienced positive team work with Southend Hospital colleagues. We spoke with one member of Basildon Hospital staff who had recently commenced in post. The staff member received a positive induction, which included familiarisation with health and safety requirements at Southend Hospital. The trust reported that they were in the final stages of agreeing a service level agreement regarding these services provided.

Our judgement
The provider was meeting this standard. People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others.
Outcome 09: Management of medicines

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

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

What we found

Our judgement
The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
Patients we spoke with who had been admitted to the hospital were complimentary about their treatment, how their medicines were managed and had no complaints. They said that they were provided information about medicines in a way that was useful to them. Patients told us they were provided their medicines when they needed them without delay.

Other evidence
When we spoke with nurses, they told us that pharmacy services provided on the wards were good and that pharmacists check patient’s medicines shortly after they are admitted and regularly review their medicines. We saw recorded evidence of supplementary information and advice added by the pharmacy team to prescription charts. Nurses told us how medicines could be obtained urgently and that pharmacy advice was readily available to them. They also reported that regular medicine supplies were received onto the wards and medicines were promptly received when ordered including medicines for patients prior to their discharge from the ward. When we looked at prescription charts we saw evidence that when medicines were prescribed they were obtained and started promptly and so patients missed few doses. We also found that record-keeping practices in relation to medicine administration were good. We were told that the hospital is currently considering making improvements to prescription charts used on the wards. Pharmacy staff also said that the hospital was considering an extension to pharmacy opening hours.
Whilst we were on the wards we noted that medicines were being kept safely and securely. Medicine trolleys were locked when unattended by staff. With the exception of one ward we visited, we noted intravenous fluids were secured. However, we discussed the security of areas where medicines were stored with door keypads and the need to ensure codes used to enter the rooms were changed regularly. We noted medicine refrigerators were within the appropriate temperature range for the storage of medicines requiring refrigeration, however, the provider may wish to note that medicine refrigerator temperature records should be kept on at least a daily basis to show that medicines are being stored at appropriate temperatures at all times.

Nursing staff told us that the self-administration of medicines by patients on the ward was not encouraged at the hospital and keys to bedside medicine storage cabinets were not provided to patients to enable this. Nurses described the process in place for patients to manage their own medicines including assessment of the risks. However, they said self-medication seldom occurred. The provider may wish to consider improved arrangements to enable patients to safely store and administer their own medicines on the wards when appropriate.

Staff told us there were systems in place to regularly monitor and improve the quality of medicine management at the service and that these were carried out by senior nursing and pharmacy staff.

**Our judgement**
The provider was meeting this standard. The service protects people against the risks associated with the unsafe use and management of medication.
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
On this occasion we did not speak with patients about the safety and suitability of the premises.

Other evidence
During our visit we specifically looked at arrangements in place for ensuring that people who use the service who have mental health needs are cared for in an environment that minimises the risks to the individual of self harm.

When we carried out our last inspection visit in November 2011 we identified concerns about potential ligature points in the 'mental assessment room' in the A&E department. This room was used to accommodate people who had mental health issues and who may be at risk of self harm. Following our visit the trust told us that they would carry out the necessary adaptations to minimise these risks.

During this visit we saw that the 'mental assessment room' had been redecorated and that work had been carried out to remove potential ligature points such as ensuring that ceilings and walls had no panels and the door handle had been changed so that no potential ligatures could be attached.

We observed that the emergency call bell was accessed by a pull cord. When staff tested this in our presence, the cord came away from the ceiling, which could pose a risk to who may self harm. This was rectified immediately by staff. To further minimise this potential risk the provider may wish to install a 'push button' type of call bell system to this room.
We did not identify any concerns about premises in the other areas of the hospital we visited.

**Our judgement**
The provider was meeting this standard. People who use the service, staff and visitors were protected from unsafe premises.
Outcome 14:
Supporting workers

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

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

What we found

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

Our findings

What people who use the service experienced and told us
Patients we spoke with told us that they were happy with the care and treatment they received from staff.

Other evidence
Newly appointed staff including nurses and doctors we spoke with told us that they had undertaken a period of induction to help familiarise themselves with the hospital's policies, procedures, staffing structure and the environment. Staff told us that they received training and support during this period to assist them in settling into their new job. Records we saw showed that 100% of new staff employed within the past twelve months had undertaken a period of induction.

Staff told us that they felt supported by their peers and line managers. Staff told us that they received regular supervision with their managers. One doctor in the A&E department told us: "This is the best A&E department of any that I have worked in. The support and opportunities for learning and development are second to none."
Other staff told us that they could now access their mandatory training through the hospital's new 'I Learn' computer based training package. Staff told us that this enabled them to undertake training more easily.

There was an ongoing programme for staff training, supervision and annual appraisal. The trust had a set target that 85% of staff would undertake mandatory training annually or every three years. This target takes into account new staff, staff leaving the trust and long term staff sickness. The mandatory (core) training included training in Mental Capacity Act 2005 and deprivation of liberty safeguards (training to enable staff
support people who cannot make decisions about their care and treatment), fire safety, safe moving and handling, adult and children's safeguarding, infection control and CPR training. From staff training records we saw that the trust was on target to meet the set percentage of staff who undertake this training.

In addition there were staff training programmes specific to staff job titles, roles and responsibilities within the hospital. Staff we spoke with told us that there were lots of 'learning days' which covered initiatives within the trust to reduce pressure sores, health care acquired infections and other ongoing work to improve the quality of care that patients received.

There was a programme for staff supervision, where staff meet with their manager and discuss their work and any training or development needs. The trust had set a target of 75% of staff to receive supervision by end of March 2013 and 72% were receiving regular supervision at the time of our visit.

**Our judgement**
The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.
Outcome 17: Complaints

What the outcome says
This is what people should expect.

People who use services or others acting on their behalf:
* Are sure that their comments and complaints are listened to and acted on effectively.
* Know that they will not be discriminated against for making a complaint.

What we found

Our judgement
The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us
Patients were made aware of the complaints system. We asked four patients who were using services in the department of geriatric medicine what they would do if they had a complaint or concern about the services they were receiving. They all reported that they knew how to make a complaint. One relative told us: "I have a copy of the complaints form that they gave to me, although I am very happy with the standard of care." We spoke with one patient who was visiting the hospital for an x-ray. The patient told us: "I know how to make a complaint, but I have never needed to the staff are lovely."

We spoke with one patient's relative who had made a complaint on the day of our visit. The complaint was made regarding the patient's notes not being available in the eye clinic. The relative told us that the staff member gave them a copy of the complaints form and was good at calming them down.

Most of the patients we spoke with knew about the patient advice and liaison service (PALS) where they could get assistance.

Other evidence
The hospital employed dedicated staff to manage complaints. Complaints staff employed in the patient experience team (PET) had a clear understanding of how to support patients, their representatives and staff when a complaint had been made. The PALS service reported that they had good working relationships with the staff in the PET. We were told that senior managers took complaints seriously and would meet with complainants when appropriate. We observed that meetings took place between staff in
PET and complainants. We looked at the notes of these meetings and observed that patients were fully involved. The focus of these meetings was to resolve patient concerns in a timely manner. We saw that staff in the PET had dealt with a very sensitive and personal matter of one patient effectively.

We were told that there had been more complaints made about poor staff attitude in the A&E department and post natal maternity wards. Senior managers had ensured that resources were made available to tackle this concern. Training had been arranged for staff in these areas and a post natal governance group had been set up to consider further ways of making improvements.

The hospital produced regular patient experience reports. These reports provided details of the complaints made to the hospital and contacts made with PALS. The reports were presented to the relevant teams and divisions who were then required to demonstrate how learning from the complaints received could be used to make improvements and enhance patient experience and safety. There had been a reduction in complaints made about nurses. We were told that the introduction of hourly checks on all patients by nursing staff had contributed to this reduction in complaints.

The hospital had a policy in place to manage complaints. This policy clearly explained to staff how to manage complaints and explained that PALS had a role in the early resolution of complaints. Most of the staff we spoke with were aware of this policy and the timescales to manage complaints. Most of the staff we spoke with told us that if a patient made a complaint they would refer the matter to their manager or advise the patient to contact the PALS. Staff told us that their manager discussed the learning from complaints at ward meetings. Improvements were being made to improving services provided as a result of receiving compliments made by patients and relatives.

Most of the staff we spoke with told us that they had not received any training to help them support patients to make a complaint. Staff told us that they would welcome this training to help them in their role. Staff who joined the hospital as a new employee received complaints training on their induction. However staff already employed at the hospital did not receive training. The provider may wish to note that patients may receive improved care and outcomes if all staff had access to complaints training.

We saw information about the PALS throughout the hospital, and there were information leaflets about how to make a complaint displayed throughout the hospital. This information was not always provided in a format that met patients’ needs. We saw that there were no leaflets available in pictorial format in the A&E department or in large print in the eye clinic. Hospital staff resolved this matter before we finished the inspection and senior managers told us that they would ensure all areas of the hospital have accessible complaints information displayed. The hospital’s website provided clear information about how to make a complaint this information was accessible in English, Polish and Czech. We were told that this information could be translated into a range of different community languages.

Our judgement
The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately
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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| Postal address| Care Quality Commission  
Citygate  
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NE1 4PA |