

Binfield Road Surgery

Quality Report

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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	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Binfield Road Surgery on 19 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report from the inspection undertaken on 19 April 2016 can be found by selecting the 'all reports' link for Binfield Road Surgery on our website at www.cqc.org.uk.

As a result of our findings from this inspection CQC issued a requirement notice for the identified breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically we found concerns related to the management of medicines, recruitment, processes to manage and mitigate risk, staff training and procedures to enable the practice to respond to significant events.

This inspection was undertaken over six months from the last inspection as the practice was rated as inadequate for one of the key questions; are services safe? This was an announced comprehensive inspection completed on 7 March 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Events were discussed at practice meetings but discussions with some staff indicated that learning was not embedded.
- Though the practice had systems to assess and address risks to patient safety, the practice fire risk assessment did not adequately mitigate against potential fire risks or adhere to the format outlined in their fire safety risk assessment. The practice had not completed criminal background checks for all staff in accordance with their recruitment policy.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- Information about how to complain was available only upon request from staff. However, we saw improvements were made to the quality of care as a result of complaints and concerns.
- Health promotion leaflets and information on local services was available.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Patient survey feedback suggested that patients would have to wait a long time to be seen when they arrived for their appointment though the practice had taken action in response to this feedback.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that risks relating to the health, safety and welfare of service users including those related to fire and staff recruitment are assessed and mitigated.

In addition the provider should:

- Take steps to make the practice complaints procedure easily accessible to patients and provide formal written response to written complaints.
- Review systems for the storage and monitoring of Patient Group Directions.
- Continue to work on embedding learning from significant events
- Continue to work on improving patient satisfaction regarding waiting times.
- Consider recording multidisciplinary team and clinical meetings in a separate document in addition to within individual patient records.

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?

The practice is rated as requires improvement for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients would be informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. However, it did not appear that learning was embedded as some staff we spoke with were not aware of any significant events that had occurred within the practice since our last inspection.
- There were areas where risk had not been adequately managed or addressed. For example the practice had not undertaken a comprehensive fire risk assessment and disclosure and barring service checks had not been undertaken for all staff who acted as chaperones prior to their appointment.
- For the most part medicines were managed well in the practice. Yet the practice was unable to locate all signed Patient Group Directions for one of the practice nurses on the day of the inspection.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved completion of comprehensive care plans and liaison with multidisciplinary agencies when required.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example the nurse practitioner at the practice was involved in a Lambeth wide initiative aimed at creating a sustainable career path for nurses working in primary healthcare which aimed to address the shortage of nursing staff working in the CCG. This focused on the provision of clinical supervision, training, provision of student nursing placements and initiatives to increase the number of nurses.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available but only upon request from reception staff. The three complaint responses reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy which aimed to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- An overarching governance framework supported the delivery of the strategy and good clinical care. Although there had been some efforts to monitor and improve quality there were areas where risk had not been adequately assessed and addressed.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff had all received the necessary training and were given protected learning time one afternoon a month.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example one of the partners ran a weekly substance misuse clinic with the support of a drug and alcohol counsellor.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population by drafting complex care plans for those over 65 who were housebound and for patients over the age of 80 years old under the locality wide Holistic Health Assessment programme. This aimed to address both health and social needs of these patients to ensure a comprehensive package of care was provided.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- They held monthly multidisciplinary meetings with a geriatrician.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- One of the partners specialised in long-term disease management and members of the nursing team were specialised in particular long term conditions. Patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the practice's diabetic register with well controlled blood sugar was 77% compared with 72% in the CCG and 78% nationally. The percentage of these patients who had healthy cholesterol levels was 78% compared with 80% in the CCG and 80% nationally.

Good



Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Staff told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

On occasion when the practice could not offer same day appointments for acute conditions patients could be referred to the local GP access hub run by the federation.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the Clinical Commissioning Group (CCG) and national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example the practice ran a weekly clinic for patients with drug and alcohol dependency issues. This was supported by a drug and alcohol support worker. The clinic was moved to a weekday evening as an increasing number of these patients had obtained employment.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- Performance for other mental health indicators was comparable to local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy one survey forms were distributed and one hundred and five were returned. This represented 1.5% of the practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Six of these cards provided some negative feedback which related to access to appointments and waiting times.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Binfield Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Binfield Road Surgery

Binfield Road Surgery is part of Lambeth CCG and serves approximately 7200 patients. The practice is registered with CQC for the following regulated activities: treatment of disease, disorder or injury; surgical procedures; family planning; diagnostic and screening procedures and maternity and midwifery services.

The practice population has a significantly higher proportion of working age people and lower proportion of patients over 65 compared to the national average. The number of infants on the patient list is comparable to the national average. It is located within the third most deprived decile on the index of multiple deprivation. The practice informed us that 60% of patients do not speak English as a first language and that the turnover of patients is between 25 – 30% per year.

The practice is run by four partners and a salaried GP. Three of the GPs are male and one is female. There is one nurse practitioner and two practice nurses. The practice is a teaching practice but does not have any students at present. The GPs provide 4.25 whole time equivalent and nurse practitioner 0.75 whole time equivalent. There is 1.55 whole time equivalent provided by the practice nurses with booked and emergency appointments available Monday to Friday.

The practice is open between 8.00 am and 6.30 pm Monday to Friday with the exception of Tuesday and Thursday when the surgery is open until 7.15 pm. Appointments were available during these times.

Binfield Road Surgery operates from 1 Binfield Road, London, Lambeth SW4 6TB. The premises are owned by the partnership. The service is accessible to those who have mobility problems. Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme, Extended Hours Access, Facilitating Timely Diagnosis and Support for People with Dementia, Minor Surgery, Remote Care Monitoring, Rotavirus and Shingles Immunisation and unplanned admissions.

The practice is a member of a GP federation which is comprised of several practices who aim to work together to collectively provide services to patients in the locality.

Why we carried out this inspection

We undertook a comprehensive inspection of Binfield Road Surgery on 19 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services and requires improvement for providing services that are well led.

We also issued a requirement notice to the provider in respect of breaches identified under regulation 12 safe care and treatment. We undertook a follow up inspection on 7

Detailed findings

March 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the 19 April 2016 inspection can be found by selecting the 'all reports' link for Binfield Road Surgery on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Binfield Road Surgery on 7 March 2017. This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 7 March 2017. During our visit we:

- Spoke with a range of staff (GPs, a Nurse practitioner, nursing staff, practice management and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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.

Are services safe?

Our findings

At our previous inspection on 19 April; 2016, we rated the practice as inadequate for providing safe services as:

- The processes for the identification, reporting and management of significant events were not effective.
- Staff were not chaperoning in accordance with best practice with some staff reporting that they would stand with their view of the examination obstructed.
- Not all staff had completed mandatory training including infection control and safeguarding.
- Invasive procedures were being undertaken in carpeted areas of the practice.
- Medicines and prescriptions were not always securely stored.
- There were no systems in place to monitor the professional registrations of clinical staff or staff immunity to communicable diseases.
- Not all of the practice's electrical equipment had been tested to ensure it was safe to use.
- The practice fire procedures in place were not effective and did not keep patients safe.
- Some clinical equipment stored with the practice's emergency equipment had expired.
- Vaccine fridges had exceeded the optimum temperature on several occasions and there was no evidence of action taken in response to this.

These issues had been addressed when we undertook a follow up inspection on 7 March 2017. However, we found that learning from significant events had not been embedded within the practice and that certain areas of risk management had not been adequately addressed. For example the practice would not routinely undertake DBS checks for staff in line with their recruitment policy and there was no risk assessment in place to justify the absence of these checks. In addition the practice did not have access to Patient Group Directives for one of the practice nurses on the day of the inspection and the fire risk assessment provided did not adhere to the practice's internal policy. Consequently the practice is now rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- The practice had produced a comprehensive policy covering the identification, reporting and learning from significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice only had two significant events since our previous inspection in April 2016.
- One of the examples we reviewed related to care and treatment provided to a patient but we saw that the patient was involved in management of the event. Staff advised that in the event that things went wrong with care and treatment, patients would be informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and would be told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared in practice meetings though some staff we spoke with could not recall any significant events from the previous 12 months. Of the examples reviewed we saw that action was taken to improve safety in the practice. For example the practice had identified that an expired emergency medicine in their emergency medicine supply. Although the practice had ordered a new stock of this medicine the expired medicine was not disposed once the new stock had been delivered. As a result the practice improved its stock checking procedures to ensure that this did not happen again.

Overview of safety systems and processes

Are services safe?

The practice had clearly defined and embedded systems, processes and practices in place to ensure patients were safeguarded against abuse. However, some risk to patients had not been given adequate consideration; in particular those related to fire safety and recruitment.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three and non-clinical staff to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received additional training for the role since our last inspection. However, the practice had not undertaken a DBS check for a recently employed member of staff who undertook chaperoning duties. We saw evidence that DBS checks had been requested for all members of staff but they are yet to receive the certificates.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had stopped carrying out minor surgical procedures in carpeted areas of the building. The

practice provided evidence after our last inspection of staff immunity to common communicable diseases and we saw that checks on immunity status now formed part of the practice's recruitment procedures.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Vaccines were being monitored on a daily basis and the protocol for vaccine management had been updated to clarify the process for action to be taken when temperatures went out of range. Blank prescription forms and pads were now securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, for one of their nurses the practice were only able to produce one signed PGD on the day of the inspection. We were provided with copies of the PGDs after the inspections. These were signed and dated prior to our inspection.

We reviewed four personnel files for the most recently recruited members of staff (including two clinical staff recruited after April 2014) and found that the majority of appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications and registration with the appropriate professional body. However, the DBS checks the practice had on file for staff were from previous employers and one of these checks was completed in 2014. We were also informed that one member of non-clinical

Are services safe?

staff who undertook chaperoning duties had not been subject to a DBS check, but that this had been requested prior to our inspection. After the inspection the practice provided evidence that DBS checks had been requested for all staff prior to the inspection.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice carried out regular fire drills and had undertaken a generalised risk assessment of the building which had included a review of fire safety risks. However, the assessment was light on detail and largely focused on the identification and removal of materials that could pose a fire risk. However, there were designated fire marshals and extinguishers within the practice and the practice's fire evacuation plan identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had completed an internal legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) which referred guidance from the Health and Safety Executive. This concluded that the risk of legionella was low.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had implemented processes to ensure that all disposable equipment within the practice was checked on a regular basis.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 April 2016, we rated the practice as good for providing effective services. Although we did not identify any breaches of regulation we found that one nurse and several non-clinical staff members had not received an appraisal within the last 12 months.

We found on the inspection undertaken on 7 March 2017 that all staff had now received an appraisal within the last 12 months.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through random sample checks of patient records and by holding virtual clinics with input from consultants who had expertise in long term condition management.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The practice had an exception reporting rate of 10% which compared with the CCG average of 8% and national average of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed that the practice had a number of areas where exception reporting was higher than local and national averages.

For example:

The percentage of patients the percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 98% compared with 90% in the CCG and 90% nationally. However, the number of patients exception reported was 24.6% compared to 9.6% in the CCG and 13% nationally. Staff at the practice told us that, in accordance with current guidance, a number of patients had been exception reported because they had a chest infection six weeks prior to the scheduled assessment. The practice also told us that some of the patients exception reported had received a review.

The percentage of patients with depression who were exception reported was 32.6% compared with 23.9% in the CCG and 22.1% nationally. The practice provided us with unverified data for 2016/17 which showed that the percentage of those with depression that had been exception reported was 0%. We were told that of the 30 patients exception reported 24 were done so on the basis that they had been diagnosed three months prior to the QOF period ending and six patients exception reported had registered at the practice within the last three months.

For those patients who were newly diagnosed with hypertension the practice did not calculate the risk of cardiovascular disease in any of these patients compared to a CCG average of 61.2% and a national average of 66.5%. The practice exception reporting for this group of patients was 50%. However this did not form part of QOF.

The practice told us that exception reporting was higher in these areas largely as a consequence of their population being transient. The practice told us that they had a patient annual turnover (patients who are registered with the practice less than year) of approximately 25 – 30% which impacted on their ability to undertake QOF assessments.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the CCG and national averages. For example the percentage of patients on the practice's diabetic register with well controlled blood sugar was

Are services effective?

(for example, treatment is effective)

77% compared with 72% in the CCG in and 78% nationally. The percentage of these patients who had healthy cholesterol levels was 78% compared with 80% in the CCG and 80% nationally.

- Performance for mental health related indicators was similar to the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records was 82% compared with 86% in the CCG and 89% nationally. The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% which was higher than both the CCG average of 82% and national average of 84%. The practice's rate of exception reporting was lower for this indicator than the national average and comparable to the local average.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, three of these were completed audits and two of these showed improvements.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of patients with urinary tract infections (UTI). The audit measured performance against Public Health England UTI diagnostic guidance and Public Health England antibiotic guidance. The practice discussed the results of the initial audit at a practice meeting and ensured that public health guidance was easily accessible to clinical staff. As a result compliance with antibiotic guidance improved by 13%. However, compliance with diagnostic had slightly declined between the initial audit undertaken in September and the follow up review completed in January 2017.
- The practice informed us that they participated in a Lambeth wide project to improve blood pressure readings in hypertensive patients. The practice reviewed seventy four hypertensive patients. The practice took action which aimed to reduce blood pressure of these patients including provision of lifestyle advice and changes to medication. The second cycle showed that the practice's intervention had resulted in a reduction in blood pressure for 56 patients.
- One of the partners had undertaken a review of all mental health patients to ensure that their care and treatment was optimised.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety and confidentiality. We saw evidence that induction programmes were tailored to the needs of each individual staff member.
- The nurse practitioner within the practice was involved in an initiative to increase the number of practice nurses in the locality in response to a shortage of practice nurses in the area. The practice told us that they would regularly host nursing students. One of the practice administrators was training to be a healthcare assistant. The practice has employed an apprentice administrator who received regular support and supervision from staff in the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and female genital mutilation.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, discussion at practice nurse meetings and meetings in the wider locality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice had purchased software which prompted both staff and the practice manager when training was due which enabled more effective monitoring of staff training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These meetings were not minuted but we saw evidence of discussions with other services from reviewing patient notes.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- A dietician was available on the premises once a week and the practice provided smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 77% and the national average of 81%.

Childhood immunisation rates for the vaccinations given were comparable to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in one out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 8.8 (compared to the national average of 9.1).

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The percentage of females screened for breast cancer in the last 36 months was 59% which was comparable to the CCG average of 60%. The percentage of patients aged between 60 and 69 screened for bowel cancer was 41% compared to the CCG average of 43%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our previous inspection on 19 April 2016, we rated the practice as good for providing caring services. Although we did not identify any breaches of regulation associated with this domain we noted that the practice had only identified 0.2% of their patient list as having caring responsibilities and we recommended that they should improve the identification of and support for those with caring responsibilities among the practice's population and provide information for carers in the reception area.

We found that the practice had identified additional carers and now 1.75% of the practice's list were flagged as having caring responsibilities.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex. The only permanent female GP in the practice was on maternity leave. The practice had recruited a locum female GP who, in addition to the nurse practitioner, could ensure that patients could continue to access a female clinician.

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including one member of the patient participation group (PPG). They told us they were

satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 97%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

Are services caring?

decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

We were told by staff that children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.

We saw notices in the reception areas informing patients this service was available in both English and Portuguese. The practice also had multi-lingual staff who might be able to support patients.

- Information leaflets were available in easy read format and there was a television in the waiting area which displayed health promotion information.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 126 patients as carers (1.75% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 April 2016, we rated the practice as good for providing responsive services. However, we found that one complaint lacked details of the discussion held between the practice and the patient and some responses did not include details of organisations to contact if they were unhappy with the practice's response. Not all staff were involved in discussions around complaints. We suggested that the practice should take action to ensure that their complaint procedures complied with the requirements of the Local Authority Social Services and NHS Complaints (England) Regulations 2009.

During our follow up inspection undertaken on 7 March 2017 we found that complaints were discussed at practice monthly meetings and that responses contained details of organisations that patients could escalate complaints to.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population: For example the nurse practitioner at the practice was involved in a Lambeth wide initiative aimed at creating a sustainable career path for nurses working in primary healthcare which aimed to address the shortage of nursing staff working in the CCG. This focused on the provision of clinical supervision, training, provision of student nursing placements and initiatives to increase the number of nurses. The practice was currently supporting a member of their administrative team to become a healthcare assistant and was shortly to become and General Practice Specialist Training practice. The practice also participated in the Holistic Health Assessment scheme which was a CCG wide initiative which involved producing care plans for those over 65 and housebound and patients over 80 years old as well as patients with three or more chronic conditions who were prescribed long term pain medication.

- The practice offered extended hours on a Tuesday and Thursday evening until 7.15 pm for working patients who could not attend during normal opening hours.
- All patients with a learning disability or who required the use of a translator were given double appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text messages to inform them of test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities including interpretation services. The practice communicated with deaf patients in writing and one of the practice partners knew sign language. We were told that staff would assist patients with mobility problems and visual impairments around the practice.
- The practice provided cryotherapy and joint injections.
- The practice hosted a clinic for patients with drug and alcohol dependence issues.
- The practice provided other clinics including clinics for babies, antenatal clinics and access to a dietician. A midwife fluent in Spanish and Portuguese, languages spoken by a large proportion of the practice population, frequently attended the practice to provide care to women and babies.
- One member of the reception team had been trained as a Primary Care Navigator (PCN) and assisted patients by directing them to various support agencies to assist with their social needs; including the Citizens Advice Bureau and other sources where people to could obtain advice on how to access financial support.

Access to the service

The practice was open between 8.00 am and 6.30 pm Monday to Friday with the exception of Tuesday and Thursdays when the surgery closed at 7.15 pm. Appointments were available during these times. In addition to pre-bookable appointments which were released on a monthly basis, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that the majority of patient satisfaction scores related to access to care and treatment was comparable to local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 75% and the national average of 76%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

However,

- 44% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

In response to this low score the practice had rearranged the way that clinical time was used. Clinical staff were allowed to choose any mix they wanted of 12 appointments, four telephone calls and 30 mins protected administration time with two catch up slots in an effort to maximise capacity. The practice monitored waiting times after implementation of this system and found that average waiting times reduced from around 20 minutes in July 2016 to approximately three minutes in February 2017. The practice had also reduced nursing appointment times for non-complex patients which increased the number of nursing appointments available.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice had developed a protocol which staff would follow for patients who displayed symptoms indicative of a heart attack. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information about the practice's complaint system was not available for patients to pick up in the waiting area. The practice's complaint policy could be requested from reception staff.

We looked at four of the 15 complaints received in the last 12 months and found that responses were open and transparent. However, one response was not dated and we saw one written complaint which had no written response; though we saw evidence that this complaint was discussed with the patient concerned. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, in response to complaints received from patients and feedback from the patient survey the practice had taken action to improve patient waiting times.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing well-led services as the breaches found in respect of safe services indicated deficiencies in governance.

Although we identified new concerns related to the practice's ability to provide safe services we found that overall there had been significant improvement in the practice's systems and processes. Consequently the practice is rated as good for providing well led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a comprehensive strategy and supporting business plans which reflected the vision and values and focused on short, medium and long term goals; from succession planning to expansion of practice premises.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- The practice was unable to locate PGDs for one of their nurses on the day of the inspection which suggested the systems used to monitor PGDs was not effective.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Though the majority of arrangements for identifying, recording and managing risks, issues and implementing mitigating actions kept patients safe, the practice's fire risk assessment did not follow the guidance in the practice's own policy and lack adequate analysis of fire safety risk. In addition the practice had not undertaken DBS checks for all staff prior to employment in line with their recruitment policy.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty though none of the significant events reviewed fell under the duty of candour.

The practice told us that they would give patients affected by these types of incidents reasonable support, truthful information and a verbal and written apology.

- The practice kept written records of verbal interactions and complaints as well as those received in writing.

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice held monthly whole team meetings and we saw evidence of minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from staff and patients. For example:

- The patient participation group (PPG) met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had installed a television in the practice waiting area which displayed health promotion information. With the assistance of the PPG the practice had arranged for an afternoon tea at the practice for older patients and a community day with the support of voluntary sector organisations.

- Staff said that they were able to feedback through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice were now undertaking holistic health assessments for patients who had three or more long term conditions and were also prescribed long term pain medicine as it was identified that these patients were three times as likely to have unscheduled secondary care attendances. It was hoped that by undertaking in depth reviews of these patients and producing supporting care plans would reduce unexpected attendances among this group of patients.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider was not assessing the risks to the health and safety of service users in regards to receiving the care or treatment and not doing all that is reasonably practicable to mitigate any such risks associated with fire safety and recruitment.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>