

Medingate Limited

Morningside Rest 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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We visited this home on 30th June 2015 and the inspection was unannounced.

The last inspection was carried out in June 2014 and we found that the registered provider was meeting the regulations we assessed.

Morningside Rest Home is registered to provide personal care for up to thirty one older people. The home is in a residential area of Winsford and is close to shops and other local amenities. There is car parking facilities to the front of the premises.

At the time of our visit there were 28 people living at the home.

There was a registered manager employed to work in the home. 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.

Summary of findings

People told us that they were happy at the service and they felt that the staff understood their care needs. People commented "The staff are kind", "The staff are friendly, always smiling" and "The staff are kind and understanding." We saw that the staff team understood people's care and support needs, and the staff we observed were kind and respectful towards people.

We had concerns about the administration and management of medicines, the registered manager and staffs understanding and application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and the registered managers understanding of the requirement to notify the Care Quality Commission of notifications of other incidents. You can see what action we told the provider to take at the back of the full version of the report.

We saw that the documentation and recording of medicines was not safe. Medication administration was signed for prior to medication being given and procedures in the administration of controlled drugs had not been followed. This is poor practice and a breach of the regulations.

The registered provider had some systems in place to help ensure that people were protected from the risk of potential harm or abuse. We saw the registered provider did not have policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and we saw that procedures were undertaken where consent had not been agreed, for example with covert medication. This was a breach of the regulations.

Policies and procedures related to safeguarding adults from abuse were available to the staff team. Most staff had received training in safeguarding adults and during discussions staff said they would report any suspected allegations of abuse to the person in charge. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at the service.

We saw that the registered provider had not sent any notifications to the commission over the last year. We found that notifications of people who had died and for authorisations of Deprivation of Liberty Safeguards had not been completed. This was a breach of the regulations.

Comments were mixed about the food, most people told us the food was good and that they enjoyed the meals, however, some people said there was not enough choice. A recommendation was made regarding this.

The service was clean and hygienic with domestic staff available during the day.

We looked at the care records of three people who lived at the service. We found there was information about the support they required and that it was written in a way that recognised people's needs. We noted that on some care records there was limited information about people's preferences and this could be improved.

We looked at information regarding the recruitment process of three staff members. All pre-employment checks were in place and this meant that the people who lived at the service could be confident that they were supported by suitable staff. We noted that this information would be easier to access if it was presented in individual files.

It was difficult to see what training staff had undertaken because a training matrix was not available. Following the visit a copy was received and this showed that some staff had undertaken a range of training. The registered manager was aware of the gaps in staff training and had organised courses for people to attend to bring their training up to date. We saw that staff had access to supervision and were involved in regular meetings.

People said staff were available when they needed support and that they didn't have to wait long for help. We looked at staffing levels at the service. We saw that the staffing levels were good with staff available to meet the needs of people who used the service.

The service employed two activities coordinators and planned activities were available to people. People confirmed there were a range of activities available and that outings also occurred to the local town and places of interest. Some people commented there were not enough activities available whilst others were happy with the activities provided.

The service had quality assurance systems in place. A range of audits were undertaken on a monthly basis by the registered manager. When necessary action plans were produced.

Summary of findings

Questionnaires had been given to people who lived at the service, relatives and other professionals. This

information had been analysed and comments made had received a response where appropriate. We saw that people were satisfied with the service and said staff were caring and very friendly.

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?

The service was not safe.

We saw that staff did not manage people's medicines safely.

We saw that safeguarding procedures were in place and most staff had received up to date training in safeguarding adults. We found that recruitment practice was safe.

The service was clean and free from unpleasant odours.

Requires improvement



Is the service effective?

The service was not effective.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider did not have policies and procedures in relation to the MCA and DoLS. We saw that some people's consent was not obtained before care or treatment was undertaken.

Some people told us they enjoyed the food provided and others said there was not enough choice. We consider that further information is needed with regard to nutrition and hydration for people who live at the service and a recommendation was made regarding this.

We saw there were arrangements in place to ensure staff received supervision, attended staff meetings and completed relevant training. This meant that the staff had opportunities to discuss their work with their line manager.

Requires improvement



Is the service caring?

The service was caring.

We saw that people were well cared for and that staff showed patience and gave encouragement when they supported people. Staff encouraged people to make decisions on day to day tasks and everyone commented that staff were kind, patient and caring.

People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care.

Good



Is the service responsive?

The service was responsive.

A range of activities were in place and two activities coordinators were employed at the service to facilitate activities within the service.

Good



Summary of findings

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care.

People knew how to make a complaint if they were unhappy. We looked at how complaints were dealt with, and found that when concerns or complaints were raised the responses had been thorough and timely. People were therefore assured complaints were investigated and action was taken as necessary.

Is the service well-led?

The service was not well led.

We had not received appropriate notifications from the registered manager and a recommendation was made regarding this.

The service had a registered manager in place.

The service sought the views of people who used the service. Information from these was used to develop and improve the service provided. A range of audits were undertaken by the registered manager with action plans produced when necessary.

Requires improvement



Morningside Rest Home

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.

We visited the service on 30th June 2015. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors.

We spent time observing care in the communal areas and used the short observational framework (SOFI) as part of this SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all areas of the building, including people's bedrooms and the communal areas. We also spent time looking at records, which included three people's care records, three staff recruitment files and records relating to the management of the home.

Before our inspection, we reviewed all the information we held about the service. This included looking at

safeguarding referrals, complaints and any other information from members of the public. The provider completed a provider information return (PIR). This is a form that asks the provider to give key information about the service for example what the service does well and any improvements they intend to make. Before the inspection we examined previous inspection records and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We contacted the local authority safeguarding and contracts teams, infection control team and Healthwatch for their views on the service. The local safeguarding team had no concerns. Healthwatch had visited in March 2015 and had raised no concerns about the service. The local commissioners and infection control teams both had concerns about the service. Information they provided was used during the planning of this inspection.

On the day of our inspection we spoke with eight people who used the service, three relatives and two other professionals visiting the service. We also spoke with the registered manager and three staff members.

Is the service safe?

Our findings

All the people we spoke with at Morningside, who lived there said they felt safe at the home and that staff always treated them well. Comments included “I feel very safe here”, “I have a lock on my door, but I hardly use it”, “I feel safe knowing staff are around” and “Yes, I am very safe here.”

We had concerns with regard to medication processes and record keeping. When administering medication the correct procedure was not followed. Staff signed the Medication Administration Record (MAR) sheets prior to administering medication to people. This is poor practice as people might not take the medication and staff would have to amend the records accordingly.

Procedures were in place for the use of controlled drugs (CD). On inspection it was identified that procedures had not been correctly followed and suitable checks were not in place. Two staff had not signed the CD register when administering medication. PRN (as required medication) was prescribed for people however there were no instructions or guidance on the MAR or in their care records about when the medication should be administered.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medication when they required it. People said “The staff help me to take my tablets”, “I will ask for them when I need them” and “I have tablets for pain relief and I get them regularly throughout the day.” People’s medication was safely stored. A recent photograph of the person was in place to help staff identify the person prior to the administration of medication. Staff had access to policies and procedures in relation to the management of medicines and staff who administered medication told us they were familiar with them. We noted however that the policy made reference to the previous regulatory body, and this needed to be updated. Medication was administered in a person-centred manner and in accordance with the preferences of each person. This took into account people’s routines and how people preferred to take their medication whilst encouraging independence at all times.

During discussions staff were able to identify what abuse meant and described the different types of abuse and signs

which may indicate abuse had taken place. Staff clearly explained what action they would take if they discovered abuse and we found this was in line with the procedures set out by the registered provider and the local authority. The staff training matrix showed that most staff had undertaken training and that the other staff were booked on a safeguarding adult’s course. The registered manager had made two referrals to the safeguarding team since the last inspection. Documentation showed that appropriate records had been kept. We saw that the provider had a policy and guidance on abuse and a copy of the local authorities’ policy on abuse of vulnerable adults. Staff confirmed they were aware of these policies and procedures.

Each person who lived at the home had a care plan which identified any risks to their safety in relation to both their care and support and environmental hazards. These assessments provided staff with guidance on how to support people to manage these risks. They covered areas such as moving and handling, falls and pressure area care. Staff were able to describe the risks people faced and the appropriate measures they took to ensure people’s safety, whilst promoting maximum choice and independence.

We saw that staff were available to meet people’s needs during our visit. We looked at the rotas and saw that there were a senior care assistant and three care assistants on duty during the day and two waking staff during the night. The care staff team were supported by a cook, kitchen assistant, domestic and laundry assistants and by a maintenance person. The registered manager explained she monitored the needs of the people who lived at the home and if these increased she would request extra staff from the provider, for example when a person needed more support, an extra member of staff was agreed to support them.

We looked at the recruitment information for three staff. We saw that staff had completed an application form and that checks had been undertaken by the registered manager to ensure the person was suitable to work with the people who lived at the home. This included obtaining two references and a Disclosure and Barring Service (DBS) check. A DBS check is undertaken to ensure that staff are suitable to work with people who may be deemed

Is the service safe?

vulnerable. This meant that processes were in place to ensure staff were suitable to work at the home. We noted that this information would be easier to access if it was presented in individual files.

The home was clean and there were domestic staff on duty during the day. The infection control team had undertaken an audit of the home in March 2015 and had made recommendations for improvement. The registered manager had reviewed the recommendations and had made some improvements, however, they couldn't evidence when this had been completed.

We looked at the safety of the home and the maintenance of equipment such as hoists, passenger lift, fire and call bell system. We saw certificates which showed these were up to date and this ensured that people were living in a well maintained environment. The provider had a refurbishment plan in place and this showed that the work completed so far this year included three bedrooms decorated, two bedroom carpets replaced, the lounge carpets had been professionally cleaned and work had been completed on the garden.

Is the service effective?

Our findings

People indicated that they liked the food but that there was limited choice. People said that they had not asked for a favourite meal or another option as they were served what was available. People said “The food is good, but it’s what the chef gives you”, “The meal choice is what they put on your table”, “I love fish but we don’t get it very often” and “The food is good, no complaints.” Relatives said “My relative seems happy with the food, its standard fayre” and “The meals smell gorgeous and dad always eats his meals.”

We spoke with the cook who said they had been recently employed at the home. They explained they are told what to cook when they arrived at work. We saw the menu which showed traditional fayre, but no choices were recorded. The evening meal predominately was a selection of sandwiches with cake, fruit and cream. Occasionally other foods were offered. We asked about special diets and the cook said that they provided diabetic diets, soft food diets and one high salt diet. We discussed the needs of people with diabetes and she said that she used an alternative to sugar so that all the people could have the same foods. When we asked why everyone had to have the same, she replied, the main cook did it that way and had showed them how to do it. This meant that choice was not given to people on a “normal” diet to have meals with sugar added. Food and drink Care plans about people’s dietary needs and the support they needed were in place and reviewed monthly.

Records had been maintained on temperatures of hot food, fridges and freezers and we saw that these were up to date. We saw the kitchen was clean and that cleaning schedules were completed on a daily basis. Details of the meal were recorded although no choices were included.

We observed the lunch time meal. Staff carried out tasks around people with periods of no interaction. Drinks were given to all people on a regular basis, some people were offered a choice and others were just poured a drink. People were sat waiting for their lunch time meal for twenty minutes before it was served and comments were made by people about why they were waiting so long. Choices of meal were offered to a small number of people both by asking preferences and offering a visual choice then meals were given to other people with no interaction from staff or opportunity to choose a preferred option.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The manager and staff demonstrated some understanding of the MCA and DoLS. Some staff told us they had been provided with training in the subject within the last two weeks prior to inspection. Staff training records and the services annual training plan for 2015 confirmed that some staff had undertaken this training and others were booked on a course. The registered manager said a DoLS authorisation was in place for a number of people who used the service, and was able to provide the details of those people and the reasons for the authorisations with the relevant documentation in relation to the applications and authorisations.

We noted that on occasion decisions were made on behalf of people. For example, covert medication was in use for one person. The registered manager had obtained the agreement of the local G.P, the Mental Health Team and had involved the individuals relatives in the decision making process. The decision was made in the ‘best interests’ of the individual. Risk assessments and guidance for staff was in place. The provider’s policy on medication stated that when covert medication was required a best interest meeting should be undertaken, however although a formal best interest meeting did not take place all relevant people had been involved in the process.

The provider did not have policy and procedure in relation to MCA and DoLS and the registered manager would benefit from obtaining a copy of the MCA codes of practice.

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

People told us that they were well cared for. They said “The staff are kind and understanding”, “Someone is always there to help” and “All the staff are friendly.” We reviewed three peoples care plan record and we saw that information was available to the staff team to help them care and support for people who lived in the home. Care plan assessments were up to date and where necessary charts for food and fluid intake and turning people regularly had been completed. We saw that people’s healthcare needs were documented in the care plans. We

Is the service effective?

saw that a range of professionals visited the service and these included GPs, district nurses, continence advisors and the chiropodist. One person commented “If I ask for the GP then staff will request a visit for me.”

Staff confirmed that they had undertaken a range of training. This included moving and handling, fire safety, dementia awareness, first aid, infection control, safeguarding adults and the MCA and DoLS. However from the training matrix we saw that some staff training was out of date. The registered manager had reviewed this recently and had planned and booked training to ensure staff became up to date where necessary. Future training included moving and handling, first aid, adult safeguarding, medication awareness, food safety and MCA and DoLS. Most staff had completed National Vocational Qualification (NVQ) level 2 or 3 in care and other staff were signed up to complete these courses. The NVQ is a national work based award that is achieved through assessment and training. One person commented they would like more training and had asked for this.

We spoke with staff about their induction. They said “The induction was fine”, “I enjoyed the shadowing shifts” and “I

had enough information.” Staff said they shadowed another staff member for three shifts to help them get to know the routines within the home. An induction training programme sheet was seen on staff files and this was signed by the registered manager once completed. The employee handbook covered all areas of the staff role and a health and safety handbook was available to the staff team.

We saw that staff were supervised and supported by the management in a variety of ways. This included individual supervision sessions on an ad-hoc basis, team meetings and handover sessions. At the end of each shift the staff handed over information about the people who lived in the home to the next shift. This information included people’s general wellbeing and any specific needs required. One staff member explained that they found this very useful as it helped keep them up to date with people’s needs.

We recommend that the provider seeks guidance and support from a reputable source, with regards to nutrition and hydration to meet the varied needs of people who use the service.

Is the service caring?

Our findings

People received personal care in private and people's choice to spend time alone in the privacy of their own rooms was respected by staff. People told us that staff always knocked on the door prior to entering and respected their privacy. Other comments included "Staff treat me like a family member" and "I can spend time in my room which is very lovely decorated. I have a nice arm chair I sit in during the afternoon and relax looking into the garden. I like to go into the garden for some personal space." One relative commented that staff respected their relative's personal space and gave them time to be alone when they preferred this.

People said staff provided them with care and support in a dignified way and we observed this during the day. One person explained that staff put their dignity first by making sure that they always had clean clothes to wear. A relative said "Staff do a very difficult job to the best of their ability with dignity and compassion." Staff approach to people was caring and patient and we saw positive interactions between staff and people using the service. People who preferred to walk around the home were encouraged to do so and staff monitored their safety discreetly.

Staff took their time to listen to people and the interactions we observed demonstrated that they knew people well and what people enjoyed talking about. People were encouraged to be independent with their care and support and staff spoke to people prior to helping with any tasks to explain what they were going to do. A member of staff explained that one person they support gets embarrassed about personal care and that they encouraged them to do as much as they can for themselves. One person said "The staff are great and the care is great."

People's independence was actively promoted and staff told us this was very important. Information about what mattered most and what was important to people was documented in care plans and accessible to all staff.

We spoke with a number of family members throughout the day who told us that they are always welcomed by staff when they visit and there are no set visiting times so they can visit family and friends whenever it suited the individual. One relative commented that they visited at different times and days of the week and that there was always staff available. They went on to say staff were very good and their relative was happy.

We saw that people had access to information about the home. The service users guide detailed information of the services provided and philosophy of care. It also showed that some staff had National Vocational Qualifications (NVQ) levels 2 and 3 in care and that other staff were working towards these. The statement of purpose covered information on privacy, dignity, independence, security, civil rights and choice. We noted that details of the registered provider and manager were not included. An updated copy was sent to us following the inspection visit.

The registered provider had a range of policies and procedures that were stored in the office and were available to the staff team. These included information on confidentiality, choice, aims and objectives and the code of practice. These policies helped the staff understand what was expected from them in their role and conduct when on duty.

Is the service responsive?

Our findings

People said “Staff always help me and I don’t have to wait long for help”, “Staff are very pleasant”, “If I want to go out, staff come with me”, “Staff are very attentive and always help me with everything I need” and “Staff are very caring, always smiling.”

Each person had an individualised care plan which included information about their assessed needs. Staff had access to people’s care plans and they told us they read them regularly and they had been reviewed by the senior care staff on a monthly basis identifying any changes to support for people. The plans provided staff with guidance on how best to meet people’s needs and they reflected people’s likes, dislikes and preferences and how they best communicated their wishes and choices. Our observations of the care and support people received demonstrated that staff had a good understanding of people’s needs. They communicated effectively and people’s independence was promoted. Staff also shared important information about people during each shift handover. This ensured people received the right care and support.

We noted on some care plans that there was limited information about people’s personal preferences and this could be improved to ensure that staff are aware people’s preferences.

People shared with us what they did during the day. They said people go out on trips to local places of interest if they are able to. There are occasional entertainers and some activities in the home such as sing-a-longs. One person said “There is not a lot going on, once in a blue moon we have entertainers.” The registered manager explained that there were regular sessions of bingo, reminiscence, quizzes, sing-a-longs and dominoes during the week. An entertainer visited each month and outings to the local town and places of interest took place. We saw details of these which showed different people were invited to go out on the trips.

The registered manager said that usually four people go out together at a time. Some people also attend the tea and chat event each month at the local church. We saw details of each person’s record of activities which showed activities undertaken. Religious services are held within the home on a monthly basis. The provider employed two activities co-ordinators who worked three days a week each. One activities co-ordinator said they received good support from the registered manager and used to work at the home in the past. One relative commented “Activities are improving and the co-ordinator will encourage my relative to go out as they are a little nervous.”

Staff responded appropriately to any concerns they had about a person’s health or wellbeing. Records we viewed and discussions held with staff showed appropriate referrals were made to other health services. Where appropriate staff obtained advice and support from health and social care professionals who were involved in people’s care and support. We saw that monitoring charts for food, fluid and turning people were available when required.

People said that they didn’t have any complaints about the service. We spoke to staff who explained if they received a complaint they would try and resolve it but if they were not able to do so then they would pass it onto the registered manager. We saw a copy of the complaints procedure was displayed in the hallway on the notice board. The procedure clearly described the process for raising and managing complaints. Relatives were familiar with the complaints procedure and were confident about raising complaints with the registered manager if they had one.

We noted a range of compliments had been received about the home. A range of cards and letters showed peoples appreciation of the care and support that had been given. Comments included “Thank you for your support and kindness”, “Thanks for the wonderful care given” and “Thank you for all your care.”

Is the service well-led?

Our findings

At the time of this inspection visit, the manager had been registered for nine months, however, they had worked at the home for a number of years.

We asked people who lived at the home and relatives about the registered manager and their comments were very positive. These included “They are great”, “The manager is a gem. They always help me and get me what I need”, “The manager listens to what I say and acts on this.” We also sought staff views about the registered manager. Staff confirmed that they were well supported by the registered manager. Comments included “They are very good, they don’t get enough credit. They are balanced in their approach”, “The manager seems fair” and “They are very approachable.” This meant that people who lived at Morningside, relatives and staff had a favourable impression of the registered manager and their abilities to manage the home.

Visiting professionals commented that the registered manager will contact them as needed in response to identifying a specific issue such as continence or dietary needs. They said that the manager is very good.

We noted that we had not received any notifications from the registered manager for the last year. We discussed this and found that notifications of death of people who lived at the home and Deprivation of Liberty Safeguards authorisations had not been notified to the commission. These must be provided so that the Commission can take follow up action if required. Providers must use the forms provided by the Care Quality Commission to document the information.

This was a breach of Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009.

People told us the home had a friendly atmosphere and felt it had a very nice atmosphere. Comments included “It feels like home”, “Friendly and relaxed”, “This is people’s home” and “It’s a good atmosphere here.” People who lived at the home and relatives commented on the friendliness of the staff and their caring and pleasant attitudes. One person said, “It’s fantastic here.”

We looked at how people’s views were sought and how this information was used to develop and improve the service.

We saw that questionnaires had been distributed to people who lived at the home, relatives and other professionals to obtain their views about the service. This had been undertaken in February and March 2015. We saw that comments made were mainly positive about the service and where suggestions were made these had been reviewed and a response had been recorded. An analysis of all the information had been completed by the registered manager.

We saw that residents meetings were held every three months. The last meeting was held in March 2015 and the next one was planned for July 2015. During the meeting the registered manager said that she checked with people if they were happy and if they had any concerns. They also discussed the food and menus and activities within the home. We saw the minutes from this meeting and saw people had confirmed they were satisfied with the care they received and had said staff were kind. One person had commented that the meals were good and no changes were needed with the menu. However another person said there was not enough choice of meals.

We spoke with the registered manager about the support they received from the provider. They confirmed that they had regular contact and that the provider usually visited each week. They said that they could always contact them in between visits.

A range of audits were completed each month by the registered manager which related to medication, care plans and falls. We saw that these had been regularly undertaken and where actions needed these had been recorded. Care plan and medication audits did not include when the action had been taken and by whom. The inclusion of the name and completion date would improve the recording of this information. The falls audit showed the number of falls across the month and how they occurred. From this audit the registered manager explained they look for trends for example where a person had a number of falls the GP had been requested to visit, a sensor pressure mat had been installed in the bedroom and regular checks on the individual were being undertaken. This showed that the registered manager had proactively used information and taken action to help ensure the risk of falls was reduced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with the proper and safe management of medicines.

Regulation 12 (2) (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People who use services and others were not protected against the risks associated with depriving them of their liberty for the purpose of receiving care or treatment without lawful authority.

Regulation 13 (4) (d) (5)