

Hexon Limited

Summer Court

Inspection report

Football Green
Hornsea
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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

Summer Court is a care home providing personal care for up to 37 older people in one adapted building. At the time of our inspection 28 people lived at the service.

People's experience of using this service

The provider had failed to address the concerns we found at the last two inspections and make the necessary improvements. There was a lack of effective systems to identify and sustain high quality care. Risk assessments and care plans remained generic and not specific to give staff the guidance they needed to reduce risk. Some medicines were not being administered at the correct time in line with best practice guidance.

There was insufficient staffing levels to ensure people's needs were being met in a timely, dignified and respectful way. This had been identified by the provider and plans were in place to increase staffing numbers during the day. However, no interim measures were in place, such as the use of agency staff, to bridge this gap for people.

Staff were not suitably trained to meet people's specific needs and checks had not taken place to ensure they were competent at carrying out tasks such as moving and handling people and administering medicines. We observed some poor moving and handling techniques being used by staff during our inspection. Staff did not receive meaningful supervision where they could discuss their concerns and plans for development. Staff told us the manager was approachable.

People told us the staff were kind and caring. Staff knew people well and tried hard to meet their needs. Interactions with people was task focused due to insufficient staffing levels. When staff had time, we observed some good interactions between people and staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported with activities within the home provided for by care staff. The provider had systems in place to safeguard people from abuse. However, the registered manager was slow to respond to recent incidents and implement measures to safeguard people from the risk of reoccurrence.

The registered manager was newly in post and had identified some concerns prior to our inspection. They were still in the process of developing an action plan to address these concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had not been made and the provider continued to be in breach of regulations. The service has been rated requires improvement for the last three inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Summer Court

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.

Inspection team

One inspector and an assistant inspector carried out this inspection.

Service and service type

Summer Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the CQC. This means that they 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 the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five members of staff including the registered manager, the deputy manager, the cook and two care workers. We observed medicines being administered by the senior care worker. We spoke with

three people using the service and two relatives. We looked at two people's care records in full and three in part. We reviewed multiple medication administration records and a selection of documentation about the management and running of the service. We also looked at recruitment information for four members of staff, staff training records and records of complaints.

After the inspection

We wrote to the provider to request a prompt improvement plan to address the shortfalls we found on inspection. We will meet with the provider to discuss this plan and its progress.

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 requires improvement. At this inspection this key question has remained the same. 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; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and learn from incidents to prevent future reoccurrence. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The same inadequate risk assessments identified at the last inspection remained in people's care plans. This continued to place people at increased risk.
- Risk assessments and care plans for people failed to adequately provide staff with guidance as to how to reduce the risk to people. For example, they did not always contain sufficient information regarding people's health needs.
- Systems and processes in place to identify and mitigate risks to people were not used effectively.
- Informal checks of the building and equipment safety were completed; however, no records were kept. For example, checks of window restrictors, wheelchairs and slings.
- People were at risk of recurring accidents and incidents because systems in place to monitor them were not being used effectively.
- Appropriate action and measures were not put in place following a recent safeguarding concern. Action taken in response to this incident was slow and continued to expose one person to risk.

Using medicines safely

At our last inspection the provider had failed to learn lessons following incidents. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Staff continued to fail to administer time critical medication at the correct time. One person should have received their medicines 30-60 mins before food, but this did not happen. Records did not specify times and there was no system in place to ensure this medicine was administered correctly.

- People continued to be left without access to pain relief when they required it. Advice from a GP regarding the administration of pain relief and antibiotics was not implemented and records did not provide any reference to required medical attention.
- The registered manager told us they would address these concerns.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not always sufficient staff to meet people's needs. The registered manager advised us at the start of the inspection that an additional staff member for mornings had been agreed by the provider and had been recruited.
- Recruitment procedures were safe and robust.

Preventing and controlling infection

- Some areas of the environment posed an infection control risk. Walls, doors and doorways had paint that was chipped, and some flooring required replacing to allow effective cleaning. The registered manager had already identified these concerns and work was due to be completed shortly after the inspection.
- We observed staff using personal protective equipment such as gloves to help prevent the spread of infections.

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

Staff support: induction, training, skills and experience

At our last inspection we made a recommendation for staff training to meet the specialist needs of people and, that the provider reviewed their in-house training to ensure it met best practice. At this inspection, we found this had not been met.

- The training matrix continued to show large gaps in training needs for staff. Staff had not received training in areas such as dementia, diabetes, epilepsy, pressure area care, end of life and behaviours that challenge, despite people presenting with these needs.
 - The provider had identified gaps in mandatory training prior to our inspection. The provider's plans to address through intensive training covering a number of topics, including the Mental Capacity Act, infection control and health and safety, did not follow best practice to support staff learning and development.
 - People were at risk of receiving inconsistent or unsafe support with their moving and handling as competency checks were not completed to ensure staff were sufficiently skilled to do this. Poor practice had been highlighted by a visiting professional.
 - Staff supervision records did not always show how staff training needs and development was supported.

Failure to provide support, adequate training and check the competency of staff is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A staff induction and training programme was in place. There was a commitment from the management team to promote and encourage attendance on training and for staff to increase their knowledge and skills.

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

- People were not always protected from risks of poor nutrition and dehydration due to poor record keeping and tracking. For example, one person had lost weight, and no action had been taken until another professional identified this. Records of people's weekly weights could not be located within the service despite this being recommended in people's files.
- People and their relatives gave positive feedback regarding the food. Comments included, "The food is fantastic, the cook is a whizzing the kitchen and cooks everything from scratch."
- The cook was knowledgeable about people's dietary needs.

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

- It was not always clear recommendations from healthcare professionals had been followed to support people to live healthy lives. Daily records did not reflect that monitoring advised by the health professional was conducted.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications to deprive someone of their liberty had been made and systems were in place to monitor these.
- Staff showed a good understanding of the principles of MCA. One comment included, "We always promote people to have choice, we can show people options or read their facial expressions."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were completed prior to people moving in.
- The use of dementia friendly signs, personalised doors and bedrooms, supported people to remain orientated in their surroundings.

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

- Staff demonstrated a good knowledge of people's personalities, diverse needs, and what was important to them.
- People were positive about the staff team. One person told us, "They're all very friendly" and a relative said "The staff are very helpful and caring."
- Staff were caring and kind and tried their hardest to meet people's needs. Insufficient staffing levels meant staff were extremely busy, and at times care was task focused. The registered manager had already identified this and recruited new staff to support the busy staff team.

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

- Staff supported people to make decisions about their care. They knew when people wanted help and support from their relatives.
- People's care plans included some information about how they communicated to guide staff on how to involve them in decision making.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in task focused ways at times that did not always promote high quality care. The provider had plans in place to address this. Despite this, people told us they felt they were treated with compassion, dignity and respect.
- People's right to privacy was respected.
- People were supported to remain as independent as possible. One person told us, "The staff encourage me to dress myself" and a relative told us, "The staff promote [Name of relative] to be independent with eating and drinking."
- Systems were in place to maintain confidentiality. Care files and other private and confidential information were stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make complaints.
- Systems were in place to respond to complaints. The complaints procedure was available within the service.
- All complaints received had been investigated. Outcomes could be better recorded, including any ongoing discussion with the person making the complaint.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans and risk assessments were not person centred. The registered manager had identified this but had yet to take action.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests.

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

- People engaged in activities in the home provided for by the care staff. Staff felt the provision of activities could be improved. They felt they were unable to take people into the community as they did not have the staffing to provide this.
- People were encouraged to spend time with family and friends and relatives were made to feel welcome at the service. A relative told us, "There are no restrictions on us visiting, we come at all times and are made welcome."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, and reasonable adjustments were made. Information was presented in a way people could understand.
- Information in people's care plans supported staff to understand people's forms of communication.

End of life care and support

- End of life care planning was recorded in care plans. However, these records were limited and would benefit from further research to capture people's wishes and preferences at this time of their lives.

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.

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

At our last inspection the provider had failed have systems in place to monitor the quality of care provider and failed to maintain up to date records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider continued to be in breach of regulation 17.

- This is the third consecutive inspection that the provider has been rated requires improvement and in breach of regulations 12 and 17. The same concerns identified at the last inspection continued to be unaddressed by the provider. There was a continued lack of oversight to monitor progress and drive forward improvements.
- Records were not available or up to date to support people's holistic needs and keep them safe from risk. The same generic risk assessments were still in place despite this being raised as a concern at the last inspection and at other locations for the same provider.
- The registered manager was newly in post and although some concerns had been identified, minimal action had been taken before the inspection to address these, such as the environment and poor practice.
- Systems were not in place to monitor and assess the services performance and drive forward improvements.
- Insufficient staffing levels had impacted on the quality of care provided and people's right to dignity and respect. Although plans were in place to increase staffing levels we note no additional resources such as agency staff had been recruited to limit the impact to people.

Failure to have systems in place to monitor the quality of care provider and failed to maintain up to date records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we wrote to the provider and requested a prompt improvement plan. We will meet with the provider to discuss this plan and monitor its progress.

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

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

- The provider demonstrated a lack of commitment to improving person-centred, high-quality care by engaging with everyone using the service. Stakeholder feedback from the local authority had not been acted upon to improve the provision of care to people.

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 manager assured us during the inspection that they were being open and transparent when dealing with issues and concerns we identified. They understood their responsibility to apologise and give feedback if things went wrong.

Working in partnership with others

- The service worked with key organisations, such as district nursing team. However, records did not support that all advice was followed to ensure good outcomes for people.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to have systems in place to address and reduce risk to people.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have robust systems in place to identify concerns, monitor quality and safety and drive improvements.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to have suitably trained and competent staff to meet the needs of people. Staff did not receive sufficient support to carry out their roles.