Care Quality Commission

# Central & Cecil Housing Trust

# Woodlands House

**Inspection report**

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Date of inspection visit: 19/03/2015
Date of publication: 01/05/2015

## Ratings

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

## Overall summary

This inspection took place on 19 March 2015 and was unannounced. At the last inspection of the service on 20 January 2014 we found the provider was meeting the regulations we checked.

Woodlands House provides accommodation for up to 64 people who require personal care and/or nursing care. People using the service had a wide range of healthcare and medical needs, some of who are living with dementia. The home is able to accommodate up to 12 people who require intermediate care. Intermediate care is provided to people who need extra support for a short period of time to help them recover from illness or injury. At the time of our inspection there were 60 people living at the home.

The service is required to have 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

# Summary of findings

service is run. Although the home did not have a registered manager a new manager had been appointed in September 2014 and had made the appropriate registered manager application to CQC.

People said they were safe at Woodlands House. Staff had been trained to identify signs that could indicate people may be at risk of abuse or harm. They knew what action to take to ensure people at risk were protected. Other risks to people's health, safety and welfare had been assessed by staff and there were appropriate plans in place to ensure these identified risks were minimised by staff to keep people safe from harm or injury in the home.

The home environment and the equipment within it, was checked, serviced and maintained regularly to ensure it was safe. The home was clean and free from malodours. Obstacles and clutter were removed to support people to move around the environment safely. There were enough staff to meet the needs of people. Appropriate checks had been undertaken on them before they commenced work, to ensure they were suitable to care for and support people using the service.

People received their medicines as prescribed and these were stored safely in the home.

People's needs were met by staff who received appropriate training and support. The home manager had ensured staff had access to the training and support they needed to keep their skills and knowledge up to date. Staff were supported by senior staff and had opportunities to raise and discuss issues and concerns in the work place. They demonstrated a good understanding and awareness of the needs of people they cared for and how these should be met.

Staff encouraged people to stay healthy and well. People were supported to eat and drink sufficient amounts to reduce the risk of malnutrition and dehydration. People's general health was regularly monitored by staff and where there were any issues or concerns about this, staff ensured they received prompt support from the appropriate healthcare professionals. Relatives told us they were kept informed and updated about any changes to their family member's health and wellbeing.

People and their relatives were involved in making decisions about their care needs and their views and preferences were listened to and respected. Care plans were in place which reflected people's needs and their individual choices and preferences for how they received care. Before staff provided them with care and support people were asked for their consent to this.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training to understand when an application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People were encouraged to take part in social activities and supported to maintain relationships that were important to them. The home was welcoming to relatives and visitors who were free to come and visit their family members when they liked. If people needed to make a complaint about the service there were arrangements in place for the provider to deal with and respond to this appropriately.

People and their relatives said staff looked after them in a way which was kind, caring and respectful. They told us staff ensured their privacy and dignity was maintained.

During this inspection we found the provider in breach of their legal requirement to submit notifications to CQC. You can see what action we told the provider to take at the back of the full version of the report.

People's views were sought by the provider on how the service could be improved and designed to meet their needs. The provider took account of people's views and used this to make changes and improvements that people wanted.

The home manager and provider were committed to improving the quality of care and service people experienced. They carried out regular checks of the service to ensure care was being provided to an acceptable standard. The home manager had access to resources and support from the provider to make the changes that were needed to improve the quality of care and experiences of people using the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe. People said they were safe at Woodlands House.

Risks to people's health, safety and welfare had been assessed and staff knew how to keep them safe from injury and harm. The home was free from clutter so that it was safe to move around. Regular checks of the environment and equipment were carried out to ensure these did not pose unnecessary risks to people.

There were enough staff on duty to meet people's needs. The provider had carried out appropriate checks to ensure they were suitable to work in the home. Staff knew how to recognise if people may be at risk of abuse and harm and how to report any concerns they had to protect them.

People received their prescribed medicines when they needed them and all medicines were stored safely in the home.

**Is the service effective?**

Good

The service was effective. Staff had access to training and support they needed to keep their knowledge and skills up to date. They had a good understanding of the needs of people they cared for.

People were supported by staff to stay healthy and well. They were encouraged to eat and drink sufficient amounts. When people needed support from other healthcare professionals, staff ensured they received this promptly.

We found the location to be meeting the requirements of the DoLS. Staff had received appropriate training, and had a good understanding of the MCA and DoLS.

**Is the service caring?**

Good

The service was caring. People said staff were caring, kind and respectful. Staff ensured that people's dignity and right to privacy was maintained, particularly when they received care.

People's views were listened to and respected by staff. They were able to choose how care and support was provided to them.

Relatives were able to visit their family members unrestricted and the home was welcoming to visitors.

**Is the service responsive?**

Good

The service was responsive. People's needs were assessed and care plans were developed which set out how these should be met by staff. Plans reflected people's individual choices and preferences.

# Summary of findings

People were encouraged to take part in social activities and supported to maintain relationships with the people that were important to them.

The provider had appropriate arrangements in place to deal with and respond to people's concerns and complaints.

**Is the service well-led?**

Some aspects of the service were not well-led. They provider had not always met their legal obligation to submit information to CQC. This meant CQC did not have up to date and accurate information about events and incidents that had occurred in the home.

People views on how the service could be improved were sought and acted on. The provider made improvements and changes in the home that people wanted or needed.

The manager and provider carried out regular checks and audits to assess the quality of care people experienced. They took action to remedy any issues they identified through these checks.

**Requires Improvement**

# Woodlands House

**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 inspection took place on 19 March 2015 and was unannounced. Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. We also contacted the local authority and asked them for their views and experiences of the service.

During our inspection we spoke with seven people who lived at the home, three relatives, six care workers, two senior care workers, the home manager, the area manager and two members of the human resources team from within the provider's organisation. We observed care and support in communal areas. We looked at records which included six people's care records, three staff files and other records relating to the management of the service.

Good

# Is the service safe?

## Our findings

People at Woodlands House said they felt safe. They told us they would know what to do if they did not feel safe. One person said, “If I didn’t feel safe I would speak to someone.” Staff had received training in safeguarding adults at risk to help them identify signs they should look for to indicate that someone may be at risk of abuse or harm. Staff explained to us the actions they would take to protect any individual they thought could be at risk which included reporting their concerns to their manager. The provider had specific policies and procedures which set out staff’s responsibilities for safeguarding and how they should report their concerns. Training records showed safeguarding adults at risk was mandatory training for all staff working at the home and the manager had ensured all staff were up to date with this training or due to receive refresher training to update their knowledge in this area.

Records showed where any safeguarding concerns about an individual had been raised or identified, these had been appropriately reported to the local authority who were responsible for investigating these. Staff from the local authority told us the service cooperated fully with all safeguarding investigations. We noted the service had worked closely with the local authority to ensure reported concerns were promptly investigated and took appropriate action to address any issues raised so that people were sufficiently protected. For example following a recent safeguarding investigation appropriate disciplinary action had been taken against staff where their poor practice had placed a person at harm.

Incidents or accidents involving people in the home were recorded and reviewed by senior staff who then took appropriate action to protect people from further risks. We saw a recent example of this where an individual had fallen on a number of occasions in the home. Staff had reviewed their records and sought specialist advice from local authority healthcare professionals about how the service could reduce the risk of the person falling.

Individual risks to people's health, safety and welfare were assessed by staff. People’s records showed, where risks had been identified, there was guidance for staff on the steps they must take to minimise these risks, to keep people safe from harm or injury. For example, where people were at high risk of falling in the home, there were prompts and guidance for staff on how to assist them to move safely around the home to minimise this risk.

Staff responded promptly to changes in people's circumstances or needs to identify any new risks to their health, safety and welfare. We saw a recent example of this where staff had identified a person was having trouble swallowing when eating and drinking. Staff took prompt action to refer the person to their GP and assessed what the potential risks were to the individual from choking. Guidance was in place for staff on how to protect the person whilst ongoing investigations were carried out by the GP and other healthcare professionals to identify the underlying issues or causes. Risk assessments also covered risks to people in case of emergencies, for example a fire within the home. There were plans in place for how people would be evacuated safely in the event of such an emergency.

The provider had appropriate arrangements in place to ensure the home’s environment did not pose unnecessary risks to people’s health and safety. Records showed there were regular checks and inspections of the home's environment and equipment was regularly serviced and maintained. Where any faults or issues were identified with the environment or equipment these were dealt with promptly. For example following an inspection of bedrails one was found to be faulty and this was repaired immediately. From our own observations the communal areas were clear and free of clutter which reduced the risk of people tripping or falling as they moved around the home. The environment was also clean and free from malodours.

People said there were sufficient numbers of staff to meet their needs. One person said, “I don’t wait long to be helped.” Another told us, “They are great, always there for us.” From our own observations staff were visible throughout the home on the day of our inspection particularly in communal areas. We noted the atmosphere of the home was calm and people and staff did not appear rushed or hurried. When people needed help, staff responded promptly. During busy periods such as mealtimes, people did not wait long to be served their meals or get assistance from staff when they needed this.

Some staff told us they sometimes felt “under pressure” to undertake their duties particularly when there were

Good

# Is the service safe?

shortages due to staff absence. The provider used temporary agency staff to cover vacancies within the home, although people did not say that this impacted on the quality of care they received. We discussed staffing levels in the home with the home manager and area manager. They told us to maintain continuity and consistency the same agency staff were used to cover shifts where possible. They said staffing levels in the home had recently been reviewed based on the dependency levels and needs of people. As a result the service was actively recruiting new permanent members of staff, which we were able to evidence.

Staff records showed the provider had robust recruitment procedures in place and had carried out appropriate employment checks of staff regarding their suitability to work in the home. These included obtaining evidence of identity, right to work in the UK, evidence of relevant training undertaken, character and work references from former employers and criminal records checks. Staff from the provider's human resources department told us they ensured these checks were completed and verified by managers before staff were able to commence work.

People were supported by staff to take their prescribed medicines when they needed them. Each person had their own medicines administration record (MAR sheet) and staff signed these records each time medicines had been given. We found no gaps or omissions in these records. Our own checks of medicines in stock confirmed people were receiving their medicines as prescribed. Medicines had been stored safely in the home. Audits were regularly carried out by senior staff. Where any issues were identified these were dealt with promptly. For example one audit had identified a gap in an individual's MAR sheet which may have meant that staff did not give the person their medicine as prescribed. A senior staff member investigated and found the gap was due to a recording issue as opposed to the person not receiving their medicine. Records showed that the staff member responsible for this error was spoken to about this.

Good

# Is the service effective?

## Our findings

Staff received appropriate training and support to undertake their roles. Following their appointment, the home manager had reviewed staff training records to check that staff's skills, knowledge and experience were up to date. This had enabled them to identify some gaps in staff training and courses were organised for staff to attend to update their skills. We saw evidence staff were booked to attend training in the coming months in areas such as infection control, introduction to dementia, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), moving and handling, safeguarding adults at risk and safe handling of medicines.

Staff confirmed they received training in areas relevant to their roles. They also said they received specialised training to help support people living with dementia and/or at the end of their life. They told us training was refreshed on a yearly basis. Records showed the home manager had reintroduced a programme of supervision meetings between staff and their line managers to discuss their work performance as these had not taken place on a regular basis prior to them coming to work at the home. Staff confirmed they had monthly meetings with their line manager and three monthly appraisals. They told us they had had these regularly since the new manager started.

People told us staff did not provide care or support to them without their consent. One person told us, "[Staff] always ask my permission before doing anything with me." Another person said, "No, they don't do anything without my permission." Staff we spoke with understood the importance of gaining people's consent before providing them with care and support. A staff member told us, "Firstly I always knock on the door and wait for a response before entering. I check what [people] want me to do. It's in the care plan but they might have changed their mind." Some of the people using the service were unable to verbalise their consent to care and treatment due to their complex communication needs. Staff had good awareness and understanding of how to use signs, gestures and behaviours displayed by people as an indication as to whether people were happy to receive care and support from them.

Staff had received training in relation to the MCA and DoLS. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The home manager and staff had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

People were supported to eat and drink sufficient amounts to meet their needs. The day's menu was displayed in communal areas around the home in a pictorial format. Each meal was accompanied by a corresponding colour photograph or picture to help people understand what they were being offered to eat. People had been asked in advance for their meal preferences for the day. Alternatives to what was on the menu were available if people wanted this. Some people had specialist diets and their needs had been catered for. We observed meal times in the home. People eating breakfast appeared relaxed and unhurried. People were eating different meals which were reflective of their personal choices. For example one person was eating porridge whilst another was eating toast. We asked one person how their breakfast had been and they said it was, "Very nice indeed".

We also observed lunch and noted that this was served in a calm and unhurried way. Staff asked people if they had eaten and drank enough and were offered more to eat and drink if they wanted this. We noted in people's individual rooms, water was readily available in jugs. One staff member said, "We refresh the water every morning." In communal lounges bowls of fresh fruit were available for people to help themselves. People who had been identified at risk of malnutrition and dehydration had their food and fluid intake closely monitored by staff to ensure they had eaten and drank enough.

Daily records were maintained by staff in which their observations and notes about people's general health and wellbeing were documented. Regular health checks, such as weight monitoring, were carried out by staff and this information was used by staff to identify any potential issues or concerns. When a concern about a person was raised, staff took prompt action to seek assistance from the appropriate healthcare professional such as the GP. Staff maintained a communication book for the GP, who visited the home every week, in which they and the GP recorded

Good

# Is the service effective?

their concerns and outcomes following visits. Suggested courses of action and treatment for people was recorded such as referrals to specialist support from speech and language therapists and these had been followed through appropriately. We spoke with the GP during the inspection who told us the communication book worked well in ensuring that important information was promptly shared between them and the service.

The provider had taken steps to redesign and improve the home environment based on people's preferences and needs. During the inspection we saw in the home, specific areas had been designated as 'inspirational environments'. These were areas that were being adapted to create specific spaces for people to engage in social activities with each other and their families and friends. On the ground floor of the home a 'pub' was being created, which people would be able to visit for social drinks, take part in activities such as pub quizzes, listen to the radio or watch televised events. The environment featured authentic fixtures and fittings to replicate the feel and atmosphere of a traditional pub. On the first floor there was a 'cinema' and on the second floor there was a 'beauty salon'. The area manager told us some people at the home would not be able to take part in social activities out in the community due to the complexity of their needs. These specially designed spaces were intended to enable people to enjoy the experience of social activities normally found in the community, within the home.

Other adaptions around the home had been made to provide a supportive environment for people in the home, particularly for people living with dementia. People's bedroom doors had been adapted and painted to look like front doors to help promote a feeling of independence within the home. Personalised pictures or photographs were displayed by people's front doors to help people find their way to their own rooms.

Good

# Is the service caring?

## Our findings

People were supported by caring staff. People told us, they were “happy” with the staff and that they were “kind” and “attentive”. A relative told us, “We are very happy with the staff here.” They said their family member was well looked after and staff kept them regularly updated about their current health and wellbeing.

We saw interactions between people and staff were caring. We observed people being supported by staff to move around the home. They did this in a caring way making sure not to rush or hurry people. They checked when people were ready to move and how they were doing. When talking with staff we noted they talked about people in caring and respectful way.

It was clear staff knew people well. Although some people were not able to tell staff what they wanted due to their complex communication needs, staff were able to anticipate quickly what people needed. A staff member told us they had worked at the home for a long period of time and had developed a good understanding of people’s specific needs and preferences. We observed staff took their time to sit and listen to what people had to say and chatted about topics people wished to talk about.

People’s views and preferences for how their needs should be met were listened to, respected and acted on by staff. Records included information about the support people needed to make decisions. We saw that people were give different options and choices about the level of care and support they wanted from staff and people were able to decide what suited them. For example, people were offered choices about how and when they received personal care when getting help to get up, washed and dressed in the morning. People had been able to state their specific preferences for how they received this which then formed part of their plan of care. Where people were unable to tell staff what their specific preferences or choices were, due to their complex communication needs, relatives had been involved in sharing people's life histories and likes and dislikes to enable staff to make appropriate decisions about the care and support that people needed.

People’s right to privacy and dignity was respected. One person said, “Staff treat me with respect.” Another person said, “Staff are wonderful.” Throughout people’s care plans there were clear instructions for staff when they provided care and support that they ensured people’s rights to privacy and dignity were maintained. Staff told us how they did this. Staff said when providing care in people’s individual rooms they ensured doors were closed and people could not be overseen or heard. During the inspection we observed staff knocked on doors and waited for permission before entering people’s rooms. We saw one person become confused when they needed to use the bathroom and a staff member was able to guide them discreetly to the bathroom to maintain their dignity. Staff ensured people’s personal records were kept securely within the home and we observed they did not openly discuss information about people in the home.

There were no restrictions on family members and visitors to the home. We observed visitors were welcomed to the home by staff. They and staff knew each other well based on the friendly and warm conversations we observed. Staff took time to say hello and when relatives wished to speak with them about their family member, staff made time to do this.

Good

# Is the service responsive?

## Our findings

People and their relatives spoke positively about the care and support they received at Woodlands House. Each person using the service had an existing care plan which detailed their current care and support needs. These plans had been developed from discussions between people, their relatives and staff about what people's needs were and how these should be met. There was guidance for staff on people's records which detailed how this should be provided. Staff were prompted to encourage people to retain as much control and independence as possible when receiving care and support. For example people who needed help to get dressed each day were encouraged to choose their outfits by staff.

People's specific lifestyle choices and beliefs were taken into account and people were asked how these could be met and supported by staff. For example people who wished to practice their faith were encouraged and supported to do so by attending faith services. Staff took time to understand how they could support people to express their beliefs in a meaningful and respectful way. We noted from one person's record that daily prayer was an important part of their life and they were able to instruct staff on how they should be supported to do this in a discreet and dignified way. Staff demonstrated a good understanding of people's individual care and support needs. They told us they kept up to date and informed about people's care and support needs by reading people's care plans and through sharing information with other staff through handover and staff meetings, communication books and daily records.

The service had taken appropriate steps to ensure people received care and support that was personalised and tailored to their individual needs. Through our discussions with the home manager and area manager we were aware the home was in the process of changing to new care plans that were more person centred and reflective of people's specific preferences and choices for how they wished to be supported. People, with help from their relatives, were encouraged by staff to share information about themselves, such as their life history and their likes and dislikes to enable staff to develop a care plan which reflected people's preferences for how they received care and support. Staff told us they were in the process of collecting details of people's life stories to ensure people received this personalised care and support as part of their new support plan.

People's care and support needs were being reviewed monthly by staff. People told us staff reviewed their care with them. They told us staff checked with them what was working well and what had not worked well over the month in relation to the care and support they had received. Records confirmed staff involved people in discussions about their care and support and whether this continued to meet their needs. Where people's health care needs had changed their care plans were updated promptly to reflect this. For example, following an illness one person's records were updated to reflect the additional care and support they needed to help them in their recovery.

People were encouraged to build relationships with others and take part in activities within the home and community to reduce the risk to them of social isolation. The home offered a range of activities such as reminiscing sessions, art classes, music sessions, puzzles and games and gentle exercise programs, Visits out to attractions around London and the South East were also arranged for people. The home celebrated people's birthdays and social activities where friends and families could attend were also arranged, such as summer parties. Next to the home was a day centre and some people were able to access the facilities there. During our inspection we saw staff engaged in various activities with people, some of these on a one to one basis. For example, one member of staff sat with a person and painted their nails. Another member of staff sat with a group of people and read the day's paper and asked people what they thought about the news. The environment was also designed so that small seating areas around the home enabled people to sit with each other and chat. We also saw people go out for social activities with friends and family such as lunch or shopping trips.

The provider responded appropriately to people's concerns and complaints. The provider had a formal complaints procedure which was displayed in the home. All complaints received by the service were logged by the home manager and then investigated. The manager discussed their findings with the person making the complaint. This included any actions that needed to be taken to address any issues identified about the standard of care people had experienced. We noted the home manager clearly

Good

# Is the service responsive?

attempted to resolve complaints to people's satisfaction and where errors made by the service were identified an appropriate apology was provided. There was also a process by which any learning for the service was identified by the home manager and this was shared with staff promptly. For example, following one complaint staff were reminded of the correct procedures for people to follow when making a complaint so that people received accurate information from staff about how to do this.

Requires Improvement

# Is the service well-led?

## Our findings

During this inspection we established the provider had not notified the Commission of incidents that had occurred over the last 12 months, which they are legally required to do. These were with regards to abuse or allegations of abuse in relation to people using the service. We also established the provider had not notified the Commission of applications made, and their outcomes, in relation to depriving some of the people using the service of their liberty. These issues were a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and their relatives were actively involved in developing the service. The provider had engaged and consulted with people on how the home could be redesigned to improve the experiences of people who lived here. For example people had been asked to pick and choose a woodland flower to name each floor of the home, to promote a more personalised and homely feeling. Minutes from 'residents forums' showed people were regularly asked for their views of life at the home and what improvements could be made to better meet people's needs. People had been able to state their views and these were recorded by staff and acted on, for example, ideas for new types of activities were considered and arranged for people who wanted these.

The home did not have a registered manager. The current home manager had been appointed in September 2014 and they had made the appropriate registered manager application to the Commission which was being processed at the time of this inspection. People were aware there had been a change in management at the home but did not say that it had had an adverse effect on the quality of care they experienced. Staff were positive about the appointment of the new manager and felt they brought a new vision to the home.

The new home manager, working with senior managers, had reviewed the current service provision and had identified key aspects and areas that needed to be improved to raise the quality of service people experienced. Some of the changes and improvements that had been made since their appointment, which we were able to evidence, included the redesign of the home environment to improve the experience of people who lived here, updating and improving people's care records so that they received more personalised care and ensuring all staff had access to the training and support they needed to help them undertake their roles more effectively. We discussed the improvements and changes taking place with the home manager and area manager. It was clear that improving the lives and experiences of people using the service were driving the changes that were being made. We also discussed the impact of these changes on staff and managers explained how they planned to alleviate staff's anxieties through a programme of training and support to help them confidently deliver the changes that were needed.

The home manager undertook regular audits to monitor the quality of service people experienced. Each month they audited a specific aspect of the service. Recent checks had been made of health and safety, infection control and management of medicines. Following each audit, where any improvements were identified as being needed, action plans were put in place to address these. The home was also regularly audited by the area manager. They had carried out a recent check of the service and identified some areas for improvement that were needed. Feedback had been provided to the home manager who was well informed about these issues and the actions that needed to be taken to make improvements. They told us they had access to resources and support from the provider to make improvements and changes. For example new signage was purchased following an infection control audit to remind staff of the importance of good hand hygiene to minimise the risk to people of cross infection. Records of management meetings showed, and the area manager advised, progress against these action plans was closely monitored through regular one to one meetings with the home manager.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents<br><br>**The provider had not notified CQC about abuse or allegations of abuse in relation to people using the service. They had also failed to notify CQC of applications made, and their outcomes, in relation to depriving people using the service of their liberty.**<br><br>Regulation 18(e) and Regulation18(c) |