

# The Order of St. Augustine of the Mercy of Jesus St Mary's Care Home

## Inspection report

St George's Park  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

St Mary's Care Home is a care home. The care home can provide accommodation and personal care for up to 60 people in one detached building that is adapted for the current use. The home provides support for people living with a range of complex needs, including people living with dementia. There were 60 people living at the home at the time of our inspection.

People's experience of using this service and what we found

Some people had experienced safeguarding incidents, but appropriate actions had not always been taken in line with the provider's safeguarding policy. This inconsistent approach meant that the provider could not be assured that people were always protected from abuse or improper treatment. This was a breach of regulations.

Medicines were managed safely but protocols were not in place to guide staff in when PRN (as required) medicines should be administered. Some people had not received PRN medicines as prescribed and records were inconsistent in identifying how decisions had been made. We have made a recommendation about the management of PRN medicines.

The provider had management systems for monitoring quality. Some systems did not provide effective governance and oversight and had failed to identify the shortfalls that we found.

People and their relatives told us they felt safe at St Mary's Care Home. One person said, "St. Mary's is a safe secure place to live." Risks to people were identified and managed. When people's needs changed, or things went wrong, risks were reviewed to ensure that lessons were learned. There were enough staff to care for people safely and people were protected by the prevention and control of infection.

Staff received the support and training they needed to be effective in their roles. People and their relatives said they had confidence in the staff. One person said, "The Staff are exceptional and work very hard, you cannot fault them." Assessments were holistic and care plans provided clear guidance for staff in how to support people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests, the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and to access the health care services they needed.

Staff knew people well and supported them to be involved and to express their views. People told us the staff were kind and caring. One person said, "They show such kindness and compassion." People were treated with dignity and respect and staff knew them well.

People were receiving a personalised service that was responsive to their needs. Improvements had been made in planning activities and it was evident that people's social needs were supported. One relative told us how their relation, "Really enjoys all the activities, that is good because she is stimulated by them."

People's communication needs were identified and supported. People had been supported to plan for end of life care and their diverse needs and wishes were recorded and respected. People told us they knew how to complain and would feel comfortable to do so. One relative told us they would raise concerns with the registered manager, saying, "She listens and acts quickly."

People, their relatives and staff spoke highly of the management of the home and described the registered manager as approachable. One person told us, "It is a nice well run place and I have a cosy room with a view, I have no worries and everyone around me is nice to me."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

**Rating at last inspection** The last rating for this service was requires improvement (published 27 September 2018). The service remains rated as requires improvement. This service has been rated as requires improvement for the last two inspections.

At this inspection some improvements had been made but we found other areas of practice that needed to improve and one breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Mary's Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We have identified breaches in relation to safeguarding service users from abuse and improper treatment. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Mary's Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Mary's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection-

We spoke with 19 people who used the service and 10 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, assistant manager, registered

nurse, care workers, activities coordinator and the chef.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the provider's development plan.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse;

- There was an inconsistent approach to safeguarding people. Staff had received training in safeguarding people and understood how to recognise signs of abuse. Some people had experienced incidents of harm or potential harm, but appropriate actions had not always been taken in line with the provider's safeguarding policy. One person had received injuries during an altercation with another person, but the provider had not reported this incident in line with their safeguarding policy. This showed that safeguarding procedures were not fully embedded within practice.
- We noted that most safeguarding incidents had been reported but this inconsistent approach meant that the registered manager could not be assured that people were always safe and protected from risks of abuse or neglect. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed these inconsistencies with the registered manager who acknowledged these shortfalls and gave assurances that these concerns would be addressed.

Using medicines safely

- Some people were prescribed PRN medicines. PRN medicines are given 'when required' and should be administered when symptoms are exhibited. There were no clear protocols in place to guide staff in when to give PRN medicines. For example, a person who was living with mental health problems had PRN medicine prescribed for periods when they experienced distressing behaviour. There was no PRN protocol in place to guide staff in recognising signs and symptoms that would indicate that the person needed their PRN medicine. We noted incidents of distressed behaviour had been recorded but there was no evidence that the prescribed PRN medicine had been administered or that staff had considered administering this medicine.

We recommend that the provider reviews good practice guidance for care homes produced by the National Institute for Clinical Excellence (NICE), which identifies how protocols for PRN medicines should be used.

- There were safe systems in place for storing and administering medicines. Only staff who had received training and were assessed as competent could administer medicines to people. Staff were using an electronic system to record administration of medicines and staff said this had improved the accuracy of recording. One relative told us they noticed how their relation received their medicines every day and the staff watched to make sure they had taken their medicine.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and managed. Risk assessments and care plans were comprehensive and detailed. Some people had risks associated with skin integrity and were at risk of developing pressure wounds. Risk assessments and care plans provided clear guidance for staff in how to maintain people's skin integrity and reduce risks of pressure sores. One person had returned from a period in hospital with a pressure sore. There was a wound care plan in place and this included advice from a Tissue Viability Nurse (TVN). Staff we spoke with were knowledgeable about the person's needs and care procedures including support to change position on a regular basis. Records were completed consistently and appropriate pressure relieving equipment was in place.
- Some people needed support to move around. Assessments identified risks to mobility and any equipment that people needed. Care plans provided clear and detailed guidance for staff, for example in how to support a person to move with the use of a hoist.
- Environmental risks were assessed, managed and monitored. Regular checks of equipment and the premises were conducted by suitably qualified people. Regular tests and checks on the fire detection system were undertaken to ensure they remained safe. People had personal emergency evacuation plans (PEEPS) so that staff knew how to support them to evacuate the premises in an emergency.
- Incidents and accidents were recorded and monitored. Risk assessments and care plans were reviewed following incidents and accidents to ensure that lessons were learned and to reduce risks of further incidents. One person was at risk of falling and records showed an increased number of falls in a two-month period. Staff had identified this increase and the risk assessment and care plan had been reviewed and changed to reduce risks. For example, electronic sensors had been introduced to alert staff, so they could support the person when walking around.

#### Preventing and controlling infection

- Infection prevention and control procedures were in place and we observed staff were using appropriate personal protective equipment (PPE) when supporting people with personal care. We noted that all areas of the home were clean and tidy. We observed good food hygiene practice and staff were knowledgeable about food safety.

#### Staffing and recruitment

- There were enough suitable staff to care for people safely. People and their relatives told us that there were enough staff on duty. One person said, "If you want any help you just ring the bell, and they come quickly." We observed that people were not having to wait to have their needs met. Staff told us that staffing levels had improved at the home. One staff member said, "We have a nice amount of staff." Staff told us that arrangements for covering any gaps in the rota had improved. The registered manager said that use of agency staff had decreased as more permanent staff had been appointed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments continued to be holistic and took account of people's physical health, mental health and social needs. Care plans supported assessments and provided clear guidance to support consistent practice.
- Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. For example, one person needed support with managing risks from unstable diabetes. The assessment and care plan included clear guidance for monitoring blood sugar levels and identified the frequency of checks and the preferred range for the blood sugar level for the person. The care plan had been reviewed and advice had been sought from the diabetes nurse. There was clear guidance for staff to help them recognise signs of symptoms that might suggest the person's blood levels were not within their desired range and directions for what actions to take. Staff were knowledgeable about the person's needs and records showed that they were successfully supporting the person to manage their condition.

Staff support: induction, training, skills and experience

- Staff had received the training and support they needed to be effective in their roles. The provider arranged a comprehensive induction programme for new staff. Staff told us that they were able to access training that was relevant to their role. One staff member said, "There is lots of training, if you need something you just request it and it is provided. There are lots of courses to choose from." Staff told us they were supported to achieve qualifications including diplomas in health and social care. The provider had an internal training department, staff told us they particularly enjoyed training roadshows that they had attended. One staff member described how Mental Capacity Act training had improved their understanding and awareness. They said, "I am more aware now of the concept of capacity and promoting independence."
- People and their relatives described having confidence in the skills of the staff. One relative told us, "The staff are very skilled in the way they cope with the individual special needs of each resident."
- Staff told us they received supervision. Supervision is a mechanism for supporting and managing workers. It can be an opportunity to identify training needs, to raise any concerns and discuss practice issues. All the staff we spoke with said that they felt well supported and were aware that they could speak to senior staff or the registered manager at any time if they had concerns or needed support.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to have enough to eat and drink. Staff were knowledgeable about people's needs and the support they required. We observed the lunch time meal and noted that staff were attentive and ensured that people who needed help to eat were supported with their meal.
- People told us they enjoyed the food and they were offered choices. One person told us they were

vegetarian and that their preferences were respected. Another person said, "There is always an alternative if you don't like the menu."

- Risks associated with nutrition and hydration were assessed and managed. For example, a person was assessed as being at risk of choking. A referral had been made to a Speech and Language Therapist (SALT) and their advice was included within the person's care plan. We observed that staff were aware of the person's needs and they were receiving pureed food and thickened fluids in line with their care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People continued to receive support to access health care services and support when they needed it. People and their relatives spoke positively about the support they had received. One person said, "The GP comes in regularly and when requested and we can have the dentist, optician and chiropodist if we need to." A relative told us that a physiotherapist came regularly to help their relation with walking. One person described being supported by staff to attend a medical appointment saying, "We are taken to appointments in the mini-bus."

- People were supported with their oral health needs. Assessments of people's oral health and oral care plans provided staff with clear guidance about the support people needed.

- Staff spoke positively about working with other agencies. One staff member described close working relationships with staff from the local hospice. Records showed that referrals were made in a timely way to health and social care agencies and their visits and advice was recorded within people's care records.

- Staff described effective team work and communication. Staff told us they could raise any issues in team meetings and described working in "a good team." Staff told us that new team members having transferred easily into the team from another of the provider's homes.

Adapting service, design, decoration to meet people's needs

- The premises were purpose built and supported people's needs. People were able to move around the building freely and we saw people accessing different levels using the passenger lift. People were able to access a terrace overlooking the grounds and country-side and described how this was well used all year round, but particularly in the summer months. Staff described how some people who were not able to get out of bed, had enjoyed getting some fresh air when staff had brought their beds onto the terrace.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their responsibilities about MCA and DoLS and were able to describe the principles of the legislation. Where DoLS applications had been made, systems were in place to monitor any conditions applied to authorisations. For example, one condition required a review of equipment that could restrict a person's freedom of movement. Records showed that the equipment had been removed, following a review, to ensure that the person was supported in the least restrictive way.

- Staff were observed consistently checking with people before providing care or support. One relative told us this was usual practice for the staff, saying, "He is always asked for his consent before they proceed." Records identified how people's capacity to make decisions had been considered, including when their capacity could fluctuate.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be supported by caring staff who knew them well. One relative told us, "The staff know precisely how he likes things done," Another relative told us the staff treated people with, "calmness, kindness and compassion." We observed positive interactions, people appeared comfortable and relaxed in the company of staff. One person showed signs of becoming distressed, a staff member recognised this and offered comfort and reassurance straight away. This had a positive effect and calmed the person.
- Staff were aware of people's diverse needs and people told us their views were respected. One person told us they were supported to attend religious activities and their relative described the significance of this for them. Staff had received training in equality and diversity and demonstrated their understanding of equality issues.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to be as involved as possible in planning their care. Where appropriate relatives had been included. One person told us they had been asked about their routine and their preferences had been recorded. Another person spoke about expressing their views saying, "I can make my own decisions." A relative told us how they had been involved in creating a personal story book to support staff in getting to know and understand the person.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of maintaining confidentiality and respected people's privacy. People's records were kept securely. We observed that staff were discreet when supporting people with personal care and they spoke to people in a respectful way, addressing them in the way the person preferred. People and their relatives told us that staff treated people with dignity and respect. One relative said, "Everything is dignified and respectful here."
- Staff supported people to maintain their independence whenever possible. We observed a staff member encouraging a person with their mobility, giving clear verbal prompts to help the person to stand up independently. A relative spoke of improvements in his relation's condition since being at the home. They said, "I am hoping they will motivate her to walk again."
- A relative described how staff were, "considerate and supportive." They explained the positive impact this had on their relation who had not been communicating verbally for some time. They told us how their relative had begun to chat with staff who had contacted them straight away, saying, "They put her on the phone, so we could share the moment. We were so pleased."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection people's need for social stimulation were not always met. At this inspection we found improvements had been made and people were being supported with a range of activities that were relevant to their needs and interests. People and their relatives spoke highly of the organised activities that were on offer. They told us they enjoyed trips out in the mini-bus, musical entertainers including singers and dancers.
- People were being supported to maintain individual interests. Dedicated activities co-ordinators had worked with people and their relatives to develop personal story books. They explained how this helped them to identify people's interests so that activities were relevant for them. Records were kept identifying if people had enjoyed events or not so that activities could be planned according to people's preferences. A relative told us their relation had always enjoyed gardening and liked flowers. They told us, "While I am talking to you she is currently enjoying flower arranging."
- Some people did not join in organised activities, but staff explained how one-to-one activities ensured that they did not become socially isolated. We observed staff spending time with people and engaging with them about a TV programme and some music that they were listening to.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and assessed, and care plans guided staff in the support that people needed.

### Improving care quality in response to complaints or concerns

- The provider had a system for recording complaints and concerns. A concern had been raised and an investigation had taken place. The person received a written response detailing what had happened and providing an explanation and an apology.
- People and their relatives told us they would feel comfortable to raise any concerns. They were confident that complaints would be listened to and efforts would be made to resolve any issues. One person said they would talk to the registered manager, saying "She will solve any issues and take action to put things right." Another person told us, "I complained once about being put to bed at 8 30pm. It was dealt with straight

away-I now go at 10pm. And I get up when I want to."

#### End of life care and support

- Staff supported people to plan for care at the end of life. Staff had received training in end of life care and told us they worked collaboratively with staff from a local hospice.
- Staff had achieved accreditation for the Gold Standard Framework. This is a nationally recognised standard for good practice in end of life care. Systems were in place to identify the different stages of end of life care. Staff told us this provided a visual guide that supported them to be aware of changes so that people were receiving appropriate care in the last days of their life.
- Staff understood the importance of planning for end of life care including anticipating changes and deterioration in people's conditions. Systems were in place to ensure that people had access to the medicines and support they needed if their health deteriorated quickly.
- Care plans identified people's diverse needs and wishes. Details were personalised and showed that staff had supported people to think about what they would like to happen at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- At the last inspection 11 July 2018, records were not always well maintained to ensure a complete and contemporaneous record of people's care. At this inspection improvements had been made and information was better organised. However, there remained some shortfalls and not all records were complete to evidence how decisions about care were made. The registered manager told us about the provider's imminent plans to introduce an electronic documentation system. They explained how they expected this to resolve issues with maintaining records.
- There were systems in place to provide oversight and governance. Audits were undertaken consistently to provide the registered manager with assurance of the quality of care provided. However, shortfalls in monitoring of incidents and accidents found at this inspection, had not been identified through the provider's management and governance systems. The registered manager acknowledged these shortfalls and confirmed that they would review this system to ensure improvements were made.
- Staff were clear about their roles and responsibilities. The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff described a well-led service and spoke highly of the registered manager. Staff told us there was an "open door policy," and that they could access support and advice when they needed it. They described the registered manager as being visible at the home and easy to talk to. One staff member said, "There are no barriers to communicating with any of the senior management."
- People and their relatives also spoke positively of the leadership of the home. One person said, "The manager is very approachable, you can bring anything up and she listens." A relative told us, "The manager has given me peace of mind. I would give her nine out of ten if I was assessing her and her team." A relative told us how positive outcomes had been achieved saying, "The Staff are excellent with my mum-they have improved the quality of her life. "

- Staff involved people and their relatives in decisions about the home. For example, regular meetings were held to discuss planned improvements or changes. Relatives described positive communication with staff including through emails.

#### Continuous learning and improving care

- Quality assurance surveys were used to gather feedback from residents, relatives and staff. This informed plans for improvements and identified priorities. For example, concerns about recruitment had been highlighted within a staff survey. A review of the provider's recruitment process was included within the provider's action plan to identify where improvements could be made to attract suitable candidates to vacant posts.
- There was a strong focus on learning within the organisation. Data from training records showed how staff were supported to maintain and improve their skills and their attendance and compliance with training was monitored. Training plans identified priorities for future learning and where analysis of incidents identified shortfalls in staff skills or knowledge additional training was provided.

#### Working in partnership with others

- Staff described effective communication and positive working relationships with other agencies. For example, staff had worked with health care professionals to improve care planning for people with dementia, diabetes, high risks of falls and risks associated with eating and drinking.
- One staff member described how working with staff from a local hospice had supported their practice in end of life care and contributed to achieving the Gold Standard accreditation.
- Some people had recently moved from another of the provider's homes. Staff described how they had worked with staff from the home to ensure people experienced a smooth transition in their care. Some staff had also transferred from the other home and described feeling welcomed and supported to settle in to the new environment. One staff member described their experience and told us, "I love it now and I am very happy."



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 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>Safeguarding procedures were not fully embedded within practice and people were not always protected from abuse and improper treatment.</p>