

Farrow Medical Centre

Inspection report

177 Otley Road
Bradford
West Yorkshire
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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 location

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

Farrow Medical Centre was inspected on 5 December 2018; we rated the practice as inadequate overall and the practice was placed in special measures. Three warning notices were issued by the Care Quality Commission for breaches of Regulation 12, safe care and treatment, Regulation 17, good governance and Regulation 18, staffing of the Health and Social Care Act 2008, regulated activities) Regulations 2014.

Further inspections were undertaken in May 2019 to review the warning notices for regulation 12 and 17, this inspection was not rated but a report was produced. The practice was last re-inspected on 7 August 2019 and rated as Requires Improvement overall, but as inadequate for providing well led services. The practice remained in special measures.

Following the August 2019 inspection conditions were placed on the provider's registration. The practice had begun to improve their management of significant events and complaints, but a comprehensive and embedded system was not in place. We also found issues with the management of vaccines. The full reports and evidence tables from the previous inspections can be found by selecting the 'all reports' link for Farrow Medical Centre on our website at www.farrowmc.co.uk.

We carried out this announced comprehensive inspection at Farrow Medical Centre on 20 February 2020.

At this inspection we found the provider had continued to improve their systems and processes in respect of significant events and complaints but had not yet managed to implement fully workable and effective systems which were auditable. We found that effective systems and processes were in place for the management of temperature sensitive medicines and vaccines.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as **good** overall. However, we have rated the practice as requires improvement for

providing effective services and for the population groups of families, children and young people and for working age people, which means the overall rating for effective is requires improvement.

We found that:

- At this inspection the provider had further reviewed, improved and embedded effective systems and processes to support the good management of the practice. We found that a further review of significant events and complaints would enhance systems and learning and ensure that patients were kept safe at each contact.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- A comprehensive, colour coded matrix was in place for all operational health and safety checks. This computer matrix indicated when checks were due and included fire safety checks, infection prevention and control and all other necessary assessments required to ensure the smooth running of a GP practice.
- On the day of inspection, we saw that locums' checks, revalidation dates, indemnity insurance, disclosure and barring checks and the staff training matrix were all closely monitored and up to date
- We saw effective management of safety alerts, appropriate audits of patient care and the review and improvement of recall systems to ensure that patients attended necessary appointments.
- Patient feedback on the day of inspection and patient comment cards, reflected that patients received kind, friendly and effective care and treatment which met their needs. Patients said they felt listened to.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way, seven days per week.

Whilst we found no breaches of regulations, the provider should:

- Continue to improve the system which has been implemented for the management of significant events, to include the timely discussion of actions and learning points with the entire staff team, which are clear and auditable.
- Continue to improve and clarify the system which has been implemented for the management of complaints, to include the timely discussion of actions and learning points with the entire staff team.

Overall summary

- Provide a clear document management protocol to support the management of patient results and correspondence.
- Develop a process whereby, when children are consistently not brought to appointments that this is reviewed as appropriate.
- Continue to improve the uptake of childhood immunisations at the practice and ensure that the World Health Organisation minimum target of 90% is met; to support herd immunity.
- Continue to improve the uptake of cancer screening at the practice including breast, bowel and cervical screening.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service. The previous conditions on the registration of the provider will be removed.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good 
People with long-term conditions	Good 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
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 CQC lead inspector. The team included a GP specialist advisor, and a second CQC inspector. The inspection was also shadowed by a CQC inspection manager

Background to Farrow Medical Centre

Farrow Medical Centre is located at 177 Otley Road, Bradford, BD3 0HX and provides services for 7,119 patients. The location is within a purpose-built building which is easily accessible and has car parking and a pharmacy onsite. GP services have been provided in the current location for approximately 100 years.

The surgery is situated within the Bradford City Clinical Commissioning Group (CCG) and provides services under the terms of a Primary Medical Services (PMS) contract. This is a contract between general practices and NHS Bradford City CCG for the delivery of services to the local community.

The provider is registered with the Care Quality Commission (CQC) to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The National General Practice Profile states that 45% of the practice population are from an Asian background with a further 8% of the population originating from black, mixed or other non-white ethnic groups.

There is a higher than national average number of patients aged under 24 which is in keeping with the area, with less patients aged over 50 than the national average. However, there are more patients in this older age group than is generally found within the CCG.

Information published by Public Health England, rates the level of deprivation within the practice population group as one. On a scale of one to ten, level one represents the highest levels of deprivation and level ten the lowest. People living in more deprived areas tend to have a greater need for health services. Nationally, the average number of times a person visits their GP in a year is five. CCG statistics show that in Bradford City the average number of visits is between nine and 11. Data shows that 17% of the practice population is unemployed compared to the CCG average of 13% and the national average of 5%. Male life expectancy is 75 years compared to the national average of 79 years. Female life expectancy is 79 years compared to the national average of 83 years.

There are five partners at the practice, four of these are GPs (three female and one male) and one female partner

is a nurse, all of whom work part-time. In addition, there are three salaried GPs. Other clinical staff include a practice nurse, three part time healthcare assistants (HCAs), and two practice pharmacists.

There is also a practice wellbeing worker. Patients also have access to a social prescriber.

The clinical team are supported by a practice manager, an assistant practice manager and a team of non-clinical staff.

The practice is an accredited training practice, and supports the development and training of GP registrars, medical students and pre-registration pharmacy students.

The practice is open between 8am and 6pm Monday to Friday. Appointments are available during morning and afternoon clinics.

The practice is a member of a federated healthcare group of practices which offer extended access appointments at three 'hub' sites across the city. Appointments are available between 6.30pm and 9.30pm Monday to Friday and between 10am and 1pm on Saturday, Sunday and bank holidays. Patients have the opportunity to see a GP, nurse, physiotherapist, healthcare assistant and a Citizens Advice worker. Additional appointments are also available at a neighbouring practice between 6.30pm and 9pm on a Wednesday evening, as part of a network of practices who are working together.

During the inspection we saw that the previously awarded ratings were displayed.