

# Farrow Medical Centre

## Inspection report

177 Otley Road  
Bradford  
BD3 0HX  
Tel: 01274637031

Date of inspection visit: 20 April 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



# Overall summary

We carried out an announced comprehensive inspection at Farrow Medical Centre on 18 and 20 April 2023. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - inadequate

Caring - good

Responsive - inadequate

Well-led – inadequate

At a comprehensive inspection on 5 December 2018, we rated the practice as inadequate overall, and placed the practice in special measures. A further focused inspection was undertaken on 28 May 2019 to review compliance with the warning notices which had been issued for a breach in regulations. The practice was re-inspected on 7 August 2019, rated as requires improvement overall, and remained in special measures. At this inspection conditions were placed on the provider's registration, as the practice had begun to improve their management of significant events and complaints, but a comprehensive and embedded management system was not in place. We also found issues with the management of vaccines.

At the last inspection, on 20 February 2020, we found the provider had continued to improve their systems and processes in respect of significant events and complaints, but had not implemented a fully workable and effective system which were auditable. At this inspection on 18 and 20 April 2023 we found additional concerns regarding the management of complaints and significant events. Further issues with the management of vaccine refrigerators and infection, prevention and control and issues were identified, alongside the safe management of medicines. The provider did not ensure that governance structures were effective.

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 concerns from a previous inspection and in response to concerns reported to us.

The focus of the inspection included:

- A review of the key questions; is the service safe, effective, caring, responsive and well led.
- A review of the 'shoulds' identified in previous inspection.
- A review of concerns highlighted to us by stakeholders.

## 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

# Overall summary

- Conducting staff interviews using telephone and video conferencing.
- Completing remote 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.
- Receiving written feedback from 8 members of the team.
- A shorter 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.

We found that:

- The provider did not consistently demonstrate the delivery of safe, responsive, effective and well-led care to all their patients.
- The practice did not have effective systems for the appropriate and safe use of medicines, including medicines optimisation.
- The provider did not have a functioning system in place to effectively manage the receiving, recording, handling or responding to complaints.
- The provider had failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality and safety of care provided in the carrying on of the regulated activities.
- The management of significant events at the practice did not keep staff or service users safe.
- Staff feedback that senior leaders and the team were approachable, caring and supportive.
- Results from the National GP Patient Survey, July 2022 showed the practice was consistently above local and national averages for patient satisfaction regarding access.

We found 3 breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Ensure that any complaint received is investigated and necessary and proportionate action taken in response to any failures identified in accordance with the fundamental standards of care.

In addition the provider **should**:

- Take action to improve the uptake of childhood vaccinations and cancer screening at the practice.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

# Overall summary

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement, we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

**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 Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor and a second CQC inspector.

## 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 and 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 8,020.

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 4 GP partners and 1 nurse partner, 4 female and 1 male. In addition there were 3 salaried/retained GPs, 2 part time female advanced nurse practitioners (ANPs), 3 part time nurses and 3 healthcare assistants (HCA's) who were all female. The clinical team are 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.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>The provider must establish a system for receiving and acting on complaints</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to establish a functioning system to effectively manage the receiving, recording, handling or responding to complaints made by service users or other persons in relation to carrying out the regulated activity.</p> <p>This was in breach of Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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><b>Systems and processes must be established and operated effectively to ensure good governance</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider failed to establish policies, systems and processes which operated effectively to assess, monitor and improve the quality and safety of care provided. In addition, they did not ensure that governance structures were effective.</p> <p>The management of significant events at the practice did not keep staff or service users safe. An effective and functioning system to enable the recording, investigating and acting on significant events was not in place.</p> <p>The provider did not ensure that the information contained within safety alerts was consistently applied to the safe management of service users.</p>

## Enforcement actions

The provider did not ensure the safe monitoring of all prescription stationary at the practice.

The provider did not maintain a secure record in respect of service users who had died.

The system in place for the management of the emergency drugs did not mitigate risks to the health and safety of service users and others.

The provider could not demonstrate how they assured the competence of the nurse prescriber.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### **Care and treatment must be provided in a safe way for service users**

#### **How the regulation was not being met:**

The provider failed to conduct appropriate or structured medication reviews for patients or ensure the suitable review of some patients with long-term conditions

The provider failed to ensure the safe management of medicines at the practice. Several safety alerts had been issued in relation to the prescribing of some types of medication which may be harmful to pregnant women.

The provider had failed to put in place effective measures to respond appropriately to the increase in the prescribing of antibiotics at the practice over the previous 3 years.

Leaders at the practice failed to ensure that risks to control the spread of infections at the practice had been managed.

The provider had not ensured that vaccine refrigerators in the practice were effectively managed, this included identified concerns regarding operating temperatures and stock control.

This section is primarily information for the provider

## Enforcement actions

The provider had not ensured that Do Not Attempt Cardio Pulmonary Resuscitation decisions with patients records were documented in line with relevant guidance, or that an effective review of these decisions had taken place.

The provider had failed to follow their own recruitment policy regarding the receipt of references for newly recruited staff.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.