

Review of compliance

**Cambridge University Hospitals NHS Foundation Trust
Addenbrooke's and the Rosie Maternity Hospitals**

Region:	East
Location address:	Hills Road, Cambridge CB2 0QQ
Type of service:	Acute Hospital Services
Publication date:	October 2011
Overview of the service:	Addenbrooke's Hospital is a large teaching hospital with many specialist departments and over 1000 beds. It is the main location for Cambridge University Hospitals NHS Foundation Trust.

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

What we found overall

We found that Addenbrooke's and The Rosie Maternity Hospitals were not meeting one or more essential standards. Improvements were needed.

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, carried out a visit on 29 June 2011, observed how people were being cared for, talked with people who use services, talked with staff, checked the provider's records, and looked at records of people who use services.

What people told us

During our visit to Addenbrooke's and the Rosie Maternity Hospitals people told us they were very satisfied with the care and treatment they had received. People who required surgery or a diagnostic test were given a full explanation of the procedure and felt they had given their informed consent.

The people that we spoke with told us they had no need to make a complaint about their care experience, but knew how to make a complaint should they feel it were necessary.

One person told us, "Staff here are fantastic, gold star, they are always helpful and explain what's happening".

People that we spoke with were not aware of how to raise any concerns about abuse or safeguarding issues and had not seen any information about the hospitals procedures to support them.

What we found about the standards we reviewed and how well Addenbrooke's and the Rosie Maternity Hospitals were meeting them

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

The trust has suitable arrangements in place for obtaining consent from people who require care and treatment from the service. The trust's own internal audit enables them to identify improvements to ensure that compliance is consistently maintained.

- Overall, we found that Addenbrooke's and the Rosie Hospitals were meeting this essential standard.

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

In the departments reviewed the trust does not always ensure that care plans are implemented to meet the needs of the individual. When risks are identified, it is not always clear how these are being managed or reviewed.

- Overall, we found that improvements were needed for this essential standard.

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

The trust is compliant but to maintain this they must fulfil the action plan put in place following a recent incident to improve outcomes for people who require care and treatment from the mental health trust.

Overall, we found that Addenbrooke's and the Rosie Hospitals were 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

There are clear arrangements for managing safeguarding concerns known to staff but people who use the service are not aware of the procedures that are in place to protect them from harm.

- Overall, we found that improvements were needed for this essential standard.

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

The management and arrangements for the safe storage, recording and administration of medicines protects people from the risk of receiving unsafe or incorrect medicines.

- Overall, we found that Addenbrooke's and the Rosie Hospitals were meeting this essential standard.

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

People who use the services of the hospital are not at risk from the use of unsafe or unsuitable equipment. The hospital has a good system to manage the reporting and replacement of any unsuitable equipment and are compliant with the regulation.

- Overall, we found that Addenbrooke's and the Rosie Hospitals were meeting this essential standard.

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

The trust has used and applied learning from incidents and audits to ensure that services improve for people who use some of the services and are compliant with this regulation.

- Overall, we found that Addenbrooke's and the Rosie Hospitals were meeting this essential standard.

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

People who use the service know how to make a complaint. The trust has clear procedures, followed in practice to ensure matters are investigated and learning takes place.

- Overall, we found that Addenbrooke's and the Rosie Hospitals were meeting this essential standard.

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

We found that the trust does not always maintain accurate care records to ensure that staff are able to meet each persons' needs.

- Overall, we found that improvements were needed for this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 21 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.

Other information

In a previous review, we suggested that some improvements were made for the following essential standards:

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

- Overall, we found that Addenbrooke's Hospital is meeting this essential standard but, to maintain this, we suggested that some improvements are made.

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

- Overall, we found that Addenbrooke's Hospital is meeting this essential standard but, to maintain this, we suggested that some improvements are made.

Please see previous review reports for more information.

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 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
We spoke with people on three wards who told us they had agreed to their care and treatment. People who had been given surgical treatments confirmed that they had signed consent forms and that the process had been fully explained to them including the risks and benefits of the procedure. We checked their records and found that consent forms had been fully completed by the doctor and signed by the person receiving the treatment.

One person said that this was done in a “compassionate” way and felt that they were treated as an individual.

Other evidence
The trust has procedures and guidelines in place to ensure that people’s consent is obtained before they are treated. We saw evidence in care records that the formal consent process had been followed for people who had been treated for an

investigation or surgical procedure.

One set of care records that we reviewed indicated that staff sought the consent of that person before they delivered treatment and care, including methods to introduce feeding by artificial means and for physiotherapy treatments. The records demonstrated that the person's right to decline proposed and ongoing treatments, were respected, including their end of life wishes and underpinned by the best interest of the person.

We spoke with three members of the nursing staff who confirmed that they had received consent training during their induction and were aware of the different types of consent eg; regarding capacity, best interests and those under 16 years of age. Nurses are not responsible or involved in the signing of consent documents unless consent has been delegated to them, but they do check that all consent forms have been appropriately signed by a doctor and the person and/or their representative before the person receives the agreed treatment.

One person told us they were concerned about an event that had happened to them on the ward within the last few days. The person said that they had been asked to sign a document by a nurse who was rather abrupt in manner. No reason or explanation of what it was for, had been given to the person who felt under pressure and signed it without understanding what it was for. We looked at the persons records and the incident was not recorded. With the persons' permission, we raised the concern with the nurse in charge of the ward. By the end of our visit the senior clinical nurse had investigated the concerns and discovered there was a legitimate reason for signing the form (an insurance form) and she had given an explanation to the person concerned. This incident raises issues about improving communication.

The trust supplied us with a copy of the last consent audit completed in 2010. This showed that in the majority of records checked, staff had followed the trusts' consent procedure. Further areas of improvement were identified by the trust and a repeat audit is in progress.

Our judgement

The trust has suitable arrangements in place for obtaining consent from people who require care and treatment from the service. The trusts own internal audit enables them to identify improvements to ensure that compliance is consistently maintained.

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

There are minor concerns
with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
During our visit to Addenbrookes and the Rosie Maternity Hospitals people told us that they were satisfied with their care and treatment. They made positive comments about the quality of their care and treatment and praised staff for their support and assistance.
One person told us, “Staff here are fantastic, gold star, they are always helpful and explain what’s happening”.
Another person said, “Some days there are good staff, other days there are less good staff”.

Other evidence
Care records for two people were reviewed on a post natal ward. Information about the mother and their baby were clearly recorded and updated 24 hours after the birth of the baby. In one of the care files reviewed, the mother’s preference about their discharge home, was recorded and was mindful of the patient’s social circumstances. Staff also informed us that discharge arrangements are tailored to the mother’s social care needs to promote the mother’s sense of well-being.

On a medical ward that we visited, care records that we reviewed showed that risk assessments were in place but care plans to manage the risks were not always in place. For example, one person who was at high risk of pressure ulcers did not have a care plan to guide staff on how to meet the person's needs. Another person's care record indicated that the person was at risk of malnourishment. We checked the record and found there was no care plan in place to ensure that the risk was managed and that the person was receiving safe and appropriate care from informed staff. One person was offered a meal, they declined and were not offered an alternative choice.

Another person's care records showed they had "moderate" pain on admission and were being given strong analgesia. The ongoing assessments of the person's pain levels had been discontinued six days earlier and they had continued to take regular pain medication which had been appropriately recorded. However, the person had continued to experience pain that affected their ability to engage in physiotherapy treatment plans. Care records did not include a plan of care to ensure that the person's pain was being managed effectively.

In one person's care plan there was a 'turn chart' to record when staff changed the person's position as they were confined to bed and unable to do this without help. The record showed that this should happen every four hours. However, in the previous 48 hours the records had only been completed four times.

In one person's records there were some instructions that related to keeping them safe from harm and daily entries about the concerns raised. However there was no clear plan to inform staff about the needs of the person and all the actions that should be taken to ensure that person continued to be protected from harm.

We observed staff assisting people to eat at lunchtime in a supportive and considerate way. However, one member of staff watched a person struggling to manage their meal for a few minutes before approaching the person and giving them help. The member of staff did not communicate effectively with the person to check their preferences or needs.

We visited the Accident & Emergency Department (A&E) and Clinical Decision Unit (CDU) to speak with staff regarding care and support for people with mental health needs. This was in response to a specific incident that had been reported to the National Patient Safety Agency at the beginning of 2011. From the description given of the circumstances of the incident all appropriate measures had been taken by staff at the time. Staff told us about a number of improvements that have been put in place including; a revised risk assessment tool to identify the level of observation a person requires, training for staff in mental health first aid, a jointly funded liaison role between the two trusts based within the department and a joint committee to monitor the quality of the service for this patient group at the trust. These actions and others identified by staff had formed a post incident action plan to improve the care of people with mental health needs who are treated in the accident and emergency department. The trust informed us they are making ongoing progress with these actions.

We had received previous information to indicate that the trust may have inadequate

systems in place to report blood tests and other test results in a timely manner. We spoke with three nurses who said that this had not been a significant problem. The trust also informed us they have a well established working group that focuses on the reporting systems of results and tests completed for people who are receiving care and treatment. The role of the group is to ensure that effective systems are in place and used in a timely way.

Our judgement

In the departments reviewed the trust does not always ensure that care plans are implemented to meet the needs of the individual. When risks are identified, it is not always clear how these are being managed or reviewed.

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

The provider is compliant
with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
People did not make any comments about this outcome.

Other evidence
In this review we assessed how the trust works with other providers in relation to safeguarding for vulnerable adults and emergency care for people with mental health needs.

The hospital is a member of the Cambridgeshire Vulnerable Adults Safeguarding Board. We saw records that showed the trust works co-operatively with all professionals in safeguarding investigations that have been carried out.

Staff told us that the relationship with Cambridge and Peterborough Foundation Trust has strengthened as a result of joint working to learn from a recent incident concerning the care of a patient with mental health needs. A post incident action plan is in progress to address a number of issues including a review of the referral process for people who require assessment by the mental health team. This should

result in improved access to a specialist for those who need to be seen more urgently and better access to mental health beds.

Our judgement

The trust is compliant but to maintain this they must fulfil the post incident action plan to improve outcomes for people who require care and treatment from the mental health trust.

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

There are minor concerns
with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People told us they were not aware of the hospitals procedures to ensure vulnerable people are protected from harm or how to report concerns if they felt at risk of harm or abuse.

Other evidence
The trust has an established process for reporting and monitoring adult safeguarding issues which includes a vulnerable adults safeguarding group. Overall responsibility is with the Chief Nurse and Operating Officer who designates who designates this responsibility to the Deputy Chief Nurse. Both are supported by a nominated non-executive director.

The arrangements for reporting concerns are clear and we found that staff were aware of what they should do and how to make referrals. The trust has supplied evidence that the system is used effectively and any lessons learned are shared and used to improve practice. We reviewed the records of a person who had safeguarding arrangements in place. A member of staff described how they were

keeping that person safe although the persons' plan of care did not contain all of the details. As a result, staff may not have enough information to keep the person safe.

The trust has demonstrated links to the Cambridgeshire County Council safeguarding team and has acted upon the recommendations made by them as a result of safeguarding investigations.

Staff informed us about the processes for safeguarding children and showed they were confident about referring any concerns they may observe, or were aware of. The trust has established networks with other agencies as part of the local safeguarding children arrangements.

We found a lack of any written information about safeguarding for patients and their relatives in any of the adult wards that we visited. There was minimal information about safeguarding children in the maternity ward that we visited.

Our judgement

There are clear arrangements for managing safeguarding concerns known to staff but people who use the service are not aware of the procedures that are in place to protect them from harm.

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 did not make any comments about this outcome.
Other evidence Trust staff informed us that they monitor incidents and errors that relate to controlled drugs in several ways. They have completed specific checks requested by NHS Cambridgeshire and acted upon their findings. The trust is aware of two frequently occurring issues and they have measures in place to improve and reduce the likelihood of further reoccurrences. An additional incident of missing stock was fully investigated and learning has taken place as a result of this.
Additional evidence supplied by the Pharmacy Department indicates that they use other appropriate methods to monitor safe practices in the management of controlled drugs. This enables them to identify any weaknesses in their systems and procedures and take action to further improve safety.
We visited the intensive care unit for children to see how staff manage fluids and

medication required to be given directly into the veins (intravenously) following an incident that had occurred earlier in the year. We found there were clear procedures in place to ensure that babies and children safely received the prescribed amount of fluids and prescribed medication. In two of the children's records reviewed, we found evidence to indicate that checking procedures are used consistently. We also reviewed daily audits of the intravenous treatments that are carried out by a pharmacist. Overall we found that staff take appropriate measures to reduce the risk of medication error.

Our judgement

The management and arrangements for the safe storage, recording and administration of medicines protects people from the risk of receiving unsafe or incorrect medicines. The trust are compliant with this regulation.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

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

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

What we found

Our judgement

The provider is compliant
with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
People did not make any comments about this outcome.

Other evidence
Ward staff told us that they had access to equipment and medical devices that were readily available and in good working order. Staff explained the protocol for reporting any items that could not be used or required repair.

We spoke with hospital managers who described the system they use to ensure that any out dated or faulty equipment is identified and considered for investment in the purchase of new items. This is completed by prioritising items where a failure to replace it could place people receiving care at risk. Final decisions on how to manage spending of the limited funding available for medical equipment is approved through the board of directors.

Our judgement

People who use the services of the hospital are not at risk from the use of unsafe or unsuitable equipment. The hospital has a good system to manage the reporting and replacement of any unsuitable equipment and are compliant with the regulation.

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 did not make any comments about this outcome.

Other evidence
The hospital has strong safeguarding reporting and monitoring processes. The overall responsibility for safeguarding vulnerable adults is with the Chief Nurse and Operating Officer who designates this responsibility to the Deputy Chief Nurse. Both are supported by a nominated non-executive director. They also have a vulnerable adult safeguarding group to scope out best practice. There is a clear line management for these groups who are accountable to the Board of Directors.

Earlier in 2011, the trust reported an incident to us that related to the use of xrays. During correspondence with the trust, we identified that some of the policies used in the management of xrays were out of date and required a review. In response, the trust supplied an action plan detailing how this would be taken forward. The member of staff who is responsible for implementing the actions provided an overview of the progress to implement the action plan. This will be followed up by us again in the future.

Prior to our visit we had received information from specific incidents to indicate that the trust may not have sufficient methods for reporting the results of radiological tests or blood tests in a timely way. We spoke with some members of a Results Working Group who ensure that there are maximum turnaround times for reporting of test results. This is done by escalation of abnormal results and monitoring and reviewing systems and processes used by clinical staff to ensure there are no issues to cause delay.

The trust monitors incidents and errors relating to the use of controlled drugs and has procedures in place to ensure that practice is improved as a result of any learning from these.

As a result of a specific incident at the beginning of 2011 staff told us they are working more closely with the Cambridge and Peterborough Foundation Trust (who provide care for people with mental health needs) to improve the service to people who present at the A&E department with mental health needs. We also saw evidence that this was in place.

We spoke with the manager of the patients' advice and liaison service (PALS) and found the trust has a clear system in place to act on feedback from people who use the service to ensure that quality improvements are made to improve people's care experience.

The trust also told us about their ongoing audit programme for monitoring the consent process and completeness of clinical records. They were able to demonstrate that action plans are in place and are reviewed on an ongoing basis.

Our judgement

The trust has used and applied learning from incidents and audits to ensure that services improve for people who use some of the services and are compliant with this regulation.

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 People told us that they had no complaints or concerns about their care. One person described their hospital care and treatment as “excellent” and made no negative comments. Most people informed us they knew how to complain if the need arose.
Other evidence There are procedures and guidelines in place to ensure that staff actively listen to the comments and complaints made by people using the service. During our visit we observed that information about the patients’ advice and liaison service (PALS) was publicly displayed in areas of the trust. We visited the PALS office and staff demonstrated that there is a system in place to monitor the nature of complaints and which service the concerns or complaints are about. Action is taken by the manager of each service area to ensure that each issue is followed up and any lessons learned are used to improve the quality of care provided. Examples of this are improved training and monitoring of individual staff performance and the review of the skill mix of staff working on one of the maternity wards.

Successful outcomes are actively measured by the trust through the way in which the departments who are effected by the complaint, work together to implement actions and by the subsequent reduced level of concerns or complaints received.

Our judgement

People who use the service know how to make a complaint. The trust has clear procedures, followed in practice to ensure matters are investigated and learning takes place.

The trust are compliant with this regulation.

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
People did not make any comments about this outcome.

Other evidence
We reviewed several care records during our visit. We found that individual care plans did not always include detailed information to guide staff on how to deliver care, treatment and support to meet the person’s individual needs. Completed risk assessments did not always have an associated plan of care in the records to identify how the risks were to be managed. Without this information in care records, people using the service are not fully protected against the risks of unsafe or inappropriate care.

The trust informed us they continuously check that patient’s records are being completed through an ongoing audit programme across all areas of the trust. A report which details the findings during 2010 shows that approximately 80% of the criteria checked in patient records were completed to an acceptable level. One of the listed criteria checked by the trust is ‘treatment plans’ which scored 98% overall.

However it is not clear whether this checks that individuals' needs are reflected in their care plans. Staff told us the results of these checks are sent to the relevant department with an improvement plan.

We reviewed some records of safeguarding referrals and any investigations completed by the trust. The current Cambridgeshire County Council referral form used by the trust, includes space to record the date and time of referral, although this is not explicit on the form. In one person's records there were some instructions that related to keeping them safe from harm and daily entries about the concerns raised. However there was no clear plan to inform staff about the needs of the person and all the actions that should be taken to ensure that person continued to be protected from harm.

Our judgement

We found that the trust does not always maintain accurate care records to ensure that staff are able to meet each persons' needs.

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, Accommodation for persons who require treatment for substance misuse, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures	24	6
	Why we have concerns: The trust is currently compliant but to maintain compliance they need to fulfil the action plan developed following a recent incident to improve outcomes for people who require care and treatment from the mental health trust.	

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 21 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury, Accommodation for persons who require treatment for substance misuse, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures	9	4
	How the regulation is not being met: The trust does not always ensure that care plans are implemented to meet the needs of the individual. When risks are identified, it is not always clear how these are being managed or reviewed.	
Treatment of disease, disorder or injury, Accommodation for persons who require treatment for substance misuse, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures	11	7
	How the regulation is not being met: The trust has clear arrangements for managing safeguarding concerns but people who use the service are not aware of the procedures that are in place to protect them from harm.	
Treatment of disease, disorder or injury, Accommodation for persons who require treatment for substance misuse, Assessment or medical treatment of persons detained under the Mental Health Act 1983, Surgical procedures, Diagnostic or screening procedures	20	21
	How the regulation is not being met: We found that the trust does not always maintain accurate care records to ensure that staff are able to meet each persons' needs.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 21 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

Enforcement action we have taken to protect the welfare and safety of people using this service

The table below shows enforcement action we have taken because the service provider is not meeting the essential standards of quality and safety shown below.

Enforcement action we have taken			
<Enter enforcement action>			
This action has been taken in relation to:			
Regulated activity	Regulation or section of the Act	Outcome	To be met by (if applicable)
<Enter activity>	<Regulation number or Section Act>	<Enter outcome number and title>	DD Month YYYY
	How the regulation or section is not being met:	Registered manager:	
	Copy and paste the 'our judgement' text from the end of the 'our findings' section in each relevant outcome above	Include the name of the registered manager if relevant or put N/A	

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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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