Rosenmanor Limited

Rosenmanor 1

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Rosenmanor 1 is a rehabilitation service that provides accommodation and support for eight people with mental health needs. The service specialises in helping mainly younger women with mental health needs develop the necessary skills to move onto more independent living. There were eight women living at the home at the time of this inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was also responsible for managing the providers three other mental health services also located in South London.

At our last CQC comprehensive inspection of Rosenmanor 1, which we carried out on 26 January 2016, we rated the service 'Good' overall and for the five key questions 'Is the care home safe', 'effective', 'caring', 'responsive' and 'well-led'. This was because we found the service was meeting all the regulations and fundamental standards we checked.

At this inspection we found the provider to be in breach of a regulation and some of the fundamental standards. Consequently, we have now rated the service 'Requires Improvement' overall and for the two key questions Is the service 'effective' and 'well-led'. This was because the provider had failed to submit statutory notifications to us about several police incidents involving people using the service. Providers are required by law to notify the CQC without delay about the occurrence of any incidents or events that adversely affect the health, safety and well-being of people using the service. This meant we did not know what action the provider had taken to keep people safe and mitigate the risk of similar incidents reoccurring.

This failure represents a breach of Care Quality Commission (Registration) Regulations 18 (Notifications of other incidents) 2009.
You can see what action we told the provider to take at the back of the full version of the report.

In addition, although most people felt Rosenmanor 1 was a comfortable place to live much of the home's physical environment, furniture, soft furnishings, interior décor and surrounding grounds were not particularly well-maintained. We discussed these environmental issues with the registered manager who agreed the premises were in need or urgent refurbishment. Progress made by the provider to achieve this stated aim will be assessed at the service's next inspection.

The issues described above notwithstanding people told us they remained happy with the standard of care and support they received at the home. We saw staff looked after people in a way that was kind and respectful. Our discussions with people living in the home, their relatives and mental health care professionals supported this.

People continued to be safe at the home. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. There were enough staff to keep people safe and recruitment procedures were designed to prevent people from being cared for by unsuitable staff. Medicines were managed safely and people received them as prescribed.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively. People were supported to eat and drink enough to meet their dietary needs and food preferences. They also received the support they needed to stay healthy, emotionally and physically, and to access healthcare services.

Staff treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives. People were supported to have maximum choice and staff supported people in the least restrictive way possible.

People continued to receive personalised support that was responsive to their individual needs. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. This meant people were supported by staff who knew them well and understood their needs, preferences and interests. Staff encouraged people to actively participate in leisure activities, pursue their social interests and to maintain relationships with people that mattered to them.

The registered manager, along with the service manager who was permanently based at the home, continued to provide good leadership. The service had an open and transparent culture. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse.

The provider assessed and managed risks to people's safety in a way that considered their individual needs.

Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough staff deployed in the home to ensure people were safe and their needs were met.

Staff ensured people received their prescribed medicines at the times they needed them.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Although most people felt Rosenmanor 1 was a comfortable place to live much of the homes physical environment, furniture, soft furnishings, interior décor and surrounding grounds were not particularly well-maintained.

Staff continued to receive their required training and were adequately supported by the services management. This meant they had the right knowledge and skills to undertake their roles.

The managers were knowledgeable about and adhered to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy, both physically and emotionally, and to access healthcare services.

Is the service caring?

Good

The service was caring. People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good

The service was responsive. People were involved in discussions and decisions about their care and support they received.

People had an up to date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and interests.

Staff encouraged people to actively participate in leisure activities, pursue their social interests and to maintain relationships with people that mattered to them.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led. The was because the provider had failed to notify the CQC without delay about the occurrence of police incidents involving people using the service, which they are legally required to do so.

Managers provided good leadership to the staff.

The provider continued to routinely gathered feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

Rosenmanor 1

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 checked 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 was an unannounced comprehensive inspection carried out by a single inspector on 3 and 5 October 2017.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

During the inspection we spoke with a range of people about this service either in person or by telephone. They included six people who lived at the home, three relatives, the registered manager, the service manager, the head of human resources and three support workers. We also received email comments from two community mental health professionals who had clients living at the home. Throughout our inspection we undertook general observations of staff interacting with the people who lived at Rosenmanor 1. We also looked at a range of records including care plans for all eight people who lived at the home, six staff files and other documents that related to the overall governance of the service.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse or harm. People told us they felt safe living at the home. One person said, "Staff are always in the house which makes me feel safe." A relative also told us, "The staff are very attentive and make sure my [family member] is kept safe." The provider had safeguarding and staff whistle blowing policies and procedures in place which set out clearly the action staff should take to report any concerns they might have. Records showed staff had received up to date safeguarding adults training, which the managers and other staff we spoke with confirmed. It was clear from comments we received from managers and staff that they understood what constituted abuse or neglect and knew who to notify if they suspected or witnessed its occurrence.

The provider identified and managed risks appropriately. A mental health professional told us, "The staff are aware of risks to my client and the service manager continually updates us if there's been any changes to those risks." Managers assessed the risks and hazards people might face and developed management plans to mitigate identified risks and keep people safe whilst respecting people's rights and freedoms. For example, we saw care plans contained risk management plans that helped staff minimise risks associated with people falling and seriously injuring themselves, travelling independently in the wider community and managing behaviours that challenged the service. We also saw staff had recently received positive behavioural support training and were able to give us examples of how they prevented or managed incidents of challenging behaviour.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies. For example, we saw personal emergency evacuation plans (PEEP) in care plans, which ensured staff knew who needed additional support to be evacuated from the premises in the event of a fire and what risks were associated with people smoking in the garden. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they received on-going fire safety training. Maintenance records showed service and equipment checks were regularly carried out at the home by suitably qualified professionals in relation to fire extinguishers, fire alarms, portable electrical equipment, water hygiene, and gas and heating systems.

The premises were kept clean. A mental health professional told us, "The home's environment appears clean and safe whenever I've visited my client." We saw toilets, bathrooms and communal living areas were kept clean and tidy. We looked at the cleaning rotas, which had designated daily, weekly and monthly duties. Managers routinely carried out spot checks and audits to check that the rota was adhered to and ensure the standard of cleanliness remained good throughout the home. Appropriate systems were in place to minimise any risks to people's health during food preparation, for example the use of colour coded chopping boards and the daily checking of fridge and freezer temperatures.

The provider operated effective staff recruitment procedures. The provider maintained recruitment procedures that enabled them to check the suitability and fitness of any new staff they employed. This included checking people's identity, obtaining references from previous employers, checking people's

eligibility to work in the UK and completing criminal records checks. Records showed the provider also carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

There were enough staff to support people. People told us there were enough staff available when they needed them. Throughout our inspection we saw staff were clearly visible in the communal areas, which meant people could alert staff whenever they needed them. We saw staff responded quickly to people's requests to open the front door to go out for example. We saw the staff rota was planned in advance and took account of the number and level of care and support people required in the home. The registered manager told us the service operated an on-call system at night, which ensured the one waking staff on duty at night would be able to contact the designated on-call manager or staff for advice or additional assistance in the event of an emergency.

Medicines were managed safely. People told us they were given their medicines on time as prescribed. Care plans contained detailed information regarding people's prescribed medicines and how they needed and preferred these to be administered. We saw medicines were safely stored away in a locked medicines cabinet in the office. Medicines administration records (MARs) were also appropriately maintained by staff. For example, there were no gaps or omissions on any of the medicines records we looked at. A community pharmacist who had carried out a medicines audit within the last 12 months stated they were satisfied the provider managed medicines safely. Records indicated staff received up to date training in the administration of medicines and their competency to continue doing this safely was assessed bi-annually.

Requires Improvement

Is the service effective?

Our findings

Some of the home's physical environment, furniture, soft furnishings, the interior décor and surrounding grounds were not appropriately maintained. We received mixed feedback from people about how the premises were maintained. Typical comments included, "It might not be the best decorated place I've ever lived in, but it is comfortable and I've got everything I need in my room", "I think the environment could be better. It's not awful, but some places could definitely do with a lick of paint" and "I'm sure my [family member] is happy living at the home, but some of their furniture is a bit worn out and the place does look rather run down in parts. I think the back garden looks particularly bad." A mental health professional also told us, "I have suggested that some updating could be done to the premises, especially to the garden."

During a tour of the premises we found a bedroom window could not be opened because its handle had been broken. This window also did not have any curtains. The service manager told us the person who occupied the room had broken the handle on the window and pulled the curtains down several weeks before. We also saw flaking and water damaged paint on numerous walls and ceilings throughout the home and various disused equipment and rubbish including, an old bedstead and a bicycle, dumped in the rear garden. On the second day of our inspection we saw the broken handle on the bedroom window had been repaired and curtains rehung in this room. We also saw the provider's maintenance person had begun painting and decorating the main communal lounge/dining area.

However, a lot of the furniture and soft furnishings we saw in people's bedrooms looked damaged and worn. For example, none of the wardrobe doors we checked closed properly because the hinges on these doors were damaged. In addition, most of the curtains in people's bedrooms were not hung properly and several bedroom carpets were stained in places. We discussed these issues with the registered manager who acknowledged most of the premises' interior décor, rear garden, furniture and soft furnishings were in urgent need of refurbishing. They told us they would ensure all the aforementioned environmental issues would be addressed within the next three months. Progress made by the provider to achieve this stated aim will be assessed at the service's next inspection.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us staff enabled them to make choices and decisions and sought their consent to support them. For example, although we saw the home's front and back doors were kept locked people told us staff would always open them whenever they requested to go out into the wider community or have a cigarette in the rear garden. During our inspection we noted staff immediately unlocked these doors as soon as people asked. Staff told us the front and back doors were locked to prevent a person leaving the home who needed

staff support to access the wider community. We saw the registered manager had appropriately applied to the local authority to deprive this person of their liberty in order to maintain their safety.

However, by locking the back door for one person, the service was depriving everyone who lived at the home of freely accessing the garden where people smoked. We discussed this issue with the registered manager who agreed to make the rear garden more secure as part of their rolling programme to refurbish the home so people could not leave via this back door route. This would ensure people living in the home and their visitors could freely access this space without always seeking staffs permission to unlock the back door. Progress made by the service to achieve this stated aim will be assessed at their next inspection.

The registered manager routinely reviewed authorisations regularly to check that they were still appropriate and in the person's best interests. Staff received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood their responsibilities under the Act.

The provider had maintained a rolling programme of training and support for staff to help them to meet people's needs. People told us staff were good at their job. One person said, "I think the staff that work here are pretty good at what they do." Records indicated staff attended training courses in topics that were relevant to their roles. This included a thorough induction and mental health awareness training. Relatively new staff spoke positively about the induction training they had recently received. One new member of staff told us, "The induction I received covered most of things I needed to know about the home and people who live here", while another new member of staff said, "My induction was very good."

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff regularly attended individual supervision meetings with the service manager and had monthly group meetings with their fellow co-workers. In addition, all the long standing members of staff had their overall work performance appraised annually. Staff told us they felt supported by the service's management and had regular opportunities to discuss their learning and development needs and any work related issues or concerns they might have. Several staff confirmed the registered manager regularly worked on shift at the home and would always make themselves available to discuss their work and training needs.

People were supported to have enough to eat and drink. People typically described the food they chose to eat at the home as "good". Feedback included, "The food is alright here"; "I buy a lot of the food I like locally and staff sometimes help me in the kitchen make my own meals", and "we have lots of house meetings when we can decide as a group what we want to eat next week and if you change your mind on the day you can always have something else." We saw care plans included detailed information about people's food preferences and dislikes. Staff weighed people if they had concerns about them gaining or losing too much weight and liaised with health care professionals appropriately.

People were supported to maintain their physical and mental health. Staff ensured people attended scheduled health care appointments and had regular check-ups with their GP, community psychiatric nurses (CPN), dentist, opticians, dietitians and consultants overseeing people's specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Managers and staff told us they arranged for people to have regular health checks and medicines reviews.

Good

Is the service caring?

Our findings

People were supported to express their views and to get involved in making decisions about the care they received at the home. People told us staff were "good listeners'' and they were able to share their views about how the service was run through day-to-day contact, weekly individual meetings with their designated key-worker and fortnightly house meetings with their fellow peers. Staff gave us some good examples of action the service had taken in response to comments made by people at the meetings described above, which included having as barbeque in the garden over the summer and having a meal out at a local restaurant to celebrate someone's birthday.

The service manager showed us a notice board which had recently been pulled down by a person living at the home following an incident. They told they were in the process of designing a more robust notice board which would be displayed in the communal lounge ensuring people had access to essential information, such as the daily food menu and social activity plans, and which staff would be on duty. Progress made by the service to achieve this stated aim will be assessed at their next inspection.

People and their relatives spoke positively about the home and typically described staff as "kind" and "friendly". Comments included, "I like living here. The staff are so good to me", "Thank you for the excellent care you provided my [family member] and for helping them to move on" and "I think my [family member] is well looked after at the home. The staff are pretty amazing." Mental health professionals were equally complimentary about the service. Typical feedback from them included, "Excellent service. I found the staff to always be professional and helpful", "My client is receiving satisfactory care there and staff are friendly" and "Friendly and co-operative staff who ensure my client's care needs are met."

Throughout our inspection we saw positive relationships had been developed between staff and the people living in the home. People looked at ease and comfortable in the presence of staff. Conversations we heard between people living at the home and staff were characterised by respect and warmth. We saw several good examples of staff sitting and talking with people in a relaxed and friendly manner.

Staff ensured people's right to privacy and dignity were upheld. People told us they had been given keys to lock their bedroom door if they wished and staff respected their privacy by not entering their rooms without their expressed permission. One person said, "I've got a key to the front door and staff always knock on my bedroom door before coming in. We observed staff address people by their preferred name.

People were supported to maintain relationships with people that mattered to them. Several people told us their next of kin and/or partners were free to visit them at Rosemanor 1 whenever they wished. Relatives and mental health professionals told us they were always made to feel welcome by the managers and staff at the home whenever they visited.

People's diverse cultural and spiritual needs and wishes were respected and met in an appropriate way. People told us staff respected their cultural and spiritual needs and wishes. Staff gave us examples of how they did this which included supporting people who were practicing Christians to attend services at a local

church and preparing Caribbean and African style meals that reflected the diverse cultural heritage and food preferences of several people who lived at the home. Information about people's ethnicity and spiritual needs were included in their care plan. Records indicated staff had received equality and diversity training and they demonstrated a good awareness of people's diverse cultural and spiritual heritage.

People were encouraged and supported to maintain and develop their independent living skills. One Person told us, "I do a lot of my own food shopping and sometimes I use the kitchen to cook." Several people gave us examples of tasks they often did for themselves, which included travelling independently in the local community, managing their money, doing their laundry and clearing up after meals. Throughout our inspection we observed people freely accessing the kitchen to make drinks, set the dining room table for lunch and go out shopping on their own. Staff were able to explain to us what people were able to do independently by themselves and what they needed support with, which included preparing drinks and meals or travelling without staff assistance in the wider community.

Good

Is the service responsive?

Our findings

People received person centred care and support. People told us they each had a care plan which staff encouraged them to help develop. One person said, "My key-worker often talks to me about what to put in my care plan." We saw people kept a paper version of their care plan in their room. These plans were personalised and reflected the Care Programme Approach (CPA) which is a type of care planning specifically developed to care for people with mental health care needs. Care plans contained detailed information about people's personal, social and health care needs, abilities, and the level of support they required from staff to stay safe and well. They also included detailed information about people's life history, daily routines, social interests, food and drink preferences, and relationships they had with people that mattered to them. These plans provided staff with clear guidance on each person's individual care needs.

Care plans were reviewed monthly, or sooner if there had been changes to people's needs. People told us their key-worker encouraged them to participate in these reviews. A community mental health professional said, "My client's care plan and risk assessments are all up-to-date." We saw care plans were regularly updated by staff to reflect any changes in that individual's needs or circumstances. This helped ensure care plans remained accurate and current.

People were given choices about various aspects of their daily lives. People told us staff encouraged them to decide what they wore, ate and did every day. One person said, "I like to go out on my own and often go shopping locally for food and clothes. The staff always open the front door for us as soon as I say I want go out." Another person told us, "We have lots of house meetings so we can decide what we want to eat and do every day." During lunch on the first day of our inspection we observed people eating different hot and cold meals at various times throughout the day. One person told us, "I didn't fancy what everyone else was having for their lunch today so I decided to have an egg sandwich instead." Daily records showed people had a wide range of meals to choose from at mealtimes.

People were supported to pursue meaningful activities that were important to them. People told us they had opportunities to engage in social activities at the home and in the wider community. Typical feedback we received included, "I often go out to the local library and the shops", "I do a bit of knitting and like watching television in my room" and "You can pretty much do what you want around here." A mental health professional also told us, "They [staff] provide opportunities for my client to go out to the local café accompanied by two members of staff as agreed in their care plan." During our inspection we saw people engaged in various board games with staff, have family members over to visit, knit, go out for a walk in a local park, and visit a local café. We saw care plans reflected people's specific social interests and hobbies they enjoyed.

The provider responded to complaints appropriately. People and their relatives told us they felt able to raise any concerns they might have with the provider. We saw the provider had a procedure in place to respond to people's concerns and complaints, which detailed how these would be dealt with. Copies of this procedure were given to everyone who lived at the home. We saw a process was in place for the provider to log and investigate any complaints received, so people's complaints were addressed appropriately. Managers told

us all the formal complaints they had received since our last inspection had been fully investigated and resolved to the complainant's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

The provider did not demonstrate a good understanding of their legal obligation to notify the CQC without delay about incidents which had adversely affected the health, safety and welfare of people using the service. Although our records showed since the provider's last inspection they had informed us about two serious injuries, three police incidents and the outcome of a Deprivation of Liberty Safeguard application involving people using the service; they had failed to notify us about the occurrence of two additional police incidents. Although it was clear from feedback we received from the provider that these incidents had been appropriately managed by the service; they had nonetheless failed to let the CQC know about their occurrence in a timely manner.

We need to be notified without delay about such incidents so we can make an informed decision about whether or not to take follow-up action. For example, based on the information we might receive from a provider about an incident we may decide to contact them to find out if the people involved were now safe and what steps they planned to take to mitigate the risk of similar incidents reoccurring.

This failure represents a breach of Care Quality Commission (Registration) Regulations 18 (Notifications of other incidents) 2009.

Good governance arrangements had been established by the provider to monitor the quality and safety of the service people received at the home. We saw the managers and senior staff routinely carried out a range of audits to check the quality of their arrangements in relation to care planning and risk assessing, the safe management of medicines, staff recruitment, training and supervision, fire safety, accidents and incidents, and infection control. Through the aforementioned governance systems managers had identified a number of issues which they had begun to address. For example, they had used incident reporting to identify what might cause a person's behaviour to become challenging and with support from mental health professionals had developed positive behavioural management plans to mitigate this risk.

However, the positive points made above notwithstanding, we had discussions with the registered manager about how their governance systems had failed to identify and/or take action to address all the physical environmental issues described throughout this report. The registered manager conceded that while that had taken action to start the process of addressing some of these premises issues more prompt action should have been taken as soon as these problems were first identified. The registered manager agreed to carry out a thorough audit of the homes physical environment and develop a time specific action plan to address any issues they find. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

The registered manager was responsible for managing Rosenmanor 1 and the provider's three other mental health services, which were all located in the south London Boroughs of Lambeth and Croydon. People were complimentary about the leadership style of the services management. One person said, "I like the two managers that work here. They're easy to get along with and talk to if you need them." A mental health professional also told us, "I know the registered manager is experienced and the home is well managed."

The registered manager was supported by four service managers who were each designated as being in day-to-day charge of the home where they permanently worked. The registered manager told us this enabled them to divide their time equally between the four services which they usually visited two or three times a week. Staff we spoke with confirmed this. One staff member said, "I think the management structure works here. The registered manager seems to be here every other day and if you need some urgent advice you can always talk to the service manager."

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people using the service and their relatives. People and their relatives told us they were encouraged to share their views about Rosenmanor 1. Records showed the provider used a range of methods to gather people's views and/or suggestions, which included weekly one-to-one meetings with their designated key-worker, fortnightly house meetings with their peers, and regular care plan reviews. The service also used satisfaction questionnaires to obtain feedback from people's relatives and their health and social care professional representatives. It was clear from the results of the most recent survey conducted by the home that people's relatives and professional representatives were satisfied with the overall standard of care and support provided at the home.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had failed to notify the Care Quality Commission without delay about incidents involving people using the service which had been reported to, or investigated by, the police. Regulation 18(2)(f)