

Platinum Care (Devon) Ltd

Hyne Town House

Inspection report

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Date of inspection visit:
06 March 2023
30 March 2023

Date of publication:
17 November 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hyne Town House is a residential care home providing personal care for up to 45 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 20 people using the service.

People's experience of using this service and what we found

The provider did not have effective systems in place to monitor the quality of care and support that people received. Audits had not been effective in identifying and addressing where improvements needed to be made. We found where improvements had been made at the last inspection, these had not been sustained.

People were not always protected from risks associated with their environment. Where risk had been identified, people's care plans and risk assessments lacked detail and did not always guide staff about how to manage or mitigate risk.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Mental capacity assessments and best interests decisions were not always in place where people had restrictions placed on them.

Care plans did not always contain sufficiently detailed person-centred information to guide staff on how to meet people's needs. Despite some activities happening at the service, people continued to tell us they felt bored, and they were not always supported to follow their interests and take part in activities they enjoyed doing.

We made a recommendation to the provider about seeking guidance and understanding of The Accessible Information Standard.

People told us they were happy, they felt safe, and staff understood how to keep them safe. People told us staff were kind, caring and treated them with respect.

People were supported by staff who were recruited safely and there were enough staff to keep people safe and meet their needs.

People were protected by good infection control processes and lived in an environment that was clean and hygienic.

Medicines were managed safely.

People were supported to eat and drink enough and had access to healthcare when they needed.

Staff felt supported within their roles and felt confident to discuss any concerns they had with the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (focused inspection published 12 January 2021).

Following the last comprehensive inspection in 2019 the provider completed an action plan to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last comprehensive inspection in 2019.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, person centred care, the Mental Capacity Act and governance oversight systems at this inspection. We have also made a recommendation in relation to the Accessible Information Standard.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor the provider's progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement 

Is the service well-led?

The service was not always well led.

Details are in our well led findings below

Requires Improvement 

Hyne Town House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by two inspectors, an assistant inspector, medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hyne Town House is a 'care home'. People in care homes receive accommodation personal care as a single package under one contractual agreement dependent on their registration with us. Hyne Town House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the operations director and operations manager supporting the service. We spoke with 12 members of the staff team, including care staff, cleaning and maintenance staff and the chef. We observed interactions between staff and people and spoke to 9 people who use the service and 2 family members.

We reviewed a range of records relating to the management of the service, for example, records of cleaning, maintenance and premises, medicines management, risk assessments, accidents and incidents, quality assurance systems, and recruitment records. We looked at 10 people's care and support plans and associated records.

After the site visit, we continued to seek clarification from the operations director to validate evidence found and received additional documents and information to support our inspection. We sought feedback from 5 health and social care professionals who engaged with the service and received 2 responses.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their environment as the provider could not be assured that routine fire safety checks were regularly taking place. For example, fire safety records showed that routine checks on fire and premises safety were not always carried out within the required period, which the service is legally required to complete.
- Whilst appropriate fire doors were in place to ensure people had a safe exit route in the event of a fire, we found 5 out of 7 staff we spoke with could not successfully input the code to unlock the fire door. This put people at risk of harm in the event of a fire. We brought this to the attention of the operations manager who took immediate action.
- People's care plans and risk assessments contained limited information, lacked detail and did not always guide staff about how to manage or mitigate the risk which potentially placed people at risk. For example, one person was known to have seizures, their care plan stated staff were to monitor throughout the day and night and watch for changes in conscious state. There was no information to guide staff on what to look out for, how this person's seizures presented and what action staff needed to take to keep this person safe. This placed this person at risk as staff may not recognise the person was having a seizure and may not take the appropriate action to keep them safe.
- Information in people's care records was not consistent across each section which potentially placed people at risk. For example, one person's records did not make it clear whether they were at risk from choking. Whilst one section of their nutrition and hydration care plan stated they were able to eat and drink normal food and fluids independently, the 'action by staff' section stated the person was not able to consume food or fluids independently. Their oral health care plan also stated that the person was at risk of choking as they could not eat hard or chewy foods. There was no mention of a choking risk in their nutrition and hydration care plan.
- Where people were at risk of falling or skin damage, equipment was used to mitigate the risk. However, whilst there were daily checks in place to ensure the equipment was safe and used correctly, records showed that checks were not being made consistently which potentially placed people at risk.

Whilst we found no one had been harmed, the failure to effectively manage and mitigate risks placed people at an increased risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the management team took action immediately to address the risks associated with evacuating the building safely.
- Fire safety systems were serviced regularly, and staff received training in fire awareness. Individual

personal emergency evacuation plans (PEEPs) indicated any risks and support people needed to evacuate safely.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse and avoidable harm.
- Staff completed safeguarding training, knew how to recognise signs of abuse, and understood the action they should take to protect people from the risk of harm.

Staffing and recruitment

- We observed people were supported by enough staff to meet their needs safely. However, some people told us staff were busy and they could do with having more staff. One person told us, "The staff are always running around. They could do with more. Staff are so busy; they don't have time to chat." We discussed staffing levels with the operations director who told us they were actively recruiting more staff and would not increase the number of people living at the service until they had recruited enough staff.
- People were protected by safe recruitment processes. The provider had effective recruitment procedures in place that included reference and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely.
- Staff recorded when people's medicines were administered. These records showed people received their medicines in the way prescribed for them. This included systems in place to record when creams or other external products were applied.
- When medicines were prescribed to be given 'when required' there were protocols to guide staff when doses should be given.
- There were suitable arrangements for storage, recording and disposal of medicines. This included those needing cold storage and those needing extra security.
- Staff received training in safe medicines handling and had competency checks to make sure they gave medicine safely.
- Regular medicines audits were completed to identify any improvements needed. Any incidents were reported and investigated to try to prevent a recurrence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to receive visitors in line with government guidance.

Learning lessons when things go wrong

- All accident and incidents were recorded and reviewed by the operations director and manager to determine if there were any lessons to be learnt and shared with staff to prevent re-occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always working within the principles of the MCA.
- Mental capacity assessments and best interests decisions were not always in place where people had restrictions placed on them. For example, one person had bedrails in place to prevent them falling out of bed. Whilst there were MCA and best interests decisions in place for other restrictions placed on them, there was no MCA and best interests decisions in place for the use of the bedrails.
- People's capacity to understand decisions, including unwise decisions had not always been assessed. For example, staff had assessed that to keep one person safe they may require a sensor to alert staff if they got up and walked around. However, their MCA and best interests decision record lacked detail and did not evidence that they had considered all possible options and this restriction was the least restrictive.

People had not always been supported to make decisions about their care and treatment within the principles of the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff sought people's consent before providing them with personal care and assistance and had received training on the MCA and DOLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection we made a recommendation about staff potentially compromising people's privacy by using wall mounted computer pads. At this inspection staff were using computer pads away from people and visitors which maintained confidentiality.
- People had an assessment of their needs prior moving into the service. This information was then used to write care plans which were then developed further once the person moved in.
- Risk assessments used nationally recognised assessment tools such as Waterlow to assess the risk of pressure areas.
- People's cultural and religious needs were considered during their care planning.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and had enough to eat. One person said, "The food is plentiful and hot."
- People were supported to have enough to eat and drink throughout the day to meet their nutritional and health needs, individual choices and preferences. Where people required specialist diets, these were provided in line with their assessed need.
- At the last inspection we made a recommendation about supporting people better at mealtimes particularly in relation to where they were supported to eat their meals. At this inspection we found people were supported to eat their meals where they wanted, for instance, the dining room, from tables in the lounge and in their rooms.
- We observed people enjoying their mealtime experience receiving the support they needed from attentive staff.

Staff support: induction, training, skills and experience

- People were supported by staff that had the skills and knowledge to support them safely and meet their needs.
- Staff had access to online training and had face to face training in practical subjects such as, manual handling and fire training. One staff member told us, "I have learnt so many things here and we have learnt to handle all the residents and all the equipment, and it has been a great experience."
- Staff new to the service completed induction training and shadowed more experienced staff until they got to know people and their needs.
- Staff were supported by the managers and received supervision and yearly appraisals of their performance. One staff member said, "I feel supported, they always ask if everyone is alright and if I need anything, they are always there."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care professionals and services when needed and when their health needs changed. For example, when people had lost weight staff referred them to their GP and dietitian for help and advice.
- People were supported to see other health professionals, when necessary, for example, their chiropodist, optician and dentist.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet people's needs. For example, there were accessible bathrooms and

showers and toilets had rails and raised seats to help support people's independence.

- People were supported to personalise their rooms with things that were important to them.
- Signage was in place to support people living with dementia navigate around the building independently.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them well and most staff were kind and caring. Comments from people included, "The staff are lovely, I've got no complaints. They are kind and wait on me hand and foot", "Staff are really good, everyone seems interested in their jobs. They all seem very caring, there's no shouting or disrespect" and "Staff are alright, some are better than others. The nice ones smile and talk to me with respect. I've never seen anything disrespectful." We did receive some negative comments about some night staff which we passed onto the operations director to address.
- During the inspection we observed kind and caring interactions between staff and people, and it was clear that staff knew people and their needs well.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection we found that staff did not always speak about or show people respect and dignity or promote their independence. At this inspection we observed staff speaking about and with people with respect, using dignified and appropriate language.
- We observed staff respecting people's privacy. Staff were seen to knock on people's doors and wait for an answer before entering. One person confirmed, "Staff always knock before entering."
- People were encouraged and supported to remain as independent as possible. One person told us, "I need help with showering. They encourage me to be independent." Another person described how staff helped them to feel confident with their ability to stand up. They said, "I've lost my confidence completely standing up. Staff are supporting me to be confident. I never feel I'm going to fall."

Supporting people to express their views and be involved in making decisions about their care

- People were included in making decisions about their care. For example, staff asked people what they wanted to do, where they wanted to sit and what they wanted to eat and drink.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last comprehensive inspection in 2019 people's care was not always personalised or delivered in a way to ensure they did not become socially isolated which was a breach of regulation 9 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014

Enough improvement had not been made at this inspection and the provider continued to be in breach of regulation 9.

- People continued to tell us they felt bored, and they were not always supported to follow their interests and take part in activities that were personalised to them and what they enjoyed doing. For example, comments included, "I do get bored. I used to play whist, but nothing since I've been here. Upstairs it can be like a morgue, it's so quiet", "I get a bit bored. I like to do art and I like going out. I'd like to be able to do it here" and "I do get bored sometimes but don't admit it. It's a pity they don't encourage mixing."
- Some people's care plans continued to lack detailed person-centred information to guide staff on how to meet people's needs. For example, one person's care plan stated they had been displaying some changes in behaviour and a referral has been made to the older persons' mental health team. However, there was no information recorded about what these changes might be. There was no information or guidance provided to staff on how they should support the person, what information should be recorded or any action they should take.
- Another person's care plan contained very limited information about how staff should support the person with their diabetes, including possible complications of poorly controlled diabetes and what routine health checks the person may need to keep them well.

This was a continued breach of regulation 9 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014

- The operations manager told us they were currently trying to recruit an activities co-ordinator as they had recognised this was needed at the service. They had also identified that care records lacked person centred detail, and this was included in their action plan and would be addressed.
- Staff knew people well and were able to tell us about them and their care needs.
- Handover between staff at the start of each shift and daily 11 o'clock meetings ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was

monitored.

- People's needs were reviewed regularly and as required. Where necessary people's relatives and health and social care professionals were involved.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Whilst care plans contained information about people's communication needs, the operations manager and deputy manager were not aware of the AIS.

We recommend the provider seek advice and guidance to ensure all staff understand and are meeting the AIS.

- Following our discussion with the operations manager they confirmed they were able to access accessible ways of communicating with people, such as easy read and large print documents when needed.

Improving care quality in response to complaints or concerns

- Systems and processes were in place for people to raise concerns and complaints. The provider had a complaints policy and there were forms available in the reception area for people and visitors to raise any suggestions, compliments and complaints.
- People told us they did not have any complaints but would know what to do if they needed to.

End of life care and support

- People and their relatives were given support when making decisions about their preferences for end-of-life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last focused inspection in 2020 of the safe and well led key questions, the service had made improvements and were no longer in breach of regulations in these key questions. The breach of Regulation 9 was an ongoing breach and was not looked at in the 2020 inspection.
- At this inspection we found improvements had not been sustained and the provider was now in breach of regulations with a continued breach of Regulation 9.
- The provider did not have effective systems in place to monitor the quality of care and support that people received. Audits had not been effective in identifying and addressing where improvements needed to be made. For example, in relation to risk management, person-centred care planning, ensuring care was provided in line with the requirements of the MCA and ensuring people were being supported to follow their social pastimes and preferences.

We found no evidence people had been harmed. However, systems and processes were not in place or not effective to monitor the quality of people's support and the provider was unable to make or sustain improvements at the service. This was a breach of 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of this inspection the service did not have a registered manager. Whilst the provider was actively recruiting for a registered manager the new operations director and new operations manager were supporting the service.
- The operations director and operations manager were open and honest and acknowledged the service needed to make improvements. They told us since they had both started supporting the service, they had identified some of the concerns and an action plan was in place to address the shortfalls.
- Staff were clear about their roles and responsibilities. CQC notifications were submitted in line with regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive culture within the service. People received person-centred care and were treated with kindness by staff that knew them well.
- People and their relatives told us they were happy and would recommend the service to others.

- Staff told us they were happy working at the service, and they felt well supported. One staff member told us, "[Operations manager] has been kind to us. She has helped me and has given us such a warm welcome and I really appreciate her support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. We saw evidence they had been open and transparent with others when things had gone wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had sought feedback about the service and had sent out yearly questionnaires to people and relatives to gather their views and identify areas for improvement.
- Staff told us they had regular handover and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals to help ensure people received support to meet their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care was not always personalised or delivered in a way to ensure they did not become socially isolated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People had not always been supported to make decisions about their care and treatment within the principles of the MCA.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected from risks associated with their environment and the provider had failed to effectively manage and mitigate risks placed people at an increased risk of harm.</p>

The enforcement action we took:

On the 21 April 2023 the Care Quality Commission served a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 12, (1)(2)(a)(b)(d)(e), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was required to become compliant with Regulation 12, section Regulation 12, (1)(2)(a)(b)(d)(e), Safe care and treatment, by 19 May 2023.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not in place or not effective to monitor the quality of people's support and the provider was unable to make or sustain improvements at the service.</p>

The enforcement action we took:

On the 21 April 2023 the Care Quality Commission served a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 17, (1)(2)(a)(b)(c), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was required to become compliant with Regulation 17, section Regulation 17, (1)(2)(a)(b)(c), Good governance, by 19 May 2023.