

Farrow Medical Centre

Inspection report

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Date of inspection visit: 05/12/2018
Date of publication: 27/02/2019

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?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Farrow Medical Centre on 5 December 2018 as part of our inspection programme.

Farrow Medical Centre was last inspected on 4 November 2014 and was rated as good.

Our judgement of the quality of care at this service is based 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 inadequate overall.

We rated the practice as inadequate for providing safe services because:

- The provider could not demonstrate that suitable arrangements were in place to prevent the spread of infection at the practice.
- The provider had failed to assess the risks to the health and safety of staff and patients at the practice.
- Systems and processes were not in place to keep patients safe and protected from abuse.

We rated the practice as inadequate for providing effective services because:

- The practice was unable to demonstrate that staff were suitably trained or had the skills, knowledge and experience necessary to carry out their roles.

This issue affected all areas of the service. Therefore, we rated all population groups as inadequate.

We rated the practice as inadequate for providing well-led services because:

- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance. For example; we saw that the processes in place to manage complaints, significant events, safety alerts and patient group directions were ineffective.
- The practice could not demonstrate that the relevant policies and procedures were in place to support the good governance of a GP practice. A small number of

policies were available but the majority did not contain up to date or relevant information and the practice could not assure themselves that they would direct staff to the best course of action.

The areas where the provider must make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that persons employed by the service are suitably trained as is necessary to enable them to carry out the duties they are required to perform.

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

The areas where the provider should make improvements are:

- Review and improve the identification of carers to ensure that they are able to meet the needs of this vulnerable group.
- Continue to review the immunisation status of the staff team in line with the requirements of Immunisation against infectious disease (The Green Book).
- Ensure that DBS checks are undertaken in line with practice policy.

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.

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.

Overall summary

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

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and 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 7,256 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. GP services have been provided at 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 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.

After the inspection, the practice provided us with the following ethnic background information of their patients. 54.1% of patients are from a South Asian background, 2.2% of patients are Black and Chinese, and 22% of patients are noted to be White European excluding British.

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 part time salaried GPs, one of whom was on maternity leave at the time of our inspection with cover in place. Other clinical staff include two practice nurses, two

part time healthcare assistants (HCAs), one of whom has a dual role as the practice wellbeing worker, a phlebotomist and a practice pharmacist. 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

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Care and treatment must be provided in a safe way for service users.
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular
Treatment of disease, disorder or injury	The provider had failed to assess the risk of the prevention, detection, and control of the spread of infections. We viewed out of date equipment and dressings; the infection prevention and control audit which had been undertaken was limited in scope and incomplete. Cleaning schedules were not in place for the environment or clinical equipment.
	The storage of vaccines at the practice did not meet the required standards.
	The provider had failed to ensure that the premises used by the service provider were safe to use for their intended purpose and were used in a safe way. The provider had not completed a documented health and safety/ premises and security risk assessment. A fire risk assessment was not in place.
	Staff were acting as chaperones without training and there were no records to support the regular checking of oxygen and the defibrillator.
	This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
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This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

How the regulation was not being met:

The registered persons had systems or processes in place that were operating ineffectively in that they failed to enable the registered persons to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

The provider did not have effective arrangements in place for the monitoring and security of prescriptions stationery.

The provider did not have an effective system in place for the monitoring and recording of the availability of emergency equipment.

The provider could not demonstrate that the registration of clinical staff was checked and regularly monitored or that staff were appropriately indemnified in line with the scope of their work.

The provider had not ensured that patient group directions (PGDs) at the practice met the required standards. The documents which nursing staff had signed did not contain all the necessary information required for a PGD to be valid.

The provider did not have an effective system in place to enable the discussion, review and management of changes following significant events.

The provider could not demonstrate that relevant policies and procedures were in place as would support the good governance of a GP practice.

The process to manage alerts, including those from the Medicines and Healthcare products Regulatory Agency (MHRA) did not keep people safe. A protocol was not in place which would identify who would act upon the alert and ensure that all the relevant people had seen the alert.

This section is primarily information for the provider

Enforcement actions

There were gaps in the recruitment systems of the practice. Safeguards, for example a full employment history, were not available for all members of staff. We did not see completed induction checklists for all locum or permanent staff.

The provider could not evidence that the systems and processes for receiving and acting on complaints were operating effectively. The provider could not demonstrate that verbal complaints were documented or that complaints were reviewed and discussed with the wider staff team.

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
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

The systems in place to maintain records in relation to persons employed in carrying out the regulated activities were not operating effectively. An accurate training record was not maintained and the provider could not evidence that all the necessary training was completed to the required levels for all relevant staff.

The provider was unable to demonstrate that all staff had completed the necessary training to the recommended levels. This included infection prevention and control training, fire training and child and adult safeguarding training.

The provider could not demonstrate that staff had access to appraisals and supervisions as is necessary for them to be able to carry out the duties they are employed to perform.

This section is primarily information for the provider

Enforcement actions

This was in breach of Regulation 18 (1),(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.