

# Farrow Medical Centre

## Inspection report

177 Otley Road  
Bradford  
BD3 0HX  
Tel: 01274637031

Date of inspection visit: 19 September 2023  
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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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services caring?

Inspected but not rated



Are services responsive to people's needs?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out an announced focused inspection at Farrow Medical Centre on 18 and 19 September 2023. This inspection was not rated.

Following our previous inspection on 18 and 20 April 2023, the practice was rated as inadequate overall. The key questions of safe, responsive, effective and well-led were rated as inadequate. The rating for the provision of caring services was good.

As a result of the April 2023 inspection, we issued the provider with warning notices for breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Regulation 12: Safe care and treatment, Regulation 16: Complaints and Regulation 17 Good governance.

During this inspection, undertaken on 18 and 19 September 2023, we saw improvements had been made to the practice's management of recruitment processes, antibiotic prescribing, consent processes, cold chain management, and how the practice dealt with complaints. However, risks to control the spread of infections at the practice had not been managed appropriately, and our searches of clinical records identified some issues regarding the safe and appropriate management of patient medicine and care and treatment.

The full reports for previous inspections can be found by selecting the 'all reports' link for Farrow Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from a previous inspection. This was a focused, unrated inspection to review the warning notices for Regulation 12: Safe care and treatment and Regulation 16: Complaints.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

## Our findings

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.

# Overall summary

We found that:

- The premises was well maintained, clean and tidy, however the provider could not demonstrate that all risks to control the spread of infections at the practice had been managed appropriately.
- There was an effective system in place to ensure that recruitment checks were carried out in accordance with regulations.
- There were some issues identified with the safe and appropriate management of patient medicines, care and treatment.
- Consent to care and treatment was obtained in line with legislation and guidance.
- The practice had significantly reduced their rate of antibiotic prescribing from January to May 2023.
- There was effective management of vaccine handling and storage.
- There was a functioning system in place to effectively manage the receiving, recording, handling of and responding to complaints.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

Please see the specific details on action required at the end of this report.

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a second CQC inspector who undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Farrow Medical Centre

Farrow Medical Centre is located in Bradford, West Yorkshire at:

177 Otley Road

Bradford

West Yorkshire

BD3 0HX

Tel: 01274637031

This site was visited as part of this inspection activity.

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

The practice is situated within the Bradford District and Craven Health and Care Partnership, within the NHS West Yorkshire Integrated Care Board (ICB). The service delivers Personal Medical Services (PMS) to a patient population of 8,400.

The practice is part of a wider group of 4 GP practices called a Primary Care Network (PCN).

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (1 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 48% White, 45% Asian, 2% Black, 3% Mixed, and 2% Other.

The age distribution of the practice population closely mirrors the local and national averages for the working age population. However, 29% of the population are young people, compared to the ICB average of 24% and the England average of 20%. Additionally, 9% of the population are older people which is lower than the ICB average of 16% and the national average of 18%. There are more female patients registered at the practice compared to males.

At the time of our inspection there was a team of 3 GP partners and 1 nurse partner, 3 female and 1 male. There were also 5 part time salaried GPs, 4 female and 1 male. In addition, there were 2 part time advanced nurse practitioners (ANPs), 2 part time practice nurses and 3 part time healthcare assistants (HCAs) who were all female. The clinical team is supported by a team of reception/administration staff. There is a practice manager in post to provide managerial oversight.

The practice is open between 8am to 6pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Remote digital patient consultations were not available at the time of our inspection as the provider was waiting for the implementation of a new system.

Extended access is provided locally by the PCN, where Wednesday evening and weekend appointments are available. Out of hours services are provided by Local Care Direct Limited.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure the proper and safe management of medicines at the practice. In particular, staff did not always take appropriate safety precautions when service users had not undergone monitoring tests, and medication reviews were not always carried out when required.
Surgical procedures	The provider did not ensure that the information contained within safety alerts was appropriately applied for the safe management of service users.
Family planning services	The provider failed to ensure that management of test results was done so appropriately and in a timely manner.
Maternity and midwifery services	The provider could not evidence that all risks to control the spread of infections at the practice had been managed appropriately.
	This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.