Aspire Healthcare Limited

Rocklyn

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 14 and 20 January 2015. This was the first inspection at the home since it was registered with the Care Quality Commission (CQC) on 29 April 2014.

Rocklyn provides residential care for up to 11 people who have learning difficulties and at the time of our inspection there were eight people living there. All of the people living at the home were able to communicate with us.

Rocklyn was originally two terraced properties which have been combined into one building spread over three floors.

The home had a registered manager in post who had worked at the home since the provider registered and also for seven years with the previous provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found significant shortfalls with the maintenance of the premises. We found rotting window frames,

Summary of findings

threadbare carpets and a need for redecoration throughout the home. Mould on walls was found in a number of areas within the home and electrical testing of portable equipment had not been undertaken since 2013.

Safe management of medicines was not always followed, although people told us they received the correct medicine from staff. Risk assessments were not always completed.

People told us they felt safe at the home and protected by the staff. Staff were aware of their personal responsibilities to report any incidents of potential or actual abuse to the registered manager. People told us there were enough staff at the home to support them and we confirmed this through records. We found emergency procedures, including fire safety were monitored and staff knew what to do in an emergency. Accidents and incidents were recorded and monitored to identify any trends.

People told us they were happy with the food and drink available to them. We found staff were suitably trained and received supervision and appraisal from the registered manager.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions.

People told us staff look after them well. Staff spoke with people in a caring and kind manner and treating them as individuals with respect and dignity. People's care needs were detailed, recorded and reviewed by staff with input from the person, their families or healthcare professionals.

People had choices in their day to day living and were able to participate in a wide range of activities. Staff encouraged and supported everyone to maintain social links. One relative told us, "They [person's name] has a better social life than me." People and their relatives told us they knew how to complain and any issues had been dealt with quickly.

We found quality assurance checks were not always robust, particularly with regard to premises and elements of infection control. The registered manager had not notified us of incidents occurring at the home which had involved the police.

Staff felt supported in a team that worked together for the benefit of people living at the home.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and one breach of the Care Quality Commission (Registration) Regulations 2009. These related to safety and suitability of premises; management of medicines; assessing and monitoring the quality of service provision and notifications. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

The premises were not maintained to adequate standards of cleanliness and infection control, and some areas were in need of redecoration and repair.

Risks to people were not always identified or managed appropriately and the management of medicines did not always follow safe practice.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. All accidents and incidents were recorded and monitored.

Is the service effective?

Good

The service was effective.

Meal times were organised to ensure people were fully involved and received adequate nutrition and refreshments.

There were induction and training opportunities for staff and staff were supported by their line manager.

The registered manager and staff had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005

Is the service caring?

Good

The service was caring.

People told us staff looked after them well. We saw people being treated as individuals with respect and dignity, and this was recognised by people within the services and visitors alike.

Information was presented to people in a manner which enabled them to make day to day decisions about their care.

People and their relatives felt involved in the service and how it operated.

Is the service responsive?

Good

The service was responsive.

Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

People had a varied programme of activities to participate in and told us they were able to make choices about their care, including what they ate and where they went to work.

People and their relatives knew how to complain if they needed to and told us any issues were dealt with quickly.

Summary of findings

Is the service well-led?

The service was not always well led.

Audits and quality checks were not robust, particularly in regard to infection control and premises.

The provider had not responded to or acted upon premises shortfalls at the service.

The registered manager had not notified us of incidents in which the police had been involved.

Staff felt supported and were positive about the working relationship the team had with each other.

Requires Improvement

Rocklyn

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 20 January 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider about incidents or serious injuries. We contacted the local authority commissioners for the service, local Healthwatch, local authority safeguarding team, fire and rescue service and environmental health team to obtain their views about the delivery of care. We also spoke with healthcare professionals involved with the care of people who lived at the home.

We spoke with the eight people who used the service and three of their relatives. We also spoke with the registered manager, area manager and four members of care staff. We observed how staff interacted with people.

We looked at care records for three out of eight people living at the home, including medicine records. We looked at recruitment records for three out of six staff employed at the service. We looked at duty rota's; handover notes; health and safety records and information; maintenance documents; policies and procedures; meeting records and complaints records. We checked the finances of three people who lived at the home and looked at quality assurance audits and checks.

After the inspection we asked the provider to send us a copy of their training schedule, fire risk assessment and survey form which they did within the agreed timescale.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the home, and had everything they needed. However, we identified concerns relating to premises as staff showed us around the building.

We found the majority of communal areas of the home poorly maintained. Two of the kitchen windows wooden frames were rotted and other windows were in poor condition. We saw staircases with threadbare carpets, stained wallpaper and dated décor. In the laundry areas we saw cracked and chipped paintwork, poorly fitted cupboard doors, peeling wallpaper and mould on walls. In the ground floor shower room we found cracks in the tiles, unpainted areas, peeling paint, and a roller blind which was worn and broken. We saw first floor bathrooms with missing wallpaper, holes in the bath panels, loose panels, unpainted wood and exposed pipes. In the top floor toilet we found a length of metal piping sticking out of the wall and loose panels around piping. In the upper floor kitchen/craft room we found mould on walls and loose wallpaper.

We observed on the top floor personal items had been stored in a narrow passage. These items included chairs, books and a hoover. This was a trip hazard and could also affect people's evacuation from the building in the event of an emergency. We discussed this with the manager and the items were removed. We also noticed in the same area there was a shower which was not in working order.

A toilet door on the top floor opened directly onto the staircase. The doors to three bedrooms also opened directly onto the staircase, opposite the toilet. As the doors opened onto each other, there was a potential risk of someone falling down the stairs. When we opened the toilet door and the other door together, we found it extremely difficult to move safely at the top of the stairs.

We noted one staircase had one bannister and we watched one person come down this staircase. A few steps from the bottom they held out their hand for assistance as the bannister ended before it reached the bottom of the staircase. We judged this to be unsafe, and that it posed a falls risk.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Stickers on electrical equipment showed that portable appliance testing (PAT) was last completed in May 2013 and we found no records to show that testing had been completed. When asked, the registered manager confirmed no testing had taken place. This was contrary to the provider's policy on PAT testing which specified annual testing of electrical equipment.

We passed our concerns about the condition of the premises to a local authority environmental health officer.

We spoke with North Tyneside Fire and Rescue Service after our inspection. They told us they were satisfied the provider had suitable fire precautions in place, including confirmation adequate fire drills took place and monitoring of fire equipment and procedures were maintained. We confirmed the provider had guidance in place to safely evacuate the home in a case of emergency and staff, when asked knew what procedures to follow if a fire occurred.

In the kitchen the walls of a cupboard used to store items of food were covered in mould and were in need of redecoration. We discussed this with the registered manager and found on day two of our inspection they had emptied the cupboard of food items and stored them elsewhere.

We saw staff had completed risk assessments for people, including for example when people were at risk of scalding, overeating, road safety and substance misuse concerns. Some risks had not been assessed, for example staff told us one person was at risk of falls, but we found no assessment of that risk. We saw not all control measures had been considered, for example monthly weighing was not included when people were at risk of overeating. We saw no assessment of the risks in relation to people's medicines. We discussed this with the staff and the registered manager and they confirmed all risk assessments and records would be updated to include this information.

People had given permission to staff to administer medicine to them. One person told us, "Staff sort my medicine and give it to me." One person confirmed staff had permission to help them with medicine. We saw records showing people's medicine needs and the support which had been agreed staff would provide. There was a medicine policy in place but this gave no guidance to staff on procedures to follow in regard to medicines taken only

Requires Improvement

Is the service safe?

when required, rather than at set times. We noted in the medicine policy the reference to covert medicine and best interest decisions was not up to date and did not comply with best practice.

We saw staff administering medicine to people and recording what had been administered on medicine administration records (MAR). We saw two examples were medicine's people had been prescribed was recorded incorrectly on MAR. Staff told us there had been a change of pharmacy recently and a number of errors had followed. Staff told us additional medicine had been sent and errors on MAR had occurred. Staff had scribbled out one medicine for a particular person and although the person confirmed they were receiving the correct prescribed medicine a new MAR entry had not been made for the correct medicine.

We noted some pictures of people were missing from MAR. Photographs of people help staff to ensure they administered the right medicine to the correct person. Staff told us they did not have a camera to be able to produce photograph's or a photocopier to print them off.

We asked staff how they checked medicine was stored under 25 degrees Celsius as described in their medicine policy. They told us room temperatures where medicines were stored was not monitored. Staff told us some of the bedrooms were very warm, although they could not say what temperature was reached. That meant the effectiveness of medicines was at risk because staff had not checked medicine storage temperatures and had not followed the providers policy and procedures on management of medicines. We discussed our concerns regarding medicine with the registered manager and they told us they would address these issues.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager was not aware of the National Institute for Health and Care excellence (NICE) guidelines 'managing medicines in care homes', but said they would investigate further.

People told us they thought there was enough staff to meet their needs and relatives confirmed that. We looked at staffing rotas for a period of four weeks and saw suitable levels of staff were available to support people at the home. The registered manager explained the system they used was based on people's dependency needs and told us because they were such a small team it worked really well. They said staff covered each other's holidays and any absences. We found appropriate recruitment procedures had been followed, including completed application forms with full history and experience information, reference checks and Disclosure and Barring Service checks (DBS).

Staff were confident when asked about their understanding of safeguarding. They were able to explain what they would do in the event of any concerns and also the types of abuse people could be subjected to.

We checked the finances records of three people who had their money securely kept by the provider. We found all money was accounted for. People told us they had never had any concerns with their money going missing. Relatives also confirmed there had been no issues with their family member's money.

Accidents and incidents were recorded and monitored at the home, with care records being updated and reviewed when necessary. An analysis of accidents was completed by the provider to monitor and compare any trends forming and we saw that action had been taken when issues had been identified.

We recommend the provider considers the National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes.

Good

Is the service effective?

Our findings

People we spoke with thought staff were well trained. One person told us, "[staff names] went on a first aid course." A relative told us, "Staff are very good, they know what they are doing."

We asked one member of staff about first aid training. They confirmed they had received training and gave us an example of when they had helped an individual. They were able to explain the correct procedures to use in the case of cardiac arrest and also if someone was choking. One staff member told us, "We do online training for some things, which works ok." Relatives we spoke with told us they thought staff had the right skills and training to support their family member. We saw training certificates which confirmed staff had received appropriate training. We also saw a copy of the training matrix for the home which showed dates when staff had completed training and when training was next due. That meant the registered manager could ensure staff were trained appropriately and training was kept up to date.

Staff confirmed they had received an induction when they started which, they told us, included shadowing experienced staff, reading people's care records and completing a range of training. We saw records which confirmed the registered manager completed regular supervision with all staff. We saw topics covered included, wellbeing of the staff, issues with people at the home and training and development needs. We also saw yearly appraisals had been completed by the registered manager in September and October 2014. Staff told us they felt supported by the registered manager. One person told us, "All of us have worked here a while, we help and support each other." Another staff member told us, "I would speak to [registered manager] if I had any worries about the job." We saw staff meetings regularly took place and covered a range of topics, including medicine, rota's and people's needs.

People told us they were asked for their consent before staff embarked on any care or support with them. One person told us they had signed their care records and we confirmed they had. We heard many examples of staff asking people for consent before carrying on with a particular activity. For example asking permission to carry on administering medicine to people or helping one person to enjoy a bath. That meant staff took into account the rights of people to decide whether or not to consent.

People told us they had plenty to eat and drink and were able to have food they enjoyed. One person told us, "[Staff name] is a good cook, the food is usually good." One relative told us, "They [person's name] never complains about the food, from what I have seen it looks canny." We saw fresh, tinned and frozen food were available at the home with adequate refreshments on offer. Menus were available and staff told us that they were flexible depending on what people wanted. We saw a selection of meals being cooked during our inspection, including meals prepared by people living at the home. We also saw people and staff going out shopping for fresh ingredients to cook on the day of inspection. People's nutritional needs had been assessed and care plans were in place for those requiring additional support. The staff we spoke with were aware of people's dietary likes and dislikes as recorded in their care records. People confirmed they did not have to have food they did not like and were able to have another option.

Information contained in people's records indicated consideration had been given to people's mental capacity and their right and ability to make their own choices, under the Mental Capacity Act (2005) (MCA). We spoke with the registered manager about the MCA in relation to Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards to ensure care does not place unlawful restrictions on people in care homes and hospitals. They confirmed no one at the home was subject to a DoLS application and any decisions were made in people's best interests with relatives and healthcare professionals involved. Staff were aware of the MCA and understood about supporting people to make choices and decisions. CQC monitors the operation of DoLS and reports on what we find. DoLS are part of the MCA. We confirmed staff had received appropriate training. That meant the provider was complying with their legal requirements.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "The staff do care about us, they have known us a long time." Another person told us, "Yes staff care."

People told us they attended appointments with healthcare professionals if the need arose. We saw from records staff supported people to make other appointments, including opticians, GP and hospital appointments. One staff member showed real concern about a person who had recently had to attend a string of health appointments. They showed compassion for the person and the wish to make the appointments as easy as possible, which the person later confirmed they appreciated. One person told us they had been having trouble with their teeth and staff had helped them to visit the dentist. They told us, "Staff helped me get to the dentist." Staff told us, "It's awful if someone is in pain and we will do what we need to, to help." One healthcare professional told us, "Staff do try and help people to the best of their ability, they are very caring."

People told us they felt staff listened to them. One person told us staff had helped them with hospital and GP visits. Another person told us staff had supported them to attend a funeral of a friend. We asked staff about supporting people and they told us, "We support people were we can, if it's important to them it's important to us." It was clear from the conversations we had with people that they had formed positive supportive relationships with staff. Relatives told us they spoke with staff on the telephone and when they visited the home. They told us they felt involved in the service and how it operated.

People enjoyed the privacy of their own bedrooms if they wanted to. We saw staff knocking on people's doors and as we were talking to one person in their bedroom, a staff member knocked on their door and waited for a response. The staff waited until the person shouted for them to come in. Everyone who lived at the home was free to come and go as they pleased, although some people chose to be supported by staff when they went out. We saw people leaving the home to go out with friends and we also saw people who had chose to independently visit and stay with relatives for a few days. That meant people independence was promoted and respected by staff at the home.

One healthcare professional said, "The home is quiet and calm." We heard staff talking to people in a caring and kind manner and treating them as individuals. Staff appeared to understand people's needs and it was apparent that people also knew the staff well. One person arose later in the morning and we saw staff taking them breakfast and ensuring they were ok and did not want anything else. This person told us, "Staff look after me." We heard staff explaining information to people in a way which helped them to understand.

Many of the people living at the home were involved in the upkeep of their own bedrooms. One person showed us their room and when we asked who kept it clean, they explained they did. One staff member told us how staff supported people to maintain their bedrooms and other areas. They said, "We encourage people to help."

No one at the home used advocacy services. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. We saw information was available to people. We explained what an advocacy service was to one person and asked if they had ever used one before; they told us 'no'. The person also said, "Staff help me if I need anything or [care manager name]."

People told us their relatives or friends could visit when they wanted to. One person told us their relative visited regularly, sometimes at different times and days. They also told us staff were very happy to welcome relatives or visitors at any time. The relatives we spoke with confirmed this was the case and one said, "I go when I want really, there has never been a problem."

We saw in some people's care records that their wishes, regarding individual end of life care, had been recorded. Other people had decided not to discuss these issues at the current time and staff had respected their choice. Although we were told by one staff member that the issue would be reviewed in the future to check people had not changed their mind.

Good

Is the service responsive?

Our findings

People told us they felt involved with their care. We saw records which showed people had been asked detailed information about their health and personal history, including information about their families. One person told us, "I completed a book all about my me." One person told us, "Staff know me very well."

One person at the home spent time in the kitchen with staff making an evening meal for everyone. The person set tables and prepared what they called a 'come dine with me experience'. We observed part of the preparation and the end result which demonstrated people had the opportunity to encourage and develop their life skills. Staff and people who lived at the home commented on how well the food had been prepared and how nice it tasted. One person told us later, "That was good." We heard people laughing and saw them enjoying the experience of having a meal cooked by one of their fellow residents.

People had choice. One person told us they chose to work in a charity shop and really enjoyed it. Another person told us about cookery courses they had been to and also drama classes they currently attended. During the inspection one person had been to Newcastle for the day with a staff member and when we asked them if they had enjoyed themselves they told us, "Yes, it's been a good day." The same person told us they wanted to get a job and staff were helping them with police checks they might need. One relative told us they came every Friday to run a craft group, which focused on sewing. The relative told us, "We made advent calendars for Christmas, people really enjoyed that." Another relative told us, "[Person name] has a better social life than me." We saw daily record books which recorded a variety of activities, visits, events and appointments that people had participated in. That meant people were able to enjoy activities meaningful to them and which helped them to integrate into the local community.

Three people showed us their bedrooms. We found large, comfortable, and well maintained spaces. People told us they liked their bedrooms and had everything they needed. Staff showed us other bedrooms. One person told us, "I have all my own things in here." They pointed to a number of items and said they belonged to them. Another person told us they had recently moved rooms to a bigger one. They said, "My room is nice." Relatives we spoke with said they were satisfied with people's bedrooms. One relative told us, "[name] is happy, so we are too." Another relative told us, "The bedrooms are really quite big, [person] seems happy."

Each person at the home had a key worker and they were able to tell us who that was. A key worker is a member of staff allocated responsibility to ensure a particular person's records are kept up to date and also act as a main contact for the person to discuss issues. We asked one of the key workers what having a key worker meant for people. They told us, "I am their link and update their records."

We saw people's needs had been assessed, including physical, psychological, social, behavioural and communication needs and these had been care planned and regularly reviewed. The registered manager told us staff were in the process of ensuring all records were up to date.

People had one page profiles which gave a snapshot of the person. We saw staff had visually recorded, in a pictorial format, relationships that were important to people and this included relatives, staff or other people. We saw people had signed records to show they had been involved in their care and healthcare professionals confirmed people were included. We asked relatives if they were included in their family member's reviews. One relative told us, "I am happy that staff see to everything." Staff confirmed families were invited to be part of the review meetings but sometimes chose not to attend.

A hospital admission document was kept on people's records and should anyone be admitted or have to visit hospital for any reason the form was taken with them. The form contained personal information about medicines taken, GP details, next of kin and other information which would be used to enable nursing staff to better support the person should they need to attend hospital.

People knew how to complain as did their relatives. One person told us they sometimes complained and staff sorted the issue out immediately for them. One relative told us any issues they had, no matter how small, were dealt with quickly. Another relative said, "I have not had any complaints for some time, but I know that the girls would sort things out straight away if I did."

We saw that where previous historic complaints had been made, they were dealt with effectively.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. The registered manager was present and assisted with the inspection. The registered manager had worked at the home since the provider registered in April 2014 and also for seven years with the previous provider. They told us they had a passion for the service and cared deeply for the people who lived there. People told us they could speak to the registered manager at any time and relatives told us the registered manager was approachable and supportive. One person told us, "[Registered manager's name] is very good, she helps me if I need her to."

The registered manager completed a number of audits and checks of the home, including medicine, health and safety and finance. No infection control audit was in place to robustly monitor this area within the home, although some elements were covered in the health and safety audit. The registered manager confirmed that no separate infection control audit was in place. We saw care plan audits had been completed but not regularly. We saw one person had their records checked in May 2014 but no monitoring was recorded after that date. Overall, we found audits and checks were not robust as they had not always been completed or identified areas of concern. For example, the medicine issues we found during the inspection.

Issues that had been found through quality checks had not always been addressed by the provider. For example, the upkeep of the premises. We asked the manager about this and they confirmed they had reported concerns and were awaiting issues to be addressed. We saw the registered manager had reported issues of concern to the provider through reports but no action had been taken to rectify issues raised, particularly in regard to the premises.

This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw from records police had been involved with incidents at the home but these had not been reported to the Care Quality Commission (CQC) in line with registration requirements. We discussed this with the registered manager who told us they were unaware they needed to send in this type of notification. We asked the registered manager to send these notifications in retrospectively, which they did after the inspection.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People told us they had meetings at the home to discuss issues of interest to them. One person told us, "We talk about all sorts." House meetings took place every quarter and we saw hand written minutes to confirm that. Notes were not available in printed format on notice boards for relatives or people to see. The meetings included discussions about food, activities, complaints and any other suggestions people may have had. There was evidence that people were listened to. People confirmed, when we asked them, that staff helped them to bring about any change they wanted to make in a positive way. One health care professional told us the staff at the home were open to change and wanted to positively support people with their needs.

People and relatives told us they did not complete any surveys about the home. One relative told us, "Don't think I have ever had one of them, or if I have I cannot remember." Relatives told us they were asked their views about the home when they visited. There was no specific meeting for relatives, although staff told us relatives were kept up to date every time they visited the home. We asked the registered manager about surveys and they told us they had not organised any, but that provider planned to send these out in the near future.

The registered manager and staff told us they felt supported and one staff member told us, "We are a small team and work together better because of that." The staff team appeared to have an open and honest culture and appeared to support each other from conversations we heard. Another staff member told us, "I work here for them [people], we all do." Team meetings took place regularly and discussed a range of issues relating to people living at the home, staff welfare and other issues relating to the home and the provider.

The provider had not made the registered manager aware of the existence of a business plan for the home, but we later spoke with the area manager who confirmed a business plan for the provider was in the process of being implemented, particularly with regard to refurbishment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The provider did not have robust systems in place to monitor the quality of service provided.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People were not always protected because the provider did not have or follow adequate procedures for the safe management of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **The provider had not ensured that people were protected against the risks associated with unsafe or unsuitable premises.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person had not notified the CCQ of incidents reported to, or investigated by the police.**