



# Review of compliance

## Greenhill Care Homes Limited Ilsham Valley Nursing Home

<b>Region:</b>	South West
<b>Location address:</b>	Ilsham Close Torquay Devon TQ1 2JA
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	January 2012
<b>Overview of the service:</b>	Ilsham Valley nursing home is in a residential area of Torquay, Devon. The home has 23 beds for people who require personal or nursing care. There is a registered nurse on duty at all times.

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

## Our current overall judgement

**Ilsham Valley Nursing Home was not meeting one or more essential standards. Improvements are needed.**

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

### Why we carried out this review

We carried out this review to check whether Ilsham Valley Nursing Home had made improvements in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 09 - Management of medicines
- Outcome 10 - Safety and suitability of premises
- Outcome 12 - Requirements relating to workers
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 November 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

### What people told us

We visited Ilsham Valley to check on progress following a review we carried out in August 2011. During our visit in August 2011 we found that people had not been treated with the respect they needed. Care had not always been provided in a safe way, meaning people were placed at unnecessary risk. Routine management checks were also not being carried out to highlight such issues as staff training, staff recruitment and safety of the building.

There had been a change of management at the home since our last visit.

We visited the home with an expert by experience. The Care Quality Commission (CQC) describe an expert by experience as "people who have in-depth experience of using services, and have been trained in their expert role by voluntary organisations."

During the visit we spoke with 8 people who live at the home, 7 members of staff and 2 visitors.

People were happy with the standard of care they received at the home and told us they felt safe living at the home. They said that staff listened and acted on what they said and were respectful when providing care. People were also happy with the way their medicines were managed.

People were also full of praise for the quality and quantity of the food with comments of, "The food is excellent", "Really good", and, "You can have seconds".

The increasing activity programme had also proved popular with people at the home.

People living at the home and their relatives had noticed changes in recent months. One person said, "Things are becoming a lot better now. The new manager is making changes gradually rather than all at once." A relative said, "We are delighted in the changes that have taken place."

There were no unpleasant odours and the premises were clean and tidy. One person said, "My room is cleaned every day and sometimes twice a day". A visitor said, "The standard of cleanliness has improved greatly of late".

People told us that usually there were sufficient staff on duty but occasionally someone may fail to come on duty because of illness. People had also noticed there had been a change of some staff but said these changes had slowed down in recent weeks, and that they liked the new staff.

A visitor commented, "This place is now run better and more professionally. There have been a lot of little improvements and I understand that staff training is now planned".

People told us they were able to share ideas or make suggestions and these were listened to. We were also told they would speak to the manager or a named member of staff if they had any concerns.

## **What we found about the standards we reviewed and how well Ilsham Valley Nursing Home was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People receive effective and safe care in a supportive and respectful way.

Overall, we found that Ilsham Valley was meeting this essential standard.

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

People receive effective, safe and appropriate care, treatment and support.

Overall, we found that Ilsham Valley was meeting this essential standard.

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

Effective staff knowledge, procedures and policies help to protect people from the risk of abuse. The planned programme of training will help further reduce this risk.

Overall, we found that Ilsham Valley was meeting this essential standard.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The improvements in the way medicines are dispensed, managed and recorded has improved the safety for people at the home.

Overall, we found that Ilsham Valley was meeting this essential standard.

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

People live in a homely, tidy home. Further planned improvements will improve the safety of the environment.

Overall, we found that Ilsham Valley was meeting this essential standard but to maintain this, we have suggested some improvements are made.

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

Effective recruitment procedures mean that people are only cared for by staff who have had appropriate pre employment checks performed.

Overall, we found that Ilsham Valley was meeting this essential standard.

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

People are cared for by appropriate numbers of staff.

Overall, we found that Ilsham Valley was meeting this essential standard.

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

People are cared for by a group of staff who are appropriately trained and supported.

Overall, we found that Ilsham Valley was 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**

Effective systems are in place to make sure that the service people receive is safe and meets their needs.

Overall, we found that Ilsham Valley was meeting this essential standard.

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

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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

### **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

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

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

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

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

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

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

With one exception, people living at the home said that the new manager and staff were very respectful and ensured that dignity was preserved at all times. People told us they were addressed by their preferred name. People also said that staff closed bedroom doors when giving assistance and used blankets to cover legs when transferring people to and from chairs. The exception to positive comments referred to an event that had occurred some months previously. This was shared with the manager and provider for monitoring.

One person said, "The staff now listen and do as you ask whereas before they did not". Another person said "it (the home) is run as a tight ship now. It is good to know that standards will not be allowed to slip."

A female living at the home said, "I was asked if I would be happy with a male carer giving me personal care. I said that I would prefer a female carer for that aspect and that is what happens".

We saw examples of good interactions of mutual affection shared between staff and people in the home and heard staff speaking to people in a respectful way.

**Other evidence**

We looked at three peoples care records and found improvements since our last review where records did not reflect the care that had been provided and had not been reviewed. Peoples care records included the person's social history, interests and individual preferences. Care staff told us that this had increased their understanding of people as individuals and helped them plan and provide person centred care. A member of staff said "It has given us a talking point and ideas of what activities they may like." We saw one care record which indicated the person had an interest in painting and art work. It was clear that this person had been encouraged to continue this interest, despite ill health.

**Our judgement**

People receive effective and safe care in a supportive and respectful way.

Overall, we found that Ilsham Valley was meeting this essential standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

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

At the previous inspection in August 2011, we found that people were not always receiving care in a safe and effective way. People did not have access to call bells and care records were inadequate meaning staff were not aware of the persons assessed needs. People had also complained they were bored.

At this visit people were well cared for with and we saw their nails and eyes were clean. People we spoke with said they were supported to have a strip wash each morning. Two people added that they enjoyed a weekly bath and this met their needs. One person added "I'm happy with this, but suppose I could have more if I wanted."

People told us they could see a doctor when required.

We saw people being moved around in the home. One person was being transferred from a wheelchair to a chair using a hoist. This person was very anxious but we watched as staff gave constant explanation and reassurance. Care was given at a slow pace.

People living at the home and their relatives had noticed changes at the home in recent months. One person said, "Things are becoming a lot better now. The new manager is making changes gradually rather than all at once." A relative said, "We are delighted in the changes that have taken place."

A new call bell system has been introduced, which staff said was "so much better" and

"safer" for people. Staff explained this was because the call bell system was clearer to see who needed help and had systems to highlight other staff to emergencies.

We saw that call bells were placed within reach of people. The majority of people said that the call bell was responded to within 4 or 5 minutes or sooner and acknowledged that on occasions (usually peak times) the member of staff would explain that they were busy with someone elsewhere but would return shortly, which they always did.

A member of staff said of one person, "When they use the bell at certain times we know a cup of tea is required so we take it along when we respond". The person concerned confirmed this to be the case and was well pleased with the arrangement.

People, staff and relatives told us that activities had started to improve at the home. Two external and independent weekly activities were being sourced by the manager. These included a lady with music and quizzes and a gentleman who provided armchair aerobics. Staff told us that people in the home appeared to enjoy these. One person said "I enjoyed both sing a longs, hopefully they will put on more."

The activities programme for November and December included quizzes, Arts and crafts, bingo, manicures, reminiscence, music sessions and Christmas parties. One person spoke about enjoying a visit from "the animal man." Staff explained this visitor bought small pets for people to pick up, stroke and look at.

During the visit people were sitting quietly in the lounge, reading or sleeping. A large screen television was on for part of the visit followed by a musical CD which one person was heard singing along to.

### **Other evidence**

Staff explained that they had a good working relationship with the GP's in the area and worked well with the intermediate care team. Intermediate care is where people are cared for a set period of time following acute periods of ill health or to prevent a hospital stay.

There had been an improvement introduced to make sure care plans had been updated and reflected the care that had been provided. The Registered Nurses explained that the reviews and updates were almost complete. Care Staff said they were encouraged to write any changes and were involved in the care planning process. One member of staff said "It has helped me to feel part of the team."

Care records showed that people were able to access a full range of health services including NHS treatment and services from healthcare professionals such as chiropodists, physiotherapists and outpatient services.

### **Our judgement**

People receive effective, safe and appropriate care, treatment and support.

Overall, we found that Ilsham Valley was meeting this essential standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

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

People told us they felt safe living at Ilsham Valley.

We spoke with one person about their person money, they told us, "The home pays my personal bills for newspapers, hairdresser and chiropodist. They (the staff) always let me know in writing how much money is due and how much I have left in my account. My sister brings my money in to "top-up" as needed. Previously, I never knew how much was left or whether it got mixed with other people's money. This is now so much better".

##### Other evidence

Staff knew what to do if any allegation of abuse was made and were able to describe the different types of abuse. All five staff who were asked said they would report any abuse to the manager, the police or the Care Quality Commission (CQC). Two of these staff had received training from recent previous employers. The remaining staff said they were under the impression that this training was being organised.

We spoke to the provider about training staff in the subject of safeguarding vulnerable adults. He provided details of planned training booked for January and February.

The manager had the contact details of the local safeguarding team and knew how to correctly report safeguarding alerts. She had also attended training on the mental capacity act and deprivation of liberties.

The three care plans we inspected contained completed baseline mental capacity assessments. Staff said these had recently been completed and helped staff understand about the mental capacity of people in the home.

The home also had safeguarding policies which reflected the Torbay Council process. We were told that at present no one in the home was under a Deprivation of Liberties safeguard.

**Our judgement**

Effective staff knowledge, procedures and policies help to protect people from the risk of abuse. The planned programme of training will help further reduce this risk.

Overall, we found that Ilsham Valley was meeting this essential standard.

## Outcome 09: 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 09: Management of medicines

#### Our findings

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

We spoke to one person about medicines. They said they got their medicines on time and received pain relief quickly when they asked for it.

The maintenance man was fitting individual medicine cupboards in each person's bedroom. The new manager explained this was to improve safety and individualised care.

##### Other evidence

At our previous visit in August 2011, we found that medication management was not managed well. Medications had been given in a way that increased the risk of errors being made. We found two examples where drug errors had been made, but not identified. The documentation of medicines was also not clear.

On this visit we noticed improvements had been made. Staff told us there had been changes since the new manager had arrived at the home. Staff added that this meant that more responsibility given to the registered nurses since the old matron had left. The nurses explained that, although it had taken a little while to get used to, they felt their knowledge about the medicine systems had improved.

The supply of medicines has changed at the home. The nurses were using a newly introduced blister packs. Staff told us that this had improved safety of medicine administration, because staff were no longer potting up, and had allowed a more

accurate audit of which medicines had been given. The registered nurses also said taking the trolley on the drug rounds has improved safety.

We looked at the Medicine Administration Records (MAR sheets). These had been accurately completed. Medicine storage areas were clean, tidy and appeared organised.

**Our judgement**

The improvements in the way medicines are dispensed, managed and recorded has improved the safety for people at the home.

Overall, we found that Ilsham Valley was meeting this essential standard.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

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

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

There are minor concerns with Outcome 10: Safety and suitability of premises

#### Our findings

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

There were no unpleasant odours and the premises was clean and tidy. One person said, "My room is cleaned every day and sometimes twice a day". A visitor said, "The standard of cleanliness has improved greatly of late". Another noted that the padded protection on the bedrails was now always clean unlike previously when they were grubby.

##### Other evidence

On this visit we noted that there was no hand-wash facility in a first floor toilet. There was antiseptic hand gel was available on a table outside. The manager stated that people living at the home do not tend to use that toilet and staff used a wash hand basin which was in close proximity. The manager also told us this was included in the programme of maintenance.

We saw four bedroom doors were held open by wedges. The manager removed this and gave assurances that these doors would be fitted with door guards. A discussion with the provider confirmed that these would be replaced as a matter of priority. The day after the visit the provide confirmed that this was in the process of being done.

The new manager has introduced a new call bell system throughout the home. Staff told us this was more efficient than the last one.

The manager told us she had provided the kitchen staff with the Food Standard Agencies (FSA) kitchen management programme called safer food better business. The chef explained that these checks included recording fridge and freezer

temperatures, food temperatures, cleaning programmes and other checks. The manager explained that routine spot checks had been carried out to ensure food stored in fridges was covered, areas in the kitchen were clean, and kitchen safety programmes were carried out.

A new dishwasher and fridge freezer had been provided.

Cleaning schedules were in place and being carried out throughout the home. The manager told us she has been doing regular visual inspections of the home environment and was in the process of introducing formal regular cleaning and infection control audits.

Nursing staff had a new designated nurses station where care plans were written whilst still being able to observe and listen to what was happening in the home. Care staff also have a separate desk where they can write their notes. Staff explained, this had helped morale because they have a designated space, which was theirs and said they could concentrate when writing notes and were not distracted.

### **Our judgement**

People live in a homely, tidy home. Further planned improvements will improve the safety of the environment.

Overall, we found that Ilsham Valley was meeting this essential standard but to maintain this, we have suggested some improvements are made.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

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

We did not speak to people about staff recruitment. A relative said there had been a large turnover of staff in recent months, but this had calmed down now.

##### Other evidence

At our inspection in August 2011 we found that robust systems were not in place to check nursing professional registrations and pre employment checks.

On this visit we noticed improvements had been made. We looked at the staff files of three newly recruited staff. These showed that all three staff had provided information and had appropriate pre employment checks performed to show they were suitable to work with vulnerable adults. This included full employment history, qualifications, two references, proof of identity and interview record.

The manager used an organisation to perform the Independent Safeguarding Adults (ISA) and Criminal Records Bureau (CRB) check. The manager explained the process of assessing whether staff with convictions would be employed. We were told that this would be on an individual process and dependent on the conviction, timescale and assessments during the recruitment process. We were also told that this risk assessment would be documented.

##### Our judgement

Effective recruitment procedures mean that people are only cared for by staff who have had appropriate pre employment checks performed.

Overall, we found that Ilsham Valley was meeting this essential standard.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

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

People told us that usually there were sufficient staff on duty but occasionally someone may fail to come on duty because of illness. These people then said that then there may be a delay before a member of staff from an agency arrives. People acknowledged a high demand on staff time at rising and retiring times.

The majority of people said that the call bell was responded to within 4 or 5 minutes or sooner. People also acknowledged that on occasions (usually peak times) the care staff would explain that they were busy with someone elsewhere but would return shortly, which they always did.

People were appreciative of the staff using the words, "I like them all", "They are gentle and respectful", "They are all friendly" and "we share good humoured banter, I give as good as I get"

The staff were seen and heard to treat people with respect and spend meaningful time with them as they went about their duties.

##### Other evidence

16 people were living in the home when we visited. Staff duty records showed that in the morning there was normally one or two registered nurses on duty, with a minimum of 4 care staff, a chef, cleaner and maintenance man on duty. In the afternoon, this reduces to one registered nurse and a minimum of 3 care staff. At night there was one registered nurse and one carer.

Staff told us they thought these staffing levels were suitable, and said when the numbers of people increased at the home they expected the numbers of care staff to rise.

**Our judgement**

People are cared for by appropriate numbers of staff.

Overall, we found that Ilsham Valley was meeting this essential standard.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

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

We did not speak to people about staffing training and support. However, a relative said they felt staff had "much more structure".

##### Other evidence

At our previous visit in August 2011 we found that staff had not been receiving the training they needed.

On this visit staff told us they had been impressed with the amount of training provided in recent months. Staff told us they had been given training in fire safety, moving and handling, use of the hoist and health and safety. One member of staff said "It's been very good; we all know what we are doing now."

New staff said they had been pleased with the support they had received since working at the home. We were told that a structured induction on the first day had included being shown the fire escapes, emergency procedures, call bell system, and demonstration of the hoists used in the home.

The manager explained that she had accessed training via Torbay Care Trust to make sure training was of a high standard.

The manager explained that a programme of staff supervision has started but not all staff had been supervised yet.

Staff said they felt the new manager was "firm but fair" and "approachable."

**Our judgement**

People are cared for by a group of staff who are appropriately trained and supported.

Overall, we found that Ilsham Valley was meeting this essential standard.

## 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

We were told of many changes that have taken place since the arrival of the new manager. One person said "Things are becoming a lot better now. The new manager was making changes gradually rather than all at once."

Speaking in general terms a visitor commented, "This place is now run better and more professionally. There have been a lot of little improvements and I understand that staff training is now planned".

People told us they were able to share ideas or make suggestions and these would be listened to and acted upon. We were also told they would speak to the manager or a named member of staff if they had any concerns.

##### Other evidence

At our last review in August 2011 we found that systems were not in place to monitor the quality and safety of the service.

At this visit staff were very complimentary about the new management at the home. One member of staff said "There have been so many changes and improvements in the home. Morale is getting better; its cleaner here and there is more structure."

Staff were complimentary about the providers. One member of staff said "The owners are superb, if anything is needed she (the manager) just asks."

The manager told us she had initially done a brief audit at the home and highlighted where changes were needed. We were shown the programme of redecoration and refurbishment planned at the home.

We also saw records of monthly visits by the provider which had also identified areas which needed improvement. These visit records also showed that the provider had spoken to people and their family members to make sure they were satisfied with the care provided.

We saw that improvements at the home included updating and reviewing the care plans. Staff explained that this had been monitored by the new manager but the content had been written by the registered nurses and care staff.

We also saw that systems had been introduced to improve medication management, hygiene in the home and redecoration programme.

The manager explained that she had been pleased with the changes but there was still a "fair way to go." The manager added that this included setting up formally scheduled dates for future audits. We were told there were plans to introduce questionnaires for people and their families and plans to meet all relatives.

Staff told us that regular staff meetings were now held at the home. The minutes from the staff meeting in October showed that staff had been able to suggest changes. We saw that some of these suggestions had been introduced. These included improvements to the staff handover system and using doilies on tea tray to make the presentation of food and drink more attractive

Our expert found that the website for the home was out of date and contained information from 2009. This was fed back to the manager who gave assurances that this would be addressed.

### **Our judgement**

Effective systems are in place to make sure that the service people receive is safe and meets their needs.

Overall, we found that Ilsham Valley was meeting this essential standard.

## 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
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<b>Why we have concerns:</b> People live in a homely, tidy home. Improvements are needed to improve the safety of the environment.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

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

# What is a review of compliance?

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

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

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

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

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

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

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

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

## Information for the reader

<b>Document purpose</b>	Review of compliance report
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## Care Quality Commission

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