

Care Excellence Limited

Lindau Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lindau Residential Home is a residential care home providing accommodation for persons who require nursing or personal care to up to 37 people. The service was not providing nursing care, people's nursing needs were met by community nurses. The service provides support to older people, some of who lived with dementia and one person had a learning disability. At the time of our inspection there were 24 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

Staff did not provide people with a learning disability effective support to identify aspirations and goals and assist people to plan how these would be met. There was not a consistent approach to supporting people to learn new skills or maintain their skills for as long as possible, where this was appropriate. Staff encouraged people to be independent as much as possible. People's communication needs were not always met, directional signs were not in place to help people orientate in the service. Easy read signage providing information and reminders was not always available.

Some areas of the service were not clean. The service was undergoing a programme of redecoration and repair. However, some safety aspects had not been identified and mitigated prior to the inspection. The risk to people from access to hot pipes, items that could cause harm and risks arising from people's diagnosed health needs had not been addressed. The service provided people with care and support in well-equipped environment.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We made a recommendation about this.

People prescribed 'as and when required' medicines did not always have the appropriate protocols in place to support staff to know how or when to administer these medicines. We made a recommendation about this. The service had systems and processes in place to safely administer and record medicines use. Medicines were administered in line with the prescription.

Right Care

People's care was not always person centred, some people did not have care plans and information about how staff could meet their needs. However, people told us they were treated with dignity and respect and their privacy was respected. People told us that staff were kind and caring. Comments included, "People [staff] are every so kind"; "It is brilliant here. The staff are lovely, they listen to what you want and say, they are always there" and "They are very good, kind and caring."

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough staff to meet people's needs and keep them safe. However, staff had not always had the necessary training to meet people's assessed needs. Training to work with people who lived with epilepsy had not been provided.

Right Culture

The provider's quality monitoring processes had not always identified concerns and improvements in the service. People, their relatives and staff had been encouraged and supported to provide feedback about the service. People and their relatives felt listened to.

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 good (published 19 September 2017).

Why we inspected

We received concerns in relation to the management of medicines, management of people's mental health needs and infection control. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. We have found evidence that the provider needs to make improvements.

After the inspection the registered manager provided assurances and some evidence to show that improvements had been made and were in progress.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lindau Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to risk management, planning and designing person centred care, good governance and notifications of incidents and events at this inspection. We have made a recommendation about the management of some medicines. We have made a recommendation about the management of MCA and DoLS.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lindau Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors. The third inspector carried out calls with staff offsite after the inspection.

Service and service type

Lindau Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Lindau Residential Home is registered as a care home with nursing care. However, during the COVID-19 pandemic and due to staffing difficulties Lindau Residential Home stopped providing nursing care. Nursing care is now provided by visiting community nurses. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We gained feedback from the local authorities who work with the service. We also sought feedback from Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 1 relative about their experience of the care provided. We observed staff interactions with people and their care and support in communal areas. We spoke with 10 members of staff including the registered manager, the deputy manager, team leaders, senior care workers and care workers.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 2 files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- Building risks relating to risk of burns from access to hot water pipes, gas boiler, and the hot water tank had not been adequately risk assessed and risks had not been mitigated. This had placed people at risk of harm. The service was undergoing a programme of renovation. We found a number of unlocked rooms containing harmful items such as hand tools, power tools, paints and chemicals. We raised this with the registered manager who told us this had not been risk assessed. This was resolved on the day of the inspection with the handyperson ordering locks to some doors and fitting locks to the door of boiler room and fitting locks to rooms containing harmful items.
- Fire risks had not always been considered, we found hoists stored in narrow corridors which restricted fire escape routes. We raised this with the registered manager and the hoists were relocated.
- Risk assessments were not detailed enough to describe to staff how to reduce risks and keep people safe. One person's risk assessments identified risks from the person going into offices and the kitchen and gaining access to items which could harm them. However, no action had been taken to remove or reduce the risks further. Another person did not have a care plan, they used specialist equipment in relation to a health concern. They had been at the service for over 1 week. This meant there was no guidance for staff about how to support them safely.
- Risk assessments in place for people on blood thinning medicines that were at risk of falls, increased risk of bleeding and bruising were not accessible to all care staff. This meant that staff did not have all the information they needed to provide safe care. The provider told us the risk assessments were stored with medicines records, which meant only staff trained to give medicines had access to the safe working guidance.
- There were no risk assessments in place relating to people living with epilepsy. This meant staff did not have important information about how to support people safely during bath/shower time and other risks associated with epilepsy such as SUDEP. SUDEP is Sudden unexpected death in epilepsy. Some staff did not know a person had epilepsy and only 1 staff member said they knew about epilepsy from previous experience of working in care. This put people living with epilepsy at risk of harm.
- Risk assessments relating to people living with diabetes were not clear and did not provide information for staff about how to work with people safely. However, we spoke with staff and they did understand the risks of diabetes and what signs and symptoms could be presented if a person's sugar levels were too high or too low.

The failure to provide safe care and treatment by reducing risks to people's health and safety is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Using medicines safely

- Medicines had mostly been managed safely. However, people prescribed 'as and when required' (PRN) medicines did not always have the appropriate protocols in place to support staff to know how or when to administer these medicines. We were not assured these medicines would be given appropriately or staff would know when to escalate concerns.

We recommend the provider consider current guidance on giving PRN medicines to people and take action to update their practice accordingly.

- Medicines were stored securely. Regular temperature checks were made on storage to ensure medicines maintained their effectiveness.
- The registered manager and other senior staff completed regular audits on medicines to identify any errors.
- Staff were trained to administer medicines and we observed good practice when staff were completing the medicines round. During the inspection we identified that one person may require a lower dose of Paracetamol due to their weight. Staff arranged for the GP to review the person in order to check that the dose of medicine prescribed was safe for the person.

Staffing and recruitment

- The provider had carried out thorough recruitment checks. They ensured staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed there were suitable numbers of staff to provide the care and support people were assessed as needing at the time of the inspection. The level of staff dependency was assessed by the management team. These assessments were then used to inform the staffing rota. Staff told us, there were enough staff on duty to meet people's needs.
- It was not clear if enough staff had been deployed at night to meet people's needs safely. The registered manager told us that hourly checks could only be carried out on one person and there was not enough staff on shift to carry out more frequent checks on people. The person was known to walk with purpose around the service at night including going into other people's rooms. After the inspection, the registered manager confirmed additional staffing had been put in place at night to support the person.
- We observed that call bells were answered quickly. People told us, "I have a call button in my room, they come quick" and "I have a call bell, I press it if I need to get up in the night. The staff come fairly quickly, I don't have to wait long."

Learning lessons when things go wrong

- Systems were in place to monitor accidents, incidents near misses and to learn lessons. Actions had been taken following accidents and incidents. The registered manager carried out analysis of any accidents and incidents. However, this analysis was not always robust and had not always included key information such as where the accident/incident had taken place, what day it had happened and what the staffing levels were like at the time. After the inspection, the registered manager updated their records to ensure analysis was more robust for future accident and incident review.
- Staff told us if there had been accidents or incidents involving people, they were informed about these in handover meetings at the start of their shift. The registered manager discussed lessons learnt from accidents and incidents in staff meetings.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe because staff knew them well and understood how to protect them from abuse. People told us, "I feel very safe here because of people being about" and "I feel safe, when I was at home my balance wasn't good and I started to fall over."
- Staff we spoke with were confident they would be able to identify abuse. Staff told us they felt comfortable to report concerns to the provider and the management team. They felt concerns were taken seriously, and appropriate action was taken. Staff knew how to escalate concerns to outside organisations such as the local authority safeguarding team, the police and CQC if necessary.
- The provider had effective safeguarding systems in place to protect people from the risk of abuse. Safeguarding concerns had been reported to the local authority.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were not clean. We reported this to the registered manager who took immediate action to address the issues, which included updating the cleaning schedule so the areas were not overlooked again.
- We were somewhat assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. There were no COVID-19 risk assessments in place for people, including those who were at higher risk of becoming acutely unwell if they contracted COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- The registered manager had complied with the government guidelines relating to visitors to the service throughout the recent pandemic. One person told us, "Friends and relatives can come."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Records showed basic preadmission assessments had been carried out to identify people's needs. The preadmission assessments had not been comprehensive and had not looked at each area of the person's needs. These assessments had not always been used to develop person's care plans. One person had lived at the service for 3 weeks and had no care plan in place. This meant support had not been planned for people's diversity needs, such as their religion, culture and their abilities.
- The assessments and re assessments of people's needs had not led to goals and action plans being set to support people with learning disabilities to develop and improve their skills and maintain certain levels of independence, this meant there were no clear pathways to future goals and aspirations, including skills teaching in people's support plans.

The failure to provide care and treatment to meet people's assessed needs is a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider used nationally recognised assessment tools to identify and review people's needs such as Malnutrition Universal Screening Tools (MUST) and pressure sore risk assessment screening tools (Waterlow) to calculate people's pressure risk.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Care plans included MCA assessments when people had been assessed as not having capacity. However, these assessments did not include details of how the decision had been made including the questions the person was asked and their response to evidence how the decision had been made.
- The registered manager had a system in place to keep track of DoLS applications. One DoLS had been authorised at the time of the inspection. The service had applied urgent DoLS to people who had been assessed as requiring one. It was not clear in people's care plans what having a DoLS meant for the person and what staff should do because of the DoLS.
- Some people had consented to DNACPR (do not attempt cardiopulmonary resuscitation) with their GP or consultants. One person who lacked capacity had a DNACPR in place. The person had used a pen and crossed out the information, indicating that they wished to be resuscitated, this information had not been communicated back to the GP or the person's representatives. We discussed with the registered manager who arranged for this to happen.

We recommend the provider consider current guidance on MCA application procedures and DoLS and take action to update their practice accordingly.

Staff support: induction, training, skills and experience

- Most staff had received training to enable them to meet most people's specific health needs. The provider had a system in place to ensure staff completed training in autism and learning disability, many staff had already completed this training. However, some care staff had not undertaken training around epilepsy despite providing care for people with epilepsy. This meant they may not have all the information they needed to provide person centred care. This is an area for improvement.
- Staff had received statutory mandatory training, infection prevention and control, dementia, diabetes, first aid and moving and handling people. Staff received effective support and supervision for them to carry out their roles. Staff were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the registered manager.
- Staff told us they received an induction when they started working at the service which included shadowing experienced staff and training. New staff completed the Care Certificate if they had not completed this before. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt well supported by the management team. Comments included, "I have supervision every 3 months, I can go and ask questions in between times"; "I do feel very well supported" and "I do feel well supported, I can't complain about the support given."

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

- People told us they liked the food at the service. People told us, "Food is very good, we get more than enough to eat. I don't think we have been asked what to have tonight. There is always a choice of two. If I didn't like the choices, they would give something else" and "Food is good, (person then showed us their stomach and remarked that they had put on weight). In the morning you can have egg and bacon." We observed mealtimes to be relaxed and people were offered choices of meals and offered more if they wanted it.
- Meals and drinks were prepared to meet people's preferences and dietary needs. These included pureed meals and low sugar diets.
- People had their meals in the dining room and in their bedrooms. We noted there was no menu board in the dining area or easy read menu to show people and remind people what the meals were and the choices available. This is an area for improvement.
- There was a system in place to check that people had drunk enough to keep themselves healthy and

hydrated. Records relating to food and fluid intake were clear and consistent.

- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received appropriate support to maintain good health. People were supported to attend regular health appointments, including appointments with consultants, mental health specialists and specialist nurses.
- People had access to health services when they needed it. Records evidenced that staff had called 999 and 111 when required to meet emergency medical needs. A GP carried out a weekly ward round and visited the service. The service was also supported by visiting community nurses to meet people's nursing needs.
- Information about people's declining health and outcomes of appointments were shared with the staff team in handover meetings. This meant staff had the most up to date information to support people effectively.
- People were supported to see an optician and chiropodist regularly. One person said, "We have someone that comes around and does toenail cutting and like today someone to come and do fingernails. I file my own nails." Another person said, "I had my nails done today, I chose the colour. The chiropodist comes every 6 weeks. The hairdresser comes once a week."
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records. Referrals had been made to speech and language therapists, dieticians and the falls clinic when required.

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

- It was evident that some people knew their way around the service and were seen finding their way to lounges, dining rooms and their bedrooms. However, there was no dementia friendly signage in place and way marking around the service, despite some people living with dementia. Staff told us that one person living with dementia frequently walked into other people's bedrooms. This is an area for improvement.
- Maintenance tasks were observed to be completed in a timelier manner. A redecoration programme was in place and some rooms were already complete. People's rooms had been decorated and furnished to their own tastes. People told us they had been involved in choosing the colours. One person said, "I chose the colour, I chose buttercup yellow. I have pictures up on the wall, the maintenance man put them up."

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems to review and check the quality of the service were not always robust or sufficient to alert registered persons of concerns and issues within the service. Audits had not picked up shortfalls in practices in relation to risk assessment, fire safety, infection control and mental capacity and DoLS.
- The registered manager told us the provider had been carrying out monthly visits to the service. However, it was not clear the provider was carrying out checks and audits as there was no documented record of these and what was being checked in the visits.
- Confidential information was not always held in a secure manner. At the start of the inspection confidential information about people was on display on their bedroom doors. We raised this with the registered manager and the information was removed.

Registered persons have failed to have effective systems in place to assess, monitor and improve the quality and safety of the service. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Registered persons had not always notified us of information relating to the service in a timely manner. These notifications tell us about any important events that had happened in the service. CQC had been notified of a serious injuries, abuse and deaths. However, CQC had not been notified of any DoLS applications or authorisations since February 2020, despite the registered managers records showing there had been 1 which had been authorised in February 2022.

The failure to notify CQC of DoLS authorisations and applications is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- 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 last inspection rating was prominently displayed at the main entrance.
- There was a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.
- The registered manager took timely action to address the concerns relating to the service and addressed the most serious of the concerns immediately.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew the registered manager. We observed people and relatives interacting with the registered manager, they knew each other well. One relative said, "This team are amazing, they are so lovely. Such a great team, I am really grateful for the support given in the last year and in particularly yesterday."
- Staff told us the registered manager encouraged a culture of openness and transparency. Staff felt well supported by the management team. One staff member said, "The registered manager is brilliant. I have no concerns."
- The registered manager kept in close contact with the inspection team after the inspection and provided regular feedback about actions completed to ensure people living at the service had improved experience and good outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. They apologised to people, and those important to them, when things went wrong. No duty of candour incidents had taken place.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- People, relatives, professionals and staff had been given opportunities to provide feedback about the service. Surveys had been completed in 2022. We reviewed completed surveys which contained positive feedback. Comments made in the surveys included, 'Very nice home, I honestly recommend it to anyone'; 'Excellent care. All very friendly and caring towards the residents, very clean and tidy, very responsive' and 'It is so lovely knowing mum is well looked after and safe. She loves the activities that are offered. All staff are approachable and kind, they genuinely care.'
- Compliments had been received. Comments included, 'Thank you for looking after Nana [name] at the end of her life. I know she could be difficult, but you have been caring and kind and it really means a lot to us' and 'I just wanted to write and thank you for the support, care and attention you gave my sister during her two weeks respite care. She came back home full of life and enjoyed her stay with you.'
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Night staff meetings were held in the evening to make sure it convenient for staff that worked night shifts to attend if they were due to work at night or if they had worked a night shift. Staff told us they had access to meeting records if they were not able to attend. Staff said they felt supported by the management team. The registered manager and deputy manager were approachable, and they felt listened to.

Working in partnership with others

- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician. Staff told us information was shared in handover meetings, staff meetings and through group chat.
- The registered manager engaged with external support networks. The registered manager had signed up to well known, reputable websites to find advice and guidance such as Skills for Care. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect.

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 Registered persons had failed to notify CQC of DoLS authorisations and applications is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Registered persons had failed to provide care and treatment to meet people's assessed needs is a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons had failed to provide safe care and treatment by reducing risks to people's health and safety is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons have failed to have effective systems in place to assess, monitor and improve

the quality and safety of the service. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.