

Ms Catherine Blyth

Feng Shui House Care Home

Inspection report

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Date of inspection visit:
13 September 2018
17 September 2018

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15 October 2018

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

Feng Shui House Care Home was inspected on the 13 and 17 September 2018 and the first day of the inspection was unannounced.

Feng Shui House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Feng Shui House Care Home is registered to provide personal care for up to 20 older people who require support with personal care. At the time of the inspection there were 16 people receiving support.

The home is located in the seaside resort of Blackpool overlooking the south promenade.

At our last inspection in April 2016 the service was rated 'Good.' At this inspection we found notifications that are required to be sent to the Care Quality Commission when certain events occur, were not always provided to us. This was a breach of Regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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.

You can see the action we told the provider to take in the full version of the report.

We observed medicines being administered and saw this was carried out in a safe way. Access to medicines was restricted to staff who had received training to ensure medicines were administered and managed safely. We noted a recording error within the services 'Controlled drugs' book. Prior to the inspection being concluded we saw the error had been rectified. We have made a recommendation about the safe management of medicines.

Recruitment checks were carried out to ensure suitable people were employed to work at the service and staff told us they were supported to attend training to maintain and increase their skills. We saw one staff record where no reason had been recorded for a gap in employment. We have made a recommendation regarding the recording of prospective staff information.

We found some information was recorded regarding people's end of life wishes and the deputy manager told us they were planning to review this area of people's care. We have made a recommendation regarding end of life care planning.

The registered provider told us there were two deputy managers in place and they completed checks to identify if improvements were required in the service provided. We saw documentation which showed checks were carried out and staff told us they were informed if improvements were required.

The home had an electronic care record system. Care records contained information regarding risks and guidance for staff on how risks were to be managed. We found one care record required updating as further information was required regarding how a person's change in needs could be met. Prior to the inspection concluding we were informed this had been done.

Staff we spoke with knew the needs and wishes of people who lived at the home. Staff spoke fondly of the people they supported and said they cared about them and their wellbeing. Staff were gentle and patient with people who lived at the home and people told us they felt respected and valued.

Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be and staff treated them kindly and with respect.

Staff we spoke with were able to describe the help and support people required to maintain their safety and people who lived at the home told us they felt safe.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate. People and relatives told us they were happy with the care at support provided at Feng Shui House Care Home.

People told us they could raise their views with staff and they felt involved in the running of the home. We saw minutes of meetings where people at the home were informed of changes and were asked their opinion on the service provided.

People told us they had a choice of meals to choose from and they enjoyed the meals provided. People also told us they were offered more if they wanted this. We observed the lunchtime meal. We saw people were given the meal of their choice and were offered more if they requested it. Staff were available to help people if they needed support.

We found the environment was clean and we observed staff wearing protective clothing when required. This minimised the risk and spread of infection.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered provider or the Blackpool Safeguarding Authorities so people were protected.

There was a complaints procedure which was displayed at the home. People we spoke with told us they had no complaints, but they if they did these would be raised to the registered provider or staff. During the inspection process the registered provider told us a complaint had been raised with them. They explained they were currently responding to this.

People and relatives we spoke with told us they were happy with the staffing arrangements at the home. We observed staff spending time with people and the atmosphere was relaxed and unhurried. Staff we spoke with told us they had the time to support people in a calm and relaxed way.

People told us there were a range of activities provided to take part in if they wished to do so. People told us they were asked if they wanted to take part in activities and if they declined, their wishes were respected. Staff told us they reminded people of the activities available.

The registered provider demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff told us they felt supported by the registered provider and the management team. Relatives we spoke with told us they could speak with the registered provider if they wished to do so and they found the registered provider approachable.

This is the first time the service has been rated Requires Improvement

Further information is in the detailed findings below.

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 always Safe.

Records relating to the management of medicines and a staff employment history were not consistently completed.

People told us they felt safe and we saw assessments were carried out to identify and control risk.

There was sufficient staff available to meet people's needs and people told us they were happy with the staffing arrangements at the home.

Is the service effective?

Good 

The service was Effective.

People's nutritional needs were monitored and referrals were made to other health professionals if the need was identified.

Staff told us and we saw documentation which demonstrated staff received training to enable them to meet people's needs.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required.

Is the service caring?

Good 

The service was 'Caring.'

People and relatives told us staff were caring and we saw people were treated in a caring and respectful way.

People and relatives told us they were involved in care planning.

Staff told us they had received training in equality and diversity and they respected people's right to live an individual life.

Is the service responsive?

Good 

The service was Responsive.

People and staff told us activities took place for them to enjoy.

We saw care was delivered in accordance with health professional instructions.

There was a complaints procedure in place. People and relatives we spoke with told us they had no complaints.

Is the service well-led?

The service was not consistently well-led.

Notifications to the Care Quality Commission had not always been made as required by Regulation.

A series of checks were carried out to identify where improvements were required.

Staff told us they could speak with management if they wanted any further guidance, and staff meetings took place to support effective communication.

Requires Improvement ●

Feng Shui House Care Home

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.

The inspection visit took place on the 13 and 17 September 2018 and the first day was unannounced. The first day of the inspection was carried out by two adult social care inspectors. The second day of the inspection was carried out by one adult social care inspector and was announced. At the time of the inspection there were 16 people receiving support.

Before our inspection on 13 and 17 September 2018 we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we contacted the local funding authority and asked them their views on the service provided. During the inspection process we were made aware that information had been passed to the Blackpool Safeguarding Authorities for their consideration. We used all information gained to help plan our inspection.

We spoke with seven people who received support, and four relatives. We also spoke with three care staff, the registered provider and a deputy manager. In addition, we spoke with the cook. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. This helped us understand the experiences of people who lived at the

home. During the inspection we spoke with a visiting health professional to ascertain their views on the service at the home.

We looked at care records of three people who lived at Feng Shui House Care Home and at care information relating to a further two people's weight management and mobility needs. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of three staff. We looked at records relating to the management of the service. For example, we viewed records of checks carried out by the deputy managers, accident records and health and safety certification.



Our findings

People who received support told us they felt safe living at Feng Shui House Care Home. One person commented, "I'm safe here, yes." Relatives we spoke with told us they had no concerns with their family member's safety. One relative told us they never left the home worrying about their family member. They told us they had, "Peace of mind."

We viewed documentation which demonstrated staff were recruited safely. We spoke with a staff member who confirmed references and a Disclosure and Barring Check (DBS) were obtained prior to them starting work at Feng Shui House Care Home. A DBS check helped ensure only suitable staff were employed. In one staff members records we noted there was no information recorded to explain a gap in employment. We discussed this with the registered provider who told us they would rectify this.

We recommend the service seeks and implements best practice guidance in the recording of staff recruitment information.

We observed medicines being administered. We saw the administering staff was patient and respectful with people who lived at the home. People were asked if they were ready to receive their medicines and we saw records were completed at the time of administration. We checked a sample of Medicine and Administration Records (MAR). We also checked the medicines and the totals of medicines on the MAR matched. We found no errors in the medicines we checked. This indicated medicines had been administered correctly. Access to medicines was restricted to staff who had received appropriate training. We looked at a sample of controlled drugs within the home. These are medicines that are subject to strict legal controls to ensure the risk of misuse and harm is minimised. We noted when one medicine was administered, it was not recorded within the controlled drugs book, it had been recorded on the persons medicine and administration record (MAR). We checked the number of medicines remaining and saw this matched the MAR. This showed the medicine had been administered correctly. We saw the temperature of the room where medicines were stored was monitored to ensure medicines were stored at a suitable temperature in accordance with the manufacturer's instructions. We noted the temperature had not been checked for two days prior to the inspection and the day of the inspection. This was confirmed by speaking with the staff who administered medicine. They told us this had been an oversight on their part.

We recommend the service seeks and implements best practice guidance in the safe management of medicines.

The home had an electronic care records system. Care records we viewed identified risk and documented the support people required to maintain their safety. For example, we saw care records instructed staff in the help people required to mobilise. We noted one care record required updating. Prior to the inspection concluding we were informed the record had been updated.

Staff we spoke with were able to describe people's individual needs and the help and support they required to maintain their safety and well-being. For example, staff could explain the support people needed to mobilise safely and the help they needed with personal care.

We looked at how accidents and incidents were managed at the home. Staff told us and we saw accident forms were completed. The deputy manager told us these were reviewed by them individually to monitor for trends and patterns and lessons learned. For example, the deputy manager told us an alert mat was in place to minimise the risk of falls. This is a piece of equipment that sounds an alarm when the person gets out of their bed. This enables staff to attend the room quickly and offer support to people with their mobility, minimising the risk of injury. We saw the mat was in place and working and staff told us this was checked every time it was used. We asked staff what support the person required to maintain their safety. Staff explained the help the person required and why the equipment was in use. The deputy manager also explained they looked at the equipment people used to see if this was a contributory factor if people had accidents. For example, they had noted a person had slipped from their bed. The deputy manager explained they had looked at the person's bed and seen the person could not fully put their feet on the floor when they were sat on it. As a result, a new bed had been purchased that was at a more appropriate height for the person. Staff we spoke with were aware of the risk controls. This showed action was taken to minimise risk of reoccurrence and staff were aware of these.

Staff told us they were committed to protecting people from abuse. One staff member said if they were concerned that people were at risk from harm or abuse they would take action. They said, "I'd go to my line manager immediately [residents] rely on us." Staff also said they would report any safeguarding concerns to the Blackpool safeguarding authorities if this was required. Staff explained what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or neglect to ensure people were protected. Staff told us the number for the safeguarding authorities was available in the office. This meant concerns could be reported to allow further investigations to be carried out, if required.

People who lived at the home told us they were happy with the staffing provision at the home. We were told, "If I need help they come to me when I need them." A further person explained they had a call bell they could use to summon staff support. They said, "I press it and they come." Staff we spoke with told us they had sufficient time to spend with people and they did not have to rush them. Relatives we spoke with raised no concerns with the staffing arrangements at the home. We saw people were supported by staff when they needed help. During the inspection we timed a call bell and saw this was answered promptly. We also saw staff were present in the lounge area if people were using this area. We asked a staff member why this was. They explained it was so they could support people if they needed any help and also to minimise the risk of falls and accidents. Our observations and the feedback we received indicated sufficient staff were available if people needed help.

We walked around the home to check it was a safe environment for people to live in. We found the home was warm and clean and windows were restricted to prevent the risk of falls from height. We saw grab rails were fitted to some beds. These are mobility aids that are fitted to beds to support people to mobilise safely. We asked to see a risk assessment for these and were told these had not been completed. Staff we spoke with could explain the steps they took to ensure the grab rails were safe. Prior to the inspection concluding we were informed risk assessments on the grab rails had been completed.

Staff told us, and we saw protective clothing was provided if this was needed. We saw staff wore protective clothing such as gloves and aprons if these were required. This helps minimise the risk and spread of infection. We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a four-star rating following their last inspection by the FSA. This graded the home as 'good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety. We did not see the latest electrical safety certificate for the home. The registered provider told us the check had been carried out and they would send this to us as soon as possible. We found a fire risk assessment had just been carried out and the registered provider told us they were in the process of identifying the resources required to complete any actions identified. Staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required and there was emergency evacuation equipment at the home that could be used if required.



Our findings

People told us they were happy with the care provided. One person commented, "My care is good thanks." Another person said, "I'm looked after really well." Relatives told us they were happy with the care and support their family members received. One relative commented, "[Family member] is happy and well cared for."

Documentation showed people received professional health advice when this was required. For example, we saw people were referred to doctors, opticians, podiatrists and district nurses if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff were able to explain the support a person needed in relation to their mobility. This demonstrated staff were aware of professional advice. During the inspection we spoke with an external visiting health professional, they told us they had no concerns regarding the care at the service.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We were told that copies of essential information such as medicine records and information sheet with contact details of other health professionals and person-centred information was provided. This helped ensure health professionals had access to relevant information to inform their decision making.

We asked the registered provider how they obtained and implemented information on best practice guidance and legislation. They told us they attended external forums and meetings to share best practice information. The registered provider told us they valued these events as they supported improvement across the care sector.

The registered provider used technology to minimise the risk of falls. When appropriate, there was equipment used to minimise the risk of harm. We saw an alarm mat was in place. This sounds an alarm when people stand up from their chair. This meant staff could minimise the risk of falls by responding to the alarm and going to the person quickly. The registered provider told us they had also used technology to support people to access health advice. They showed us an electronic hand-held tablet. They explained people could use this to have a visual consultation with health professionals. The registered provider said it was not currently in use as not all external health professionals used it, but as the device became more common they hoped it would be more accessible. This demonstrated the registered provider considered the usefulness of technology when considering the service provided.

Staff told us they received training to enable them to update and maintain their skills. They also told us they received supervisions with their line manager to enable them to discuss their performance and any training needs. We viewed documentation which confirmed this. The registered provider and deputy manager informed us the training needs of staff at the home had been reviewed and update training was being arranged. The deputy manager told us they were responsible for reviewing training needs and arranging training as and when required. We reviewed a training matrix which identified where update training was required. Staff spoke positively of the training they had received, they told us this was a mixture of practical, e-learning and DVD training. Staff told us they felt the training met their needs and they were assessed for competence in areas such as moving and handling and administration of medicines. One staff member told us the moving and handling training had helped them understand what people who used hoists felt. They told us they valued the training as it gave them a greater insight of how to support people.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the home gained people's consent to care and treatment in line with the MCA. People told us they were involved in decision making and discussions about their care. One person described how the home helped them make decisions in relation to their care. They told us they felt supported by the home. Relatives told us they were involved in decision making and the records we viewed confirmed this.

We saw consent was sought before care and support was given. For example, we saw people were asked to consent to their medicines being administered, before support was given with mobility and with personal care. This demonstrated people were consulted, consent was sought prior to care and support being provided and people's wishes were respected.

People told us they were offered choices of meals and they were happy with the meals provided. One person smiled and said, "Where else can I ask for salmon or prawns and get it!" A further person said, "The food is good, I always get what I ask for." We found people could eat meals which met their preferences and nutritional needs. We saw people were asked in advance what they would like to eat and this was provided for them. We observed the lunchtime meal and saw people were able to eat where they chose. Meals were provided to people in their private rooms if this was their wish. If people required support to eat we saw staff were available to help them. We observed a staff member discreetly encouraging a person to eat their meal. This demonstrated people were supported to eat foods they chose, where they wanted and were given support if this was required.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. Staff told us they would support people to gain further professional advice if this was required. Documentation we viewed described the likes, preferences and needs of people who lived at the home. For example, we saw one person preferred puddings. During the lunch time meal we saw the person was offered a choice of puddings. This demonstrated people were supported to eat meals which met their wishes.

We walked around the home and saw it was well maintained and people's rooms were personalised with their own possessions. We saw two people shared a room and a dignity screen was in place for use when required. We noted the home was warm and people had call bells in their possession to enable them to summon help if this was required.



Our findings

We found people were given the opportunity to discuss their end of life wishes. We spoke with two people who confirmed they had been asked if they wanted to discuss their end of life care. They told us they had declined to do so. Care records contained basic information regarding people's end of life wishes and the deputy manager told us they were in the process of reviewing this area of people's care.

We recommend the service seeks and implements best practice guidance in the consultation and documentation of people's end of life wishes.

We found people were supported by staff who were responsive to their needs. We noted one person had lost weight whilst they were in hospital. Their care record showed appropriate referrals had been made to external health professionals and instructed records be kept of the person's food intake. We reviewed documentation which showed these had been kept. This demonstrated care was provided which was responsive to individual needs.

Relatives we spoke with told us they were happy with the care. One relative described how their family member had had improved since they had been at the home. They told us a referral to another health professional had been made by the home and they were kept informed and involved. A further relative told us that the care their family member received went beyond their expectations and was, "Faultless."

Staff told us they offered people who lived at the home the opportunity of being involved in activities and people we spoke with confirmed this. One person told us they liked the weekly singers who visited the home. They commented, "The afternoons where we have a sing song are great." Another person told us how they liked the parties that were held and the musical afternoons. Staff told us they supported people to take part in activities that were meaningful to them. For example, if people liked knitting they would support people to do this. Staff said they did armchair exercises and skittles with people and played board games with them, if that was what people wanted to do. We were told there was no activity plan in place and we asked staff how they encouraged people to take part in activities. Staff told us they reminded people that activities were taking place and people we spoke with confirmed this. Two people told us they were reminded of events taking place, but they chose not to participate. This demonstrated people were supported to take part in activities that were meaningful to them to minimise the risk of social isolation.

Relatives told us they had been involved in their family members care planning. One relative discussed their involvement regarding their family member's care and confirmed they were given the opportunity to give

their opinions." A person who received support also told us they had been involved in discussions about their care. Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mobility or nutritional needs.

We asked staff how they would support people to access information if they had specific communication needs. We were told this could be arranged. The deputy manager told us they would consider the needs of the person and obtain what support they required. For example, by using pictures or large print to support understanding. This demonstrated the registered provider considered people's individual needs.

Feng Shui House Care Home had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made and the timescale for responses. All the people we spoke with told us they had no complaints but they would raise these with staff or the registered provider if they had.

Relatives we spoke with told us they had no complaints regarding the care and support provided to their family members and they were confident any concerns would be investigated. During the inspection process we were informed a complaint had been received by the registered provider. They told us they were in the process of responding to this. Prior to the inspection concluding we were made aware the registered provider had informed the Blackpool Local Authority of the complaint.

Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager or registered provider to enable any investigations to take place. One staff member told us, "Complaints must be investigated so we can resolve them." This demonstrated there was a complaints procedure, of which staff were knowledgeable, to enable complaints to be heard.



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Our findings

The Care Quality Commission is required to be informed of certain incidents that occur in care homes. These include notifications of safeguarding concerns raised to the safeguarding authorities. During the inspection we checked to see if notifications had been submitted as required. We noted that not all the required notifications had been made to the CQC. For example, we found the service had raised three safeguarding concerns with the local authorities. One related to safe medicine administration, one related to an incident between two people who lived at the home and one related to a concern regarding unsafe discharge from another home. We discussed this with the registered provider and deputy manager. They told us they were unaware of the requirement to submit notifications to the CQC when they had raised a safeguarding concern with the safeguarding authorities. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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.

The service worked with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, district nurses, opticians, and dietitians. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

Relatives told us they were happy with the way the home was run. One person said the registered provider, "Ran a good ship." A further relative told us they considered the registered provider was, "Helpful."

The registered provider told us they employed deputy managers who carried out checks on the quality of the service provided. These included checks on medication, infection control and the environment. They also told us they had oversight of any accidents that occurred at the home and they visited the home regularly to check the home was running smoothly. Staff we spoke with confirmed the registered provider visited the service regularly.

Staff we spoke with were able to explain their roles and responsibilities and spoke positively of the support they received. One staff member commented, "The leadership is excellent, [registered provider] is supportive and very honest." Another staff member also said the registered provider was supportive. Staff told us they received handovers to help ensure they knew the needs and wishes of people who lived at the

service. Handovers are meetings where people's individual needs and wishes are discussed and care and support is arranged to meet those needs. We saw handover documentation was in place to record information and inform staff if people's needs or wishes had changed. We noted the documentation did not have an area in which to record any actions required. We discussed this with the registered provider and deputy manager and they were receptive to our feedback. They told us they would consider this.

Staff told us they had the opportunity to attend staff meetings where they could discuss any concerns or ideas they had. They explained they found this beneficial as it enabled them to keep up to date with any changes and to raise areas for further discussion. We saw documentation which evidenced meetings took place and staff were given information to help improve the service. For example, we saw staff had been reminded that breaks were to be allocated by the senior care staff and that one senior should always be available on shift.

Staff told us they considered morale to be good and they worked together as a team to ensure people were supported. Comments we received included, "Morale is good." And, "We're all on the same page, our priorities are the residents." A further staff member told us, "We work well together." This demonstrated there was a culture of teamwork where staff and the management team worked together to ensure the home was well run.

The registered provider sought to gain people's views. We saw surveys were provided and meetings took place with people who lived at the home. We saw people were asked for their views on the food provision and if they were happy with the service. We saw the registered provider informed people who lived at the home of any changes. For example, people were informed that new beds and cushions were being purchased. This showed the registered provider sought people's feedback and ensured sufficient resources were available to people who lived at the home.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

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 Notifications were not always made to the Care Quality Commission as required by Regulation.