

Review of compliance

Stonehaven (Healthcare) Limited Chollacott House Nursing Home	
Region:	South West
Location address:	61 Whitchurch Road Tavistock Devon PL19 9BD
Type of service:	Care home service with nursing
Date of Publication:	December 2011
Overview of the service:	<p>A nursing home providing nursing and personal care to a maximum of 42 people, many of whom have complex needs.</p> <p>The home currently has a manager who has applied to be registered. As they are not a registered nurse there is also a registered nurse in the role of clinical lead.</p>

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

Our current overall judgement

Chollacott House 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 Chollacott House Nursing Home had made improvements in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 02 - Consent to care and treatment
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 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 17 - Complaints
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 December 2011, checked the provider's records, 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 conducted an unannounced visit to Chollacott House on 15 December 2011 spending six and a half hours there. We were accompanied for three hours by an expert by experience. They are a person who, through their own experience of care delivery, spends time talking to people about their experience of receiving a service. The information they provided is included within this report.

People who use the service, their family and staff were very positive about the changes at the home. Comments included: "Back on track"; "Vast improvement", "Extremely happy with the home" and "There is more going on here now".

We found there was improvement in the assessment, planning and delivery of the care people need. Therapeutic treatments were being delivered as planned. Health care professionals who have contact with the home were much happier about the standards of care.

People said they were kept well informed. People were supported to make decisions and consent to treatment. Where they did not have the mental ability to do this 'best interest' meetings were arranged on their behalf.

Information was kept confidentially and people's privacy and dignity upheld.

The standard of activities was very much improved. There had been four outings in the autumn and various regular activities within the home, such as a pantomime, puppet show and bell ringers.

The manager knew how to respond to concerns which might indicate abuse and had involved external professionals toward the best outcome for people where they had very complex needs. Staff training and support had improved. The home was much better organised, friendlier and more relaxed. People had confidence that they could take any concern to the manager and it would be dealt with appropriately.

Whilst the arrangement for staff numbers were more specific and based on people's individual needs, there remained some concerns about staffing numbers, based on what people told us. We also found that better medicine stock control was needed.

What we found about the standards we reviewed and how well Chollacott House 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

Confidentiality is maintained at Chollacott House and staff deal with private matters in a professional way.

Overall, we found that Chollacott House was meeting this essential standard.

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

There are suitable arrangements in place to ensure that valid consent is sought to care and treatment or alternative arrangements made to represent the person's views.

Overall, we found that Chollacott House was meeting this essential standard.

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

People can be confident that their health and care needs will be met.

Overall, we found that Chollacott House was meeting this essential standard.

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

People at Chollacott House are protected from abuse and the risk of abuse.

Overall, we found that Chollacott House is meeting this essential outcome.

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

The management of medicine stocks requires more attention to ensure that they are managed effectively on people's behalf.

Overall, we found that Chollacott House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

Whilst the manager has arrangements to ensure that there are sufficient numbers of staff to meet people's needs there are times when people may have to wait for assistance.

Overall, we found that Chollacott House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People can be confident that staff receive training and supervision of their work so that they work safely and effectively.

Overall, we found that Chollacott House 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

People can be sure that the quality of the service is being monitored and improvements made in their best interest.

Overall, we found that Chollacott House was meeting this essential standard.

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

People can be confident that their complaints will be heard and handled in their best interest.

Overall, we found that Chollacott House was meeting this essential standard.

Outcome 21: People's personal records, including medical records, should be

accurate and kept safe and confidential

Records are now handled in people's best interest.

Overall, we found that Chollacott House was meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 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

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

- Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

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

When we conducted our inspection in August 2011 we heard staff discuss private information about people in front of other people. This lack of confidentiality in people's presence undermined privacy and dignity.

During this visit one person told us how thoughtful the manager was. Another said they were very happy, and it "feels like home". We saw care workers comforting one person. Staff were very friendly and seemed very natural with people. The majority of care provided was kind, friendly and respectful.

Other evidence

We were given a copy of Chollacott House visitors survey results. Seven people had said that staff were always helpful to people and two said they usually were. Six said that they were 'dealt with' politely and two said they usually were.

We found no evidence during this visit that confidentiality was breached or privacy and dignity not upheld.

Our judgement

Confidentiality is maintained at Chollacott House and staff deal with private matters in a

professional way.

Overall, we found that Chollacott House was meeting this essential standard.

DRAFT

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

One person told us that there was no issue when they wanted a meal early or asked for one to be kept until their return.

One person's family said that their consent had been requested for the use of bed rails as the person using the service was at risk of falling from their bed and they were unable to provide the consent themselves.

Other evidence

When we conducted our inspection in August 2011 we found that the person in charge did not understand that people had the right to make decisions about their own welfare unless they did not have the mental ability to do so. In that case 'best interest' decisions should have been made on their behalf, by people who know them best. This meant that people were not consenting to the care and treatment which they received.

During this inspection we saw records of assessment of peoples' capacity (mental ability) to make decisions about their own welfare. This included whether they could administer their own medication in a safe way if they wished to. We also saw records of people's consent to treatment, such as the use of bed rails and end of life choices. We saw that, where the person could not make such decisions 'best interest' arrangements were made so that peoples' representatives could do this on their behalf. These had

included the person's GP and their family.

The manager informed us that all staff had received training in the Mental Capacity Act and its implications for people using the service. The manager had a good understanding of how to protect peoples' rights.

Our judgement

There are suitable arrangements in place to ensure that valid consent is sought to care and treatment or alternative arrangements made to represent the person's views.

Overall, we found that Chollacott House was meeting this essential standard.

DRAFT

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

We looked closely at the care of four people who used the service. We met them, looked at records of their care, asked questions of care workers about their care and spoke to the family of two of them. We also spoke with a therapist involved in the care of one.

One person told us: "Extremely happy with the home. The meals are good, plenty of it and always hot and tasty". They liked the manager and said they were kept very well informed.

The family of a second person said the home had "improved tremendously". Therapy, which was not being delivered as it should when we inspected in August 2011, was "back on track". We saw records confirming this and clear information about what care workers were to do.

A third person had detailed records of their diet completed and specialist equipment in place to prevent pressure damage from their immobility. They looked well cared for and comfortable. Care workers confirmed that regular mouth care had been provided.

A fourth person had their care reviewed regularly by external health care professionals; they confirmed that the person's needs were being met and the home was doing "all that it could" toward reducing risk for them.

We saw that people had drinks available to them, call bells within their reach and the

home was warm fresh, clean and hygienic. Fresh fruit was regularly provided, as people had requested.

People praised the improvement in activities at the home. We were told that there was weekly bingo "and other things happen often". There had been a pantomime at the home, bell ringers, a puppet show (during our visit) and several outings in the mini bus. The manager told us that the residents had themselves gone to a store to choose some new Christmas decorations.

Other evidence

When we conducted our inspection in August 2011 we found that people could not be confident that health and care needs would be met.

Following the inspection the provider told us that each person's plan of care would be reviewed and improved, with clear guidelines in place for staff.

When we conducted this visit we saw that each person had a plan of how their individual care was to be delivered and that they had been involved in discussions about their care. There were also 'Health Action Plans' detailing how staff were to meet peoples' health needs. Overall, the records we saw were extremely detailed and would leave care workers in no doubt how they were to deliver peoples' care. Two health care professionals who had been involved with the home told us that they felt the standard of individualised care planning was now high.

We found no indication that health and care needs were not fully met.

Our judgement

People can be confident that their health and care needs will be met.

Overall, we found that Chollacott House 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

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The expert who accompanied us on the visit spoke to eight people who use the service. People said: "Staff are so good", "Home from home" and "Very happy here, not like before". People talked openly with no hesitation in conversation when staff were in the room. Other comments included: "I never feel a nuisance, however long I stay" and "As near home as it can be".

People spoke highly of the manager and we were told that she would listen if they needed to complain about anything.

Other evidence

When we conducted our inspection in August 2011 we found that the person in charge did not know how to alert concerns which might indicate abuse or when they should do so.

During this inspection we asked the manager how they should respond if they had concerns. They gave us the correct information and in detail and were clearly well informed about the safeguarding process. They said that they had received accredited training in the safeguarding of vulnerable people.

The manager told us that all staff had received training in the safeguarding of vulnerable people. This was followed by discussion and group work on 'scenarios' and how to respond. We were also told that all staff had training in the Mental Capacity Act and deprivation of liberty safeguards, which are legal safeguards for people unable to

make decisions about their own welfare.

We met a staff member recently recruited to the home. They confirmed that the provider had taken references and completed checks so as to be sure that they were both safe and suitable to work at Chollacott House with vulnerable people.

We saw records confirming that, where a person did not have the mental ability to make decisions about their welfare, people who knew them best, and health care professionals such as their GP, had been involved in 'best interest' decisions on their behalf.

Our judgement

People at Chollacott House are protected from abuse and the risk of abuse.

Overall, we found that Chollacott House is meeting this essential outcome.

DRAFT

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

People did not tell us anything about how the home handles medicines on their behalf.

Other evidence

We looked at how medicines were being stored and recorded. Records indicated that there should have been controlled drugs stored in the home but they were not there. As the person to whom they were prescribed was no longer resident they should have been destroyed and we were told that it was likely that this was what had happened. Regardless, records should always show the correct balance of medicines in the home. Other records were clear and correct.

We found a small amount of medicine stock was passed the expiry date and should have been disposed of.

As part of the home's monitoring arrangements people's current medicines were being checked regularly. However, the check had not yet included controlled drugs or the expiry date of stock. We saw that a medicines check had been scheduled for the day of our visit. This was to have been undertaken by the manager and newly appointed clinical lead nurse. It had been postponed because of our inspection visit.

Our judgement

The management of medicine stocks requires more attention to ensure that they are managed effectively on people's behalf.

Overall, we found that Chollacott House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

DRAFT

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

There are minor concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People told us they liked the staff and manager. Comments included: "Staff are so good" and "So thoughtful".

The expert who accompanied us on the visit reported that they saw staff chatting to people as they passed them and most staff were friendly. However, a request for the dessert of sponge pudding to be served without custard was met with a grumpy reply by one care assistant.

There were some negative comments from people about staff numbers. They included: "Sometimes you have to wait a while when using the call button. There are not always enough staff about". And, "Staff are very helpful although you could wait 20 minutes for assistance to go to the loo if it was busy".

Lunch was supposed to be served at 1pm but was late at 1.30pm. There was then frequent delay while, in one case, a plate guard was fetched and in most cases a wait for cutlery. Each person then seemed to have to wait while spoons were fetched after the dessert was served to them. The expert also spent a period of approximately 40 minutes in the lounge and no member of staff came in. We asked the manager about this and she said that people had call bells available should they need to call for assistance.

Other evidence

We did not find that there was non compliance in this essential standard when we did

our inspection in August 2011 but there had not always been enough staff when we conducted other inspections in 2011.

We asked the manager how she ensured that there were always sufficient staff to meet people's individual needs. She told us: "I am fully aware of the care needs of all residents at Chollacott House and monitor this with staff. From this information I make a judgement on how many staff are needed on duty at any time.

If a residents needs change or we were to admit new residents to the home I would gauge the needs and make adjustments to the staffing numbers as appropriate.

I am happy with the current staffing ratios and do feel I would be supported by my line manager on any decisions I make in this area".

Two health care professionals who had recently visited the home told us: "Very clearly more staff now. The place is much calmer and in control".

We spoke with four staff when we did our visit. They considered the staff numbers to be "OK" and there were comments from people who use the service, their family and staff that the home was "much calmer".

Our judgement

Whilst the manager has arrangements to ensure that there are sufficient numbers of staff to meet people's needs there are times when people may have to wait for assistance.

Overall, we found that Chollacott House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

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

People told us that they were happy with the care they received and we saw that people appeared to be well cared for.

Other evidence

When we conducted our inspection in August 2011 we found that arrangements for training and supervision were not fully embedded or effective, which had the potential to affect people's health and welfare.

When we conducted this visit we spoke with the newly recruited clinical lead nurse. They had started their induction training, which they described as "comprehensive". They confirmed that they were not yet included in the staff numbers delivering care at that time. They said that their training needs had already been discussed and additional training was being arranged. They told us about arrangements for external supervision of their work from a person who was clinically trained and therefore able to do this effectively.

We spoke with three other staff. They told us that the new manager was "very decisive and supportive"; there was more training than before, the care being provided was "much better" and there was now monthly, formal supervision of their work. One told us: "If we're not happy we can talk about it".

Our judgement

People can be confident that staff receive training and supervision of their work so that they work safely and effectively.

Overall, we found that Chollacott House was meeting this essential standard.

DRAFT

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

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

Our findings

What people who use the service experienced and told us

People told us that the home was more relaxed and praised the manager for the improvements. One person told us that the home had "improved tremendously". We found that the manager was well known to people.

People who used the service, their family, staff and professionals who visited the home commented on the more relaxed and happy atmosphere.

Other evidence

When we conducted our inspection in August 2011 we found that risk was not adequately managed and the home did not have systems in place to ensure a safe service. This was despite the provider having a central 'support office' to supply the home and formal arrangements in place for regular checks of the service.

When we visit for this inspection we saw that people's needs were assessed, planned and reviewed at least monthly so that any current need or wish would be addressed. Care workers were able to describe people's needs well and the care delivered was according to the person's plan. Expert advice had been sought as required. Staff told us: "Everything is now done for the resident".

We saw positive survey results from people, a monthly staff supervision schedule and the minutes from resident, family and staff meetings. Staff had their opinion surveyed and told us that they felt confident they could take concerns to the manager. One complaint had been received by the home and we saw that this had been thoroughly

investigated and handled in the person's best interest. Where there was a negative survey response we saw that action had been taken to correct the problem.

We looked at how risk was identified, monitored and managed. People had individual risk assessments, including falls, moving safely and pressure sore prevention and people's safety was improved.

We checked some servicing and maintenance records and saw that the home was well maintained. Several bedrooms were being refurbished during our visit and we were told that one bathroom would also be upgraded. We saw maintenance and cleaning work being undertaken during our visit.

We have not received any complaints about Chollacott House and the manager has kept us well informed about progress at the home.

Our judgement

People can be sure that the quality of the service is being monitored and improvements made in their best interest.

Overall, we found that Chollacott House was meeting this essential standard.

DRAFT

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

We observed that people talked openly with no hesitation in conversation when staff members were in the room. Some people told us how much more relaxed the home was now.

One person told us that the manager would listen if they needed to complain about anything

Other evidence

When we conducted our inspection in August 2011 we found that people were anxious about making complaints and feared discrimination if they did so.

The current manager has ensured that people can have confidence to express their view and have the opportunity to make their feelings known.

We saw that there was a complaints and compliments book at the entrance to the home. There were no complaints written in this book but there were compliments.

We were shown records of the only complaint received by the home since August 2011. It had been thoroughly investigated and handled in an open and non judgemental manner.

We have not received any complaints or negative information about the home since our

last inspection in August 2011.

Our judgement

People can be confident that their complaints will be heard and handled in their best interest.

Overall, we found that Chollacott House was meeting this essential standard.

DRAFT

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

People did not tell us anything specific about how the home handled records on their behalf.

Other evidence

When we conducted our inspection in August 2011 we found that the way records were handled had the potential to put people at risk; some had not been produced at all and some lacked detail.

During this inspection visit we looked at records of people's care, medication and records of complaints.

We saw that care plans were very individual to the person. They contained assessment of risk, assessment of mental ability to make decisions and other information care workers needed to inform them what care to deliver in a safe way. We also saw records of health care monitoring, such as diet, weight and risk from falling, which had been fully completed.

A health care professional told us: "Very much better care plans now. Also, very person centred."

Our judgement

Records are now handled in people's best interest.

Overall, we found that Chollacott House was meeting this essential standard.

DRAFT

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 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>Why we have concerns:</p> <p>The management of medicine stocks requires more attention to ensure that they are managed effectively on people's behalf.</p> <p>Overall, we found that Chollacott House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</p>	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>Why we have concerns:</p> <p>Whilst the manager has arrangements to ensure that there are sufficient numbers of staff to meet people's needs there are times when people may have to wait for assistance.</p> <p>Overall, we found that Chollacott House was meeting this essential standard but, to maintain this, we suggested that some improvements were made.</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 provider's report should be sent to us within 14 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.

DRAFT

What is a review of compliance?

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

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

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

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

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

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

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

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

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA