

Farrow Medical Centre

Inspection report

177 Otley Road
Bradford
West Yorkshire
BD3 0HX
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Website: www.farrowmc.co.uk

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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 summary

We carried out an announced comprehensive inspection at Farrow Medical Centre on 5 December 2018. The overall rating for the practice was inadequate. The full comprehensive report on the December 2018 inspection can be found by selecting the 'all reports' link for Farrow Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection, carried out on 28 May 2019. The purpose of this inspection was to review actions taken by the provider in response to warning notices for non-compliance with Regulations 12, safe care and treatment and Regulation 17, good governance issued by the Care Quality Commission in January 2019.

At the inspection on 5 December 2018 the provider was rated as inadequate and told they must improve. This inspection on 28 May 2019 was not rated.

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 found that:

- The provider had complied with the warning notice for regulation 12 of the Health and Social care Act 2008, safe care and treatment. Improvements had been made in the management and oversight of infection prevention and control (IPC), health and safety, fire and the appropriate and safe storage of vaccines and prescriptions.
- The practice had not fully complied with the warning notice for regulation 17, of the Health and Social Care Act 2008, good governance and there were issues remaining with the systems and processes that were in place to manage complaints, significant events and safety alerts.

- We saw that a Disclosure and Barring Service Check (DBS check) or a risk assessment was in place for all staff members.
- The practice had improved their identification of carers to 1.2% of the practice population.
- The practice could not assure themselves that everyone who had direct contact with patients, including reception staff, was up to date with routine immunisations.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards.

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

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

- Continue to review the outcomes of the environmental audits that have been undertaken and ensure that they continue to implement the actions required from the fire risk assessment, the health and safety risk assessment and the infection prevention and control audit.
- Continue with the work to review the immunisation status of the staff team in line with the requirements of Immunisation against infectious disease (The Green Book).

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

Our inspection team

Our inspection team was led by a CQC lead inspector and included a second CQC inspector.

Background to Farrow Medical Centre

Farrow Medical Centre is located at 177 Otley Road, Bradford, BD3 0HX and provides services for 6,407 patients. Farrow Medical Centre relocated to its current premises in July 2014. The location is within a purpose-built building which is easily accessible and has car parking and a pharmacy onsite.

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 practice website address is <http://www.farrowmc.co.uk>.

The provider is registered with the Care Quality Commission (CQC) to deliver the following regulated activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The service was inspected on 5 December 2018 and rated inadequate overall.

The National General Practice Profile states that 45% of the practice population is 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 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 two salaried GPs and two regular locum GPs who work at the practice. Other clinical staff include two practice nurses, two part time healthcare assistants (HCAs); one of whom was completing a nursing degree, a phlebotomist and a practice pharmacist. One HCA, who has a dual role, is also the practice wellbeing worker. The clinical team are supported by a 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 and there is an additional clinic on a Saturday morning between 9am and 11.30am for patients who cannot attend the practice during the usual working week.

In addition to the Saturday morning clinic, the practice is a member of a federated healthcare group of 15 practices across the Airedale, Craven & Bradford Districts which offers 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 and Sunday. Patients could see a GP, nurse, physiotherapist or a healthcare assistant.

Out-of-hours treatment can be accessed by calling the surgery telephone number or contacting the NHS 111 service. During our inspection we saw that the provider was displaying the previously awarded ratings in the practice and on their website.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <p>The registered person did not ensure that an effective system was in place for the documentation, discussion, review and management of changes following significant events.</p> <p>The registered person did not ensure that an effective system was in place for the management of safety alerts. They had failed to implement a process to ensure that all the relevant people were aware of the alert, identify a lead to manage the alert or a structure to ensure the alert was actioned and any outcomes fed back to the staff team.</p> <p>The registered person did not ensure that the process for receiving and acting on complaints was operating effectively. They could not demonstrate that complaints were reviewed and discussed with the staff team to ensure the improvement of the quality and safety of the service.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>