

Care Quality Commission

Inspection Evidence Table

Branston Surgery

(1-5468328360)

Inspection date: 10 January 2023

Overall rating: Inadequate

This practice was rated as inadequate at the Care Quality Commission (CQC) inspection on 9 November 2022 and was placed into special measures.

As a result of our findings at that inspection, the practice was issued with Warning Notices in relation to breaches of Regulation 12 (safe care and treatment), Regulation 13 (safeguarding services users from abuse and improper treatment) and Regulation 17 (good governance).

At the inspection in November 2022 we found that:

- The practice did not always provide care in a way that kept patients safe and protected them from avoidable harm.
- Patients did not always receive effective care and treatment that met their needs.
- The provider did not have effective oversight of the systems and processes designed to deliver safe and effective care.
- Governance systems were ineffective.
- The provider did not have systems and processes in place to identify and manage risk that may affect delivery of safe and effective care.
- Staff did not always have the training and supervision required.

This follow up inspection was undertaken on 10 January 2023 to review compliance with the Warning Notices issued that had to be met by 9 January 2023.

The inspection was not rated and therefore, the ratings remain unchanged. The practice will receive a further comprehensive inspection to review progress in all areas and that inspection will be rated.

Safe

At the inspection in November 2022, we found areas of concern that impacted on patient safety. This key question was rated as Inadequate and this was due to:

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice did not have systems for the appropriate and safe use of medicines.
- There was limited evidence of sharing of learning from incidents, complaint and adverse events.
- The system and process in place to manage safety alerts was not effective.

Safety systems and processes

The practice had improved systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Partial
There were systems to identify vulnerable patients on record.	Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial
Explanation of any answers and additional evidence:	
At our inspection in November 2022, the systems, practices and processes to keep people safe and safeguarded from abuse were ineffective. For example, we found there were no safeguarding registers in place, vulnerable patients were not coded and linked correctly on the clinical systems, the safeguarding policy was not in line with best practice guidance, not all staff had undertaken appropriate safeguarding training and safeguarding meetings had not taken place regularly.	
At our inspection in January 2023 we found that significant work had been undertaken to update the providers policy and improve safeguarding systems. Further work was required to assure the provider people were safe from abuse.	
We found:	
<ul style="list-style-type: none">• Safeguarding registers were in place and vulnerable patients were coded. Further work was required to code and link family members to provide safety netting for patients.	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> The providers safeguarding policy had been updated to include relevant contact details and reflect current best practice guidance. All staff had completed safeguarding training to the appropriate level as set out in intercollegiate guidance. Staff told us how they would deal appropriately with safeguarding concerns and how they would escalate. Safeguarding meetings had not been undertaken at the time of our visit. We were told monthly multi-disciplinary team safeguarding meetings including external stakeholders were planned. A system had been introduced, within the practice, for staff to identify any non-urgent issues or concerns related to safeguarding. Information identified is to be discussed at the monthly safeguarding MDT meeting. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 11/11/2022	Y
There was a fire procedure. Date of fire risk assessment: 11/11/0222	Y
Actions from fire risk assessment were identified and completed.	NA
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in November 2022 the provider was unable to locate their previous Health and Safety risk assessment. Health and Safety, and fire risk assessments were undertaken on 11 November 2022 following our inspection. No risks were identified as requiring action by the provider following completion of the Health and Safety, and fire risk assessments.</p> <p>At our inspection in January 2022 the new provider had reviewed the environmental risk assessments undertaken in November 2022. During the review, the provider was aware of long-standing risks within the practice that had not been identified in the risk assessments. Due to concerns relating to the standard of the assessments, the provider was reviewing if they were fit for purpose or required repeating.</p>	

Risks to patients

There were gaps in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in November 2022 not all staff had completed training of dealing with medical emergencies. For example, of the 24 members of staff, 15 had not completed anaphylaxis training, 8</p>	

had not completed sepsis training, 10 had not completed adult life support (ALS) training and 15 had not completed paediatric life support (PLS) training.

At the time of our inspection in January 2023 the provider had reviewed the training requirements for staff within the practice, how it was completed and monitored. Transition was underway to an updated schedule of training and requirements to complete on an identified IT system. Information reviewed at this inspection was taken from both the new system and in date information from the inspection in November 2023.

Information reviewed identified 17 staff were employed at the practice at during our November 2022 inspection. We saw evidence of improvements in the numbers of staff who had completed training in relation to dealing with medical emergencies. Further improvements were required to meet the potential new providers identified essential training.

For example:

- All 8 clinical and 4 non-clinical staff had completed appropriate ALS and PLS training.
- Seven of 8 members of the clinical team had completed training in anaphylaxis and sepsis.
- Of the 9 nonclinical staff 8 had not completed training on anaphylaxis and 7 on sepsis.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines.

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. ²	Y
Explanation of any answers and additional evidence, including from clinical searches.	
At our inspection in November 2022 the provider was not able to demonstrate that it remained safe to prescribe medicines to all patients where specific, frequent, monitoring of blood results and health checks were required.	
Since then systems and processes had been introduced to manage patient recall within appropriate timescales for blood tests and checks. During our remote clinical searches, we saw evidence of improvements. Further improvements were underway to cover all medications and embed system and processes within the practice.	
For example, the clinical searches identified a total of 158 patients taking a medicine or group of medicines which may be used to prevent thrombosis. Of these we identified 36 patients who appeared to be overdue appropriate monitoring. This was an improvement from the findings of our previous inspection when 104 patients had not been monitored appropriately. We reviewed 5 patients records and no clinical risk was identified.	

Medicines management	Y/N/Partial
<p>The clinical searches identified a total of 16 patients taking a high-risk medicine which suppressed the immune system. Of these we identified 5 patients who appeared to have not had the required monitoring. We reviewed the 5 patient records and found 2 did not have documented blood test results. One patient's result was available but had not been transcribed over to the providers clinical system. The second patient had been identified by the new systems in place prior to our searches and was booked to attend the surgery.</p>	

Track record on safety and lessons learned and improvements made

The practice did not have an effective system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
There was a system for recording and acting on significant events.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in November 2022 whilst there was a system to record significant events, there was no evidence that discussion and learning occurred consistently due to lack of practice and staff meetings.</p> <p>Whilst practice or staff meetings had not been undertaken due to significant operational pressures since our inspection in November 2022, we saw monthly meetings planned during our site visit in January 2023.</p> <p>The first practice meeting was due to take place 30 January 2023. An agenda had been introduced with standardised items for discussion, this included significant events to ensure discussion and shared learning occurred consistently.</p>	
Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the inspection in November 2022 there was no effective system for ensuring that Medicines & Healthcare products Regulatory Agency (MHRA) and patient safety alerts were received and actioned appropriately.</p> <p>At this inspection the provider had introduced a system to ensure that patient safety alerts were dealt with expeditiously and that they were periodically re-run. Examples we looked at showed the system to be working.</p>	

Effective

At the inspection in November 2022, we found areas of concern that impacted effective care and rated the practice as requires improvement.

This key question was rated as requires improvement and this was due to:

- Patients' needs were not always assessed, and care and treatment not always delivered in line with current legislation, standards and evidence-based guidance.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to demonstrate staff had the skills, knowledge and experience to carry out their roles.
- Staff were not always consistent and proactive in helping patients to live healthier lives.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	
Patients' treatment was regularly reviewed and updated.	
Explanation of any answers and additional evidence: At the inspection in November 2022 the practice did not have systems and processes in place to keep clinicians up to date with current evidence-based practice or to ensure patients suffering from long term conditions received an appropriate health review. At this inspection, the provider had introduced systems and had structured plans to introduce others to ensure that patient treatment was regularly reviewed and updated in line with evidence based practices. For example: <ul style="list-style-type: none">• A protocol had been introduced to manage safety alerts to keep clinicians up to date with up to date evidence based practice. We saw evidence this had led to direct improvements in safe delivery of patient care.• A new Standard Operating Procedure (SOP) had been introduced to identify patients requiring follow up monitoring and health checks. This utilised the providers central team to identify patients, they would then send details to the operational and clinical staff at the practice to action. We saw evidence this had led to improvements in patients receiving reviews and updates to care.• The provider was in the process of implementing a daily check sheet within the practice to improve the management and review of tasks and any outstanding actions related to patient treatment. For	

example, it included management of results, incoming letters and documents, referrals to secondary care, number of staff in attendance, prescriptions reviewed with numbers outstanding tasks and actions identified at the end of each day.

Effective care for the practice population

Findings

Since our previous inspection in November 2022, the provider had introduced new systems and processes to improve the effectiveness of care for the practice population. Due to the short time between inspections, systems and processes needed to be expanded to cover all healthcare pathways.

- We saw there were 23 female patients of childbearing age taking a medication which increased the risk of birth defects. All patients had been reviewed and appropriate actions taken to ensure all patients were aware of the risks. This was an improvement on our previous inspection when we saw no evidence that risk had been discussed with patients.
- We saw evidence that all patients identified by the clinical searches as taking a medication that increased risk of Fourniers gangrene had received information relating to the risk. This was an improvement on our previous inspection when we saw no evidence that risk had been discussed with patients.
- Review of the clinical system identified 28 patients coded as suffering from a mental health disorder, of which 13 had received a health review. This is an improvement on findings at our inspection in November when no patients coded as suffering from a mental health disorder had received a review. We saw evidence on ongoing work to recall patients for health checks.

Management of people with long term conditions

Findings

Since our previous inspection in November 2022, the provider had introduced new systems and processes to improve management of patients with long term conditions. Due to the short time between inspections, further work was required to support and improve management of all long-term conditions.

- We saw there were 39 patients who had received 2 or more courses of rescue steroids for asthma in the last 12 months. We reviewed 3 patient records and found appropriate follow up and review had been undertaken.
- We saw there were 19 patients with high risk diabetes, the search identified one patient who had not been monitored appropriately. On review of the patient record it was documented the patient was not compliant and had refused diabetic care in 2021. The provider reviewed this during our inspection and arranged for the patient to be contacted for a further discussion.
- The clinical searches identified 3 patients with late stage chronic kidney disease who may not have received the appropriate monitoring or review. We reviewed the 3 records identified and found one patient did not have documented evidence to support the lack of monitoring. The provider took immediate action to remedy this.

- We saw there were 213 patients suffering from an underactive thyroid who required medication and regular blood tests to check medication dose was correct. The searches identified 6 that may not have received appropriate monitoring. We reviewed 5 patient records; all were marginally overdue blood tests. The practice had already identified and contacted the patients to book appointments for tests. This was an improvement on the previous inspection when patients who had been overdue monitoring had not been identified by the practice.
- We saw there were 990 patients coded with high blood pressure of which 283 had not received appropriate monitoring. This was an improvement on the previous inspection when patients 424 patients had been identified as not appropriately monitored. Actions were on going to contact all patients to ensure appropriate review was undertaken.
- We saw 112 patients suffering with Chronic Obstructive Pulmonary Disease (COPD), the provider told us 44 patients had not undergone a health check in the previous 13 months. This position remained similar to the findings at our previous inspection in November 2022. Patients required to attend for health review and checks had now been identified and a process was underway to contact patients.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Further improvements were required to allow full monitoring of the outcomes of care and treatment.

	Y/N/Partial
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	N
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>At the inspection in November 2022 the practice did not have a targeted quality improvement plan in place or an audit schedule.</p> <p>At our inspection in January 2023 an audit schedule had been implemented. This included clinical and non-clinical audits with time scales and responsible individuals identified.</p> <p>We saw medication audits completed since our inspection in November 2022 that had led to improvements in patient care. For example, patients taking inappropriate doses and inappropriate combinations of medicines had been identified through audits and appropriate actions taken.</p> <p>The provider had reviewed and developed policies to improve medicine management. For example, policies had been implemented relating to structured medication reviews, management of patients taking high risk medicines, prescribing, and medicines reconciliation. Further work was required to</p>	

ensure all aspects of patient care were reviewed in line with the audit schedule and the cycles of audits became embedded within the practice.

The provider did not have a system or process in place to review unplanned admissions and readmissions to other care providers.

Effective staffing

The practice was unable to demonstrate that/ staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had protected time for learning and development.	
Explanation of any answers and additional evidence:	
<p>At our inspection in November 2022 staff did not get protected learning time (PLT) to complete the essential training identified in the providers policy. Due to the activity within the practice, staff told us they were unable to complete the required training in working hours.</p> <p>At our inspection in January 2023 PLT was not in place. Staff had been offered payment to complete training out of working hours, but we were told there had been little uptake. The provider had plans in place to introduce PLT within the practice and staff had been made aware of plans in the newly introduced newsletter.</p>	

Well-led

At the inspection in November 2022, we found areas of concern that impacted on the well-led element of the practice.

This key question was rated as inadequate and this was due to:

- Leaders could not demonstrate they had the capacity to deliver high quality sustainable care.
- The practice did not have a clear vision in place supported by a credible strategy to provide high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- There was little evidence of systems and processes for learning, continuous improvement and innovation.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at some levels with ongoing changes to site based leadership.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<p>At our inspection in November 2022 the provider did not have full understanding of the issues to quality and sustainability, actions identified to address challenges and no leadership development programme despite ongoing concerns. Leaders were unaware of the environmental challenges, staff working over their contracted hours without payment, understanding of the requirements to appropriately action safety alerts, measure completion of patient reviews and ensure appropriate monitoring of patients' health.</p> <p>A new provider was in the process of becoming registered with the Care Quality Commission. The new provider had been formally added to the GP contract in December 2022 by the Integrated Care Board (ICB). They had worked alongside the current registered provider to support the leadership and changes within the practice since that time.</p> <p>The new provider was experienced in GP practice management and administration. They had identified the challenges to quality and sustainability at the practice and had implemented an action plan which addressed the issues. The actions undertaken at the time of our inspection in January 2023 had focused on concerns deemed high risk to patient safety. Work relating to all identified concerns were ongoing at the time of our inspection in January 2023.</p> <p>Since our inspection in November 2022 changes in staff had left a gap in on-site management at the practice. The provider had recruited a new manager who would be commencing work, based at the practice by February 2023. Staff told us the absence of an on-site manager had meant leaders visibility had reduced. All staff told us they were aware recruitment had taken place and they would still be able to approach senior staff with concerns.</p>	

Vision and strategy

The practice had a clear vision, but it was not supported by a credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	N
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	N
Explanation of any answers and additional evidence:	

At our inspection in November 2022 the practice did not have any vision, values or strategy in place to deliver high quality sustainable care.

At our inspection in January 2023 a Mission Statement had been introduced which included vision and values for staff to work towards. Staff told us they had not been involved in their development.

The Mission Statement had been included in the practice's January 2023 newsletter and staff we spoke with demonstrated the expected behaviours and attitudes.

The provider had undertaken considerable work to improve the quality of care delivered to patients at our inspection in January 2023. However, there was no formal strategy in place to monitor progress in line with their vision and values.

Culture

The practice culture did not effectively support high quality sustainable care.

	Y/N/Partial
There was a strong emphasis on the safety and well-being of staff.	Partial
Explanation of any answers and additional evidence:	
At our inspection in November 2022 staff told us their well-being was negatively impacted due to factors within the practice. This included staff regularly working extra unpaid hours, some staff reluctance to complete essential training, lack of practice meetings and poor communication.	
At our inspection in January 2023 we saw evidence an IT based human resource system was in the process of being introduced. This would allow hours worked by staff, annual leave and holidays to be managed and support a better work life balance.	
Staff we spoke with during our inspection in January 2023 were aware of the changes in management, and the new provider had facilitated a meeting with staff as an introduction. A monthly newsletter had recently been introduced to update staff and improve communication.	
Communication was not always effective. Staff were not always aware of the changes taking place even if they directly impacted on their role and daily work. Further improvements were required to improve the well-being of staff and culture within the practice.	
Whilst staff compliance with essential training had improved, the planned introduction of protected learning time (PLT) would further enhance completion, allow time to have planned practice meetings and improve communication.	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	Staff involved in recall of patients were not aware of the implemented changes to the system. This had led to duplication of work and confusion for patients as staff

	had continued to recall patients in the traditional way. Staff told us they felt undervalued as they had not had input into or been made aware of the changes.
Staff	The lack of an on-site manager meant staff were not clear about what was expected of them in relation to communication and sharing information with others. Staff told us; due to the ongoing management changes this had made them uncertain about their future.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support some aspects of good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in November 2022 the provider did not have effective governance systems and processes in place and could not demonstrate practice had clear oversight of patients and staff needs.</p> <p>Since our inspection in November 2022 the absence of an on-site leader had been managed by increased access to remote support and regular on-site visits from the new provider. The providers expectations of staff roles and responsibilities during the transition period did not always match with staff understanding of expectations.</p> <p>At our current inspection in January 2023 we saw evidence the providers had introduced changes within the practice and improved governance and oversight of issues and concerns. For example, safeguarding processes, staff training, staff hours, management of safety alerts, management of patients on high risk medicines, management of patients with long term conditions, identification and management of risks had all improved following implementation of the new systems and process. Further improvements were required to ensure all aspects of governance were in place and embedded within the practice.</p> <p>The introduction of monthly clinical governance meetings had been planned with a set agenda in place to ensure expected aspects of effective governance were discussed regularly and improve communication with the staff. The first meeting had not taken place at the time of our inspection in January 2023.</p> <p>Staff we spoke with during our inspection in January 2023 were aware of the changes in management and the potential new provider had facilitated a meeting with staff as an introduction. A monthly newsletter had recently been introduced to improve communication. Communication was not always effective. Staff were not always aware of the changes taking place even if they directly impacted on their role and daily work.</p>	

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in November 2022 the provider did not have assurance systems or quality improvement plans in place to review practices and identify, manage, mitigate and review risks associated with the practice. Quality and sustainability when considering service developments were not always assessed.</p> <p>The provider had carried out a significant amount of work to look at assurance and quality improvements within the practice. For example, a program of clinical, non-clinical audit and clinical system reviews had been implemented to improve care for patients on high risk medications, those diagnosed with a long term condition, medication management, staff training and governance etc. Further work was planned to maintain and drive quality improvement for the future and embed within the practice.</p> <p>The new provider had developed a "Mobilisation Action Plan" which had identified immediate risks and actions required to improve care. Work had been undertaken to mitigate risks deemed to carry a high risk of potential harm to patients of harm, with work ongoing to address all identified risks. Further work was required to manage known risks, any emerging risks and communication of risks to staff in the longer term.</p> <p>At our inspection in November 2022 the practice was unable to provide evidence a Legionella risk assessment had been undertaken. A Health and Safety and fire risk assessment were carried out in November 2022. Following review of the risk assessments in place for the practice environment, the provider had decided to carry out new risk assessments for Legionella. We saw evidence that the process was underway to book dates for completion.</p> <p>The provider reviewed the impact of service developments and changes on quality and sustainability before implementation. For example, the implementation of PLT had been delayed allowing plans to be developed to mitigate any risk to service users.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Explanation of any answers and additional evidence:	

At our inspection in November 2022 we found limited evidence of audits, appropriate reviews and monitoring of patients' conditions, concerns relating to coding of medical records of children with a safeguarding concern and safety alerts had not been acted on or managed appropriately.

At our inspection in January 2022 we found use of data had led to improved performance in many areas. This included improved monitoring of patients' health and conditions, implementation of a targeted audit programme and appropriate management of safety alerts. Further improvements were required to the coding of medical records of children with a safeguarding concern.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence:	
At our inspection in November 2022 we saw plans in place relating to the Primary Care Network (PCN) improvements and development. We saw little focus on continuous learning and improvement or shared learning within the practice.	
At our inspection in January 2023 we saw improvements had been made to the systems and processes for learning, continuous improvement and innovation. Improvements need to be maintained and developed to assure safe patient care.	
An audit plan covering, clinical, non-clinical and administration process had been recently implemented. Completion of audits was limited due to the time available since implementation. We saw evidence of completion of a selection of clinical audits, improvements made, and further audits planned.	
Identification and management of risks affecting the practice had been improved. Further work was required to sharing of information relating to risks.	

Examples of continuous learning and improvement

- Monthly clinical governance meetings were scheduled with a set agenda which included significant events, complaints, compliments, feedback to share learning and improvements.
- The provider was committed to implementing protected learning time to ensure all staff had access to attend for meetings and complete appropriate learning and development.
- Improvements had been made in the management of patient safety alerts leading to reviews of patient care in line with up to date evidence-based findings.
- Recall for patients requiring monitoring and health checks had been changed leading to improved, timely patient care.
- Systems and processes had been introduced to improve care for the practice population.
- Medication audits had been undertaken and led to improvements in patient care and safety.

- Implementation of new and review of implemented medicines management policies had been undertaken to drive safety and consistency of care.
- Improved systems for management of staff working hours were in the process of being implemented to support staff wellbeing and work life balance.
- A monthly newsletter had been introduced to share news of changes, improvements and share learning with staff.