

## Partnerships in Care Limited

# The Croft

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 16 May 2016. The inspection was unannounced.

The Croft is a care home which provides accommodation, care and support for up to eight adults with a learning disability. Eight people were living at the service on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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 registered manager had made applications to the local authority to ensure restrictions on people's ability to leave the service were lawful in accordance with the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who use the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restriction is appropriate and needed. However, the same approach had not been extended to the locked doors within the service which, restricted people's freedom of movement around their home.

Procedures were in place for responding to emergencies and managing risks in the service. This included safeguarding matters, managing people's finances and medicines. Environmental risks were being assessed and measures had been put into place to minimise risks to people's safety.

People using the service at times behaved in ways that were challenging to others. Staff managed the complex needs of the people well and understood the support they needed to keep them safe. Behavioural support plans were detailed and gave staff clear direction as to what action to take to minimise risk. This was done in a consistent and positive way.

There was sufficient staff on duty to keep people safe. A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service.

People experienced a good quality of life because staff received training that gave them the skills and knowledge to meet each person's assessed needs.

Staff talked passionately about the people they supported and knew their care needs well. People were involved in determining the kind of support they needed. Different communication methods had been used to support people to understand information about their care. Staff offered and respected people's choices on how they spent their day. People were supported to carry on with their usual routines, shopping and accessing places of interest in the community.

People were provided with sufficient to eat and drink to stay healthy and maintain a balanced diet. People had access to health care professionals, when they needed them.

There was a strong emphasis on promoting good practice in the service. A number of schemes were in place to motivate staff and drive improvement, such as staff excellence awards. Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect.

The provider had a range of systems in place to assess, monitor and further develop the quality of the service. This included quality monitoring visits of the service and monitoring of incidents, accidents, safeguarding concerns and complaints.

There was an emphasis on fairness, transparency and an open culture within the service and throughout the organisation. Senior managers and the chief executive were contactable for staff to talk to openly whether they wanted to complain, raise concerns, or compliments or to share ideas to improve the service. Staff were encouraged to take part in the organisations' 'working groups' to understand and have a say on changes to working conditions.

## 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.

Systems were in place to manage risk, including protecting people from harm. Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

Effective systems were in place to provide people with their medicines when they needed them and in a safe manner.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Where people's freedom of movement around their home was restricted, the principles of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards had not been consistently applied.

Staff had been provided with training and support that gave them the skills and knowledge to ensure people's needs were being met.

People were provided with enough to eat and drink to maintain a balanced diet. People had access to appropriate services which ensured they received on-going healthcare support.

### Is the service caring?

Good ●

The service was caring.

People were supported to express their views and make decisions about their care and support.

Staff had developed positive relationships with people who used the service.

People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure that their social needs were met.

There was a complaints system in place to show that complaints were investigated, responded to and used to improve the quality of the service.

### Is the service well-led?

Good ●

The service was well-led.

Staff were clear about the vision and values of the service in relation to providing compassionate care, with dignity and respect.

The provider had systems in place to assess and monitor the quality of the service and these were effective.

People, their relatives and staff were asked for their views about the service and these were listened to and acted upon.

# The Croft

## **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.

This inspection took place on 16 May 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the previous inspection report and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

We spoke with one person who was able to express their views, but not everyone was able to communicate with us verbally. Therefore we contacted three people's relatives by telephone to ask for their views about the service. We also spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly.

We looked at records in relation to two people's care. We spoke with three staff including senior staff and support workers. We also spoke with the registered manager and the director of nursing. We looked at records relating to staff training and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

All three relatives spoken with told us the staff managed the complex needs of the people living at the service very well. Comments included, "I have no concerns about [persons] safety; I feel they are safe and well cared for. They have the odd tumble, but I am always kept informed and satisfied that they get the right treatment," and "I do not have any worries about my [person] I feel they are safe as the staff give them the 24 hour care they need."

Staff understood the support people needed to keep them safe, during periods of distress and behaviour that was challenging to themselves and others. One relative commented, "I feel my [person] is very safe, all of the time. The staff are very aware of the risks to their safety and provide the constant support and observation they need. I feel very lucky we found The Croft."

Staff were aware of the provider's safeguarding adults and whistle blowing policies and their responsibilities to ensure that people were protected from harm. A relative told us, "I have never heard staff raise their voice or speak inappropriately to people in the service."

Staff told us that they had received updated safeguarding training. They had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, the registered manager had taken appropriate action to liaise with the local authority to ensure the safety and welfare of the people involved.

Procedures were in place for and responding to emergencies and managing risks in the service. All staff had received first aid training, so that there was always a fully trained first aider on duty. Environmental risks, such as legionella and fire were being assessed and measures had been put into place to minimise risks to people's safety.

People using the service had complex needs, and at times behaved in ways that were challenging to others. Prevention of abuse plans were in place which described the support people needed to stay safe. For example, when accessing places of interest in the community, managing their finances and how staff were to manage aggressive behaviour. These assessments were detailed and gave staff clear direction as to what action to take to minimise risk. These assessments focused on what the individual could do, and the support they needed so that activities were carried out safely and sensibly. Staff had a good understanding of their role, including the details of the individualised plans to keep people safe.

We saw there were enough staff available during the inspection to meet people's needs and keep them safe. This was confirmed in discussions with staff and people's relatives. Comments included, "My [person] needs a lot of support, every minute of the day, I do feel there are enough staff to ensure this happens" and "I always see staff around when I visit, I don't have concerns about staffing levels, there are enough staff to really look after [person]." One relative commented, "I am unable to get to the service very often, so I am unable to comment of whether or not there is enough staff, however when I do visit my [person] they are

always ready when I arrive. I have never found them left sitting on their own; there is always a member of staff with them in the room."

Staff files confirmed a rigorous recruitment and selection process was in place. Staff confirmed that all relevant checks, including a criminal records check and appropriate references, had been obtained prior to them commencing work.

Relatives told us they were confident people's medicines were managed well. One relative commented, "I am confident that [person] receives their medication at the right times, as the staff are very vigilant in monitoring their health as they are prone to fits."

Staff had a good knowledge of the medicines people were prescribed and confirmed they had received up to date medication training. Regular competency assessments were being conducted by senior staff to ensure people's medicines were administered safely. Systems were in place that ensured medicines were being obtained, stored, administered and disposed of appropriately. We checked the medicines administered against people's records and found that these were accurate. Protocols were in place for medicines that were prescribed on an occasional basis, as and when needed. These protocols had been discussed and agreed with the GP. For example, where a person had interrupted sleep patterns they were prescribed medicine to help them sleep. The protocol gave good guidance to staff on when it was appropriate to administer this medicine. This meant people were receiving their prescribed medicines when they needed them.



## Is the service effective?

### Our findings

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 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's risk assessments identified that their safety would be at risk if they left the service unescorted. Therefore for safety reasons the front door of the service was kept locked preventing people from leaving of their own accord. The registered manager had made the appropriate applications to the local authorities to lawfully deprive people of their liberty for their own safety. However, the same approach had not been extended to the locking of doors within the service. Whilst these measures were in place to protect people from the risk of harm, this restricted their freedom of movement around their home. These restrictions were a particular issue for two people who had recently moved to the service from another of the organisations specialist residential services. They had previously been able to access the kitchen to make their own snacks. Although the registered manager told us they could access the kitchen at any time to make snacks with staff support, they were reliant on staff availability to facilitate this. We discussed these restrictions with the registered manager and director of nursing. They told us they would take immediate action to review peoples individual risk assessments to ensure they were able to move freely around their home, but safely.

This was a breach of regulation 13 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Relatives told us the staff acted professionally at all times and demonstrated the necessary skills to meet people's needs. One relative commented, "The staff are so professional, even though they are supporting people whose behaviours can be challenging, they are so well balanced." Another relative told us, "Staff are trained and very professional; they know exactly what they are doing."

The organisation had a proactive approach to the learning and development of their staff. Training was scheduled annually covering a range of topics including safeguarding people and health and safety. Staff confirmed they were provided with training that gave them the knowledge to meet people's specialist needs. For example, techniques for managing violence and aggression had been specifically adapted to meet the needs of the people using the service. Staff told us they felt confident the training provided had given them the skills to support people when difficult situations had occurred. One member of staff described the training they received as, "Top notch."

Staff told us they had completed an induction programme when they first started working for the organisation. The induction included classroom based learning and shadowing an experienced member of

staff. Staff said this had helped them to get to know the needs of the people they supported and cared for. Staff told us the training and support they had received during their induction had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

Staff told us they felt supported in their role. They received regular supervision and an annual appraisal, where they had the opportunity to discuss the support they needed about their work and discuss their training and development needs.

Staff had a good understanding of promoting people's rights, equality and independence. Records showed that mental capacity assessments and best interests meetings had taken place, when decisions needed to be taken on behalf of someone who was deemed to lack capacity. For example, one relative told us they had attended a meeting where a discussion was held about their [persons] healthcare needs and if it was in their best interests to attend a specialist clinic for a health procedure.

People told us they had a choice of food. One person told us, "Staff ask me what I want to eat, 'Kit Kats' are my favourite." Staff told us although healthy eating was promoted, people were able to have what they wanted to eat, as this was their choice. We saw that people were provided with a balanced diet and had sufficient quantities to eat and drink to stay healthy. A relative told us, "Staff supported my [person] to manage their diet, encouraging them to eat fruit instead of sweets, which has helped them to lose weight. This has had a huge benefit on their quality of life."

Another relative told us, "My [person] requires a soft diet due to swallowing and chewing difficulties, however staff manage this well and make sure they have a varied diet." This person's care records showed that their dietary needs had been assessed, and a referral had been made to the Speech and Language Therapist team (SALT). Staff understood the importance of following the guidance provided by the SALT team to minimise the risks of the person choking.

People had access to health care professionals and were supported to manage and maintain their health. For example, we saw that people had routine annual health checks and access to their GP, when needed. People were having regular reviews with their consultant psychiatrist and the learning disability team. Each of the relatives spoken with confirmed people using the service had good access to the GP and other health services, as needed. One relative commented, "I believe my [person] gets the right level of treatment and on-going healthcare. They are supported to see the GP and other health professionals, when needed." Other comments included, "The staff are very diligent, they make sure my [person] has their nails, teeth and hair done. I am quite happy with the care they receive" and "I feel staff meet my [persons] day to day care and support needs well, if it had not been for staff vigilance noticing a change their health and referring this to the GP, I do not believe a more serious health issue would have been identified and successfully treated."

## Is the service caring?

### Our findings

One person told us, "I like living here because staff are very nice to me." Relatives praised the staff for their caring attitude and felt they went the extra mile to provide care and support to the people in the service. One relative told us, "I am not able to visit the service often, but when I do I see staff respecting people's privacy and dignity, I have no qualms about the care provided. I really feel that staff treat my [person] with kindness and feel very fortunate to have my [person] looked after at The Croft." Another relative commented, "The staff are always lovely with [person] they are very caring. They support my [person] to achieve the best quality of life they can possibly have. In fact, staff come in on their day off to wish people happy birthday, we are so lucky to have such support for our [person]. Overall I am very happy with care [person] receives; the staff are very friendly and very protective of the people in their care."

People were involved in determining the kind of support they needed to have choice and control over their lives. We saw that staff offered people choices, for example, how they spent their day and what they wanted to eat. One person told us, "I operate the dishwasher and help around the house or watch TV."

As not everyone was able to communicate with us verbally, we spent time with people in the service and observed the care and support they received from staff. People were able to spend their time as they chose to and staff responded in a caring way to people's needs. A core of staff had worked at the service for a long time and knew the needs of each person well. This continuity of staff had led to people developing meaningful relationships with them. We observed this throughout the inspection when we saw staff treating people kindly and with compassion. The interaction between staff and people was warm, caring and friendly. Staff were respectful when talking with people, referring to them by their preferred names.

Staff were respectful of people's privacy and dignity. They spoke discretely about people's personal care needs. One relative commented, "As far as I have seen, staff promote people's dignity and independence. My [person] needs supervision to maintain their personal hygiene, but staff do stand outside their room, whilst they carry out their own intimate care, to give them privacy."

People were supported to express their views. One person told us the manager and staff were interested in what they said and thought about things. For example, they said they had a meeting every year to talk about living at The Croft, and commented, "I want to stay here."

Each of the relatives confirmed they were involved in making decisions about their [family member's] care, treatment and support. One relative said, "I am invited to attend a yearly meeting, with my [person], their key worker and the manager. At the last meeting my [persons] social worker was present. This was really helpful to discuss [person's] on going healthcare needs, and I was reassured funding was available to support them should their health deteriorate and require more support." Other comments by relatives included, "I am invited to attend [persons] review, and I get a very detailed report about their care. The registered manager and staff do listen to what I say and I feel that my views are taken into account, when reviewing [persons] care needs" and "Every six months my [person] has a review, which I attend. I am given the opportunity before the meeting to discuss any specific issues. The manager and staff do listen to what I

have to say."

An advocacy service visited on a regular basis to help people, particularly those with limited communication, to raise any issues, or concerns they may have. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights were upheld.

Each person had a designated key worker. [A key worker is a named member of staff who works with the person and acts as a link with their family]. One member of staff spoke in detail about the needs of the person they were a key worker for. They had a good knowledge about the person's background, current needs, what they could do for themselves, how they communicated and where they needed help and encouragement. This meant that the key worker was able to respond to each person's individual preferences by their knowledge of the person. This was supported by a relative, who commented, "The keyworker for [person] is absolutely marvellous, they are so caring and they have established a real bond with [person]."

We saw staff communicating effectively with people who used different methods for communication. Staff knew people's individual communication needs well and the methods they used to express themselves. These included signing, use of pictures and 'objects of reference'. For example, a person used sweat bands as an indicator they were going to the gym. These methods helped people to be involved in making choices.

Staff confirmed that people were encouraged to maintain personal relationships. People were supported to visit their relatives on a regular basis, or their relatives came to the service. Relative's confirmed they were able to visit at any time. One told us, "There are never any restrictions in place, but my husband and I prefer to meet our [person] at Anglesey Abbey, which is a place [person] likes and we can have a coffee. Two staff are always made available to escort [person] to meet us and there is never any rush to get back. The staff know they enjoy these meetings and facilitate these as often as we request." Another relative told us, they did not live locally and staff supported their [person] to meet them at an arranged meeting place.

## Is the service responsive?

### Our findings

People had good links with the community, such as visiting places of interest and access to voluntary work. For example, one person told us they never got bored, as they had made a friend since they had moved to the service and liked, "Going out for breakfast, for a fry up or to the seaside when the weather is warmer."

One relative told us, "I do feel the service responds to my [persons] needs well. The staff communicate well with [person] and are very, very, good with them. The staff do their best to promote a good lifestyle for people using the service, as much as they can within the confines of their mental health issues. My [person] does not cope well with change, but staff always looking for ways to improve their quality of life. They try different things and learn by experiences what has worked well, and what did not go so well. For example, they hired a hall locally and organised a birthday party for [person], staff even came on their day off. This was really successful and [person] had a lovely birthday party. This was all down to good organisation and understanding of the needs of [person] and other people attending the party." Another relative told us, "I believe I am truly fortunate to have my [person] at The Croft, when they came out of hospital I was worried that the service would not be able to meet their needs, however the manager reassured me that this was [person's] home and the staff had a lovely welcome home party for them."

People's needs were being properly assessed, planned and delivered. People's care plans were reflective of each person's needs. They showed that people and their relatives had been involved in the assessment, planning and review of their care needs. Annual reviews of people's care were taking place with people's social workers, their family, relevant staff, and the registered manager. These meetings reviewed what was working well and any changes in the persons care and support were agreed. Changes in people's needs were identified and dealt with promptly. For example, where it was identified that person's mobility was affecting their mobility they had been referred to a physiotherapist.

Where required, people had plans in place for the management of their behaviours which could challenge others. These plans had been written in a way that guided staff on how to support people in a consistent and positive way. The plans promoted people's dignity and rights, and protected them and others from potential risks of harm. Staff understood the support people needed when they experienced distress and during incidents of behaviour which was challenging to others. During the inspection, we observed occasions where people demonstrated inappropriate behaviour. Staff dealt with these situations well. They spoke in a calm, patient, kind and caring manner and we saw people responded well to this approach. Care plans also contained guidance for staff to manage specific health conditions, such as epilepsy, diabetes and mental health needs. Staff were able to clearly describe the content of people's care plans and knew the needs of the people in their care well. Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change.

Staff told us the number of different ways in which they shared information. This was so they were kept up to date about changes in people's needs, including daily staff handover sessions which helped to ensure any relevant information was handed over to staff coming on shift. These handovers were documented, including any health issues for staff to refer to. One person's key worker had transferred with them from

another of the organisations specialist residential services. This had helped the person to settle in the service and provided helpful information to existing staff on how to support them.

Relatives told us they were aware of how to complain and had been given a copy of the complaints procedure. One relative told us, "The manager is very approachable. If I have any concerns I would raise them immediately with the manager. If I did not feel that they dealt with the situation I would find out who is above them and go to them, however I have no concerns about the manager." Other comments included, "If I was not satisfied I would make a complaint" and "I can't even imagine making a complaint."

Although a complaints process was in place no relative or person had had cause to use this in the past 12 months. This was confirmed by the registered manager. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. The registered manager told us outcomes of investigations about the organisation were shared at operational meetings to learn from things that had not worked as well as expected.

## Is the service well-led?

### Our findings

The registered manager understood the values of the organisation and described the five key principles of valuing people, caring safely, working together, treating people with respect and taking quality to the highest level. They told us these values were discussed with staff at their appraisal to ensure they were understood and put into practice. Staff had a clear understanding of these values and were observed treating people with respect and dignity throughout the inspection. Staff commented that although it was not an easy job, they supported each other to ensure people using the service experienced a good quality of life. One member of staff commented, "The culture here is very friendly, we are a happy staff team, which creates a happy environment and has a knock on effect on outcomes for people living here."

Each of the relatives said the registered manager kept them informed about their relative's health and wellbeing. They told us they were consulted on decisions about their relatives care and support needs, and that their opinions were listened to and acted on. One relative said, "If there are ever any issues, the manager gets in touch, they are very good at keeping me informed."

The provider had a range of ways in which people could feedback their experience of the service and raise any issues or concerns they may have had. They sought feedback from people using the service at individual service reviews and from relatives in the form of questionnaires. One relative, commented, "I don't remember completing any forms, but I have regular contact with the manager so I can raise any concerns. I also attend an annual review with my [person] to discuss the service." Informal feedback was obtained via day to day conversations and communication from the staff team.

One member of staff told us, "There is very clear leadership in the service, the registered manager has an open door policy and we can approach them at any time." Staff told us the registered manager listened to what they had to say and took action to address any concerns or worries they may have had. For example, one member of staff told us they had raised an issue of concern with regards to staff working arrangements whilst accompanying people on a residential holiday. They told us the registered manager had taken action making enquires with the director of nursing in response to their query about night time cover and had fed back to the staff.

Staff spoke of an open culture within the organisation. They were aware of the whistle blowing policy and procedure and who to contact. One member of staff told us they had followed procedures in the past to raise concerns about poor care. They told us they had felt completely supported throughout the process by the organisation, and would not hesitate to raise issues in the future should the need arise. A 'Talk to us poster', was displayed in the service. This provided the contact details of the senior managers and the chief executive for staff to talk to openly whether they wanted to complain, raise concerns, or compliments or to share ideas to improve the service. The registered manager told us that they also encouraged staff to take part in the organisations' 'working groups' to understand and have a say on changes to working conditions.

A number of schemes were in place to motivate staff and drive improvement. Staff excellence awards were given to staff who had put in an additional amount of work or contributed in a special way. Additionally,

staff names were entered into a draw for those that were up to date with their training and those that worked over the Christmas period. Winners of the draw received vouchers to spend.

Documentation showed that staff, senior staff and operational managers meetings took place on a regular basis to ensure good communication. Staff confirmed that good practice and lessons learned from events and incidents were also shared at these meetings.

The provider had a range of systems in place that assessed and monitored the quality of the service, including shortfalls and the action taken to address them. A quarterly audit was undertaken of all the organisation's specialist residential services and a report produced of the findings. The audit covered resident focus, safety and risk management, clinical governance, staff recruitment, and the financial status of the organisation. Additional audits of infection control, medicines and health and safety matters were also routinely undertaken. An action plan had been developed with the results of the audits and was being used to drive improvement.

Provider Compliance Assessment (PCA) visits were undertaken on a monthly basis by representatives of the provider. These assessments showed that the environment, outcomes for people using the service, food, complaints and safety matters were reviewed. People were involved in these as far as practicable using their communication skills as well as advocacy support. A summary of these visits identified what was working well in the service and where improvements were needed. For example, people had identified they wanted to go on holiday and have more activities in the evenings. People, their relatives and staff confirmed more activities were taking place in the evenings and some people had holidays already booked.

Incidents and accidents that occurred in the service were audited to identify trends. Minutes of the quarterly health and safety meetings confirmed these were discussed and action was taken, where required, to minimise identified risks. Additionally, incidents were discussed at people's reviews, and we saw that changes had been made to their care to minimise further incidents occurring. The registered manager had, from records we hold, notified the Care Quality Commission about events that, by law, they are required to do so.



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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Locked doors throughout the service restricted people's freedom of movement. People using services must not be deprived of their liberty for the purpose of receiving care without lawful authority.</p>