

# Review of compliance

**Chesterfield Royal Hospital NHS Foundation Trust**  
**Chesterfield Royal Hospital**

<b>Region:</b>	East Midlands
<b>Location address:</b>	Chesterfield Royal Hospital Calow Chesterfield Derbyshire S44 5BL
<b>Type of service:</b>	Acute NHS hospital
<b>Publication date:</b>	June 2011
<b>Overview of the service:</b>	Chesterfield Royal Hospital NHS Foundation Trust is the main provider of acute and accident and emergency services for Chesterfield and the surrounding towns of North Derbyshire. These services are provided at Chesterfield Royal Hospital which has around inpatient 550 beds and over 3,000 staff. The Trust also manages Darley Birth Centre, near Matlock.

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

## What we found overall

**We found that Chesterfield Royal Hospital was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we suggested that some improvements were made.**

The summary below describes why we carried out the 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 including the Quality and Risk Profile (QRP). This is a tool that gathers all we know about a provider in one place. It enables us to assess where risk lies and prompt front line regulatory activity, such as inspection. The QRPs support CQC teams to make robust judgments about the quality of services and are used in conjunction with our guidance about compliance documents.

The QRP for this provider indicated, at the time of this review, a generally low risk of non-compliance with regulations. Because of this low risk, we did not include in the review all of the regulated activities carried out by this provider.

Other information reviewed included:

- The CQC survey of adult inpatients in the NHS 2010 published April 2011
- The CQC survey of women's experiences of maternity services 2010 published December 2010
- The CQC 2010 national NHS staff survey published March 2011
- Information from the Derbyshire Local Involvement Network
- Patient Environment Action Team (PEAT) ratings for 2010
- Information from Derbyshire County Primary Care Trust

- Information we requested from the provider about how they were complying with regulations
- Information from the Chesterfield Royal Hospital NHS Foundation Trust website

We carried out a visit on 17 and 18 May 2011 where we visited Ashover Ward, Elmton Ward, Hasland Ward, Nightingale Ward, Trinity Ward, and the Women's Health Unit at Chesterfield Royal Hospital, and Darley Birth Centre near Matlock. During our visit we observed how people were being cared for, talked with people who use the service, talked with staff, checked the provider's records, and looked at records of people who use services.

## What people told us

Most people told us they felt involved in decisions about their care and treatment. Parents of children admitted to the hospital told us that they were given sufficient information and the child was also involved as much as possible where this was appropriate.

People we spoke with said that staff respected their privacy and dignity. One person said "they always make sure the curtains are closed for privacy and they're very polite and friendly".

People told us they were generally happy with the care and support they received. They said "I've been well looked after", and said the staff were "so kind" "they do everything willingly and cheerfully". One person told us they appreciated the helpfulness and straightforward approach of the stoma nurse so the person now knew how to manage their stoma care independently.

The people we spoke with had mixed views about the food provided. Some people said the food was good whilst others said that the food did not meet their needs and preferences. One person was pleased with the choice available for their gluten free diet. Other people said the food was tasteless and could be better presented. One person said "it all tastes the same" and another commented that the food was "abysmal".

People told us that maintaining cleanliness and hygiene appeared to be a high priority on the wards. They said "They are in my room every couple of hours mopping and cleaning, this room is spotless", "the cleaning routine is extremely thorough", and "staff are always washing their hands".

People on the new wards said they were pleased with the facilities such as the spacious bays and the toilets and shower rooms in each bay.

Most people told us there were enough staff available to meet their needs. They said "there's always staff around when I need them" and "they're always coming to check I'm ok". Two people on one ward said that they sometimes had to wait for assistance as there were not always enough staff around.

## **What we found about the standards we reviewed and how well Chesterfield Royal Hospital was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People are able to make choices and have their say regarding their care and treatment. Staff treat people with respect and ensure their dignity is maintained. The current arrangements on the Women's Health Unit do not allow people sufficient privacy and respect for their needs.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

### **Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

There are effective systems in place to ensure that people give valid consent to the care and treatment they receive.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard.

### **Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights**

People's needs are met, but their care plans and assessments do not always have sufficient detail to ensure that people receive appropriate care and treatment with a personalised approach.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

### **Outcome 5: Food and drink should meet people's individual dietary needs**

People are provided with and supported to have adequate food and drink. Not all people consider that the food provided meets their preferences. There is limited choice for people who require pureed, soft or mashable meals.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

### **Outcome 6: People should get safe and coordinated care when they move between different services**

There are systems in place to ensure that people have safe and coordinated care when they move between services. These systems are not always effective when people are moving between care homes and the hospital.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

**Outcome 7: People should be protected from abuse and staff should respect their human rights**

People who use the hospital are protected from abuse, and the risk of abuse, by staff awareness and the systems in place.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard.

**Outcome 8: People should be cared for in a clean environment and protected from the risk of infection**

People are protected by the effective systems in place to prevent, detect and control the spread of infection.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard.

**Outcome 9: People should be given the medicines they need when they need them, and in a safe way**

People have their medicines when they need them and have sufficient information to understand the purpose of the medication.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard.

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

People receive care and treatment in safe and accessible surroundings.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard.

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

Equipment to meet people's needs is available, properly maintained and used correctly and safely.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People are protected by the provider's recruitment practices and their needs are met by staff that are appropriately qualified and fit to carry out their job roles.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard.

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

There are generally sufficient staff available to ensure people's needs are met.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard.

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

Sufficient training is provided to ensure that people's health and welfare needs are met by competent staff. Staff are supported by their line managers, annual appraisals and regular team meetings. Formal arrangements are not in place to ensure that all staff receive appropriate supervision.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People benefit from safe, quality care, treatment and support because there are effective systems in place 'from ward to board' that monitor the quality of the service provided.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard.

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

There are systems in place so that people are sure their complaints are listened to and appropriately acted on.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard.

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

Records with personal information about people are kept securely and remain confidential. Not all care records are up to date or have sufficiently detailed information to ensure people receive appropriate care and treatment.

- Overall, we found that Chesterfield Royal Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

### **Action we have asked the service to take**

We have asked the provider to send us a report within 28 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.

**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 1: 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 1: Respecting and involving people who use services.

### Our findings

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

Most of the people we spoke with told us they felt involved in decisions about their care and treatment. They said that staff had explained about their care and treatment and they had been given enough information to help them to make decisions. Parents of children admitted to the hospital told us that they were given sufficient information and the child was also involved as much as possible where this was appropriate.

One person we spoke with had been in hospital three days and said that no one had explained about their care and treatment, and they had not been involved in decisions. There was no reference in the person's care records to staff having discussed their care and treatment with them.

Various information leaflets were available on the ward, although not all patients we spoke to were aware of this. The ward managers said they were looking at the best place to display information for patients and visitors.

One patient who was admitted three days ago told us they had been given no information about the ward. The manager said that a ward information handbook

was not available to patients and that staff should inform people about the ward on admission.

Most people we spoke with said that staff respected their privacy and dignity. One person said “they always make sure the curtains are closed for privacy and they’re very polite and friendly”. One person said that staff had not asked the person how they wanted to be addressed and they were being referred to by their surname, which was not their preferred name.

People told us their nurse call bell was available and they knew how to use it. On one ward, three people told us there was sometimes a delay in answering their call bell as the ward had been busy. We saw that call bells were within people’s reach where required and that calls were duly answered when the call bell was used.

On the Women’s Health Unit we saw that two people were accommodated in bay areas that did not provide sufficient privacy for their needs. Staff told us that, due to pressures on beds in other areas of the hospital, people were sometimes transferred onto the unit until a bed was available on an appropriate ward. This was the case during our visit. Staff felt that the presence of people with different needs had an impact on the privacy and dignity of people receiving care and treatment on the unit. An example given was that one person who had been waiting on the unit for a suitable bed elsewhere was confused and regularly shouted out. People attending for treatment had expressed concerns when they heard the person shouting out.

We saw that people were accommodated in same sex bays or single rooms. Not all single rooms had en-suite facilities. People said there were no problems in accessing same sex toilets and bathrooms. People in the newest wards told us they were pleased with the en-suite facilities in single rooms and the toilets and bathrooms for each bay as this helped maintain their privacy.

In the surveys and other information we looked at people usually felt they were involved in making decisions about their care. Also, people usually felt their dignity was maintained and they were treated with respect.

### **Other evidence**

On the website for the hospital we saw details of how people could access an interpreter if they used sign language or a language other than English. The provider stated on the website “The Trust is committed to meeting the special needs of patients for whom there is an identified linguistic or sensory barrier to communication.”

Two members of staff we spoke with could not recall having received specific training regarding people’s privacy, dignity, independence and human rights. However, other staff said their induction training included people’s privacy, dignity and independence.

The 2010 findings from the Patient Environment Action Team (PEAT) inspections rated Chesterfield Royal Hospital as ‘good’ with regard to the privacy and dignity of people using the hospital. The PEAT inspections are self-assessments managed by the National Patient Safety Agency that check non-clinical aspects of patient experience.

In the survey we looked at, 28% of staff said they had received training about equality and diversity in the previous 12 months, (2009 – 2010). We asked the provider for more information about staff training in equality and diversity. The provider told us that since June 2010 all new starters have had a half day training

session and existing staff are booked into sessions on a rolling programme. These training sessions had been evaluated positively by staff attending.

**Our judgement**

People are able to make choices and have their say regarding their care and treatment. Staff treat people with respect and ensure their dignity is maintained. The current arrangements on the Women's Health Unit do not allow people sufficient privacy and respect for their needs.

# Outcome 2: 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 2: Consent to care and treatment

### Our findings

**What people who use the service experienced and told us**  
The people we spoke with who had been admitted for planned surgery or other planned procedures all said they had attended a pre-admission outpatient clinic. They said that they had been given sufficient information in this clinic about the procedure and any risks involved and had signed a consent form.  
Most people we spoke with who had been admitted as an emergency said that staff had given them all the information they needed to make an informed choice and to give consent when required. As noted in Outcome 1, one person had been in hospital three days and said that no one had explained about their care and treatment, and they had not been involved in decisions.  
We saw written information in some care records that demonstrated people had consented to care and treatment, although this was not seen in all of the records we looked at. We saw completed consent forms in the records of children admitted for surgery and saw that these had been signed by a parent.  
In the surveys and other information we looked at people said they had sufficient information to give valid consent to the care and treatment they received.

**Other evidence**

The staff we spoke with were clear about how and when people should give consent to the care and treatment received. They told us that they usually have time to answer questions if people have any when they get onto the wards, but this can depend on staff workload and what time the person comes in for surgery. Staff said they find that people are usually well prepared by the time they come onto the wards, for example, they will have seen specialist staff such as a stoma nurse. Staff told us that consent forms were used for invasive procedures, such as surgery. Staff said that verbal consent was used for non-invasive procedures and that a note was made if the person refused consent.

Staff told us that they use a pre-operative checklist for each person requiring surgery or invasive procedures, and it was part of the checklist to ask if the person still wanted to go ahead with the surgery or procedure. Staff said people were mostly looking for some kind of reassurance at that stage.

The staff we spoke with had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff told us that deprivation of liberty issues were dealt with by the hospital's patient safety team. Some staff said they had not received recent, specific training about this.

We asked the provider for further information about staff training about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. They told us that new starters received this training as part of their induction and existing staff as part of a rolling programme of training. The provider told us that 73% of staff were up to date with mandatory training, which included the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

### **Our judgement**

There are effective systems in place to ensure that people give valid consent to the care and treatment they receive.

# Outcome 4: 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 4: Care and welfare of people who use services

### Our findings

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

Most people told us they had been involved in the assessment of their needs, both in the outpatients clinics and on admission to the wards. People told us that staff explained the plan of treatment and they had the opportunity to ask questions. One person told us they had not been involved in any aspect of planning their care. Not all of the care plans we looked at had been signed by the person, or their representative. This is good practice to confirm the person’s involvement in planning their care.

Some people told us they had looked at their care records though most people said they had not. One person told us they thought they would not understand the care records and said the nurses explained everything anyway. One person said they had not been told whether or not they could look at their care records. We saw a sign on each bed indicating that the care records were for staff attention only. This may deter people from looking at their records or from asking staff to explain their records.

People we spoke with were generally happy with the care and support they received. They told us “I’ve been well looked after”, and said the staff were “so kind” “they do everything willingly and cheerfully”. One person told us they appreciated the helpfulness and straightforward approach of the stoma nurse so the person now knew how to manage their stoma care independently.

Three people on one ward we visited expressed concern that there was very little on

the ward to occupy their time. Several people told us they did not use their bedside television as this was expensive.

In the surveys and other information we looked at people said they usually received appropriate care to meet their needs.

Across the wards we visited, we found that people's care plans were not completed to a consistent standard. The assessments and care plans we saw were based around the activities of daily living and were pre-printed standard plans that could be individualised according to the person's needs. On one ward the activities of daily living assessment for one person provided a detailed picture of their needs and the level of support they required, including their personal preferences on how this was to be given. Another person on the same ward who was more independent had limited information as most areas of the assessment had not been completed. In the birth centre at Chesterfield Royal Hospital there were detailed assessments for women, and their records demonstrated that the care and treatment throughout their pregnancy was monitored to ensure individualised care was provided.

On one ward we saw that information added by staff to the care plans we reviewed was very brief and did not reflect the person's individual needs and preferences. For example, for one person who had a catheter in place, staff had simply added the word 'catheter' to the standard care plan with no details of the person's preferences for how the catheter should be managed.

We found that care plans did not always have sufficient details of the person's needs. One example of this was a person who told us they had been on the ward since the end of February and had recently had a shower and their hair washed for the first time. We saw that this person's care records did not have sufficient details about their personal hygiene needs. The care plan stated that the person required a bed bath and the care records said the person had received a bed bath but did not give the reason for this. There was no reference to the person receiving or being offered a regular shower or bath. Another example was a person who did not have an assessment or care plan about their risk of falling, despite their assessment on admission noting a left-sided weakness and difficulty in standing. Another person had large areas of bruising to their arms and a large dried ulcerated area to their leg. The person said they did not know what had caused the bruising. Their care records stated that the ulcerated area to the leg had been caused prior to admission. There was no reference to how this area should be re-assessed or to the person having any bruising to their skin.

### **Other evidence**

We found that the nursing notes, written at least once a day for each person, were more detailed and up to date than the care plans. Staff we spoke with said they had details of the person's current needs through reading the nursing notes and through written and verbal information received at each shift handover.

### **Our judgement**

People's needs are met, but their care plans and assessments do not always have sufficient detail to ensure that people receive appropriate care and treatment with a personalised approach.

# Outcome 5: 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

**There are minor concerns** with outcome 5: Meeting nutritional needs

### Our findings

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

The people we spoke with had mixed views about the quality, choice and appearance of the food provided. Some people said the food was good whilst others said that the food did not meet their needs and preferences. One person was pleased with the choice available for their gluten free diet. Other people said the food was tasteless and could be better presented. One person said “it all tastes the same” and another commented that the food was “abysmal”.

People told us they were offered a choice of hot drinks throughout the day and always had a jug of fresh water available to maintain hydration.

We observed lunch time on four of the wards we visited. We saw that the protected meal times policy was followed. A protected meal times policy ensures that there are no unnecessary interruptions to the meal, for example, if people need to have blood taken for tests this should be done at other times.

We saw that there were sufficient staff available to assist people with their meals and observed appropriate and sensitive assistance given where needed. Staff told us that people who needed assistance with eating or drinking were highlighted on the printed handover information they received at the beginning of each shift. Meals were served promptly and the main course and dessert were served separately, although on one ward the dessert was served so quickly that people were still eating their main meal.

On one ward, the presentation of the main meal served to a person who required a pureed diet did not look appetising and was not well presented. We found that there

was a limited choice and variety of foods for people who required pureed, soft or mashable meals. This meant that people were offered very similar meals at lunch and tea time.

We found that people were assessed on admission using the Malnutrition Universal Screening Tool (MUST). This helps identify people who are malnourished and / or at risk of not having adequate nutrition. We saw that where risks were identified, the person's food and fluid intake was monitored and their nutritional risk was regularly re-assessed.

We saw that people's weight was recorded as part of their nutritional assessment and was monitored during their stay. One person was seen by the dietician who requested weekly weights as the person had lost weight since admission, but there was no record showing weekly weights. Staff said this person was difficult to weigh because of their lack of mobility. Another person was admitted to a medical ward in February and had not been weighed. Staff had recorded that they were unable to weigh the person because of their leg amputation. Staff had not considered alternative ways of assessing the weight of these two people. This could lead to inaccurate assessment of the person's nutritional state and so their needs may not be properly met.

We found some gaps in care plans regarding meeting people's nutritional needs. This could result in people not having their dietary needs met. For example, one person had been receiving parenteral nutrition until two days before our visit when they had started eating normally again – their care plan had not been updated with this change, although the nursing notes did reflect the change in their needs. Another person was seen by the dietician and was to have diet supplements - this was not recorded in their care plan, but was noted in the daily nursing records.

### **Other evidence**

The 2010 findings from the Patient Environment Action Team (PEAT) inspections rated Chesterfield Royal Hospital as 'good' with regard to the food provided. The PEAT inspections are self-assessments managed by the National Patient Safety Agency that check non-clinical aspects of patient experience.

In the surveys and other information we looked at people said they were usually offered a choice of food. In the adult inpatient survey carried out in 2010 people rated the hospital food in the worst 20% of similar trusts. The provider told us they were considering ways of improving the choice and quality of food offered to people. In the 2010 adult inpatient survey people said that they did not always get enough help from staff to eat meals. However, on the wards we visited, we found that people did have enough help with eating meals.

### **Our judgement**

People are provided with and supported to have adequate food and drink. Not all people consider that the food provided meets their preferences. There is limited choice for people who require pureed, soft or mashable meals.

# Outcome 6: 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

**There are minor concerns** with outcome 6: Cooperating with other providers

### Our findings

**What people who use the service experienced and told us**  
We spoke with some people who were about to be discharged from hospital. They were all aware of their discharge procedure and of any follow-up appointments arranged. One person told us they were pleased that the stoma care nurse would be visiting them at home to provide help and support.  
On one ward we visited, one person's discharge had been delayed following a review by medical staff. The person was due to return to the care home where they lived. We heard a nurse telephone the person's relative and the care home to inform them of the changes to the discharge arrangements and the reason for this.  
In the surveys and other information we looked at people usually felt they were given sufficient information when they were discharged from hospital.

**Other evidence**  
We saw leaflets on the wards about the range of conditions treated and found the same information was available through the hospital's website. The information included details of how people could access other available services, for example, local groups for conditions such as multiple sclerosis, diabetes, and Parkinson's disease.  
From meetings we had attended with hospital staff and Derbyshire County Council Adult Care we saw that there were processes in place to ensure that relevant information about people was shared between services. We found some instances

where these processes had not been effective when people were moving between care homes and the hospital.

We saw a report from 2010 by Derbyshire Local Involvement Network (LINK) about the poor experience of some people when being discharged from the hospital to care homes. We asked the provider what action they had taken to address the issues raised in the report. The provider sent us a copy of their letter dated 15 December 2010 in response to the Derbyshire LINK report giving details of action they said they had already taken. This included changes to nursing documentation, introduction of a discharge pathway to ensure timely and appropriate discharge planning, and improved quality of information regarding care and treatment received, discharge medication and follow-up arrangements. The provider said that they were aware that further work was needed to improve communication between hospital and care home staff.

We had information from Derbyshire County Primary Care Trust (PCT) in June 2011 about discharges from the hospital to care homes since January 2011. The PCT had asked care homes to send in forms with details of any problems with discharge of people from the hospital. Seven forms had been received. The problems described were mainly about poor communication and lack of relevant information. There were also instances of inadequate provision of medication and people being discharged inappropriately dressed.

We spoke with the managers from four local care homes about their experience when people were admitted to the hospital from the care home and also when they were assessing people for admission to the care home. Two managers said they had no problems with assessing people on the wards and found the staff helpful. They said they usually had all the relevant information when people were discharged from the hospital to the care home. One of these managers said that occasionally people had returned from the hospital in unsuitable clothing or looking unkempt. Two managers said they sometimes had difficulty in assessing people at the hospital as staff did not always have time to discuss the person's needs with them. They said they had experienced people being discharged to the care home without all the relevant information and without sufficient medication. Two managers said they thought communication between hospital and care home staff had improved recently.

The information from the PCT and from the care home managers indicates that people from care homes do not always experience coordinated care when they move between services.

### **Our judgement**

There are systems in place to ensure that people have safe and coordinated care when they move between services. These systems are not always effective when people are moving between care homes and the hospital.

# Outcome 7: 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 7: Safeguarding people who use services from abuse

### Our findings

**What people who use the service experienced and told us**  
People we spoke with told us they were confident that staff would listen to them and address any concerns they had.

**Other evidence**  
The information we held about the provider prior to our visit showed there was a low risk that they were not meeting this outcome. The information indicated that the provider reported incidents as required, and the delay in reporting was better than average when compared with similar trusts.

We found that the provider managed allegations of abuse appropriately by following agreed multi-agency procedures. There was a patient safety team based in the hospital who dealt with all adverse incidents, including any allegations of abuse or neglect. We saw that investigations of incidents were carried out and the results analysed. We saw action plans from recent investigations giving details of action to be taken to reduce the risk of re-occurrence. There was a safeguarding adults group who met regularly and whose membership included Derbyshire County Council Adult Care services staff. This group discussed all allegations of abuse involving the Trust and looked at what lessons could be learned.

We asked the provider for information about staff training in safeguarding vulnerable adults. The provider told us that 73% of staff were up to date with mandatory

training, which included training in safeguarding vulnerable adults. Staff we spoke with had an understanding of safeguarding procedures and were aware of who they should report allegations of abuse to.

**Our judgement**

People who use the hospital are protected from abuse, and the risk of abuse, by staff awareness and the systems in place.

# Outcome 8: 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 8: Cleanliness and infection control

### Our findings

**What people who use the service experienced and told us**  
People told us that maintaining cleanliness and hygiene appeared to be a high priority on the wards. They said “They are in my room every couple of hours mopping and cleaning, this room is spotless”, “the cleaning routine is extremely thorough”, and “staff are always washing their hands”.  
Most people told us the staff had not specifically told them what precautions they or their visitors should take to protect them from the risks of infection. People said they had seen posters about hand washing around the hospital and they used the hand gel provided.  
In the surveys and other information we looked at people said they were protected against the risk of infection and the premises were maintained to appropriate levels of cleanliness.

**Other evidence**  
We observed staff using disposable aprons and gloves appropriately and disposing correctly of clinical waste, including needles. We observed that the wards we visited appeared clean. On the new wards we visited we saw that the sluice rooms were designed for good infection control. There was an in and out system, from dirty to clean, in the sluice room which ensured that soiled items did not come into contact with clean ones. We saw that when commodes were cleaned and ready for use, a tag was attached to show this and to ensure that only clean equipment was used.  
On one of the older wards visited, we saw that the sluice room was clean, though there was limited storage and no designated clean and dirty areas. The provider told

us there were plans to upgrade the sluice rooms on the older wards to the same standard as those on the newer wards.

Staff told us about some of the systems in place, such as infection control audits, and people with an infection being cared for in a single room. Staff told us they had training about infection control every year.

We saw information on posters around the hospital and on the provider's website for people using the hospital, visitors and staff about the prevention and control of infection. The provider had a campaign called "Save lives, clean hands" which was promoted on the website and in the hospital.

The provider had notified incidents about the control of infection to CQC as required. For example, they had told us about the closure of a ward due to Norovirus and the action they had taken to prevent this infection spreading.

We asked the provider to send us written information about how they were complying with regulations. The provider told us they had an 'in-house' infection prevention and control team and systems in place to manage and monitor the prevention and control of infection. The infection prevention and control team reported to senior managers and to the board of governors.

The systems in place included monthly audits of hand hygiene, staff appearance and infection control practice. Cleanliness audits were carried out and the frequency of these was based on the level of risk in each area of the hospital. We asked the provider for the results of the latest cleanliness and infection control audits they had carried out for the wards we visited during our inspection visit. The results for May 2011 showed high scores for the criteria checked: hand hygiene, staff appearance, commode cleanliness, infection prevention and control practice.

The provider told us that all staff had training about infection control and hand hygiene as part of their induction and also as part of their annual training.

### **Our judgement**

People are protected by the effective systems in place to prevent, detect and control the spread of infection.

# Outcome 9: 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 9: Management of medicines

### Our findings

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

People told us they received their prescribed medication at the time they expected it. They said that medication brought in from home was stored securely in a locked bedside cabinet. One person told us they would require a number of injections when they went home. They said nursing staff had shown them how to administer the injections and explained why these had been prescribed.

People told us they had received pain relief medication when they needed it. A child said they told the nurse if they were in pain and they were given medicine straightaway.

Two people we spoke with who were ready to go home said their medication had been ordered to ensure it was ready and would not delay their discharge. They said that the purpose and use of the medication had been explained to them.

In the surveys and other information we looked at people said they were usually given enough information about their medicines.

**Other evidence**

The information we held about the provider prior to our visit showed there was a low risk that they were not meeting this outcome. The provider had notified CQC as required of incidents involving medicines with details of the action taken. For example, an incident where two doses of a medicine were omitted without any

recorded reason. Staff involved were briefed on the correct action to take. We saw that there was an electronic system in place for administration of medication which provided a robust audit trail and reduced the risk of medication errors.

We saw from the website that people were encouraged to bring in their own medicines from home and to carry on managing their own medicines where appropriate. There was information about how medicines would be stored securely and would be checked by the hospital pharmacists to ensure they were safe and appropriate to use.

**Our judgement**

People have their medicines when they need them and have sufficient information to understand the purpose of the 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**  
People on the new wards said they were pleased with the facilities such as the spacious bays and the toilets and shower rooms in each bay.  
The surveys and other information we looked at indicated that people thought the premises were safe and accessible for people using the service. There was one comment that the main reception desk was too high for people in wheelchairs. We saw when we visited that there was a part of the main reception desk that was at a suitable height for people using wheelchairs.

**Other evidence**  
We saw that the new wards were designed with people's privacy and dignity in mind, and also were of a good design for the prevention and control of infection. The provider told us there were plans to upgrade the sluice areas on the older wards in line with the standards provided on the new wards. Staff in the Women's Health Unit told us that it had been identified that the premises were not altogether suitable for the range of services currently provided. Funding to refurbish and upgrade the current premises had been put back to next year. The provider told us that funding had been agreed to complete this work sometime next year.

The 2010 findings from the Patient Environment Action Team (PEAT) inspections rated Chesterfield Royal Hospital as 'good' with regard to the facilities provided. The PEAT inspections are self-assessments managed by the National Patient Safety Agency that check non-clinical aspects of patient experience.

We asked the provider for information on how they would manage events such as fire, flood, electricity failure, and failure of computer systems. The information supplied by the provider showed they had comprehensive policies and procedures to deal with all foreseeable emergencies or interruptions to their service. The information included the provider's policies and arrangements for ensuring security, such as having a 24 hour security team, all staff wearing identification badges, and coded locks to some areas of the hospital to prevent unauthorised entry.

**Our judgement**

People receive care and treatment in safe and accessible surroundings.

# Outcome 11: Safety, availability and suitability of equipment

## What the outcome says

This is what people should expect.

- People who use services and people who work in or visit the premises:
- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
  - Benefit from equipment that is comfortable and meets their needs.

## What we found

<b>Our judgement</b>
<b>The provider is compliant</b> with outcome 11: Safety, availability and suitability of equipment.

<b>Our findings</b>
<p><b>What people who use the service experienced and told us</b></p> <p>One person told us they were confident the staff knew how to use equipment needed to provide parenteral nutrition. Discussions with staff and our observations showed that there was sufficient equipment available to meet peoples needs.</p> <p><b>Other evidence</b></p> <p>Staff told us there was a maintenance programme in place and that equipment was usually kept in a good state of repair. Staff we spoke with were aware of how to report any faulty equipment.</p> <p>Staff on one ward commented that there was sometimes a delay in obtaining certain items of equipment that were shared between two wards. Staff on another ward told us there were delays in receiving items of equipment that had been sent for sterilising.</p> <p>We saw the electronic ‘whiteboards’ in use on the wards we visited. Staff were positive about these as they could use them to quickly access important information about people on the ward. Staff told us they liked the shift handover sheets printed directly from the ‘whiteboards’ with all relevant information about each person.</p>

**Our judgement**

Equipment to meet people's needs is available, properly maintained and used correctly and safely.

# Outcome 12: Requirements relating to 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 staff who are fit, appropriately qualified and are physically and mentally able to do their job.

## What we found

### Our judgement

**The provider is compliant** with outcome 12: Requirements relating to workers

### Our findings

**What people who use the service experienced and told us**  
The surveys we saw of adult inpatients at the hospital indicated that people had confidence in the doctors and nurses caring for them.

**Other evidence**  
We asked the provider to send us written information about how they were complying with regulations. The provider told us they had “effective recruitment processes in place that adhere to legislative requirements and which ensure the effective checking and recording of information.” The provider gave us details of how they ensured that staff employed had the right qualifications, skills and experience, and were physically and mentally able to carry out their role. The provider told us they had relevant policies in place regarding recruitment of staff, they carried out audits to show these were being followed in practice, and they listened to feedback from people using the hospital.

**Our judgement**  
People are protected by the provider’s recruitment practices and their needs are met by staff that are appropriately qualified and fit to carry out their job roles.

# Outcome 13: Staffing

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

## What we found

### Our judgement

**The provider is compliant** with outcome 13: Staffing

### Our findings

**What people who use the service experienced and told us**  
Most people told us there were enough staff available to meet their needs. They said “there’s always staff around when I need them” and “they’re always coming to check I’m ok”. Two people on one ward said that they sometimes had to wait for assistance as there were not always enough staff around.  
In the surveys and other information we looked at people said there were usually enough staff available to meet people’s needs, although there were a few comments that there were insufficient staff.

**Other evidence**  
Staff on six of the seven wards we visited said there were usually enough staff available to meet people’s needs. On one ward staff said the ward was constantly full and that most people admitted needed a lot of care and support. Our findings from our visit to the ward confirmed this. Staff said they felt that additional staff support was required at certain times. Staff said they found the housekeeper’s role beneficial and they missed this support at weekends. The ward managers told us they had put a case together to support the need for additional staffing hours which was being considered by the provider.

**Our judgement**  
There are generally sufficient staff available to ensure people’s needs are met.

# 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**  
People told us they were confident that the staff team had the knowledge and skills required to meet their needs.

**Other evidence**  
We asked the provider to send us written information about how they were complying with regulations. The provider told us that “All staff are required to attend a comprehensive corporate induction process in addition to the local induction programme for their own work area.” The provider said that staff discuss their training needs and complete a personal development plan during their annual appraisal.

A new member of staff told us they had a two week corporate induction and then worked on the ward supernumerary alongside an experienced healthcare assistant. Staff told us they attended a two day annual training programme that covered all the required mandatory training – such as manual handling and protection of children and vulnerable adults. Staff said they could also usually access additional training if they wanted to, for example, one member of staff had attended a course about tracheotomy and another had attended training about tissue viability. Most staff told us they felt they received sufficient training. One member of staff said they had limited development opportunities. They were unable to complete a National Vocational Qualification (NVQ) at level 3 unless they held a practitioner’s post. As there was only one practitioner’s post on the ward, this opportunity was unlikely.

This member of staff and other staff on the same ward said there were times when they were unable to attend planned training due to staffing pressures on the ward. Staff at the birth centre at Chesterfield Royal Hospital and at the Darley Birth Centre told us they were provided with study days and specialist training updates. They also had regular 'skills drills' to practise their skills and knowledge, for example, in neonatal resuscitation.

Staff on one ward told us that the range of services provided had highlighted the need for training to develop staff knowledge and skills. Staff said that training and support had been put in place which they found beneficial. They said they also worked alongside more experienced staff to further their knowledge and skills.

The staff survey we looked at indicated that although 78% of staff had received an appraisal in the last 12 months, only 25% of staff said the appraisals were well structured.

The provider told us "Formal supervision processes are in place for a range of clinical staff groups in particular staff working with children, midwives and therapists. Junior doctors have an identified supervisor during their placement. Other staff receive informal supervision through the line management process, and they can request formal supervision via their line manager."

Staff told us they had an appraisal every year where they discussed their training needs. Staff said there was no formal system of regular supervision sessions, though they could talk through any issues with their line manager on an informal basis.

The staff survey scores for staff feeling well supported by their immediate managers and for staff job satisfaction were in the worst 20% of similar trusts. 30% of staff said they were suffering work related stress which was worse than the average for similar trusts.

Staff told us they felt they received a good level of support from the ward managers. Staff said that regular team meetings were held where they could share information and express their views. We saw evidence of this in records of recent staff meetings.

Some staff told us that due to work pressures and recent changes to their terms and conditions of employment they felt that morale was low.

We saw information on the hospital website and in the local press about a scheme to publicly recognise and reward staff for outstanding contribution and commitment.

### **Our judgement**

Sufficient training is provided to ensure that people's health and welfare needs are met by competent staff. Staff are supported by their line managers, annual appraisals and regular team meetings. Formal arrangements are not in place to ensure that all staff receive appropriate supervision.

# 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**  
Some people we spoke with said they had looked at the hospital’s website and were aware of how to make comments if they needed to. Some people said they had completed surveys after previous admissions, giving their views on the service provided.  
The surveys and other information we looked at indicated that people were usually satisfied with the quality of care provided.

**Other evidence**  
We asked the provider to send us written information about how they were complying with regulations. The provider told us they had a range of systems in place to monitor the quality of the services they provided. These systems included patient and public involvement projects, clinical audits, and audit and analysis of incident reports. The provider had developed a Feedback Learning and Improvement Programme which they said “brings together audit results, patient experience, incidents and complaints data, training attendance and contextual information to give an overview of performance.”  
The provider told us there were two areas where they needed to take action to ensure full compliance with this regulation. The provider said they needed to

increase involvement of people's relatives in discussion and decisions about whether resuscitation should be attempted. Also, that there needed to be improved adherence to a policy about consent to imaging. The provider told us they would make the necessary improvements by September 2011 and provided details of how this would be achieved.

We saw from the minutes of meetings of the board of governors that the governors received reports about the monitoring of quality of services provided and the action taken to make improvements.

The surveys we looked at indicated that most staff felt their role made a difference to patients. Just over half the staff who responded said they were able to contribute towards improvements at work.

Staff we spoke with confirmed that they could bring up ideas for improvements at team meetings. One member of staff told us they felt their ideas were listened to and sometimes acted on, depending on budget and other constraints.

The provider told us they identify, monitor and manage risks to people who use, work in, or visit the hospital. They said "Incidents, complaints and claims are all reviewed to identify any changes in practice required, or issues that can be used for educational purposes to minimise the risk of recurrence. Complaints are reviewed at directorate clinical governance groups and actions updated."

### **Our judgement**

People benefit from safe, quality care, treatment and support because there are effective systems in place 'from ward to board' that monitor the quality of the service provided.

# 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**  
Some people told us they had looked at the hospital’s website and were aware of the complaints procedure. One person told us they would complain directly to staff on the ward if necessary, and parents of children admitted to the hospital also said this. They all had confidence in the staff to listen to them and address any concerns. One parent spoken with was not aware of the hospital’s Advice Centre or of the complaints procedure.

**Other evidence**  
We asked the provider to send us written information about how they were complying with regulations. The provider told us they considered they were compliant with this regulation. They told us they have an Advice Centre in the main entrance area of the hospital. They said “The complaints system is effective and robust and operates through the Advice Centre.” The provider said the complaints system was easily available and well publicised throughout the hospital and on the Trust’s website. The Advice Centre was also promoted through the Trust’s ‘Facebook’ and ‘You Tube’ profiles.  
The provider told us they have interpreter services available for people who wish to complain who do not have English as their first language or who use sign language. We saw from the minutes of the meetings of the board of governors and the Patient

and Public Involvement Committee that they saw reports from the Advice Centre about complaints received.

We saw posters and leaflets about the complaints procedure on the wards and in other public areas of the hospital.

**Our judgement**

There are systems in place so that people are sure their complaints are listened to and appropriately acted on.

# 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 saw that records containing confidential information about people were stored securely on the wards. The electronic ‘white boards’ in use were sited away from public view so the information could only be seen by nursing and medical staff. The ‘white board’ on the children’s ward was sited on a corridor in public view, but the information on view was restricted. Staff told us the information on view was useful for parents.  
Staff on one ward told us that care records currently in use were not altogether appropriate for the services provided. New care records had been drafted for people requiring day surgery. The manager said that staff would be given the opportunity to trial and comment on these before they were presented to senior managers for approval. The manager said that the new records reduced the duplication of information and included triggers to prevent people from having to undergo excessive tests.

**Other evidence**  
As noted in Outcome 4, we found that care plans were generally brief and did not provide a clear and accurate record of how people’s needs were being met.  
We found that not all care plans were updated following changes to a patient’s care

and treatment. For example one person's care plan stated they may need assistance with personal care due to shortness of breath. This person told us they were no longer short of breath, though did need assistance as they were unable to weight bear following surgery to their leg. For another person their care plan said that they used a rotunda to help them to move between a chair or bed and wheelchair. However, a recent assessment said the person now needed a hoist for all transfers and the daily nursing notes showed that the hoist was being used.

**Our judgement**

Records with personal information about people are kept securely and remain confidential. Not all care records are up to date or have sufficiently detailed information to ensure people receive appropriate care and treatment.

## Action

we have asked the provider to take

### 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.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury Surgical procedures Diagnostic or screening procedures Maternity and midwifery services Termination of pregnancies	17	1: Respecting and involving people who use services
	<p><b>Why we have concerns:</b> People are able to make choices and have their say regarding their care and treatment. Staff treat people with respect and ensure their dignity is maintained. The current arrangements on the Women's Health Unit do not allow people sufficient privacy and respect for their needs.</p>	
Treatment of disease, disorder or injury Surgical procedures Diagnostic or screening procedures Maternity and midwifery services Termination of pregnancies	9	4: Care and welfare of people who use services
	<p><b>Why we have concerns:</b> People's needs are met, but their care plans and assessments do not always have sufficient detail to ensure that people receive appropriate care and treatment with a personalised approach.</p>	
Treatment of disease, disorder or injury Surgical procedures Diagnostic or screening procedures Maternity and midwifery services Termination of pregnancies	14	5: Meeting nutritional needs
	<p><b>Why we have concerns:</b> People are provided with and supported to have adequate food and drink. Not all people consider that the food provided meets their preferences. There is limited choice for people who require pureed, soft or mashable meals.</p>	

Treatment of disease, disorder or injury Surgical procedures Diagnostic or screening procedures Maternity and midwifery services Termination of pregnancies	24	6: Cooperating with other providers
	<b>Why we have concerns:</b> There are systems in place to ensure that people have safe and coordinated care when they move between services. These systems are not always effective when people are moving between care homes and the hospital.	
Treatment of disease, disorder or injury Surgical procedures Diagnostic or screening procedures Maternity and midwifery services Termination of pregnancies	23	14: Supporting workers
	<b>Why we have concerns:</b> Sufficient training is provided to ensure that people's health and welfare needs are met by competent staff. Staff are supported by their line managers, annual appraisals and regular team meetings. Formal arrangements are not in place to ensure that all staff receive appropriate supervision.	
Treatment of disease, disorder or injury Surgical procedures Diagnostic or screening procedures Maternity and midwifery services Termination of pregnancies	20	21: Records
	<b>Why we have concerns:</b> Records with personal information about people are kept securely and remain confidential. Not all care records are up to date or have sufficiently detailed information to ensure people receive appropriate care and treatment.	

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 within 28 days of this report being received.

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

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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