

Review of compliance

Wrightington, Wigan and Leigh NHS Foundation Trust

Region:	North West
Location address:	Royal Albert Edward Infirmary Wigan Lane Wigan WN1 2NN
Type of service:	ACS
Regulated activities provided:	Treatment of disease, disorder and injury Surgical procedures Diagnostics and Screening Procedures Maternity and Midwifery Services Termination of Pregnancy Nursing Care Family Planning
Type of review:	Responsive_Review
Date of site visit (where applicable):	22 nd September 2010

Review of compliance

Name of site(s) visited (where applicable):	Royal Albert Edward Infirmary Wrightington Hospital
Date of publication:	October 2010

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
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Introduction to our 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 that 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. This is called *Guidance about compliance: Essential standards of quality and safety*.

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

When we make our judgements about whether services are meeting essential standards, we will 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, 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 actions	These are actions we take using the criminal and/or civil procedures in the Health and Adult 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.

How this report is presented

On page 5 below, there is a summary that shows whether the essential standards about quality and safety that were checked during this review of compliance are being met. The section on each outcome is set out in this way:

Outcome	Judgement
XX: The outcome number and title	Whether the service provider is compliant, or whether we have minor, moderate or major concerns about their compliance

Following the summary, there is a detailed section on the outcomes for each of the essential standards that we looked at. The evidence that we used when making our judgements for each one is set out in the following way:

<p>Outcome XX (number): Outcome title</p> <p>Details of the outcome, taken from our <i>Guidance about compliance: Essential standards of quality and safety</i>.</p> <p>What we found for the Outcome</p> <p>Our judgement</p> <p>Our judgement about whether the <service/provider> meets the outcome described in the <i>Guidance about compliance: Essential standards of quality and safety</i>, or whether there are minor, moderate, or major concerns in relation to compliance.</p> <p>Our findings</p> <p>A summary of the evidence and findings used to reach our judgement, related to regulated activities as appropriate.</p>

At the end of the report you will find details of:

- Any improvement and/or compliance action(s) that the service provider should make to maintain or achieve compliance with the essential standards of quality and safety.
- Any formal enforcement action that we are taking against the service provider.

Summary of findings for the essential standards of quality and safety

The table below shows the judgement that we reached for each of the essential standard outcomes that we reviewed.

Outcome	Judgement
4: Care and welfare of people who use services	Compliant
16: Assessing and monitoring the quality of service provision	Compliant
17: Complaints	Compliant

Summary of key findings:

- This responsive review of compliance was triggered by a number of concerns raised in regard to patient care by members of the public. This resulted in unannounced visits undertaken on 22nd September 2010 at two locations, registered with the Care Quality Commission, to provide a number of regulated activities. These locations were the Royal Albert Edward Infirmary and Wrightington Hospital.
- In undertaking this review of compliance, we visited three wards at the Royal Albert Edward Infirmary, Ince Ward (Cardiology), Swinley Ward (Surgery) and the Acute Stroke Unit (Shevington Ward) and Wards 5 and 6 at Wrightington Hospital. This was to directly observe care, treatment and support, talk with patients about their current experience of the hospital and speak with the staff who work on these wards. We concluded that patients receive appropriate care as directed within individual care pathways.
- We reviewed the systems implemented to assess and monitor the quality of services provided by the Trust. It was demonstrated that there is an appropriate framework of governance in place that gathers, records and evaluates information about the quality and safety of the care, treatment, support and outcomes of clinical services. We also considered relevant information we hold about the Trust received from various other sources.
- The management of complaints was also reviewed and we concluded that the Trust has procedures, followed in practice, for receiving and managing complaints which are monitored and reviewed as required. Recent changes to these procedures have been implemented, for example, the Medical Director now meets with all complainants, should their complaint not be resolved within three months of instigation. Although staff clearly understood the Trust's complaints procedure and

management of complaints, they do not receive on going training in complaints handling.

- At the Royal Albert Edward Infirmary we found that each ward visited was clean and with the exception of the Stroke Unit, were tidy, with equipment and working areas well organised. The atmosphere on two of the wards was calm and controlled. The Stroke Unit was more disorganised, with a generally cluttered environment. It was acknowledged that staff were very busy and at times looked stressed. It was also noted that this ward has recently undergone organisational changes that has resulted in the joining of two ward areas and is still in a period of transition.
- At Wrightington Hospital, the two wards visited were very clean and well organised. The atmosphere on both was extremely calm, organised and informal, despite patients returning from theatre and staff carrying on the daily routines of care.
- We gained clear assurance that the Chief Executive, Deputy Chief Executive/ Director of Nursing and Performance, Medical Director and Deputy Director of Integrated Governance & Safety had an up to date assessment of the day to day running of the wards visited. They were able to confirm awareness of the minor issues noted within the findings of the Outcomes reviewed and how they were to be addressed.
- We spoke with a total of 14 patients and 13 staff across both locations. Without exception we were informed during discussions with patients, of high levels of satisfaction with the care received. Most staff felt happy with the level and frequency of training available and newly qualified staff felt effectively supported by other colleagues or Ward Managers.

What we found for each essential standard of quality and safety

The section below details the findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

Further detail about each of the outcomes described below can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 4: Care and welfare of people who use services

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

This is because providers who comply with the regulations will:

- Reduce the risk of people receiving unsafe or inappropriate care treatment and support by:
 - assessing the needs of people who use services
 - planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met
 - taking account of published research and guidance
 - making reasonable adjustments to reflect people's needs, values and diversity
 - having arrangements for dealing with foreseeable emergencies.

What we found for Outcome 4

Our judgement

The provider is Compliant with Outcome 4: Care and welfare of people who use services

Our findings

Royal Albert Edward Infirmary

An unannounced visit to the Royal Albert Edward Infirmary was undertaken on 22nd September 2010. A total of three wards were selected by the Team. These comprised of

Ince Ward, Swinley Surgical Ward and the Acute Stroke Unit.

Ince Ward is a cardiology ward and at the time of the visit had a total of 27 patients, with no empty beds. Staff observed were busy but not rushed or stressed. The environment was bright, airy and relaxed. We found that the ward, although full and the staff busy, was functioning well. The staff worked as a team in a professional manner and all areas were clean and well organised. All of the patients were observed to receive appropriate care and attention. Patient records demonstrated that the medical staff had been to see each patient on a daily basis. All treatments, tests and referrals to other departments such as Physiotherapy and Dietician had been actioned. One patient was to be referred to the Tissue Viability Nurse on 19th September but there was no evidence that she had been assessed at the time of the visit. The patient was being nursed on a pressure relieving mattress and a turns chart implemented, however this chart was not consistently completed. The patient was observed to be clean and comfortable, with the mattress in good working order. Other gaps in recording of assessments of falls risks, bed rails and manual handling were noted. However daily records for patients did demonstrate that care was being delivered as directed in individual care pathways, with fluid balance and weight charts completed.

When we spoke with the patients, all expressed a high level of satisfaction with the care received to date. Each confirmed that they had been nursed by the same member of staff for the duration of the shifts worked and for consecutive days of duty. Staff were reported to be attentive, with nothing too much trouble. Each said that when used, nurse call alarms were answered quickly. When agency staff had been on duty, particularly at weekends, they had been pleasant and very competent. Patients also said that staff kept them informed of what was happening and up to date with all aspects of their care.

There are currently two full time registered nurse vacancies within the staffing establishment for the ward. There are two Band 6 nurses, one in an "acting up" capacity, who works opposite shifts and one senior band 7 Ward Manager. Qualified nurses are supported by four nursing auxiliaries and a discharge assistant. It was explained that discharge planning is carried out via an electronic system and includes referrals to Occupational Therapy, this ensures that patients have the necessary assessments carried out for any equipment that may be needed, thus not delaying discharge. Staff who have worked on the ward for some time felt that the organisation of the ward had improved. All auxiliaries confirmed that they are booked on training sessions including manual handling, infection control and tissue viability training.

Swinley is a Colorectal ward on the Surgical unit. The ward is split into 3 bays with 26 beds in total and 3 side rooms. Male and female patients are nursed in segregated bays. The ward was clean and equipment organised well.

On arrival although the ward was very busy with patient admissions, transfers to theatre and discharges, along with a large number of doctors present, the atmosphere was calm and controlled. The ward manager took the role of co-ordinator and trained staff each managed one bay, with the assistance of an auxiliary. Staff are usually deployed in the same bays for their duty rotas so are aware of the patient's conditions, needs and progress. There was clear communication between the nurses, co-ordinator and ward clerk as to changes to patient condition, results of doctor's visits and patient admission and discharge. It was observed that there was a good working relationship between medical, nursing and other healthcare colleagues. Physiotherapists and Occupational Therapist's were in attendance, giving assistance with mobility and preparations for discharge.

An Interpreter engaged for one patient, came to explain the proposed procedure planned and confirmed with the Ward Manager that they would be available to attend to interpret and support the patient during the procedure on the following day.

The staffing establishment currently had only one vacancy for an auxiliary post. The Ward Manager is not supernumerary but normally undertakes the co-ordinator role. She explained there was a small usage of bank staff and when they were used they were mostly the same staff who knew the ward and routines. Examination of the duty rotas confirmed this. Newly qualified staff feel they are well supported via a preceptorship programme. Staff confirmed that they are able to attend mandatory training as required. Patients happily expressed satisfaction with all aspects of care received, with one patient stating she was happy with the care delivery and said it compared favourably with her previous hospital admissions. She was happy with the amount of information provided to her by nursing and medical staff. Patients said that the staff on the ward are very focussed on delivering care and informing patients about what will be happening to them. They were very clear that the care was not only physical but that they supported patients psychologically when they had worrying diagnoses.

Nursing, medical and daily records, including care plans in care pathways were completed thoroughly and gave a good account of the care delivered. Risk assessments had been completed. Records clearly demonstrated that timely referrals to the colorectal team are made, who attend promptly. Recordings each day with plan of action were clearly noted. When requests for tests had been made, it was clear these had been carried out and evaluated by the medical staff.

The Acute Stroke Unit (Shevington Ward) has recently undergone organisational changes, amalgamating two wards, previous a medical ward and a separate rehabilitation ward. It is obviously a ward that is still in transition. The ward was found to be a disorganised and cluttered environment, which did not seem conducive to the rehabilitation of patients who had suffered strokes. The treatment room was untidy and seemed as if the staff had been called away before being able to tidy up thoroughly from the medicines administration round.

It is accepted that is an extremely busy and demanding ward, with patients that require a high level of intervention. Staff reported high levels of sickness and difficulties in getting bank staff to cover absences due to the demanding work involved. The staff reported that although they do feel supported, on the whole morale is low and this has been escalated to Senior Management. Duty rotas indicated that on some days the ward was functioning with four or five less available staff.

Examination of patient records did demonstrate that daily care needs of patients were being met and documented, however turn charts and some risk assessments were not consistently completed or updated, although it was clear that the interventions ordered have taken place. It was observed that patients were treated with respect and dignity.

Patients reported that they are satisfied with the care given and that the nurses are responsive when needed and despite being busy all the time do take time to talk to patients regularly. Doctors visit the ward on a daily basis and patients felt that they are kept fully up to date with what's going on. Patients also said that if they did have any complaints the nurse in charge did act upon them quickly and that the staff did their best to sort issues out as soon as they arise.

When we gave feedback to the Senior Managers present it was clear that the issues of this unit were already known and plans already being implemented to improve the organisation of the ward. It was explained that sickness levels were an issue but that absences were higher than usual as the Trust had honoured annual leave requests from staff from both amalgamated areas. In future leave and other absences would be better coordinated as per Trust Human Resource policies.

Wrightington Hospital

An unannounced visit to Wrightington Hospital, a specialist Orthopaedic hospital was also undertaken on 22nd September 2010. Two wards were selected by the Team and the wards visited were Ward's 5 and 6.

Ward 5 is a 28 bedded ward caring for females only. The ward was not full on the day of the visit, with 4 empty beds. There are two side wards and the ward is divided into two long bays, with 13 beds in each side. The staff are divided into two teams for the duration of shifts but also work across the bays if required. The speciality is orthopaedic surgery but due to recent organisational changes, rheumatology patients are also admitted to this ward.

All areas of the ward were clean and organised despite medical staff visiting patients and other designations of staff, Physiotherapists and Occupational Therapist carrying out care with individual patients. The atmosphere was calm and relaxed and most patients were sat out of bed either reading or watching television.

There was a senior staff nurse in charge of the ward as the ward manager was on annual leave. There is currently a vacancy for a Band 6 (Junior Sister post). Staff reported that generally staffing establishments are satisfactory but some thought weekend cover could be a problem. It was explained that if there are any shortages of staff, cover is found from other wards or bank staff employed. It was reported that requests for additional staff had always been met.

Staff could confidently explain the early warning system implemented to recognise deterioration in patients condition and confirmed that medical staff respond quickly to emergency bleeps. Although there is reduced medical cover at weekends and out of hours, no staff on duty reported that they had ever experienced a problem in contacting medical staff out of hours. During the time spent on the ward it was observed that a patient did experience some deterioration in her condition and the medical staff were alerted by bleep – with the Doctor arriving on the ward within 10 minutes.

Patients expressed high levels of satisfaction with all aspects of care received throughout their stay on the ward. The only negative comment was the length of time waiting for an admission date, once in the ward, without exception, they were extremely pleased with the care. Patients confirmed that the same nurse looks after them for the length of the shift and throughout the week. It was also explained that during the night shift the staff are always on the ward, not congregating at the nurse's station or off the ward.

It was also observed that after lunch the housekeeper alerted staff in instances when a patient has not eaten.

Medical and nursing notes are integrated and are kept at the patient's bed. Patients do have a separate medical file but this tends to be for operation notes, investigation reports and discharge information to GP's. Records are consistently completed, with all entries signed and legible but some not dated. All assessments, which include, pressure area scores, manual handling, weight assessments, bed rail assessments, fall risks, had all been completed and reviewed as required. The early warning score tool to recognise deterioration in patient's condition was included in the documentation in patient's notes.

Ward 6 accommodates a total of 24 male patients, with beds arranged in three bays of 8, including 2 side rooms. Beds utilised for patient's returning from theatre are closer to the nursing station and have piped oxygen available.

Again all areas of the ward were found to be very clean and well organised. The treatment/therapy room was well equipped and very tidy. The atmosphere on the ward was relaxed, calm and informal. Patients have access to outside seating areas.

Examination of the duty rotas confirmed that appropriate staffing establishment is in place and that any unexpected shortages are effectively managed. There are currently no vacancies; however a newly appointed Senior Manager has yet to commence on the ward.

Staff were able to explain the procedures for identifying and acting on any deterioration in patient's condition and examination of one patient records demonstrated that during such an instance, this had been appropriately managed and transfer to the Acute hospital site (Royal Albert Edward Infirmary) was undertaken. The patient had since been transferred back and he confirmed he was very happy in the way this episode was organised.

Patient records verified that all required assessments had been undertaken, with, details of plans of care and ongoing recording of activities and interventions.

When speaking with patients, they all said that they were extremely happy with the care given and felt that nothing needed to be improved. Some patients who had been on the ward for some time said that this ward compared more favourable to other hospital admissions experienced outside Wigan.



Outcome 16: Assessing and monitoring the quality of service provision

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.

This is because providers who comply with the regulations will:

- Monitor the quality of service that people receive.
- Identify, monitor and manage risks to people who use, work in or visit the service.
- Get professional advice about how to run the service safely, where they do not have the knowledge themselves.
- Take account of:
 - comments and complaints
 - investigations into poor practice
 - records held by the service
 - advice from and reports by the Care Quality Commission.
- Improve the service by learning from adverse events, incidents, errors and near misses that happen, the outcome from comments and complaints, and the advice of other expert bodies where this information shows the service is not fully compliant.
- Have arrangements that say who can make decisions that affect the health, welfare and safety of people who use the service.

What we found for Outcome 16

Our judgement

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

Our findings

We reviewed the systems implemented to assess and monitor the quality of services provided by the Trust.

We were able to examine Trust Board performance reports dating from April 2010 to August 2010. These demonstrated that the Trust has a framework of governance in place that gathers records and evaluates information about the quality and safety of the care, treatment, support and outcomes of clinical services.

The trust has an assurance framework that identifies key performance areas and targets. The information reviewed details the dashboard of performance and risk gives clear indication to current status, progress and actions taken or to be implemented.

Overall, the reports are comprehensive and useful showing risk trends and the information analysed has significant content around the patient experience. Data is collected on nursing quality outcomes; ensuring patients are supported and safe.

Trust board members see the detailed performance reports each quarter, and can request additional detailed reports between these times. This gives the opportunity for non-executive trust board members to challenge the performance of the executive.

There are a number of quality initiatives such as the monthly "Ward to Board" audits and the monthly "Real Time Patient Survey". These demonstrate whilst some indicators are still red or amber, the trend in performance is evidence of improvement. The Productive Ward project implemented across both locations has also resulted in more efficient ways of working within individual wards and has made more effective use of nursing time and organisation of the ward therefore increasing the quality of care for patients.

The Trust also engaged an external review of governance arrangements, resulting in a number of recommendations. Progress to date is that the recommendations have been put into an organisational wide action plan which is currently being progressed. A scrutiny group that will report directly to the Trust Board has been set up. This will be chaired by the Chairman of the Trust Board, with terms of reference to monitor, review progress and completion of the actions.

A number of recommendations were addressed during the review; others have been completed and are now risk rated as green on the action plan. The Board are briefed monthly as to progress to date.

We were also able to use additional information and data we hold about the Trust that is used to compile the Trust's Quality Risk Profile, as held for all NHS organisations. This also indicates that the Trust is compliant with this outcome.

Outcome 17: Complaints

People who use services:

- 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.

This is because providers who comply with the regulations will:

- Have systems in place to deal with comments and complaints, including providing people who use services with information about that system.
- Support people who use services or others acting on their behalf to make comments and complaints.
- Consider fully, respond appropriately and resolve, where possible, any comments and complaints.

What we found for Outcome 17

Our judgement

The provider is Compliant with Outcome 17: Complaints

Our findings

The management of complaints was reviewed and we concluded that the Trust has procedures, followed in practice, for receiving and managing complaints which are monitored and reviewed as required.

Recent changes to these procedures have been implemented, for example, the Medical Director now meets with all complainants, should their complaint not be resolved within three months of instigation. Although staff clearly understood the Trust's complaints procedure and management of complaints, they do not receive on going training in complaints handling.

Staff across both locations explicitly confirmed that in the event of a complaint received from a patient, relative or carer all would attempt to resolve this locally in the first instance. Escalation via the complaints procedure and sign posting to the Patient Relation Department then would be initiated when a complaint could not be resolved at this level.

Information viewed for patients, relatives or carers about making a complaint, substantiated this on all wards except the Acute Stroke Unit, however up dated information was made available on this ward following the feedback given.

The Patient Relations Department provides a combined complaints and 'Patient Advice and Liaison' service, providing confidential on the spot advice, information and support to

patients, relatives and carers aiming to resolve any concerns they may have about care received. The Patient Relations Team dealt with 1291 contacts, from 1 April to 31 March 2010. Of these 491 contacts involved formal complaints, a slight decrease from the previous year, 521 informal complaints with the remaining contacts involving the provision of information, advice or signposting to other departments or organisations. From 1 April 2009 – 31 March 2010, informal complaints, concerns and queries have risen; however there are examples of how the Trust's aim of early intervention and resolution have prevented a situation from escalating to a formal complaint. The action plans viewed following complaints made, indicate that response times and resolution were within an appropriate time frame.

To ensure appropriate feed back to staff, all complaints are discussed at monthly meetings between the Patient Relations Department and Heads of Nursing, Matrons and Clinical Governance Facilitators. Further actions, if required are agreed and confirmed at these meetings and actions are documented to evidence progress. Action plans and other documentary evidence are requested. Monthly reports are presented and discussed at the Incidents and Complaints Learning Sub-Group, which then reports to the Trust Board. The Patient Relations Department continues to support improvement in the response times to escalated complaints by working more closely with individual clinical departments.

A number of key initiatives have been planned for staff, which include: complaints management training, discovery of themes, gaining real-time proactive customer feedback, trouble shooting to resolve early grumbles in order for staff to continue to assist in resolving early complaints and for staff to proactively gain feedback from patients following discharge, by telephoning patients 1-2 days after discharge.

Appropriate monitoring arrangements were found to be in place. Quarterly reports are presented jointly with the Quality and Safety team for the Trust's Quality Improvement Committee, which identify the number of complaints received broken down by Division, subject and performance against the Trust's 25-day standard. Themes and lessons learned are also identified. A monthly statistical report is also provided to the Trust Board. More detailed reports are produced for the clinical divisions on a monthly basis to inform the monthly divisional complaints management meetings. Quarterly reports are also provided to the Engagement Committee and Council of Governors.

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 and injury Surgical procedures	Regulation 9	Outcome 4
	Why we have concerns The review of nursing records demonstrated that risk	The outcome for people that should be achieved The assessment, planning and delivery of care, treatment and

<p>Diagnostics and Screening</p>	<p>assessments relating to care of patients were not consistently documented or updated.</p> <p>During the site visit we found one ward to be a disorganised and cluttered environment.</p>	<p>support identifies risks and says how these will be managed and reviewed.</p> <p>Reduce the risk of people receiving unsafe or inappropriate care, treatment and support by planning and delivering care, treatment and support so that people are safe, their welfare protected and their needs are met.</p>
<p>Treatment of disease, disorder and injury</p> <p>Surgical procedures</p> <p>Diagnostics and Screening</p>	<p>Regulation 19</p> <p>Why we have concerns</p> <p>Staff reported that they had not received regular complaints management training</p>	<p>Outcome 17</p> <p>The outcome for people that should be achieved</p> <p>Consider fully and respond appropriately and resolve, where possible, any comments or complaints.</p>

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 report should be sent within 28 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
	No Compliance Action Required	

Enforcement action being taken

	No Enforcement Action		
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