

# Highlands Health Centre

## Inspection report

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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 effective?

Good 

# Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highlands Health Centre on 25 July 2017. The overall rating for the practice was Good. However, we identified that the practice required improvements in the effective domain.

The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Highlands Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 30 April 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 July 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At our previous inspection on 25 July 2017, we identified an area in the effective domain where the practice "Must" make improvements. During the inspection we found that the practice needed to improve its monitoring of patients with long term conditions.

At our latest inspection on 30 April 2018 we found that the practice had implemented their action plan and made the required improvements to this area.

The practice is now rated as Good in all domains including the effective domain, and remains rated as Good overall.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC Lead Inspector.

## Background to Highlands Health Centre

Highlands Health Centre is situated in the rural town of Ivybridge, South Devon.

The deprivation decile rating for this area is nine (with one being the most deprived and 10 being the least deprived). The practice provides a primary medical service to approximately 3,810 patients of a diverse age group. The 2011 census data showed that majority of the local population identified themselves as being White British. Public health data showed that 2.7% of the patients are aged over 85 years old which is lower than the local average (CCG) of 3.1% and comparable with the national average of 2.3%.

Highlands Health Centre is a training practice and supported medical students. There is a team of two GP partners, one female and one male; the partners are supported by two salaried GPs (both female). The GPs worked part time making the whole time equivalent of two. The GP team were supported by a practice manager, a book keeper, a senior receptionist, two practice nurses, a health care assistant and additional administration staff.

Patients using the practice also have access to community matrons, nurses and midwives, mental health teams, cognitive behaviour therapists, RISE counsellors (Recovery and intervention service for drug and alcohol

support) district nurses, school nurses and health visitors. Other health care professionals visit the practice on a regular basis including the drug and alcohol support service (DAS) and a carer's clinic run by the NHS.

The practice is open from 8.30am to 6pm Monday to Friday. Appointments are offered between 9am and 11am and between 3.50pm until 5.40pm. Extended hours are provided every Wednesday from 6.30pm until 7.45pm. Outside of these times patients are directed to contact the out of hour's service and the NHS 111 number through local arrangements.

The practice offers a range of appointment types including face to face same day appointments, telephone consultations and advance appointments (twelve weeks in advance) as well as online services to request repeat prescriptions.

This report relates to the regulatory activities being carried out at:

Fore Street

Ivybridge

Devon

PL21 9AE

We visited this location during our inspection.

## Are services effective?

At our previous inspection on 25 July 2017 we identified an area where the practice “Must” make improvements;

The provider must ensure that the monitoring of patients registered with hypertension, diabetes and COPD (chronic pulmonary respiratory disorders) received regular health checks including blood pressure checks where appropriate.

At our latest inspection on 30 April 2018 we found that the practice had implemented their action plan and made significant improvements to this area. The practice is now rated as good for providing effective services.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

During our previous visit on 25 July 2017, we found the practice had scored below local and national averages for three key areas in QOF’s clinical targets. Data from April 2015 to March 2016 showed:

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 72% which was lower than the CCG average of 91% and the national average of 90%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within a safe range was 53% which was lower than the CCG average of 77% and the national average of 78%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was within a safe range was 70% which was lower than the CCG average of 84% and the national average of 83%.

On our latest inspection we found that significant improvements had been made in all three of these areas. For example, the percentage of patients with chronic obstructive pulmonary disorder (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months had improved. Data from April 2017

to March 2018 showed that the practice had achieved 93% (A 21 percentage point improvement) which was higher than the CCG average of 91% and the national average of 90%.

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within a safe range had now been improved to reach 93% (A 40 percentage point improvement) which was higher than the CCG average of 77% and the national average of 78%.

The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was within a safe range had been significantly improved. The practice had achieved 96% (A 26 percentage point improvement) which was higher than the CCG average of 84% and the national average of 83%.

The practice QOF exception reporting rate was 12%, which was comparable with the CCG average of 12% and the national average of 10%.

The practice had achieved these improvements by reinstating the blood pressure test recalls which had previously been terminated. This ensured patients were called in for regular blood pressure readings at their diabetic recalls and during the year at specified intervals.

This was in addition to regular checks on COPD patients who also received more recalls for health monitoring checks. Hypertension patients were now recalled on a six monthly basis instead of yearly. The practice had also worked more closely with the district nurses, who had been more pro-active in reaching patients who had difficulty in attending the practice for appointments.

The practice had also purchased two blood pressure monitoring machines for patients to borrow to monitor their own home readings. This was especially helpful for patients who suffered from higher levels of anxiety when being examined by a clinician, resulting in falsely high readings whilst at the practice. The practice had also introduced a portable blood pressure machine into the waiting room for patients to check their own blood pressure whilst waiting to see the GP/nurse. Patients told us they also used this when visiting to pick up prescriptions or for other reasons.

## Are services effective?

The positive impact on the patients was all the above actions had worked together to ensure patients received much more stringent monitoring. In particular patient's blood pressure was monitored more closely to improve their health and targeted treatment where appropriate.