Review of compliance

Harrogate and District NHS Foundation Trust
Harrogate District Hospital

<table>
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<tr>
<th>Region:</th>
<th>Yorkshire &amp; Humberside</th>
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<tr>
<td>Location address:</td>
<td>Harrogate and District NHSFT</td>
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<td>Lancaster Park Road</td>
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<td>North Yorkshire</td>
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<td>HG2 7SX</td>
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<tr>
<td>Type of service:</td>
<td>Acute services with overnight beds</td>
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<td>Rehabilitation services</td>
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<td>Community healthcare service</td>
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<td>Dental service</td>
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<td>Diagnostic and/or screening service</td>
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<td>Date of Publication:</td>
<td>November 2011</td>
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<td>Overview of the service:</td>
<td>Harrogate District Hospital is run and operated by Harrogate Hospital and</td>
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<td>District NHS Foundation Trust, providing health care to people in Harrogate and North Yorkshire.</td>
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Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

**Harrogate District Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

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 11 October 2011, 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.

**What people told us**

We visited Harrogate District Hospital on two separate days. Our inspection team consisted of three teams of two people; two teams of compliance inspectors visiting wards and a team of intelligence and evidence officers who spoke with staff who have trust wide responsibilities and reviewed documents.

All of the people who use the service told us that they were satisfied with the quality of services and were complimentary about the direct care they received from all of the care staff. The words they used to describe the service were "brilliant", "you can't fault it", and "superb". People felt their privacy and dignity had been respected by staff and that staff explained things in a way they could understand. They told us staff were helpful and kind. If they required help it was offered promptly and all felt they could talk to the staff and were confident that staff listened to their worries or concerns and responded appropriately.

People had been provided with the relevant information to enable them to understand the care and treatment choices available and where appropriate they had been involved in decisions relating to their care or treatment. Those who had come into hospital through accident and emergency described prompt and attentive care and treatment.

**What we found about the standards we reviewed and how well Harrogate District Hospital 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 who use the service, or others acting on their behalf are supported to make decisions and understand their care. People are treated with respect and dignity.

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

We found that people who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

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

Overall, the registered care provider has systems in place to make sure people who use the service are protected from abuse, or the risk of abuse.

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

Appropriate steps are taken to safeguard the health, safety and welfare of people who use the service by ensuring there is sufficient and appropriately skilled staff. The senior management team need to monitor the situation on the children's wards to ensure that this is maintained there.

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

People who use services are safe and have their health and welfare needs met by competent staff who are appropriately trained and appraised.

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

There are systems in place which assess and monitor the quality of the service provided, these help to ensure effective decision making and the management of risks to people is reviewed and addressed.

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

The maintenance of patients care records needs to be improved.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect
the safety and welfare of people who use this service. 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.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 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
All the people who use the service told us that they had been provided with the relevant information for them to understand the care and treatment choices available to them. Where appropriate they had been involved in decisions relating to their care or treatment. People also said that they felt their privacy and dignity had been respected by staff and that staff explained things in a way they could understand.

Other evidence
During our visit, we saw that a range of inpatient general information was available to both the people who use the service and visitors. This included the types of services provided at the trust, pre assessment and pre admission and discharge information. Bespoke information was also available in relation to specific aspects of treatment and care for example, anaesthetics, general surgery, urology, gynaecology and orthopaedics. Checklists for the recording of patient information given was developed and introduced across the trust, in order to ensure that people receive consistent and up to date information on their treatment and care.

We spoke to a number of staff who told us that communications with relatives is noted within the social section of their care plans. We looked at care records and we saw that the majority of the social records did not include these records. However, we did see
that the daily progress notes included communications with relatives as described by staff.

We were told daily multi disciplinary team (MDT) handovers of care take place at the person's bedside, which ensures the involvement of people who use the service. The ward staff told us that formal weekly MDT meetings particularly within the elderly care areas, relatives and or advocates would be invited to attend as required to act in people's best interests. We looked at the written weekly records from the MDT meetings on one of the areas visited and we saw that each person's progress of care and treatment was reviewed and their care plans up dated accordingly.

We observed staff respecting the privacy and dignity of people whilst talking to them and helping them in their daily activities. Staff adjusted the volume of their voice to accommodate the individual needs of the people who use the service. We saw during care, treatment interventions bed curtains were drawn and side room doors closed on each occasion. Call bells were within easy reach and accessible and we saw that staff were responding to calls within a timely manner.

Each of the ward areas visited operated a scheme, which serves to highlight the special needs of people that have memory difficulties, the 'butterfly scheme'. The focus of this scheme is on the needs and views of people who use services and it provides staff with simple and practical guidance towards meeting the needs of these people by displaying a butterfly symbol (with consent). This symbol serves to inform staff to follow a series of simple prompts to remind, explain, arrange, check history when interacting with people and we saw staff following this plan during our visit.

The matrons told us that as part of their daily routine, they undertake observation assessments on the care provided within each of their areas and these observations include adherence to the trusts privacy and dignity policies and procedures. The trust employs a number of champions whose role is to champion specific aspects of care. A number of staff linked to each ward and department undertakes the role of privacy and dignity champions. We spoke to one champion who was able to describe their role and responsibilities at ward level in ensuring colleagues maintained people's privacy and dignity.

Our judgement
People who use the service, or others acting on their behalf are supported to make decisions and understand their care. People are treated with respect and dignity.
Outcome 04:
Care and welfare of people who use services

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

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

What we found

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People we spoke to told us that their care overall was very good and all felt that staff provided them with safe and appropriate care, treatment and support to meet their needs. They also told us staff were thoughtful and treated them with respect and maintained their dignity whilst caring for them.

Everyone we talked to praised the standard of care they had received whilst in hospital, to describe their care they used words such as "brilliant", "wonderful" and "can't fault it". Those who had come into hospital through accident and emergency described prompt and attentive care and treatment.

We also contacted the local involvement network, which seeks peoples views about the hospital and they told us all they hear about Harrogate District Hospital are "positively glowing reports".

Other evidence
We spoke with a range of staff they included matrons, ward managers, nurses, care support staff and allied health professionals about how they find out about peoples health and personal care needs. All of the staff told us they use the formal written and verbal handovers at the commencement of each shift and refer to the care records and the risk assessments.

When we talked to people who were receiving services they told us about their needs and staff were also able to tell us in detail about the systems and procedures they had
in place to ensure people’s needs were met. Where we asked specific questions about a person’s needs they were able to answer them.

The hospital has two sets of records for each person, medical completed by the medical staff and nursing completed by nursing staff, we looked mainly at the nursing records. Any health care decisions made by medical staff are also referred to in the nursing records.

From all the records we looked at, we saw people’s health and welfare needs were assessed on admission and or at pre admission stages as appropriate for elective surgery. The care records included assessments of people’s past and present health, activities of daily living, personal circumstances, and social care needs where applicable, which were reviewed and documented in the progress notes daily. These were supported by records which assessed people’s care and treatment risks for example, pressure ulcers, general risks, nutrition, falls and mobility and bed rails. Minimum observations in relation to people’s pulse rates, blood pressure, temperature, oxygen saturation level, pain, sedation and early warning scores are assessed and monitored. The care risk assessments were at the person’s bedside for staff to update and complete in a timely manner.

All of the care risks and minimum observations we looked at were generally up to date; however although staff were aware of people’s needs, we found gaps within the care records. We discussed this issue with both the senior care managers and executive staff at the time of our visit who agreed to deal with this as a matter of urgency.

All of the wards we visited operate a series of link care programmes designed to extend staffs knowledge and keep staff up to date with current policy and practice. These programmes include for example, tissue viability, blood transfusion, privacy and dignity, infection control and end of life care. This is evidence of good practice.

Our judgement
We found that people who use the service experience effective, safe and appropriate care, treatment and support that meets their needs and protects 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
We did not ask people if they felt safe, however patients did not indicate they felt unsafe, and all told us they were confident in the staff and would feel comfortable in raising their concerns, "if they had any".

Most of the people who use the service told us, they were aware of how and to who they could complain and been made aware of the trusts complaints procedures.

Other evidence
During our visit, we spoke to matrons, ward managers, nurses, care support staff, allied health professionals. All of the staff told us that they had received induction and training in relation to safeguarding people from abuse.

The Chief Nurse explained staff can access safeguarding training through a number of different learning mediums for example half-day course attendance, e learning and self-study workbooks. Safeguarding training is tailored to staff roles, all staff had safeguarding adults awareness training, and some with direct contact or responsibilities are provided with the additional levels of training they need.

The Trust provided us with their training statistics in safeguarding for the wards we had visited, which showed us the majority of staff has received safeguarding awareness training. However, the additional training levels on some wards needs to be improved. The Chief Nurse explained these statistics are monitored and the Trust is working towards improving the number of staff who they have identified would benefit from an
an additional level of training.

Policies and procedures included escalation of concerns and all of the staff we spoke to were able to tell us the types of abuse and describe their duties in reporting and escalating safeguarding concerns.

**Our judgement**

Overall, the registered care provider has systems in place to make sure people who use the service are protected from abuse, or the risk of abuse.
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
There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People told us there nurse call bells were always responded to promptly, and generally it appeared to them "overall there were enough staff around". One commented "just buzz and they come or call as there seem to be plenty about".

Other evidence
We did not intend to review this outcome but when we went to the children's ward staff told us they were concerned about whether the number of staff working was sufficient on the wards during the weekdays and at weekends. This was because the nurses had to go off the children's ward at various times during a span of duty to escort the child to theatre (which could take between 20 and 40 minutes), and then collect them from recovery post surgery. It was also explained the ward received a number of 'ward attendees' each week some of whom would be attending for investigation which may take the nurse off the ward for over an hour. The ward also accepted children with complex needs from general practitioners who require blood tests (which are performed by the nurse). Staff told us they were particularly concerned over weekend staffing levels.

We raised these concerns to the senior management team. The Chief Executive and Chief Nurse agreed to follow up on these concerns immediately. The senior management team went on to tell us about the plans to review services including staffing on the paediatric services.

During the course of our visit to the adult wards people told us they did not have to wait
and their health and care needs were met promptly. Ward managers told us that in conjunction with their permanent staff, they operated a range of flexible working patterns in order to maintain a safe skill mix of staff to meet the dependency levels of the people who use the service. This also included the use of dedicated bank staff and overtime to cover unexpected and planned absences. All of the staff we spoke to commented that at times, they were busy but they worked as a team to cover each other.

**Our judgement**

Appropriate steps are taken to safeguard the health, safety and welfare of people who use the service by ensuring there is sufficient and appropriately skilled staff. The senior management team need to monitor the situation on the children's wards to ensure that this is maintained there.
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
All of the people we spoke to made extremely positive comments about the staff; they
told us how staff were always polite and respectful. They listened to their concerns and
clearly explained to them any tests or treatments they had to undertake. They also told
us they found staff were approachable and knowledgeable about their care.

Other evidence
We spoke with a range of staff they included trust executive officers, matrons, ward
managers, nurses, care support staff, allied health professionals. All of the staff we
spoke to were aware of the recent changes of senior staff within their area and across
the organisation. There was a clear line management and accountability structure within
all of the areas we visited and staff were aware of their roles within this structure.

Ward managers have dedicated time formally included within their roles for
administration tasks. The majority of the staff we spoke to confirmed they had received
a personal development review and their personal development plans were agreed and
kept under review. The statistics showed us the majority of staff had appraisal (82.2%)
in 2010 to 2011. They told us the frequency of one to one supervision was not formally
included within the trusts policies; however all of the staff we spoke to told us that their
managers did provide supervision on a regular basis based upon their individual needs,
this could be daily, weekly, monthly and or less frequently as agreed with each member
of staff.

The trusts programme of mandatory training included, basic resuscitation, fire
prevention, manual handling, infection control, deprivation of liberty and safeguarding.
On an individual level, through the intranet, each member of the Trust has a personal training account record. This details training undertaken, the topic, the renewal date and whether face to face or e-learning. The Trust monitors individuals, departments and overall levels of learning and mandatory training and reports are provided to each department so they can ensure staff completed the required training.

The ward managers told us that they have the support of dedicated education and training personnel who assist them in managing staff’s training and development and compliance with mandatory training events. We saw from the mandatory records held on one of the wards we visited, all of their staff's progress of attendance was recorded and up to date.

Staff confirmed they had received the mandatory training and induction training. Where appropriate they had also completed re-assessment of competence within clinical practice for example, in the administration and management of medicines.

Training is reported to the Board of Directors for permanent and bank staff. When staff do not attend training, due to personal or work demands, the trust has follow up procedures in place to ensure training is taken up.

Our judgement
People who use services are safe and have their health and welfare needs met by competent staff who are appropriately trained and appraised.
Outcome 16: Assessing and monitoring the quality of service provision

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

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

What we found

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

Our findings

What people who use the service experienced and told us
People told us they were very satisfied with the quality of the care, they used words such as "brilliant", and one commented "the ward seems highly organised". They also told us the staff were "kind" and "helpful" and responded quickly when they asked for help.

Other evidence
Our intelligence and evidence officers spoke with staff that has trust wide responsibilities they included pharmacy and medical imaging staff, and together they discussed and reviewed outcomes from audits and how these outcomes influenced changes in trust wide policy and practice.

In relation to medicines we were told there are six routine audits carried out during each year, the results from these audits are sent to various directors of the trust and management groups such as the clinical risk management, medical safety group, audit committee and to the Director of Governance. The lessons learnt are fedback and action plans developed by the multidisciplinary teams and leads. For example one of the actions taken was for the pharmacists to shadow new junior doctors and support their e-learning to promote and enforce prescribing standards.

All of the staff we spoke to told us, as part of the trusts overall quality priorities and governance a range of audits and inspections are undertaken and they include and involve a range of staff for example; ward managers are responsible for completing a range of daily and weekly audits in relation to, fluid balance, early warning
observations, medicines management, documentation, pressure ulcers prevention and deep venous thromboembolism (VTE). Matrons undertake spot audits in relation to completion of care records and on the overall care and welfare of people who use the service. Executive and non-executive directors undertake regular random inspections on services provided across the trust. Saving lives audits in relation to high impact interventions for example, infection control and best practice.

The outcomes from the entire audit and inspection programme are analysed and collated centrally, risks identified and rated using a traffic light system, red, amber and green (RAG). Each manager holds copies of the overall results for each of their areas within the trust for example, within all of the ward areas results are recorded within the nursing dashboard. We looked at the overall outcomes from the weekly audits for the areas we visited and these results showed high levels of compliance to the trusts key performance indicators. Individual areas undertake local patient satisfaction surveys, we looked at the results on two of the areas we visited, and we saw that both had achieved high levels of patient satisfaction.

To ensure the trust obtains peoples views questionnaires are also provided to people on discharge from the wards. Where people have difficulties communicating volunteers are available to help them complete the questionnaire.

We also spoke to a number of staff at the time of our visit and they told us that they were aware of these results and they knew what their responsibilities were in order to maintain levels of compliance. All of the staff we spoke to told us that systems and processes are in place for the reporting of adverse health events using the trusts incident report (IR1) forms. We saw on one of the areas we visited, a copy of staff’s daily handover communications, which included recent audit and incident information. This information also included the actions that staff should take to improve upon the audit outcomes and to minimise any further incident risks.

Our judgement
There are systems in place which assess and monitor the quality of the service provided, these help to ensure effective decision making and the management of risks to people is reviewed and addressed.
Outcome 21: Records

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

People who use services can be confident that:
* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement
There are minor concerns with Outcome 21: Records

Our findings

What people who use the service experienced and told us
We did not speak to people directly about this outcome.

Other evidence
This outcome was not originally included within our visit, however whilst looking at the records for people who use the service it was apparent that in some cases although patients were receiving the care and treatment they needed, we saw gaps within the records. Examples included the progress notes within one of the care records we looked at were not sequentially in date order. Falls observations did not have the frequency of when the person should be observed. We saw three do not resuscitate forms had not been fully completed in the medical notes.

The majority of the daily nursing and medical records we looked at included abbreviations, for example MI, IHD, FYI, medication administration charts included NKDA (no known drug allergies) to record people's drug allergies. The discharge notes were not fully completed. The trust recently introduced a revised fundamental care plan and we saw that parts of this plan had not been completed.

We discussed these issues with both the senior care managers and executive staff at the time of our visit who agreed to deal with these as a matter of urgency and explained they were introducing new documentation for resuscitation throughout the Trust.
Our judgement
The maintenance of patients care records needs to be improved.
## Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

<table>
<thead>
<tr>
<th>Regulated activity</th>
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<th>Outcome</th>
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<tr>
<td>Diagnostic and screening procedures</td>
<td>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 13: Staffing</td>
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<td><strong>Why we have concerns:</strong> Appropriate steps are taken to safeguard the health, safety and welfare of people who use the service by ensuring there is sufficient and appropriately skilled staff. The senior management team need to monitor the situation on the children's wards to ensure that this is maintained there.</td>
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<tr>
<td>Surgical procedures</td>
<td>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>Outcome 13: Staffing</td>
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<td>Treatment of disease, disorder or injury</td>
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<td>Outcome 13: Staffing</td>
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The provider must send CQC a report about how they are going to maintain 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.

CQC should be informed in writing when these improvement actions are complete.
What is a review of compliance?

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
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<th>Review of compliance report</th>
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<td>Care Quality Commission</td>
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Care Quality Commission

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| Postal address | Care Quality Commission  
|                 | Citygate      |
|                 | Gallowgate    |
|                 | Newcastle upon Tyne |
|                 | NE1 4PA       |