

Dr W N Harrison and Partners(Cornerstone Practice)

Inspection report

26 Elwyn Road
March
Cambridgeshire
PE15 9BF
Tel: 01354 606300
www.thecornerstonepractice.nhs.uk

Date of inspection visit: 8 November 2018
Date of publication: 17/12/2018

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating February 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Dr W N Harrison and Partners on 8 November 2018. This was part of our planned inspection programme.

Our key findings across all the areas we inspected were as follows:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice proactively identified carers and supported them. The practice had identified 278 patients as carers which was approximately 3% of their practice list.
- The practice's performance on quality indicators was 99% which was above the Clinical Commissioning Group (CCG) average of 97% and England average of 96% with an exception reporting rate of 14% compared with the CCG average of 11% and England average of 10%.

- The practice routinely reviewed the effectiveness and appropriateness of the care they provided. We saw evidence of audits that drove improvements throughout all levels of care.
- We found there were established safeguarding processes for all staff to follow. Staff were encouraged to report safeguarding concerns.
- Patients in care homes were visited regularly by the GPs to ensure they had continuity of care and to reduce admissions into accident and emergency.
- The practice was a training practice for qualified doctors training to become a general practitioner.

The areas where the provider **should** make improvements are:

- Continue to monitor and where appropriate reduce the number of prescription items for co-amoxiclav, cephalosporins and quinolones.
- Continue to monitor safety alerts to ensure all alerts are received by the practice.
- Improve telephone access for patients.
- Proactively encourage an improved uptake of health checks for patients with a learning disability.
- Proactively encourage an improved uptake in the cervical screening programme.
- Continue to improve processes to ensure patients receive reviews for mental health and long-term conditions.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

Background to Dr W N Harrison and partners

Dr W N Harrison and partners (also known as Cornerstone Practice) is situated at 26 Elwyn Road, March, Cambridgeshire, PE15 9BF. The practice provides services for approximately 9,011 patients. The practice is located within the Cambridgeshire local authority and is one of 104 practices serving the NHS Cambridgeshire and Peterborough CCG area.

The practice has three GP partners, one male and two females, three salaried GPs, a registrar and a second-year foundation doctor. The team also includes two female nurse practitioners of which one is the practice matron and three female treatment room nurses. They also employ three female health care assistants, one female INR technician, a practice manager and a team of reception/administration/secretarial staff.

There are a range of patient population groups that use the practice and the practice holds a Personal Medical Services (PMS) contract with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). The practice is registered to provide the following regulated activities: treatment of disease, disorder or injury; diagnostic and screening procedures, surgical procedures, family planning and maternity and midwifery services.

The practice is a training practice. A training practice employs qualified doctors who are undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs.

The practice's opening times are from 8am until 6pm Monday to Friday, with extended hours on Mondays from 7.30am until 8am and 6.30 until 7pm. Patients can call the NHS111 service for additional out-of-hours services provided by Hertfordshire Urgent Care, or dial 999 in the event of a life-threatening emergency.

National data indicates that people living in the area are in the overall deprivation decile of five, where one indicates areas with the most deprivation and ten indicates the least areas of deprivation in comparison to England. The practice has a higher than average practice population with long-standing health conditions at 62.5% compared to the CCG average of 52.1% and the England average of 53.7% and a higher than average aged 65 and over practice population.

Are services safe?

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received safeguarding training as part of an induction as well as on-going training. Clinical staff were trained to level three. We found all staff had kept up-to-date with safeguarding training appropriate to their roles. A GP attended the CCG safeguarding meetings. Staff knew how to identify and report concerns and on the day of the inspection staff were able to provide us with examples of how concerns had been highlighted and the outcomes. Learning from safeguarding incidents was available to staff.
- The practice had weekly meetings where safeguarding and significant events were a standing agenda item.
- All staff, including those who acted as chaperones, had received relevant training and an enhanced Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) The practice had a chaperone policy in place and posters and leaflets explained the service offered.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

- There was an effective induction system for temporary staff and newly appointed staff tailored to their role.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice's prescribing of antibiotics was above the CCG and England averages. The practice was aware of this and were monitoring to reduce prescribing in this area.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- The practice carried out regular audits on high risk medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. The practice manager had a spreadsheet of safety alerts and disseminated the information to all relevant staff. We found that not all safety alerts were being received and the practice manager contacted the Medicines and Healthcare products Regulatory Agency to ensure all alerts were received. The practice ran searches on the alerts which had been missed.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all the population groups as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- GPs followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. GPs scheduled patients for a home visit, or appointment at the practice, if appropriate.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Patients who had received treatment in hospital or through out of hours services, were followed up as appropriate.
- The practice's performance on quality indicators for long term conditions was in line with local and national

averages with the exception of one diabetes indicator which was below. Exception reporting rates were high for some indicators, however the practice excepted patients in line with QOF requirements. The practice said the GPs would exempt patients if they were end of life or on the maximum tolerated medication and if patients had been seen by the diabetic specialist nurses or were under the respiratory consultants and so were seen by secondary care on a regular basis. The practice told us that they had a high prevalence and a high obesity rate in the practice population. The practice prevalence for some conditions was higher than the CCG and national averages. They had commenced long-term condition reviews based on the month of the patient's birthday to aid as a reminder for patients and therefore all patients had received an invite and those who had not attended had all received three invites before being exception reported. This was then flagged up on the computer home screen so that reception staff could encourage patients to book their review the next time the patient contacted the practice.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90% at between 97% to 98.8%. They had a process for monitoring patients who cancelled or did not attend for their appointment and offered an appointment to discuss their reasons for this.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 69%, which was below the 80% coverage target for the national screening programme but comparable to the CCG average of 71% and the England average of 72%. The practice filed the letters sent to patients from the NHS Cervical Screening Programme regarding their missed screening and had recently started sending an additional letter from the practice to encourage uptake and discussed it opportunistically with patients during consultations.
- The practice's uptake for breast screening was above the CCG and national averages and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice offered annual health checks to patients with a learning disability. The practice had completed 62 health checks out of 101 patients on the register in the last 12 months.

People experiencing poor mental health (including people with dementia):

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice's performance on quality indicators for mental health was above the local and national averages. However, the exception reporting for some of the indicators was above the local and national averages. The practice was aware they were having difficulty encouraging patients to attend mental health reviews and had arranged for the Primary Care Mental Health Service to assist in contacting patients, conducting reviews and for patients to receive prompt advice and support. Patients who did not attend for their review were flagged up on the computer home screen so that reception staff could encourage patients to book their review the next time the patient contacted the practice.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The Quality and Outcomes Framework (QOF) results were 99% which was higher than local average of 97% and national averages of 96% with an exception reporting rate of 14% which was higher than the local average of 11% and the national average of 10%.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

Are services effective?

services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to the relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged

40-74. The practice had completed 242 health checks in the last 12 months. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and influenza vaccination campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients we spoke with was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results published in July 2018 were in line with the local and national averages for questions relating to kindness, respect and compassion. We found the practice monitored and acted on the feedback they had received.
- CQC comment cards we received were positive stating patients felt they were treated with kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- Receptionists were trained as care navigators (Care navigators are members of GP support staff who have been trained to help patients get the right help from the right health profession as soon as possible by asking for a little more detail from the patient when they call)
- The practice's GP patient survey results were in line with the local and national averages for questions relating to involvement in decisions about care and treatment.
- The practice proactively identified carers and supported them. The practice had identified 278 patients as carers which was approximately 3% of their practice list.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Comments from patients expressed that staff were aware of their privacy and dignity and went out of their way to ensure it was always given.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information

Are services responsive to people's needs?

We rated the practice, and all the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered a telephone triage service for same day appointments.
- The practice made reasonable adjustments when patients found it hard to access services.
- The facilities and premises were appropriate for the services delivered.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- Flu vaccinations were administered to patients who were housebound.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one longer appointment, and consultation times were flexible to meet each patient's specific needs.
- The community specialist diabetes nurse held clinics at the practice for patients with more complex needs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. Regular multidisciplinary meetings took place to ensure patients were receiving appropriate care.

Families, children and young people:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were prioritised in the telephone triage for a same day appointment.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could book evening and weekend appointments with a GP through the local GP Hub (The Hub is for patients who need a doctor's appointment, or are not able to attend their usual GP practice on a weekday during extended hours.)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had reviewed 62 patients out of the 101 on the learning disability register in the last 12 months.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was currently working toward becoming a dementia friendly and a veteran friendly practice and towards the Marie Curie daffodil standard award (a set of standards to assess and improve the end of life and palliative care they provide to their patients).

Timely access to care and treatment

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. The percentage of patients to the GP patient survey who stated that at their last general practice appointment, their needs were met was 99%, which was above the CCG average of 96% and the England average of 95%. However, the survey did highlight that only 59% of patients responded positively to how easy it was to get through to someone at their GP practice on the phone compared to the CCG average of 75% and the England average of 70%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available at the practice and on the practice's website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Verbal and written complaints were recorded and the practice acted as a result to improve the quality of care.
- The practice learned lessons from individual concerns and complaints and from analysis of trends.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision to deliver high quality, sustainable care.

- There was a clear set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff had been involved in compiling the practice values and were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Systems and processes were in place for leaders and managers to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- The practice had a “freedom to speak up” policy. A guardian from a local practice was nominated to a different practice to be available to speak with staff members should they feel they could not approach senior staff at their place of work with any issues.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity and human rights training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships and joint working arrangements promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- The practice had processes to manage the current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active, virtual patient participation group of 90 patients and a "Friends of Cornerstone" group who raised money for equipment and sought feedback from patients by attending the practice on Wednesday morning.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The practice was a training practice for qualified doctors who were undertaking further training to become a GP. There was one GP trainer at the time of the inspection.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice was the winner of Health Care provider of the year 2017 from Carers trust for Cambridgeshire and Peterborough.
- The practice apprentice won the apprentice of the year award at the Fenland Business Awards 2017.

Please refer to the evidence tables for further information.