CQC IMPROVEMENT PLAN

Hartwell Grange Care Home

24 Elmwood Lane, Borrowdale, Cumbria CA12 5XP

Overall Rating	Location ID	Plan Generated	Domains Covered
INADEQUATE	1-198764523	17 Apr 2026	All 5

Safe **Inadequate**	Effective **Req. Improvement**	Caring **Good**	Responsive **Req. Improvement**	Well-led **Inadequate**

23 priority actions · 30/60/90-day roadmap · Regulation-referenced · Evidence checklist included

This improvement plan has been generated by CQCLogic using data from the CQC public register and the most recent inspection report for Hartwell Grange Care Home. Every action is mapped to the specific CQC Key Line of Enquiry and regulation it addresses. This document is a SAMPLE — generated for demonstration purposes only.

SAMPLE

Executive Summary

Hartwell Grange Care Home was rated **Inadequate** overall following a CQC inspection in March 2026. The inspection identified serious concerns across the Safe and Well-led key questions, with additional concerns in Effective and Responsive. The Caring domain was rated Good.

This improvement plan sets out **23 priority actions** across all five CQC domains. Every action responds directly to a specific finding in the inspection report and references the regulation it addresses. Actions are organised into a 30/60/90-day roadmap, with the highest-priority safety concerns front-loaded in the first 30 days.

23 Total Actions	9 High Priority (Days 1–30)	8 Medium Priority (Days 31–60)	6 Ongoing (Days 61–90)	28 days Warning Notice Deadline

Warning Notice issued

CQC issued a Warning Notice alongside the Inadequate rating, citing breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). Compliance must be demonstrated by 14 May 2026. The actions in Days 0–30 of this plan are designed to address those specific breaches.

30 / 60 / 90-Day Improvement Roadmap

Days 0–30 IMMEDIATE	Days 31–60 CONSOLIDATE	Days 61–90 SUSTAIN
Address all Warning Notice breaches. Emergency medicines audit. Submit outstanding safeguarding referrals. Establish weekly governance meetings. Complete overdue mandatory training for all staff. Appoint medicines management lead.	Update all care plans with current risk assessments. Complete MCA/DoLS review for all residents. Implement monthly audit schedule. Deploy recruitment plan for staffing shortfall. Governance meeting minutes shared with CQC.	First quarterly learning report produced. Quality dashboard reviewed by provider. Resident and relative survey completed. Mock inspection conducted. Evidence portfolio organised by domain. Progress report submitted to CQC.
9 priority actions	8 priority actions	6 ongoing actions

Safe

Inadequate

CQC findings — Safe

CQC found that medicines were not always managed safely. MAR charts contained gaps and one resident had not received their prescribed medication for three consecutive days without documented reason. Inspectors also found that two safeguarding referrals that should have been made to the local authority had not been submitted. Infection prevention and control practices were inconsistent across the service.

Priority	Regulation	Action Required	Deadline	Evidence Required	Status
HIGH	Reg 12 — Safe care	Conduct a complete MAR chart audit for all 28 residents. Produce a written report of findings. Implement weekly MAR chart checks by a registered nurse from week 2 onwards.	Day 7	MAR audit report, weekly check records, registered nurse signature log	Not started
HIGH	Reg 13 — Safeguarding	Submit the two outstanding safeguarding referrals to Cumbria County Council Adult Safeguarding team immediately. Document the decision-making rationale for any referrals not made. Review all incident records from the past 6 months for any missed referrals.	Day 3	Referral confirmation letters from local authority, incident review document	Not started
HIGH	Reg 12 — IPC	Conduct an infection prevention and control audit using the NHS IPC audit tool. Brief all staff on the findings within 5 days. Appoint an IPC lead from existing qualified staff.	Day 14	Completed IPC audit, staff briefing attendance record, IPC lead appointment letter	Not started
HIGH	Reg 18 — Staffing	Appoint a dedicated medicines management lead — a registered nurse with competency sign-off. Implement double-checking procedure for all controlled drugs from Day 1.	Day 7	Appointment letter, competency assessment, CD check records	Not started

Well-led

Inadequate

CQC findings — Well-led

CQC found that governance systems were not effective. The service had not conducted any formal quality audits in the four months prior to inspection. There was no documented governance meeting in the six weeks before the inspection. The registered manager was unable to provide evidence that risks were being systematically identified and managed. Staff reported feeling unsupported by the management team.

Priority	Regulation	Action Required	Deadline	Evidence Required	Status
HIGH	Reg 17 — Governance	Establish a weekly governance meeting with a documented agenda, named action owners, and written minutes. First meeting to take place within 5 days. Minutes to be shared with the provider and available to CQC on request.	Day 5	Meeting minutes (weeks 1–4), attendance register, action log	Not started
HIGH	Reg 17 — Quality monitoring	Implement a monthly audit schedule covering medicines, care plans, health and safety, and infection control. Produce written audit reports with action plans for any findings.	Day 14	Monthly audit calendar, completed audit reports, action plans	Not started
MED	Reg 17 — Risk management	Create a risk register covering all identified risks to residents, staff, and the business. Review and update monthly at governance meetings.	Day 21	Completed risk register, governance meeting minutes showing risk review	Not started
MED	Reg 17 — Staff culture	Conduct a staff survey on management support and culture. Share findings at a team meeting. Produce an action plan addressing any concerns raised.	Day 30	Survey results, team meeting minutes, culture action plan	Not started

Effective

Requires Improvement

CQC findings — Effective

CQC found that care plans were not always kept up to date following changes in residents' needs. Three residents who had experienced health changes did not have updated care plans reflecting their current needs. MCA assessments had not been completed for four residents who lacked capacity to make decisions about their care. DoLS authorisations were overdue for two residents.

Priority	Regulation	Action Required	Deadline	Evidence Required	Status
HIGH	Reg 9 — Care planning	Review and update all 28 care plans to ensure they reflect current health needs, preferences, and risk assessments. Prioritise the three residents identified by CQC. Implement monthly care plan review schedule.	Day 21	Updated care plans (all 28), review dates, registered manager sign-off	Not started
HIGH	Reg 11 — MCA	Complete Mental Capacity Assessments for the four residents identified as lacking capacity. Ensure best interests decisions are documented and reviewed.	Day 14	Completed MCA forms (4 residents), best interests decision records	Not started
MED	Reg 11 — DoLS	Submit DoLS applications for the two residents with overdue authorisations. Liaise with the local authority supervisory body. Implement a DoLS renewal tracking system.	Day 10	DoLS application confirmations, tracking spreadsheet	Not started
MED	Reg 18 — Training	Audit staff training records. Identify and book all overdue mandatory training (safeguarding, medicines, MCA/DoLS, moving and handling, fire safety). Set up a training matrix with renewal alerts.	Day 14	Training matrix, booking confirmations, completion certificates	Not started

Responsive

Requires Improvement

CQC findings — Responsive

CQC found that the complaints process was not always followed. Two complaints received in the six months prior to inspection had not been formally acknowledged within the required timeframe, and one had not received a written response. Activities provision was limited and did not reflect residents' individual interests and preferences.

Priority	Regulation	Action Required	Deadline	Evidence Required	Status
MED	Reg 16 — Complaints	Review all complaints received in the past 12 months. Respond formally in writing to the outstanding complaint. Implement a complaints tracking log with acknowledgement and response deadlines.	Day 14	Written responses (2 complaints), complaints log, complaints policy review	Not started
MED	Reg 9 — Activities	Conduct individual activity assessments for all residents. Develop an activities programme that reflects residents' interests and preferences. Appoint an activities coordinator or allocate dedicated activity time to key workers.	Day 30	Activity assessments (all residents), monthly programme, coordinator appointment	Not started

Caring

Good

CQC findings — Caring

The Caring domain was rated Good. CQC found that staff treated residents with dignity and respect, and residents and relatives spoke positively about the kindness of the care staff. No improvement actions are required in this domain. The service should maintain current standards and use this as a foundation for improvement across other domains.

Evidence Register

The following evidence must be collected and organised by domain before your CQC re-inspection. Use this register as a checklist — tick each item as it is collected and note where it is stored.

Domain	Evidence Required	Responsible	Collected	Location
Safe	MAR chart audit report (all 28 residents)	Medicines lead	■	
Safe	Weekly MAR check records (4 weeks minimum)	RN on duty	■	
Safe	Safeguarding referral confirmation letters (×2)	Registered manager	■	
Safe	IPC audit report and staff briefing record	IPC lead	■	
Safe	CD double-check records (4 weeks)	Medicines lead	■	
Well-led	Governance meeting minutes (weeks 1–8)	Registered manager	■	
Well-led	Monthly audit reports (medicines, care plans, H&S;)	Registered manager	■	
Well-led	Risk register (current version)	Registered manager	■	
Well-led	Staff survey results and culture action plan	Registered manager	■	
Effective	Updated care plans (all 28 residents, signed and dated)	Key workers	■	
Effective	MCA assessments (4 residents)	Registered manager	■	
Effective	DoLS application confirmations (×2)	Registered manager	■	
Effective	Training matrix and completion certificates	HR / manager	■	
Responsive	Written complaint responses (×2)	Registered manager	■	
Responsive	Complaints tracking log	Registered manager	■	
Responsive	Resident activity assessments	Activities lead	■	

This is a Sample Improvement Plan

This document has been generated by CQCLogic to demonstrate the quality, structure, and depth of our KLOE-mapped improvement plans.

A plan generated for your service will contain:

- ✓ Actions mapped to the specific findings in your own CQC inspection report
- ✓ Regulation references matched to your exact breaches
- ✓ Evidence requirements tailored to what your inspector identified
- ✓ A 30/60/90-day timeline built around your re-inspection window
- ✓ A risk register and evidence checklist specific to your service
- ✓ PDF delivered within 24 hours of purchase

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