

# Queens Avenue Practice

## 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?		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 Queens Avenue Practice (also known as Queens Avenue Surgery) on 7 September 2016. The overall rating for the practice was Requires Improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Queens Avenue Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our previous inspection in September 2016, we rated the practice as Requires Improvement for providing safe and well-led services. At this time included amongst the issues we identified, was the practice did not have adequate management and storage of medicines held on site and that infection control processes were not effective enough to keep patients safe. In addition, we found that not all of the practice policies, procedures and guidance had been reviewed recently and that no staff had received recent information governance training.

This inspection was an announced focused inspection carried out on 19 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 7 September 2016. This report covers our findings in relation to those

requirements and also additional improvements made since our last inspection. At this inspection, we found that the practice had made improvements to provide safe and well-led services. As a result of these findings, the practice is now rated as good for providing safe and well-led services.

The change in the ratings for the key questions of safe and well-led, means that the practice is now rated as good overall.

Our key findings were as follows:

- Risk to patients were assessed and managed correctly. For example, all vaccines kept at the practice were stored in pharmacy refrigerators.
- The surgery had conducted a review of all policies and procedures which governed activity within the practice.
- The practice had effective infection control processes in place and these were primarily monitored by members of the clinical team, but also by the wider team at the practice.
- There was a clear governance structure at the practice, led by the senior GP partner who was supported by a second GP partner.

# Summary of findings

- The practice reviewed its provision of nursing services, and as a result now employed a practice nurse who conducted sessions two times a week.
- We saw evidence that staff had conducted relevant training such as information governance training and childhood immunisation training for clinical staff.

**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 good for providing safe services.

- The arrangements for managing medicines, including emergency medicines and vaccines, at the practice kept patients safe
- Risks to patients were assessed and managed. The practice had effective infection control processes in place to keep patients safe.

Good



### Are services well-led?

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

- There was a leadership structure in place and the two practice partners had responsibility for governing the practice and governance issues.
- The practice had conducted a recent review of all policies and procedures which governed activity within the practice.
- A comprehensive understanding of the performance of the practice was maintained by the practice partners.

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 provider had resolved the concerns for safety and well-led identified at our inspection on 7 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 7 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 7 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 7 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 7 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 7 September 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Queens Avenue Practice

## 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 and a practice nurse specialist advisor.

## Background to Queens Avenue Practice

Queens Avenue Practice (also known as Queens Avenue Surgery) is located in a primarily residential area of Muswell Hill, which is situated in North London. The practice is located in a converted mid-terrace house. There is a bay for parking for disabled patients in front of the surgery and a bus stop approximately ten minutes' walk from the practice.

There are approximately 5000 patients registered at the practice. Statistics shows low income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. 37% of those registered at the practice have a long-standing health condition, compared to the CCG average of 49% and the national average of 53%. The registered population is slightly higher than the national average for those aged between 5-14 and 35-49. Patients registered at the practice come from a variety of geographical and ethnic backgrounds including Western European and Eastern European.

Care and treatment is delivered by two GP partners including one senior partner (one male and one female) and two salaried GPs (one female and one male) who

between them provide approximately 23 clinical sessions weekly. There is Practice Nurse at the surgery who carries out three sessions weekly. Three administrative/reception staff work at the practice and are led by a Practice Administrator.

The practice is open from the following times:-

- 8am – 6:30pm (Monday - Friday)

Clinical sessions are run at the following times:-

- 9am – 12pm (Monday, Tuesday)
- 8:30am – 12pm (Wednesday, Thursday, Friday)
- 2pm – 3:30pm (Monday)
- 4pm – 6pm (Monday - Friday)

The practice does not offer extended hours surgery. Patients can book appointments in person, by telephone and online via the practice website.

As the practice member of a local GP federation, patients at the practice have the facility to see a GP or nurse outside of normal working hours and at the weekend. Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services

Haringey Clinical Commissioning Group (CCG) is the practice's commissioning body.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Queens Avenue Practice (also known as Queens Avenue Surgery) on 7 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in September 2016 can be found by selecting the 'all reports' link for Queens Avenue Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Queens Avenue Practice (also known as Queens Avenue Surgery) on 19 July 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (two GP partners, one practice nurse, one practice administrator).
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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

# Are services safe?

## Our findings

At our previous inspection on 7 September 2016, we rated the practice as requires improvement for providing safe services as the practice did not have adequate arrangements in place relating to the correct storage of all vaccines held at the practice. In addition, infection control processes at the practice did not do all that was necessary to keep patients safe.

We issued a requirement notice in respect of these issues and found that these arrangements had significantly improved when we undertook a follow up inspection on 19 July 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead who worked alongside the practice administrator and the practice nurse to conduct internal infection control audits. There was an infection control protocol in place, and we saw evidence that staff had received up to date training. The latest infection control audit was undertaken in July 2017. Since our previous inspection in September 2016, the practice had installed compliant elbow taps and sinks in all rooms used by clinical staff. In addition, we were told

that clinical staff were responsible for ensuring that specific clinical equipment in their room was kept clean. This was monitored by monthly checks on clinical equipment conducted by the practice nurse.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and usage was monitored. The practice had a pharmacy refrigerator to store vaccines held at the practice and since our last inspection had purchased a second vaccine refrigerator. Both refrigerators were monitored and a log of temperature recordings stored.

### Arrangements to deal with emergencies and major incidents

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The battery for the defibrillator was checked monthly and the oxygen was now located in a central area within the practice, making it easily accessible to staff in the event that it would be required.



# 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 7 September 2016, we rated the practice as requires improvement for providing well-led services as the practice could not evidence a clearly defined governance structure. In addition, the practice had failed to establish effective systems to review and update practice procedures and guidance.

These arrangements had improved when we undertook a follow up inspection on 19 July 2017. The practice is now rated as good for providing well-led services.

### Vision and strategy

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

- We saw evidence that the practice had a strategic plan for the future of the practice which reflected some of mission statement of the Surgery. There was evidence that the practice had started to implement the strategy since the last inspection, through the recruitment of a practice nurse. The practice had a business continuity plan which had recently been reviewed.

- The practice had a business continuity plan which had recently been reviewed. Copies of the plan were held off site.
- All clinical staff had recently undertaken training on childhood and travel immunisations.

### 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was active management of registers of those patients diagnosed with a long-term condition.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvement. The inspection team saw evidence of two recent clinical audits (with outcomes) conducted by the practice.