

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Queens Avenue Practice

The Surgery, 46 Queens Avenue, Muswell Hill,  
London, N10 3BJ

Tel: 02088831846

Date of Inspection: 07 March 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Queens Avenue Practice
Registered Manager	Dr John Demades
Overview of the service	Queens Avenue Practice has two male and two female general practitioners, three reception staff and an administrator. The premises are accessible for people who have limited mobility, such as wheelchair users.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 March 2014, talked with people who use the service and talked with staff.

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### What people told us and what we found

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During this visit we spoke with three people who used the service, two members of the Patient Participation Group, three of the GPs, the administrator and reception staff.

"Brilliant", "never had a problem", "nothing but praise", "always able to get emergency appointment" and "the care and attention given is good" were a few of the comments people made. The things people felt the practice did well were: team work; courteous staff; good system for repeat prescriptions and they said "patients get good treatment that is tailored to their needs". We were told that people appreciated that it was a small practice with family values. There was a general consensus that making appointments was not an issue. People said the waiting room and consultation rooms were always clean. The practice had a patient participation group that had met twice a year, members of the group felt that it gave doctors "the patient perspective".

Staff were happy to be working at the practice and said that they had the training and support they needed and were aware of their roles and responsibilities.

We saw that procedures were in place for safeguarding children and vulnerable adults and staff demonstrated that they were aware of their responsibilities. Medicines were stored and managed correctly. Suitable systems were in place for the prevention of cross infection.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People said their privacy and dignity was maintained their comments included, "they maintain my privacy", "they always close the door" and "my privacy is always maintained".

Reception staff knew about confidentiality and demonstrated that they understood privacy. A glass screen had been fitted to provide privacy between the reception and waiting room, which meant that patients privacy was maintained. People told us that this had improved the level of privacy when they checked in for appointments. Reception staff said they could use one of the consultation rooms if necessary.

Patient's views and experiences were taken into account in the way that the service was provided and delivered in relation to their care. There was a patient participation group (PPG) that met at regular intervals throughout the year.

The provider had developed an information leaflet which included details of the doctors and staff, surgery times and clinics provided, how to make an appointment and request repeat prescriptions, the fees charged for non NHS services, the patient charter, chaperone policy and confidentiality. This gave people the information they needed about the practice and informed them how their health needs could be met. The practice had a website which included this and more information about local health services including useful phone numbers. One person told us that the information on the website was useful, while others said they had not looked at it. We saw that a variety of health information leaflets were available for people in the waiting room and entrance of the surgery.

A chaperone policy allowed people to be accompanied during appointments and the doctors and reception staff confirmed that they were available should they be required. There was a notice in the waiting room and treatments rooms reminding people that this option was available to them. Reception staff had completed training which gave them the knowledge required to act as a chaperone.

Doctors and staff said they could access interpreting services if required, although they said generally people brought a relative if they needed support an appointment. There were systems in place to ensure people who were deaf were able to access the doctors' services. The practice was accessible for people who used a wheelchair.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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"Always able to get an emergency appointment", "no problems getting an appointment", "the doctors work well together so I can see any of them and they know about my medical conditions", "good system for repeat prescriptions" and "good pathways for ailments and prevention". A difficulty some people experienced was when they needed daily re-dressings, they had to attend the local hospital at weekends.

People said the referral systems for other health services were "good". The doctors told us that there were systems to check referrals if required. Staff followed up 'missed appointments' to ensure there were no further concerns. The number of missed appointments were recorded on the practice website and noted in the waiting room for people to see. We saw that there had been a significant reduction in the number of missed appointments in the last year, doctors and staff put this down to the relatively new appointment reminder system in place.

There was an emergency drugs and first aid kit on site within easy access of the treatment and consultation rooms. Records were kept of the expiry dates of emergency medicines and all were in date at the time of our visit. The oxygen had been checked and plans were in place for this to be updated when required. All staff had completed training in dealing with medical emergencies and cardiopulmonary resuscitation at the required intervals. Systems were in place to ensure staff updated this important training when required. Policies and procedures were in place for how to deal with emergencies.

Medications were stored in fridges which were kept locked. Temperatures were monitored and seen to be within the correct range. All medication and vaccines seen were in date and systems were in place to ensure stock was rotated.

Medical records were held electronically which were accessed by a secure card for each member of staff. Systems were in place for incoming correspondence including records from accident and emergency and out of hours visits to be checked and added to patient records, this ensured the doctors took any necessary action. Old paper records were securely stored and easily accessible when required.

Systems were in place to ensure continuity of care out of hours, particularly for those people receiving end of life care and those with dementia, with the out of hours GP service. We saw how records were received when a patient had used this service so the doctor was updated with any changes.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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The surgery had safeguarding procedures which staff had signed to say they had read and a copy of the most recent local authority procedures were available. One of the doctors was the lead for child protection and another was the lead for adult safeguarding.

All staff had received child protection and safeguarding vulnerable adults training. Staff were able to describe the local procedure for raising concerns about potential abuse and how they would report it. The child protection named nurse for the area visited the surgery in 2013 and gave a recap training session to staff. Two of the doctors had completed training in the Mental Capacity Act and gave examples of 'best interest meetings' and their involvement in Deprivation of Liberty Safeguarding.

A 'flag' in the electronic record was used to identify when a child was the subject of a child protection plan. The doctors sent reports to child protection case conferences and received minutes and updates which were held in medical records. The doctors met with the health visitor on a monthly basis and described how they went through new patients and any concerns. They said that they contacted the health visitor in between meetings when necessary.

Disqualification and Barring Scheme checks, formerly Criminal Records Bureau checks had been carried out for all staff.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and they were treated in a clean, hygienic environment.

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**Reasons for our judgement**

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People we spoke with said "the place is always clean" and "the doctors always wash their hands" and did not raise any concerns. All areas we saw were clean and tidy.

Infection control policy and procedures were in place for staff. Staff completed training in infection control during 2013. We saw that appropriate personal protective equipment was available throughout the surgery. Hand wash basins were provided in consultation rooms. Infection control audits were carried out annually. The protocol for actions staff should take after a needle stick injury were displayed in each consultation room.

The doctors confirmed that they were responsible for cleaning their room between patients. A cleaning schedule was in place with clear details of areas to be cleaned each day, week, month and annually. Clinical and domestic waste was separated throughout the surgery. Contracts were in place for the collection of clinical waste. Sharps bins were provided in consultation rooms to ensure needles were disposed of securely.

When samples were brought or collected for laboratory testing, they were placed in a box at reception. Reception staff described their role and said they had completed training and had access to gloves to carry out this task.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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The building was accessible to people who use the service. A survey and audit had been completed regarding compliance with the Disability Discrimination Act and some changes were made to the surgery. Suitable security systems were in place.

Portable electrical appliances were tested every year. Fire safety equipment and the alarm system were checked annually. Staff completed training in fire safety. Systems were in place for medical equipment to be checked and calibrated each year. We saw invoices confirming that these had been completed.

A valid certificate of public liability insurance was displayed at the surgery.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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"Staff are courteous" and "staff are helpful" were just a few of the positive comments we received about staff.

The surgery were in the process of recruiting a new nurse, the position had only been vacant for a couple of weeks. Staff said they had access to the training they needed to carry out their role. Records we saw indicated staff were up to date with training in emergency medical treatment, child and adult safeguarding, information governance, customer care and chaperoning. The doctors said they attended training to keep up with their continued professional development and went through the revalidation process at the required timescales.

We saw that staff had received appraisals which were used to identify training and development needs as well as identifying areas in which they performed well.

Practice meetings were held every month and the minutes were available to all staff. The doctors met daily which ensured they kept up to date with people's changing needs.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

The practice operated a patient participation group (PPG), this meant people who use the service were involved in developing the services provided. We saw the minutes from the last four meetings which showed attendance by a core of around ten patients. Members felt that the group gave doctors 'the patient perspective' and said the doctors were receptive to ideas and suggestions. The group were involved in developing and reviewing patient surveys and looking at what had worked and what could be improved for patients.

Annual patient surveys were carried out by the practice. We saw responses from the most recent survey included comments "excellent service", "I am new, have seen all the doctors, excellent" and "pleased with the level of care". There were some comments about the surgery opening times which had been addressed previously and for patients to be notified if the doctor was delayed. We were told that this usually happened when people checked in although this had not always worked with the new electronic booking in system. We saw actions had been taken to address comments patients made in the survey carried out in 2013. The practice were responsive to suggestions made by patients and were given examples including increased surgery hours and the provision of a glass screen to provide more privacy at reception.

The surgery participated in the NHS quality and outcomes framework (QOF), which involved audits which were carried out by the clinical commissioning group (CCG). We saw the clinical audits doctors completed on smear tests, this showed the practice had a much lower than the national average for 'inadequate' tests. The audit for patients on high risk medications identified issues with the results of blood tests when they were carried out at hospital appointments. Following this audit, new systems had been put in place to ensure the results from blood tests were received at the surgery which ensured the doctors had up to date information on individual's health.

The doctors were active members of the CCG and attended monthly meetings with doctors from local surgeries to discuss both clinical and managerial issues and information sharing.

The complaints policy and procedures were described in the practice leaflet and on the practice website. Three people we spoke with had not made a complaint but were aware of the process. They said "I would speak with the doctor" or "I would speak with the administrator". Any complaints were dealt with by the administrator or doctors, depending on the nature of the complaint. Records were kept of any contact made and letters or emails sent. There had been two concerns or complaints raised in the last year, both had been addressed and the person was satisfied with the outcome.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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