The Bermuda Practice Partnership

Quality Report

Shakespeare Road
Popley
Basingstoke
Hampshire
RG249DT
Tel: 08448800498
Website: www.bermudapractice.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Bermuda Practice Partnership on 5 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 5 July 2016 inspection can be found by selecting the 'all reports' link for The Bermuda Practice Partnership on our website at www.cqc.org.uk.

On the previous inspection we rated the practice as requires improvement on four of the five domains (safe, effective, responsive and well-led). The practice was rated as good for caring. We rated the practice as requires improvement for providing safe services as the practices storage of emergency medicines was accessible to unauthorised personnel and storage of prescription forms and pads were not fully monitored. The practice was rated as requires improvements for providing effective care as there were shortfalls in the monitoring of clinical audits and patient outcomes. We identified the practice to not be responsive to some of their patient population group and had limitations in learning from complaints. The practice had some governance structures in place but had shortfalls in monitoring staff training and recruitment and this lead to them being rated as requires improvement in well led.

This inspection was a focused inspection carried out on the 20 April 2017, to assess that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 5 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

On this inspection we have rated four of five key questions: responsive as good, safe, effective and well-led as requires improvement. Overall the practice remains rated as requires improvement.

Our key findings were as follows:

- The practice had not achieved all the shortfalls of the last inspection. In particular the practice had changed monitoring of staff training and developed a training schedule for 2017 as a way of monitoring

Summary of findings

that staff had received the required training for their role. However, not all staff had completed safeguarding adult or children training or basic life support at the time of follow up inspection.

- Complaints were monitored and discussed at team meetings with actions identified and recorded in a complaints log. However the practice did not engage in a review of complaints to identify trend analysis and emerging themes.
- The practice had improved the security of prescriptions and emergency equipment by removing emergency equipment from patient accessible areas and placing keypad locks on clinical and treatment room doors.
- The practice had amended the way significant events were reported and added significant events as standing agenda items at meetings to ensure learning was disseminated to staff members.
- Clinical audits were undertaken and reviewed to monitor outcomes. Findings were discussed at clinical meetings.
- The practice monitored and increased patient outcomes such as improving the uptake of cervical screening to be in line with national averages. The practice had also developed care plans and treatment reviews for patients with long-term conditions.
- The practice made sure there were two previous employer references for any new employee starting at the practice.
- An information booklet had been created for patients or carers who were ex-military which signposted to local and national support groups.

There were areas of practice where the provider continued to need to make improvements.

Importantly, the provider must:

- Ensure all staff have received training appropriate to their role especially for the area of safeguarding adults and children and basic life support.

In addition the provider should:

- Consider undertaking a trend analysis of complaints received in order to identify similarities in complaints and implement changes to practice as a result of emerging themes.
- Continue to review arrangements for identifying patients who are carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice remains requires improvement for providing safe services. This is because the practice had continued to fail to provide assurances that staff have the knowledge and understanding to keep patients safe from risk of abuse.

- The practice continued to fail to provide assurance that all staff had the knowledge and awareness of safeguarding due to not all staff having a record of completing safeguarding training for adults or children.
- Three administrative staff had no record of having completed basic life support training.
- The practice had improved security of clinical areas by placing keypad locks on doors and moving the emergency equipment storage away from non-clinical and patient accessible areas.
- The practice had improved the security and monitoring of its prescription stationary. All stationary was removed overnight from printers and stored in named folders in a locked cabinet and returned to clinicians each morning.
- All new employees at the practice had a copy of two references from previous employment in their personnel files.

Are services effective?

Requires improvement

The practice remains requires improvement for providing effective services.

- The practice had made some improvements to monitoring staff training and all staff had completed information governance training by the time of the follow up inspection. However, there were still shortfalls in some training areas whereby not all staff had completed mandatory training in areas such as in safeguarding adults and children and basic life support.
- The practice had implemented a training schedule for 2017 in order to monitor staff training and set deadlines for staff to have completed identified mandatory training modules. Not all staff had completed these training modules in the timeframes set by the practice.
- The practice had improved processes for monitoring outcomes as a result of clinical audits and findings were now more widely shared amongst relevant staff members.
- The practice had improved its induction procedure amending their current checklist to include a record of what training had been received and dates for this.

Summary of findings

- Patients with long-term conditions now had care plans in place at the practice in order for clinicians to be able to share information with other health and social care providers about treatment plans.
- The practice had improved the uptake of patients attending cervical screening by utilising alerts on patient records and a text message reminder service.

Are services responsive to people's needs?

Good

The practice is now rated as good for being responsive to people's needs.

- The practice had developed an information booklet for ex-military patients detailing contacts for local and national support agencies.
- The practice had translated the patient handbook into Nepalese and provided copies to patients.
- The practice had further developed their complaints process by documenting discussions and resulting actions in meeting minutes as well as on a summary sheet. The practice did not undertake a trend analysis to identify emerging themes and learn from these.

Are services well-led?

Requires improvement

The practice remains as requires improvement for providing well-led services.

- The practice provided data to evidence that the practice was monitoring patient outcomes and had made improvements to Quality of Framework indicators that had previously been below national and clinical commissioning group averages, for example, cervical screening uptake.
- The practice had taken some steps to improve monitoring of staff training by implementing a training schedule for 2017 with an electronic learning module to be completed each month by staff. The practice had a long term strategy with the aim that an initial baseline of all staff being in-date for all training modules by the end of 2017 and for each module to be repeated on an annual basis. However, this meant that at the time of inspection not all staff had completed training required to undertake their roles. The system for monitoring training was not fully embedded within the practice.
- Since the last inspection in July 2016, the practice had plans in place for continuous improvement having been awarded an innovation award and grant to develop a mobile application for improving patient self-care.

Summary of findings

Areas for improvement

Action the service MUST take to improve

- Ensure all staff have received training appropriate to their role especially for the area of safeguarding adults and children and basic life support.

Action the service SHOULD take to improve

- Consider undertaking a trend analysis of complaints received in order to identify similarities in complaints and implement changes to practice as a result of emerging themes.
- Continue to review arrangements for identifying patients who are carers.

The Bermuda Practice Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was carried out by a CQC lead inspector, a CQC assistant inspector and a GP specialist advisor.

Background to The Bermuda Practice Partnership

The Bermuda Practice Partnership is located at Shakespeare Road, Basingstoke, Hampshire, RG24 9DT. The practice is based in Popley which is a suburb of Basingstoke. The practice provides services under an Alternative Provider Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG). The practice combined services with the practice that shares the building approximately five years ago but the official merger of the two practices happened in April 2016. The practice is most commonly known to patients as the Bermuda and Marlow practice. The premises are leased through NHS property services.

The practice has a branch surgery in Winklebury, Basingstoke which is open once a week.

The practice has approximately 13,400 registered patients. The practice population has a slightly higher than average working age population with 70% of patients in paid or full time education in comparison to the national average of 62%. The practice is based in an area considered to be of average deprivation. The practice population is predominantly White British. Approximately 1% of the practice population is Nepalese.

The practice has three GP partners and a GP registrar. All three GP partners are male and work full time. The GPs are supported by a nursing team consisting of three advanced nurse practitioners, four practice nurses, a research nurse and a nurse dedicated to the travel clinic which equates to approximate 6.5 full time nurses. The practice also has a health care assistant. The practice have recently agreed with the local deanery to take on three nursing associates who are nursing students undergoing their final year training placements. The clinical team are supported by a management team including a practice manager, secretarial and administrative/reception staff. The practice has recently become a training practice for qualified doctors training to become GPs.

The practice reception and telephone lines are open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments are offered on a pre-bookable basis from 8am to 11am on one Saturday per month and on Monday and Tuesday evenings until 7.30pm. Morning appointments with a GP are available between 8.30am and 11am and afternoon appointments are available from 3pm to 5pm daily.

The Bermuda Practice Partnership have opted out of providing out-of-hours services to their own patients and patients are requested to contact the out-of-hours GP via the NHS 111 service.

The practice offers online facilities for booking of appointments and for requesting prescriptions.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of The Bermuda Practice Partnership on 5 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 5 July 2016 can be found by selecting the 'all reports' link for The Bermuda Practice Partnership on our website at www.cqc.org.uk.

At the previous inspection the practice was found to be in breach of four regulations under the Health and Social Care Act (regulated activities) regulations 2014. These included Regulation 12, safe care and treatment; Regulation 17 good governance; Regulation 18, staffing and Regulation 19, fit and proper persons. Areas highlighted as must be improved included the safe storage of emergency medicines, sharing of lessons learned from clinical audits and significant events to improve patient outcomes, staff training and recruitment.

We undertook a follow up focused inspection of The Bermuda Practice Partnership on 20 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with two GP partners of the practice and the practice manager to obtain updates about the actions identified to meet the requirement notices.
- Reviewed a selection of recruitment files and training records of all staff employed at the practice.
- Reviewed a selection of significant events and complaints.
- Visited the main practice location. We did not visit the branch surgery.
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 5 July 2016, we rated the practice as requires improvement for providing safe services. This was because the arrangements for safeguarding and infection control training as well as learning from significant events were not adequate. The practices processes and procedures for storing prescription stationary and emergency medicines were also not adequate.

Some of these arrangements had improved when we undertook a follow up inspection on 20 April 2017. The practice remains requires improvement for providing safe services as the practice continued to be unable to demonstrate that all staff had the required knowledge around safeguarding children and vulnerable adults to keep the public safe.

Safe track record and learning

At our previous inspection we saw evidence that the practice kept a log of significant events but that only some had records of having been discussed at clinical meetings. We saw evidence that significant events were discussed at review meetings but there was limited evidence to demonstrate that learning was routinely shared with staff and outcomes monitored.

At the follow up inspection on 20 April 2017 we observed the practice had changed the way they recorded significant events. The practice had now organised the significant events folders into monthly sections and attached copies of meeting minutes to the relevant significant events forms in order to demonstrate that events had been discussed. The practice had also created a significant events summary for 2016-2017 which included a brief overview of the significant event, when it was discussed and the outcome of the significant event. Additionally, the practice policy for significant events contained information for staff surrounding what constituted as a significant event and how to complete the forms. It contained information on how to categorise types of event (clinical, administrative, incidents that have happened and near miss) and on the process for reporting and completing a review meeting. We looked at significant events recorded in the months of February to April 2017 and saw evidence of completed significant events forms and minutes from clinical and review meetings. The practice also reported significant events to the local clinical commissioning group where required. We were told by the practice manager that copies of meeting minutes and significant events were stored on the staff shared drive as well as hard copies in the practice managers office for staff to review if unable to attend meetings.

Overview of safety systems and process

On the original inspection in July 2016 records showed that all but two staff had completed safeguarding children training. Furthermore, when we looked at the practice records there was no evidence that 17 out of the total of 25 staff had undertaken adult safeguarding training. There was also no evidence that the GPs had completed infection control training.

In our subsequent inspection on 20 April 2017 we still found training to be an issue. We identified shortfalls in training around infection control having only seen evidence of one staff member having a certificate for completing infection control training in 2016. The practice failed to provide evidence to demonstrate that all staff had sufficient knowledge in order to keep children and vulnerable adults safe as not all staff had completed training for safeguarding adults or children. Formal safeguarding training did not form part of the induction programme for new employees and we were told by the practice manager that instead staff received practice specific safeguarding information such as who the safeguarding lead at the practice was. Furthermore three administration staff had not been recorded as having completed basic life support training.

During the initial inspection on 5 July 2016 the practice was found to have shortfalls in the storage of medicines and prescription stationary. This was also the case for conducting full employment checks to ensure staff were fit to perform their role. At the follow up inspection on 20 April 2017 we saw evidence that medicines were now stored in areas away from public access and all clinic and treatment rooms had electronic keypad locks on each door.

The practice had implemented processes for the management and storage of prescription stationary. Since the initial inspection the practice had purchased a locked cabinet to store prescription stationary. The practice

Requires improvement

Are services safe?

procedure now consisted of removing all prescription stationary from printers at the end of each day and stored in named folders within a locked cabinet overnight to be returned to clinicians at the start of each day.

Arrangements to deal with emergencies and major incidents

In the initial inspection in July 2016, two members of staff had not completed basic life support training. At the follow up inspection in April 2017 we found this to remain an issue. We reviewed the training records of three administrative staff that started employment since the previous inspection and there was no record of any having completed basic life support training. The practice had undertaken external training for basic life support on 25 January 2017 but no evidence that these three new staff members had participated in this training.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 5 July 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits, cervical screening uptake, care plans for long term conditions and staff training needed improving.

The practice had made improvements to the areas such as clinical audits, cervical screening uptake and care plans for long-term conditions. However, the practice continued to have shortfalls in some areas of staff training. As a result of on-going issues identified with staff training the practice is remains as requires improvement for providing effective services.

Management, monitoring and improving outcomes for people

At our previous inspection the practice were undertaking clinical audits but not all of these had been repeated to monitor outcomes. At our follow up inspection on 20 April 2017 we found evidence that the practice were continuing to engage in audits and make improvements to the practice as a result of outcomes. For example, we saw evidence that the practices use of antibiotic medicines (antibiotic medicines treat various types of bacterial infections) had been reduced by undertaking regular prescribing audits and monitoring levels. We were told that findings were discussed with individual clinicians and we saw meeting minutes to evidence these had been discussed within the practice. We also saw evidence that the practice were completing the annual audits such as infection control that are reported back to the local clinical commissioning group.

Effective staffing

At the July 2016 inspection we found that there were shortfalls in staff training particularly for information governance, and safeguarding. In January 2017 the practice had created a training schedule with the intent of all staff completing a training module per month. Training modules identified included information governance, basic life support, infection control; safeguarding children, safeguarding adults, fire safety and mental capacity act amongst others.

The practice kept training records for staff in two places. There was a staff training folder which contained certificates and a checklist of training completed for each staff member. This folder was for the current year but did contain certificates for some staff dating back to 2015. The practice also used an electronic training package where the practice manager could see who had completed each training session via a dashboard. On this inspection we reviewed both the training files and electronic training records for each of the 29 staff members currently working at the practice. From the training folder there was only evidence of one staff member having completed infection control training back in 2016. The practice had identified infection control training to be completed by May 2017 as per their training schedule.

The practice had set a deadline of staff to have completed information governance training for the end of February 2017. We viewed the training records for all 29 staff and saw that all staff had completed this training by the date of inspection; however, eight of 29 staff had completed this training outside of the deadline set by the practice with training being completed in March and April 2017.

The practice had set a deadline of the end of April 2017 for all staff to have completed training for safeguarding children and safeguarding vulnerable adults to the level required for their role. For safeguarding adult and children training we reviewed both the training folder and the electronic training system. The electronic training system contained a record of completed current and archived modules for safeguarding. On the day of the follow up inspection, 20 April 2017, the practice could not show any evidence to demonstrate that 15 of 29 staff had completed safeguarding children training and no evidence to demonstrate that 20 of 29 staff had undertaken any form of safeguarding adult training. We spoke to the practice manager to see whether staff had completed safeguarding training as part of their induction. We were told that formal safeguarding training did not form part of the induction, instead employees would be verbally told about practice specific safeguarding information such as who the safeguarding lead was. The practice had however implemented a training schedule with a deadline for all staff to have completed safeguarding children and adult training by the end of April 2017. As the inspection was completed prior to the practices own deadline for all staff to have completed safeguarding adult and safeguarding children training, a decision was made by the CQC to review the training evidence again at the beginning of May 2017. We contacted the practice on the 3 May 2017 and

Requires improvement

Are services effective?

(for example, treatment is effective)

asked them to submit certificates for every staff member to demonstrate that they had completed the safeguarding adults and safeguarding children training sessions by the end of April 2017. From the evidence provided, five staff members completed safeguarding children training on 3 May 2017 which was outside of the practices own deadline. There was still no evidence to demonstrate that two staff members had completed safeguarding children training. The practice could only provide evidence to demonstrate that 10 of 29 staff had completed safeguarding adults training. Two of the three GPs did not have a record to show they had completed safeguarding adult training.

The practices training schedule for 2017 stated that basic life support training was to take place on 25 January 2017 and delivered by an external trainer. We saw evidence that the majority of staff had participated in this training session. However, for three members of administration staff there was no evidence to demonstrate they had participated in any form of basic life support training.

We viewed the induction record that is in each staff members personnel file. The record did not contain a list of training that staff were required to complete as part of induction, nor evidence for whether staff had completed mandatory training. At the follow up inspection on 20 April 2017 the practice showed us a blank induction document that had been revised following the initial comprehensive inspection on 5 June 2016. This document was revised in January 2017 to include a checklist and timescales for mandatory training to be completed by and a new induction booklet for staff to record when they had completed said training. Following feedback from the follow up inspection on 20 April 2017 the practice further revised the document to include a tick box to evidence completion of safeguarding and basic life support training.

Coordinating patient care and information sharing

During the original comprehensive inspection we found that the practice did not have care plans for patients with long term conditions such as diabetes and asthma and therefore were unable to share information with patients and other health and social care providers about treatment options and managing their condition. At the follow up inspection in April 2017 we saw a sample of care plans for patients with these conditions. We also observed the templates for asthma reviews and care plans for patients that are on end of life treatment plans.

Supporting patients to live healthier lives

The findings from the initial inspection also showed that the practices uptake for cervical screening was below the clinical commissioning group and national averages. At the follow up inspection we reviewed data presented by the practice that showed their uptake for the cervical screening program had improved from 72% in 2014-2015 to 76% for 2015-2016. This is still below the clinical commissioning group and national averages of 81%. The practice told us that they were sending text message reminders to patients and putting alerts on patient notes to help promote and increase uptake.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 5 July 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of learning from complaints needed improving as well as providing a responsive service to meet the needs of the ex-military population at the practice.

These arrangements had improved when we undertook a follow up inspection on 20 April 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

At the initial inspection there were approximately 2% of patients registered at the practice as Neplaese with a portion of these being ex-Ghurka. Ghurka is the collective term for members of the British Army that are made up of Nepalese soldiers. We found that the practice did not identify ex-military patients. Ex-military personnel are entitled to receive treatment in a timely manner when their condition is a consequence of military service. At the follow up inspection in April 2017 we were told that the percentage of Nepalese patients was closer to 1%. Since the original inspection the practice had created a booklet for ex-military patients which was on display in the waiting room. The booklet contained information and contact details about local support groups and charities for ex-military personnel. The practice told us that they would give this booklet to any patient who was identified as ex-military or that requested it. The practice also had a translated patient handbook which was written in Nepalese.

Listening and learning from concerns and complaints

During the inspection on 5 July 2016 we reviewed the practices complaints policy and processes, reviewing a sample of complaints that had been made over the past 12 months. We found that the practice was satisfactorily handling complaints and dealt with in a timely manner. Patients received a written response to their complaints and we saw evidence that complaints were discussed and minuted from meetings. However, the practice did not have a follow up review date for complaints to identify whether actions had been taken as a result of the event in order to improve the quality of care. At the follow up inspection on 20 April 2017 we reviewed the practice complaints folder. The practice had recorded receiving 26 complaints since the previous inspection. We reviewed six complaints that had been received in the months of January to March 2017. Of these complaints we saw evidence that complaints continued to be handled satisfactorily. The practice had completed a complaints document which outlined a summary of the complaint, the outcome and a date of when and in which meeting the complaint had been discussed with relevant members of staff. We reviewed meeting minutes from clinical meetings and saw that complaints was a standing agenda item. The practice categorised complaints into administrative or clinical to monitor numbers on a weekly basis but they told us they did not undertake a form of trend analysis to identify emerging themes and therefore make changes to practice beyond the individual complaints. From the summary of complaints document we observed there to be some repeated themes of complaints such as communication issues between patient and administration or clinical staff.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 5 July 2016, we rated the practice as requires improvement for providing well-led services as there were shortfalls in some of the governance structures.

We issued a requirement notice in respect of these issues and found that the practice had made some improvements when we undertook a follow up inspection of the practice on 20 April 2017 but that some of the governance structures remained an issue, particularly around monitoring of staff training. The practice therefore remains as requires improvement for providing well-led services.

Governance arrangements

At our initial inspection on 5 July we found the practice to have an overarching governance framework but that it was less effective in the areas of monitoring quality and making improvements to the practice as well as for training. We found that the practice was performing below national and clinical commission group averages for Quality and Outcomes Framework figures and were unable to demonstrate how they were making improvements.

At the follow up inspection on 20 April 2017 we found that the practice had clear visions and values, driven by quality and safety which reflected compassion, dignity, respect and equality. There was a clear and realistic strategy. Staff knew and understood the visions, values and strategy.

The practice had the processes and information to manage current and future performance. The information used in reporting, performance management and delivering quality of care was accurate, valid, reliable, timely and relevant. For example, we saw evidence that the practice had made their processes for learning from significant events and complaints more embedded within the practice and to ensure this was shared with all staff.

The practices Quality and Outcomes Framework provided us with data to show that performance indicators had improved from the previous year but were still lower than national and clinical commissioning group averages such as for cervical screening. The practice told us that they had improved monitoring processes by the use of alerts on their patients records system and text message reminders.

The practice had improved their clinical and internal audit processes ensuring learning was shared with staff in order to have a positive impact on quality governance.

The practice continued to have shortfalls around the governance of staff training. Whilst the practice had made improvements to the monitoring of staff training and created a long-term strategy to do so, at the time of the follow up inspection not all staff had completed training appropriate for their role. This included, safeguarding adult and children training and basic life support.

Continuous improvement

In the previous inspection we found evidence that the practice were engaging in reviews of prescribing audits amongst others but that there was no evidence to demonstrate these findings were shared with relevant staff members. At the follow up inspection on 20 April 2017 we observed a sample of meeting minutes to demonstrate that these findings had been discussed. The practice told us they had also secured an innovation award to develop a mobile application for patient self-care. The practice told us this would be working with the clinical commissioning group but that the practice were to be taking the lead on it. The project is due to start in 2018.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered provider did not ensure that training was provided for all staff in areas it considered to be mandatory.** • **We found that there were shortfalls in ensuring that all staff had received training in areas such as safeguarding adults and basic life support.** **This was in breach of regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**