Annex B: CQC requirement notice

Care Quality Commission

Provider:

Regulation

XXXX **Registered location**: XXXX, XXXX Location ID: XXXX Regulated activity:

Requirement notice

How the regulation is not being met:

-	
Action we have told the provider to take	
Regulation	
How the regulation is not being met:	
Regulation	
How the regulation is not being met:	
Regulation	
How the regulation is not being met:	
Regulation.	
How the regulation is not being met:	