

TKSD Care Homes & Training Ltd

Ruth Lodge

Inspection report

6 Ruth Street
Chatham
Kent
ME4 5NU

Tel: 01634406840

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14 August 2019

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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 

Summary of findings

Overall summary

About the service

Ruth Lodge provides care and support for two people with learning disabilities. At the time of our inspection, two people were using the service. The service was set out over three floors. One person was able to verbally communicate with us while the other person was unable to verbally communicate with us.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

The registered manager failed to notify CQC of suspected abuse or exposure of people who lived in the service to a risk of harm.

While staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally, both staff and registered manager failed to report an incident externally as appropriate. The registered manager failed in their responsibilities in relation to reporting safeguarding concerns. This is an area for improvement.

Medicine administration continued to be managed safely by both staff and the registered manager. However, we found that staff competency checks were not regularly carried out. We have made a recommendation about this in our report.

People were not consistently safe at Ruth Lodge. However, staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

One person said, "I am happy here." Our observation showed that people were happy living at the service.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them. They felt a part of their local community and were supported to use local resources to their advantage.

Staff understood the importance of promoting people's choices and provided the support people required while promoting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life.

People and their relatives were involved in the running of the service and were consulted on key issues that may affect them.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (Report published 14 August 2018) and there were three breaches of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, we have found evidence that the provider still needs to make further improvements in order areas. Please see the Safe and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Ruth Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ruth Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection in June 2018. This included details of incidents the provider must notify us about, such as abuse or when a person dies. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one person, three care staff and the registered manager. We spoke with one relative over the phone. We requested feedback from a range of healthcare professionals involved in the service. We did not

receive any feedback.

We reviewed a range of records. This included two people's care records and medicines records. We also looked at three staff files including their recruitment and supervision. We reviewed records relating to the management of the service and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We asked the registered manager to send additional information after the inspection visit. This included the staffing rota, staff training plan and care related documents. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remains requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection on 06 and 22 June 2018, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to manage risks effectively and failed to operate effective recruitment procedures. At this inspection, we found that improvements had been made and the regulations had been met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes were in place. Risk of abuse had been minimised because staff were aware of safeguarding policies and procedures. Staff had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.
- However, while staff raised concerns, recorded safety incidents, and near misses, internally, both staff and registered manager failed to report an incident externally as appropriate. The registered manager had not followed the safeguarding protocols and procedures. The registered manager had not reported a safeguarding incident appropriately where there was physical contact between two people that lived at the service. One person sustained personal injuries including a small cut. The registered manager was informed, and appropriate medical intervention had been sought at the hospital. The local authority safeguarding team had not been notified, as they should have been, nor had CQC been notified. Notifying the local authority safeguarding team would have enabled further review of the incident and an agreed protection plan for the person and guidance provided to staff. This is an area for improvement.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "When we see something of concern to voice it out to the manager. If the manager has not done anything about it, I can go to the social service or CQC."

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The registered manager monitored these, so any trends could be recognised and addressed.
- The registered manager used the information to make improvements to keep people safe. For example, following the incident mentioned above, the registered manager ensured care plans and risk assessments were reviewed to avoid reoccurrence.

Using medicines safely

- Medicine administration continued to be managed safely by both staff and the registered manager.
- Medicines administration records were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.

- Suitably trained staff continued to follow arrangements in place to ensure people received their prescribed medicines. However, staff competency check was not regularly checked once a year. Annual competency check would have enabled the registered manager to review staff knowledge, skills and competencies relating to managing and administering medicines. For example, one member of staff was last checked on 06 November 2017, another last checked on 10 November 2017 and the other two members of staff had never had their competency checked at all.

We recommend the registered manager to seek guidance from a reputable source such as The National Institute for Health and Care Excellence (NICE) on managing medicines in care homes.

- Medicines were stored safely. PRN (as required) protocols were in place and staff followed them.

Assessing risk, safety monitoring and management

- People were protected from risks from the environment. We checked whether the registered manager had completed all the required actions from the fire officer's recommendations and found these had been completed. For example, all staff had been issued with the front door keys in case of an emergency. We saw information on the notice board, which instructed staff to carry the front door keys with them at all times.
- The environment and equipment were safe and well maintained. Appropriate checks, such as gas safety checks and electricity safety checks had been carried out.
- All appropriate environmental risk assessments such as exiting Ruth Lodge through the front external door, using bath, toilet and accessing the community were in place. These were detailed with the identification of who was at risk, hazards, potential outcomes, risk minimisation and risk rating. This meant that staff were equipped with the required information that would enable them to act appropriately to minimise risk to people who used the service.
- All staff had been trained on fire safety.
- People's support plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.

Staffing and recruitment

- The registered provider had carried out checks to explore staff members employment history to ensure they were suitable to work with people who needed support. Where appropriate, curriculum vitae were provided, which showed staff education and employment histories.
- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records of checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment.
- Staffing levels continued to be provided in line with the support hours agreed with the placement authority and these were determined by the assessed needs of people when the provider accepted the package to provide the service. These were reviewed regularly with the placement authority.

Preventing and controlling infection

- There continued to be effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.

- Staff were trained in infection control and food hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider continued to undertake a holistic assessment of the two people who lived in the service. People and their relatives were fully involved in the assessment process.
- Records showed that the initial assessments completed had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning and reviewing their support.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to successfully carry out their roles. The training records sent to us evidenced that all staff had attended training in safeguarding, equal opportunities, epilepsy awareness, record keeping and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- Staff continued to receive one to one supervision meetings with staff. However, annual appraisal of their work performance with the registered manager had not been carried out. We discussed this with the registered manager who admitted these had not been completed. On the second day of our inspection, the registered manager showed us their schedule for the annual appraisals to be carried out immediately.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP and the dietician demonstrating the provider promoted people's health and well-being. For example, one person reacted adversely when they ate a particular type of food. The dietician worked with the service, which enabled them to identify the particular food to avoid. Staff rigidly followed their advice and guidance that were put in place. This ensured that the person's nutrition needs were being met.
- People were fully involved in decisions about the food they ate. People had control over what time they ate and any snacks and drinks they wished to have through the day. One person said, "I do shopping. I can ask for something else if I do not like what was prepared. I have done that before."
- People were supported to eat a healthy and balanced diet. People were weighed every month in compliance with the dietician's advice.

Staff working with other agencies to provide consistent, effective, timely care

- People had hospital passports in place. These are documents people can take with them when they go to

hospital to provide useful information for healthcare staff.

- Senior staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed.
- The registered manager worked closely with health professionals such as the local GPs, dietician, and optician in regard to people's health needs. This included medicine reviews, weight gain or loss and mental health concerns. Staff told us that if they had any concerns about a person's health they would liaise with the registered manager for advice or if in an emergency, they would contact the GP or emergency services directly.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's needs. The environment was pleasant, spacious and decorated with people's involvement.
- People had access to all areas of the service, including the kitchen and the garden.
- People's rooms were designed and adapted according to their needs and preferences. For example, one person's assessment indicated that their room must be cleaned thoroughly and regularly. Staff cleaned the room thoroughly on two occasions on the first day of our inspection. This was in line with meeting the person's personal needs.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. Records confirmed that people saw the optician regularly, had annual dental check and were supported to see the doctor whenever needed.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. For example, one person had their medicine reviewed on 19 September 2018. As a result, the time of medicine administration and dosage were changed respectively. Staff followed these changes.
- People's individual health plans continued to set out for staff how their specific healthcare needs should be met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that the registered manager was working within the principles of MCA and DoLS authorisations were being met. The two people who lived in the service had appropriate DoLS in place.
- The registered manager had good systems in place to monitor and track DoLS applications. The registered manager told us they had a good working relationship with the local DoLS office.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person said, "I am happy here." We observed the other person engaging with staff throughout the day and appeared happy as they smiled and responded to prompts from staff.
- Staff knew the people they were supporting well.
- People's care records continued to contain information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us details on people throughout the day, without needing to refer to their support plans.
- Interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality.

Respecting and promoting people's privacy, dignity and independence

- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way.
- Staff understood the importance of respecting people's individual rights and choices. For example, staff asked if someone would like to go shopping. The person said 'Yes'. Staff then supported the person to the local shop. When the person returned, they were happy to inform us about their trip out.
- People's right to privacy and to be treated with dignity was respected. Staff did not enter people's rooms without first knocking to seek permission to enter. Staff demonstrated their knowledge about this. They told us about one person whose privacy must be respected because of their sexual needs based on their care plan.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were involved in decisions about their care and support. Relatives confirmed they were involved in making decisions about their care and support.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted in the way they preferred.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There continued to be an ongoing assessment of people's needs within the service. This enabled the registered manager to make sure they had the skills and levels of staffing within the staff team to care for each person appropriately.
- The result of the assessment meant that each person received one to one support. This meant that people continued to receive personalised care and support.
- People and their family members continued to be fully involved in the assessment process to make sure the registered manager had all the information they needed. People had support plans in place, which reflected their current needs.
- Detailed daily records were kept by staff. Records included personal care given, well-being, activities that took place, any concerns, food and fluids taken. Communication between staff was good which benefitted the care of each person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff helped people to stay in touch with their family and friends. One person said, "I speak with my mum and sister everyday Mondays to Thursdays". People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome.
- Staff planned and facilitated individual social activities inside and outside the service. In one person's care plan, it stated long term objectives as 'To remain motivated and to participate and to get used to doing activities on daily basis.' The plan of care stated, 'Staff to gently prompt and encourage to participate in planned activities in the community.' Records confirmed staff promoted and encouraged the person to participate in activities. For example, they went to the cinema on Sunday afternoons, activities centre daily from Mondays to Fridays, horse riding on Fridays and lunch out afterwards when the person wished to.
- One person said, "I am going on holiday today to Staines. I am going with [staff]. I know him, and I am happy to go with [staff]. We are going for three days." This showed that people were relaxed and comfortable with the staff working with them.

Improving care quality in response to complaints or concerns

- The provider continued to have a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and local government ombudsman.
- The complaints procedure was on display on the notice board in the service.

- The registered manager told us there had been no complaints received since our last inspection.
- Relatives were aware of how to make a complaint if required. A relative said, "I haven't had any reason to complain about anything. If I am concerned, I always call the manager and they have always responded well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were partly in easy read or pictorial formats and people were able to understand them. Information was provided to people in a way that complied with the Accessible Information Standard.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and these were recorded in their care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained same Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection on 06 and 22 June 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to operate effective systems to assess, monitor and improve the service. At this inspection, we found that improvements had been made and the regulation had been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had not been sent to us appropriately. For example, in relation to serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- The registered manager did not have a good understanding of the requirements of their registration with the Care Quality Commission (CQC).
- Necessary notifications relating to suspected abuse or exposure to a risk of harm had not been reported to the CQC as reported above. We fed back to the registered manager who told us that they did not realise they had to notify CQC of the incident.

Failure to notify CQC of suspected abuse or exposure to a risk of harm is a breach of Regulation 18, Care Quality Commission (Registration) Regulations 2009.

- New systems had been developed and implemented to check the quality of the service including reviewing care plans, incidents, maintenance and health and safety. Medicines were audited weekly to check stored medicines and the medication administration records. Where actions were needed these were recorded and completed in a timely manner.
- The registered manager also carried out a series of audits either weekly, monthly, quarterly or as and when required to ensure that the service ran smoothly. They used these audits to review the service. They included weekly health and safety, monthly checks on medicines, staff training, supervision and the environment. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, the recent audit had picked up the outdated staff appraisals that we found. Action was now in place for this.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be

informed of our judgments. The provider had clearly displayed their rating at the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager continued to engage and involve everyone in the day to day running of the service.
- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "I have worked in several residential care homes in the past. This provider is different. The manager works with us and he is accessible either face to face, by phone or any other means. He has a skill whereby he engages us at all time. It is a conducive area to work."
- A relative said, "I am happy with the care and support. They involve me. Yes, I have always been called to meetings and feel involved. The management is quite good. They do liaise with me at all times."
- Communication within the service continued to be facilitated through monthly meetings. These included staff meetings and resident's meetings.
- The provider had systems in place to receive people's feedback about the service. The provider used a monthly questionnaire to gain feedback on the quality of the service. These were sent to relatives of people living at the service, health and social care professionals. Feedback received in April 2019, showed that relatives were satisfied with the service provided. A relative commented, 'I am satisfied with the service.'

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There continued to be a registered manager at Ruth Lodge. The registered manager provided support to the staff.
- Staff told us that the registered manager continued to encourage a culture of openness and transparency. A member of staff said, "The manager is a good manager. He is serious about the provision of good care and adhering to the standards. He interacts with staff very well. He is very well approachable."
- There was a positive focus on supporting people to communicate and express their views.
- Relatives were involved in people's care. Where things went wrong or there were incidents relatives were informed where this was appropriate. A relative said, "Communication with staff is quite good."

Continuous learning and improving care

- The registered manager told us that they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- The registered manager had attended a case conference with the local authority the previous day before our inspection. They told us the conference enabled them to focus more on person centred service delivery.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support. We observed this during the inspection when the registered manager passed a healthcare professional's message to staff, which needed to be implemented immediately.
- The management worked with funding authorities and other health professionals such as dietician and care managers to ensure people received joined up care. As a result, plans such as behavioural management plans were developed and implemented within the service.
- The management had developed links with the local community. For example, with local churches and other places of worship, which enabled people to access these places when they wished to attend.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered manager failed to notify CQC of suspected abuse or exposure to a risk of harm.</p> <p>This was a breach of Regulation 18, Care Quality Commission (Registration) Regulations 2009.</p>