Review of compliance

Sheffield Health and Social Care NHS Foundation Trust Assessment and Treatment Unit	
Region:	Yorkshire and Humberside
Location address:	Assessment and Treatment Unit Northern General Hospital Herries Road Sheffield South Yorkshire S5 7AU
Type of service:	Hospital services for patients with mental health needs, learning disabilities and problems with substance misuse.
Date the review was completed:	November 2011
Overview of the service:	The Assessment and Treatment Unit provides specialist assessment and treatment interventions for seven adults with a primary diagnosis of learning disabilities who also have associated mental health needs. This service is comprised of four flats. There were five patients using the service on the day of our inspection. The regulated activities, which the service is

	registered to provide are: Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury. Diagnostic and screening.

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

What we found overall

We found that the Assessment and Treatment Unit was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

This review is part of a targeted inspection programme in services that care for people with learning disabilities to assess how well they experience effective, safe and appropriate care treatment and support that meets their needs and protects their rights; and whether they are protected from abuse.

How we carried out this review

The inspection teams are led by Care Quality Commission (CQC) inspectors joined by two 'experts by experience', people who have experience of using services; either first hand or as a family carer and who can provide the patient perspective. A professional advisor is also a member of the team.

We reviewed all the information we hold about this provider, carried out a visit on 22 and 23 November 2011. We observed how people were supported, we talked with three patients who use services, talked with staff, checked the provider's records, and looked at records of patients who use services.

As part of our inspection, telephone discussions were held with relatives; these comments are included within this report.

To help us to understand the experiences people have we used our Short Observational Framework for Inspection (SOFI) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. This tool was not used on this occasion; patients were living in units alone or with just one other patient and this made our observations too intrusive.

What people told us

There were five in-patients at the Assessment and Treatment Unit when we visited. All were voluntary patients. We spoke with three patients who could verbally communicate their views and wishes to us. Two other patients were not well enough to contribute their views to us.

Overall, patients told us they were happy with the way staff supported them. Patients and relatives told us they thought individuals were offered appropriate care, treatment and support from a dedicated team of staff.

One patient said staff offered them choices for example, they could choose which meals to prepare to stay healthy. The patient told us they then went shopping with staff to buy the food and staff supported them to prepare their meals.

Another patient told us they enjoyed taking part in activities including, table tennis and cookery. They said their favourite TV show was, ”Come dine with me”, and they watched this regularly.

Patients told us they could take part in a range of other activities. For example, a patient told us they attended an individual art therapy session. Other patients told us they enjoyed playing bowling on an electronic game. Patients told us they attend a range of weekly groups. Including, Rainbow Group (patients’ meeting), Fitness and Wellbeing group, and CHAT group (speech therapy group). Patients told us they were supported to attend external evening activity groups. For example, Gateway social club, is available twice a week, and every other month, Under the stars, a nightclub event, was available to patients.

Relatives said they and patients were able to contribute to individual person-centred plans, care plans and health action plans. Patients and relatives told us they were able to attend and participate in care plan and review meetings. Relatives told us how staff went, ’the extra mile’, to ensure patients’ needs were met.

What we found about the standards we reviewed and how well the Assessment & Treatment Unit was meeting them

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

Patients’ needs were assessed and they had person centred plans to ensure their individual needs and wants were recognised. Patients and their relatives were involved, consulted and were able to contribute to care plans and review meetings. Risk assessments were in place to protect patients from unnecessary risks. Patients had health action plans, to which they and their relatives had contributed. There was a range of meaningful activities available including evening activities. Care was delivered to patients’ in a respectful and empowering way from a dedicated team of staff.

- Overall, we found that the, Assessment and Treatment Unit was meeting this essential standard.

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

Systems to prevent and identify abuse were robust. Patients' concerns were listened to and appropriately reported to the local safeguarding team. Incident reports were completed appropriately with detailed evidence of review and learning from the incident. Patients who were subjected to restrictions had been appropriately assessed in line with legislation and good practice guidelines. This meant that patients were protected from abuse, or the risk of abuse and their human rights were respected and upheld.

- Overall, we found that the, Assessment and Treatment Unit was meeting this essential standard.

Outcome 10: Premises

Overall, the environment within the unit was safe and fit for purpose. However, repairs and associated maintenance works were not always, carried out immediately and those that were carried out were reactive. Some areas of the unit were personalised and reflected patients' individual needs and wants. More could be done to ensure other patients can influence the way the unit is maintained, decorated and furnished, until the move to the new unit takes place. Regular maintenance of outside areas had not been carried out. This did not ensure patients had access to safe and accessible garden areas.

- Overall, we found that the, Assessment and Treatment Unit was meeting this essential standard but, to maintain this, we have suggested that some improvements are 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.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous 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 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

We met with four patients and spoke to three in depth. Overall, most patients we spoke with were satisfied with the care and support offered to them. One patient said staff offered them choices about which meals to prepare to stay healthy. Another patient told us they enjoyed a number of activities including table tennis and cookery. They said their favourite TV show was, "Come dine with me", and they were able to watch this programme regularly. The patient was able to carry out all of these activities whilst staying at the unit.

We spoke with three relatives and the carers for a fourth patient. Overall, relatives told us they were very satisfied with the care and support offered to patients. Relatives we spoke with told us the staff were supportive towards them as carers and indicated to us that the staff, "go the extra mile", to ensure that patients receive appropriate support and after care. For example, one relative had concerns about her son's entitlement to benefits. They shared their concerns with staff. The staff followed this up by supporting them to visit a Citizen Advice Bureau service.

The deputy manager of a care home, (where one patient usually resides), told us they have developed good relationships with the staff team. They said, "Staff liaise with us every week to provide an update about the progress made by the patient". They referred to the staff group and said, "They work well as a staff team".

The only concerns raised from a relative, related to one patient's opportunity to access off-site activities. We gave this information to the service manager to address directly with the relative.

From our observations, we identified staff engaging well with patients. They showed positive regard for individuals in the way they spoke with and about patients. We observed how staff offered choices, considered patients' diversity and were empowering in their approach to supporting individuals to be as independent as possible. We observed how staff discreetly supported patients' personal care needs. They spent time with people carrying out activities, including, physical activities such as computer games, art therapy, reading, table tennis and preparing snacks and drinks.

Other evidence

Assessing people's needs

The staff nurse told us about the referral and admissions policies for the service. We checked a copy of the policy and procedure whilst at the service. The policies were satisfactory and gave staff clear instructions to follow when assessing and admitting a patient to the service. The consultant psychiatrist told us that the nursing staff from the assessment and treatment unit (ATU) or the community assessment and intensive support team (CAISS) complete a pre-admission assessment, using a person centred approach. This was in conjunction with patients and their carers in a place appropriate to meet their needs, for example at their current placement, home or within a day service. Staff told us the CAISS team completed all initial risk assessments prior to patients being admitted to the service. All of the staff interviewed had a good level of knowledge of the assessment procedure.

We looked at the assessment record for two patients to see if their needs were identified. Both assessments were detailed and it was clear to see the patients' individual needs and the reason for admittance to this unit. There was evidence that relatives and patients had been involved in this process.

The consultant psychiatrist told us the average length of stay was currently 10 -11 months. However, one person (excluded from the average stay figures) had been living in the service for over three years. We asked about this further and were told that the staff were currently working towards this individual's discharge within the next three months. Staff told us, and a relative confirmed, the discharge plan was in place to find suitable alternative accommodation.

Care planning

The staff nurse told us all of the patients were on the Care Programme Approach (CPA). This meant they had a named care co-ordinator who was responsible for ensuring they received appropriate support to meet their needs, whilst at the unit and appropriate after-care following discharge. Staff told us CPA review meetings were held every six to eight weeks on average and patients were given the choice to indicate who they would or would not like to attend the meetings.

We saw evidence that all patients had a `Pen Picture' to give staff a brief understanding of the patient's history, family, likes and dislikes and their important

current needs, such as support to eat and drink, how they spend their day and the positive reputation information required to support patients in an individualised way.

Staff told us each patient had a person centred plan, which had been devised, in conjunction with an external facilitator and included the patients and their relatives, supporters and friends. They had been devised using pictures and easy read formats. Patients had a copy of the plans. This was very positive to see and staff had used this information to inform individuals' care, treatment, and support plans. Staff told us the person centred plans (PCPs) were also put in to a presentation format whereby patients can use them to show any prospective care provider how they would like to be supported. This empowered patients and ensured that their needs were clearly identified alongside their aspirations for the future.

We looked at two patients' care plans. The care plans we looked at were based on the patients' needs assessments. There was evidence that people's full range of needs, including mental and physical health, social and diversity needs had been taken into account. For example, culturally appropriate meals were provided. The staff told us they supported one patient to go to a local Halal butchers and purchase their own food. They had also provided a separate oven to ensure the patient's specific cultural needs were met. This information was recorded in their care plan. This respected the patient's diversity and protected their dignity. We also found consent forms in the care plans, which patients had signed. These related, to having a photograph taken and access to care plans. This respected patients' rights.

Care plans were in written formats. Staff had used some of the information from patients' person-centred plans to inform the care plans. Patients and their relatives are able to have a copy of the care plans. All the care plans were kept in the staff office, to ensure patients' confidentiality. The care plans showed that, staff had included patients' views and likes and dislikes and had sought the involvement of carers or relatives in developing the plans.

A risk assessment and review system was in place. Staff told us all initial risk assessments are devised using the CAISS team. We checked patients' risk assessments. They were comprehensive and had been regularly reviewed and amended as required. The staff nurse gave us examples of how patients were supported to take reasonable risks, which improved their opportunities. The staff showed us a card they used to give to the public if any challenging incidents occurred with patients during outings in the local community. The card gave the public contact details of the service to call if they had any concerns for patients' safety. This approach ensured that any public concerns could be managed effectively.

<u>Meeting people's health needs</u>
Both of the care plans we looked at included a health action plan (HAP) for the patient. These had been devised with patients' involvement since they were admitted in to the unit. Relatives had also been involved as appropriate. Staff told us, "Within two weeks, of a patient being admitted, we start to develop a HAP with them." The two HAPs checked demonstrated patients current health needs were identified and how they were being met. There was evidence that patients received regular health reviews and appointments with other health professionals, for example speech therapy, GP, and general hospital appointments as required.

Delivering care

We spoke with three staff regarding activities within the service. They told us that patients have individualised activities, for example, one patient had the opportunity to go swimming, as they found this therapeutic. For other patients it was important that they developed independent living skills, for example preparing snacks and drinks or shopping. We observed patients being supported by staff to undertake some meaningful tasks and activities. For example, a patient attended an individual art therapy session. Patients were taking physical exercise using an electronic game. We saw recorded evidence that patients also have opportunities to attend a range of weekly groups. These included Rainbow Group (patients' meeting), Fitness and Wellbeing group, and CHAT group (speech therapy group). Patients were also supported to attend external evening activity groups. For example, the Gateway social club, is available twice a week, and every other month, Under the stars a nightclub event was available to patients.

From the visitor records and from our conversations with relatives and carers we found that family, friends and professionals visited patients at the service at different times and at weekends. The visitors we spoke to felt they were free to visit when they wanted to and were made to feel welcome.

The staff told us that patients have access to advocates; this was provided by an independent local advocacy service. We found evidence that people had used advocates, for example Independent Mental Health Advocates and Independent Mental Capacity Assessors. Patients from black and minority ethnic (BME) communities had access to an advocacy service specifically offered to people from BME groups. The service manager told us they had used peer advocates up until last year. However, the local advocacy service was not able to offer this form of support at the current time. The service manager agreed to look at other advocacy services to ensure that patients had access to peer or self-directed advocacy support services.

Managing behaviour that challenges

We spent time checking two patients' behavioural management plans alongside incident and accident records, over a three-year period in one case. We found the systems in place were robust. The Mental health and behaviour plans checked, were detailed; they identified risks, triggers, what behaviours to look for, the potential risk levels to the individual and other patients and the strategies staff should employ at each stage. The plans checked had been regularly reviewed and revised. These plans provided staff with clear guidance to follow. This helped to ensure that patients were supported consistently and safely by staff.

Judgement

Patients' needs were assessed and they had person-centred plans to ensure their individual needs and wants were recognised. Patients and their relatives were involved, consulted and were able to contribute to care plans and review meetings. Risk assessments were in place to protect patients from unnecessary risks. Patients had health action plans, to which they and their relatives had contributed. There was a range of meaningful activities available including evening activities. Care was delivered to patients' in a respectful and empowering way from a dedicated team of staff.

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

We spoke with two patients and asked them who they would go to if they needed help or felt unsafe. The patient gave us the names of several staff. Another patient told us, they would speak to their relatives.

We spoke with four relatives and carers during the inspection. They told us, patients felt safe at the unit. One relative said, “Staff listen to patients” and thought staff would take patients’ and relatives’ concerns seriously and act upon them. Another relative told us, “I feel staff are supporting (patient) very well” and staff “Treat (patient) with respect”. None of the relatives raised any concerns about how staff supported the patients.

From our observations of staff interactions with patients, we found staff were respectful of patients, offered a range of choices to patients and were able to engage with individuals appropriately to meet their specific needs. The relationships between staff and patients were informal and it was clear staff knew patients well.

Other evidence

Preventing abuse

The service manager told us that systems were in place to prevent abuse. They provided a copy of the local South Yorkshire adult safeguarding policy and procedures as well as the trusts own procedures. We were told these were stored

in the ward staff office and were available to all staff at all times. We saw evidence in the staff office of a safeguarding flowchart for staff to follow.

We spoke to three members of staff who were all aware of the local area's safeguarding policy and procedures. They were able to tell us the correct procedures to follow if they suspected abuse or if abuse had been disclosed to them. A nurse told us they had used the procedures in practice.

Staff interviewed confirmed they had completed adult safeguarding training. We saw evidence that safeguarding update training had been planned for the new year for a number of staff. The service manager told us that he was the safeguarding lead for the service.

Staff were aware of whistle-blowing procedures. They were able to explain to us what they would do if they needed to use these to raise concerns. The service manager told us the trust had an up to date whistle-blowing policy and system in place. They also told us they have a 'grumble box', for staff, to pass on any issues they are not happy with and we saw this was sited in the unit.

Patients had access to complaints forms and leaflets, which had been devised in pictorial and easy read formats, to enable them to make complaints independently. These were easily accessible to all patients and relatives and were located in communal areas of the unit.

We spoke to the consultant psychiatrist about how they implemented the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) within the service. They showed us evidence of assessments they had carried out with patients, under the MCA. They also confirmed to us they only used DoLS, when it was in the best interests of the patient and in accordance with the MCA.

The staff showed us a training plan they used for patients in order to ensure patients understand what abuse is, how to protect themselves and to speak up if they had any concerns. This was called, 'Protect yourself and others'. We were told how one patient had been involved in delivering this group work to other patients. Staff told us that during the Rainbow Group, they discussed with patients how the staff could best support them when challenging incidents occurred. We saw evidence of this in the minutes of the Rainbow Group's meeting minutes. The minutes were devised using pictures and easy read formats. This was positive and these initiatives demonstrated an inclusive and empowering approach towards protecting patients from abuse or the risk of abuse.

<u>Responding to allegations of abuse</u>
We saw the service was proactive in referring safeguarding concerns. We were shown recorded evidence of the safeguarding referrals made from the service over the last year. They had been referred through the local area safeguarding team, which is independent of the trust. This demonstrated that patients concerns were listened to and staff were robust in their approach to dealing with allegations or incidents, which could constitute abuse. Most of the incidents had not led on to investigations under the safeguarding procedures, as they had not met the threshold and so had been dealt with by the nursing team by means of care plans and risk assessments. This approach demonstrated the staff team were open and

transparent in the way they managed concerns and or allegations of abuse.

Using restraint

The staff told us they have access to the, Alternative to restraints team which is a community team of professionals who advise staff how to support patients who may present challenges and other complex needs. They told us the team offers a range of advice and guidance to ensure that restraint was only used as a last resort.

Staff told us restraint was used within the service. The incident records checked demonstrated this was used infrequently. Staff said restraint rarely takes place as they all used de-escalation or distraction techniques to prevent challenging behaviour from escalating. Incident notes checked had been completed comprehensively, and there was evidence that staff looked at lessons learnt from the incidents and adapted their approaches if necessary.

Training records showed the majority of the staff had completed a five-day management of violence and aggression training course. When speaking with staff we found that they had a good understanding of the physical intervention or restraint techniques and were knowledgeable about using these techniques in practice in a way to meet patients' individual needs.

We spoke to senior staff about how they protected patients from the negative effect of any behaviour by other patients. They told us they move patients away from the area if needed to provide the other individual with space. They told us this does not occur frequently, as at the most seven patients reside in four flats. If a patient's needs were identified that indicated they may pose a risk to other patients they would be offered a separate living space to reduce the risk to others. This protected patients' safety.

Judgement

Systems to prevent and identify abuse were robust. Patients' concerns were listened to and appropriately reported to the local safeguarding team. Incident reports were completed appropriately with detailed evidence of review and learning from the incident. Patients who were subjected to restrictions had been appropriately assessed in line with legislation and good practice guidelines. This meant that patients were protected from abuse, or the risk of abuse and their human rights were respected and upheld.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people who use services 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

There are Minor concerns with

Outcome 10 Safety and suitability of premises

Our findings

What people who use the service experienced and told us

None of the patients or their relatives raised any concerns relating to the environment within the unit or the general premises, during our inspection.

Other evidence

At registration with CQC the provider declared non compliance with this outcome for this location. This was because the building was no longer fully suitable to meet the needs of people with learning disabilities. We conducted a planned review in January 2011 and requested a number of documents and risk assessments. The documents showed that risks associated with the existing building were being monitored and managed. A number of estates checks and remedial works have been undertaken to improve or manage the current building. For example, improvements to the heating system along with cavity wall insulation had resolved the previous heating problems. Replacement baths and or showers had been installed, a new sensory area created and measures had been undertaken to improve staff observation of patients.

During our inspection visit we conducted a tour of the premises. We found the building was tired in relation to décor, fixtures and fittings. We identified areas that could be either improved or further assessed to see if additional remedial work should be undertaken. For example, we found two flickering lights that required replacement and in one bedroom three windows with protective perspex glass had a layer of dust trapped and required cleaning. One external garden area contained a broken wood swing which staff had reported to the estates department for disposal but this had yet to be collected. Another external area was reasonably tidy but grass growing between flagstones and damp leaves posed a slipping risk. The laundry room had limited ventilation and contained no handwashing facility.

Staff told us that sometimes there were delays to repairs to the building once they had been reported. We reviewed the maintenance request log books, which showed some repairs were undertaken promptly though the majority appeared to take over one week. One of the flats we saw reflected the patient's interests, was personalised and comfortable, though the other flat areas could be improved, particularly in relation to the lounge and corridor areas. We saw some evidence of poor housekeeping in some areas, which could place patients at risk. This included an old broken computer stored in a patient area, and in the activity room there were piles of art materials and games stored on furniture, which looked very unstable and could have fallen. This was fedback to the managers to ensure remedial action was taken to address these concerns.

Staff and the consultant psychiatrist explained why some patients would not be able to tolerate personalisation of their bedrooms. The reasons for this were recorded in the patients care plans.

During our inspection visit a new floor covering was being fitted to the reception corridor which demonstrated the provider continued to undertake remiedial work as required. We fedback our findings to senior managers who explained they would undertake additional assessments and remedial work as necessary to keep the building safe for people who use the service until the building ceases to be used in early 2013.

The provider explained the unit will be relocated during early 2013 to a new building - a location which will be specifically designed to meet the needs of people with learning disabilities. We reviewed a number of documents, including the business case, project reports, consultations and plans relating to the new build and reconfiguration of the intensive support service. The building was currently at the planning stage with the local authority.

Our judgement
Overall, the environment within the unit was safe and fit for purpose. However, repairs and associated maintenance works were not always carried out immediately and those that were carried out were reactive. Some areas of the unit were personalised and reflected patients' individual needs and wants. More could be done to ensure other patients can influence the way the unit is maintained, decorated and furnished, until the move to the new unit takes place. Outside areas need to be regularly maintained, to ensure they are safe and accessible to patients.

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
Assessment or medical treatment for persons detained under the Mental Health Act 1983. Treatment of disease, disorder or injury.	**Regulation 15**	**Outcome 10: Safety and suitability of premises**
	Why we have concerns: Overall, the environment within the unit was safe and fit for purpose. However, repairs and associated maintenance works were not always, carried out immediately and those that were carried out were reactive. Some areas of the unit were personalised and reflected patients' individual needs and wants. More could be done to ensure other patients can influence the way the unit is maintained, decorated and furnished, until the move to the new unit takes place. Outside areas need to be regularly maintained, to ensure they are safe and accessible to patients.	

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 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.

Information for the reader

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