

Platinum Care (Devon) Ltd

Hyne Town House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hyne Town House is a residential care home registered to provide accommodation and personal care for up to 45 people. The main three-storey building had 36 bedrooms, three of which could accommodate two people. At the time of inspection, the service was providing accommodation with personal care for 23 people. There were also three self-contained units on the site which could accommodate six people. At the time of inspection, these units were in use, however no one was receiving personal care. We therefore did not inspect them.

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

The service was safe. Improvements had been made since the last inspection. People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service. One person said; "Oh gosh, they (staff) are so caring!"

Records of people's care had been updated since the last inspection, and were person centred, detailing individual needs and preferences. There were now clear records to show, staff were monitoring people's specific health needs. Where people had been assessed as requiring pressure relieving mattresses, to protect them from skin damage, there was an improved process in place.

Other improvements included on how risks were identified, assessed, monitored and reviewed. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm. Equipment was regularly checked and audits were completed. This included environmental checks.

The management of medicines had improved since the last inspection. We found records of the temperature of the refrigerators, which stored medicines temperatures were recorded and audited regularly.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm.

Cleaning and infection control procedures had been updated in line with Covid-19 guidance to help protect people, visitors and staff from the risk of infection. During the summer months some families had met people in the garden and new arrangements were in place for families to meet in a safe area of the home during the winter months.

The employment of two managers to manage the service helped ensure these improvements continued. Staff agreed the service had improved and was a 'happier place to work' since the managers were in post. Both managers were in the process of registering with the Commission. One staff member said; "The changes that have been made are for the better."

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 (Published 31 December 2019) where there were four breaches of regulation.

The provider was required to send us monthly reports detailing the improvements they had identified and what action they had taken as a result. We have reviewed these reports.

At this inspection we found improvements had been made and the provider was no longer in breach of three of the regulations. The fourth breach of regulation was not considered in this inspection. Therefore, we are unable to confirm the home is still in breach of this regulation.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same as the last inspection, required improvement.

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 coronavirus and other infection outbreaks effectively.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hyne Town House on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not 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 Care Act 2014.

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

The inspection was carried out by one inspector and one assistant inspector. After the inspection an Expert by Experience contacted relatives and friends of people who lived at the service. 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 and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications which the provider had sent to us about incidents at the service involving serious

injury, deaths (both expected and unexpected) and allegations of abuse.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We briefly met with people from a safe distance who used the service and spoke with two people. We spoke with one relative and spoke with four members of staff and the operations manager. We also spoke with the two co-managers, who would be running the service. We observed staff providing care and support to people during our visit from a socially distanced position.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with 12 relatives about their experience of the care provided. We looked at the monthly governance report and the updated Covid-19 policy and procedure. We also received feedback from one health and social care professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Relatives told us they were happy with the care their relative received and believed it was a safe environment. Comments included, "It feels safe. There are always staff around and I'm always happy with the care" and "It feels a very safe place. I have been very impressed. I feel they are so loving and caring, and I feel completely safe about the whole thing." One person said; "Oh gosh, they (staff) are so caring!"

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the environment and equipment used was safe.

This was a breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection to meet the breach of regulation and the provider was no longer in breach of regulation 12.

Risks had been appropriately identified, assessed, monitored and reviewed.

- Assessments provided more detail and guidance for staff on how to protect people from known risks and reduce avoidable harm. For example, when people were at risk of falling, needed to be hoisted or needed re-positioning.
- Some people had been assessed as needing pressure relieving mattresses to protect them from skin damage. There was an improved process in place to ensure such devices were always set correctly for the person using them, and in accordance with their current weight. A relative said; "She has paper thin skin now and has been bed ridden. They are doing the best they can. Her skin has not broken once and to achieve that is like gold dust."
- When people experienced periods of distress or anxiety staff knew how to respond effectively and staff were observed monitoring people who needed extra monitoring. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.
- Hot water temperatures were regularly checked to keep people safe and lighting around the home was sufficient. Audits were carried out on the checks completed. One staff member said; "We have 11-11 (meetings) every morning and we go through any concerns about the residents and we go through if we have any other concerns."

Using medicines safely

- People received their medicines safely and on time

- At the last inspection the refrigerators which stored medicines had maximum temperatures recorded and were on occasions, at room temperature, which was above the recommended temperature. We were informed by the provider after the previous inspection they had purchased new thermometers to ensure accurate recordings of medicine refrigerator temperatures. We found regular monitoring of temperature documented and audited.
- Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Staffing and recruitment

At our last inspection the provider had failed to provide sufficient staffing to support people in a timely manner.

This was a breach of regulation 18 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection to meet the regulation and the provider was no longer in breach of regulation 18.

- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff members started work.
- There were enough staff available to meet people's needs and keep them safe. The management team regularly assessed people's needs and adjusted staffing levels according.
- People, relatives and staff all told us there were enough staff on duty to meet their needs. Staff had enough time to sit and talk to people and ensure their emotional and social needs were also being met. One person said; "All our needs are different, but I am looked after quite well." While a relative said; "There always seemed to be someone in the communal area, someone had an eye on them all the time."

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place.
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Relatives told us they were happy with the care they received and believed it was a safe environment.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- Safeguarding processes and concerns were discussed at daily handovers. Staff knew how to report and escalate any safeguarding concerns.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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. One staff member said; "We have had enough PPE and have been kept up-to-date every day (with Covid-19 pandemic), we have also had donning and doffing training, we have the donning and doffing rooms."

Learning lessons when things go wrong

- Ongoing action had been taken to improve the service after the last inspection. This included the appointment of two new managers who have jointly worked together to take action upon the concerns raised.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At our last inspections the provider had failed to provide consistent management and leadership. The leadership and culture at that inspection did not always support the delivery of high-quality, person-centred care.

This was a breach of regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection to meet the regulation and the provider was no longer in breach of regulation 17.

However, it had not been sufficient time since the last inspection to embed the current management arrangements to establish that the systems were effective. The service currently has no manager registered with the commission.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection and this domain. The overall rating for the service has remained the same as the last inspection, required improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and provider had an oversight of what was happening in the service.
- The provider had appointed two managers since the last inspection. They were supported by the company's operations manager. Both managers had completed applications to apply for registration with the commission and had both previously worked at the service. They had identified and acted upon the concerns raised at the previous inspections. However, it had not been sufficient time since the last inspection to embed the current management arrangement or have the managers registered with the commission.
- The management team were very visible in the service and took an active role in the running of the home. Staff said of the current management team; "I think they are doing OK, the management, they are brilliant" and "I can talk to anyone, they are all good like that. I think some of the improvements that have been made are for the better." A relative said; "I've always liked them. They know the home and the residents. They are very approachable."

- Regular audits took place, and these were completed by the management team and overseen by the operations manager. These included checks on the water temperatures and mattress settings.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.

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

- Relatives were complimentary of the service and the improvements made. They told us; "The new managers are doing a really good job between them. They are much better at keeping us informed" and "The home has shared things from the last inspection and areas that they have to improve. I'm aware that there have been concerns and changes in management, but this has not had an impact or been experienced as a problem."
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

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 registered provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations. Audits were carried out to monitor the quality of the service provided.

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

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, professionals and staff.
- Communication between people, staff and families was good. Families confirmed they were contacted in a timely manner when necessary.
- Staff told us the service was well managed and they felt valued. Staff told us the management team was very approachable and always available for advice and support. One staff member said; "You can always go to the office and tell them what you want. Everything is more alive now."

Continuous learning and improving care

- The company used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The management team kept up to date with developments in practice through working with local health and social care professionals. In particular during the pandemic.
- Policies and procedures held were designed to supported staff in their practice.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met. They continue to work with the local authority to make improvements in the service. One Health and Social Care professional said how well the new management were working together to improve the 'governance arrangements' of the service.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.