

Hexon Limited

# Summer Court

## Inspection report

Football Green  
Hornsea  
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Tel: 01964532042

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Summer Court is a residential care home providing regulated activity accommodation and personal care to up to 37 people. The service provides support to older people and people who are living with dementia. At the time of our inspection there were 15 people using the service.

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

The provider, management team and staff had worked hard to make improvements since the last inspection to people's care, support and risk management, infection control practices, staffing levels, training, and to the governance systems at the home.

People's needs were assessed, monitored and reviewed. Care plans and risk assessments had been improved upon and were regularly reviewed to ensure these provided staff with accurate guidance on how to reduce risk to people. Accidents and incidents were documented, investigated and reviewed to identify any patterns and trends.

People were cared for safely and protected from the risk of abuse. People were supported with their medicines and good infection control practices were now in place.

Areas of the environment had been refurbished to ensure the home was suitably adapted, clean, and designed to meet people's needs.

There were enough suitably trained staff to meet people's needs. Additional staff had been recruited to support people to spend time in the way they preferred and doing things they enjoyed.

Improvements had been made in the monitoring of people's nutrition and hydration, when required, and in the planning and delivery of people's care; in particular their support to maintain personal hygiene. People were supported to promptly access health care services when needed.

The provider had strengthened governance arrangements for routine service monitoring and oversight, to ensure the quality and safety of people's care.

The management team were committed to driving continuous improvements and embedding an open and learning culture in the service. Regular meetings took place with people and staff. Staff were supported through team meetings, one to one supervisions and checks of competency.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 3 March 2023). CQC served a Warning Notice to the provider due to the lack of good governance. 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 been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 3 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Summer Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well led.

Details are in our well led findings below.

**Good** ●

# 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 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

The inspection was completed by 2 inspectors on the first day, and 1 inspector on the second day.

#### Service and service type

Summer Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Summer Court 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. A new manager was in post and had submitted an application to register. We are currently assessing this application.

#### 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 local safeguarding team. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people who were living at the home, and 3 peoples relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, an area manager for the organisation, care, activity, and kitchen staff.

We looked around the environment to review the facilities available for people and the cleanliness of the home.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment, and a variety of records relating to the management of the service.

# 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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; 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.

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

- Risks to people had been identified and mitigated effectively.
- Improvements had been made to people's care plans and risk assessments to provide information and guidance to staff on how to safely support people.
- Risk assessments had been updated as a result of any incidents, and when people's needs changed to ensure they received the correct support.
- Systems and processes had been strengthened to ensure accidents and incidents were reported, recorded, and monitored properly.
- The manager undertook monthly analysis of accidents and incidents. This included looking at the type of incidents, locations, times, and who was involved. This provided an opportunity for themes to be identified so that action could be taken to reduce the likelihood of recurrence.
- The management team had introduced processes to identify, record and share lessons learned with the staff team. This promoted learning for all staff to improve people's experience and safety. For example, when a person was identified as having recurring falls when getting out from their bed, this was investigated, and strategies shared with the staff team on how to prevent this happening again.

Preventing and controlling infection

At the last inspection the provider had failed to effectively manage infection control risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- 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.
- Government guidance was followed so people living in the service could spend time with those who were important to them. A relative told us, "I can visit when I want and I am always made welcome."

### Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were sufficient staff on duty to keep people safe, meet their needs and provide them with good quality care and support.
- Since the last inspection the management team had taken steps to improve staffing levels. Staff and people confirmed these improvements. Comments included, "Yes there is enough staff on shift. We don't feel rushed and can spend time with people" and "All the staff are lovely and they are always available if I need them."
- Safe recruitment procedures were in place to ensure only suitable staff were employed.

### Using medicines safely

At our last inspection we recommended the provider reviewed their processes for recording medicines administrations. The provider had made improvements.

- Medicines were safely managed.
- Systems and processes had been improved to ensure accurate recording when people had been administered time specific medicines.
- Medicine audits were taking place to ensure safe medicine practices were maintained.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse.
- People told us they felt safe living at Summer Court and with the staff that supported them. One person told us, "I feel very safe here."
- Staff were trained to understand the importance of safeguarding people from poor care and harm.
- The management team was aware of the requirement to notify incidents that had occurred to the appropriate organisations. Safeguarding alerts were raised externally when required to the local authority and the CQC.

# 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. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide support and adequate staff training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were trained and supported to perform their role.
- Since the last inspection staff had attended additional training based on people's specialist needs. This included epilepsy and dementia care.
- The management team had improved staff supervision processes to focus more on staff's wellbeing.
- Staff we spoke with felt they were provided with training and support they needed. One told us, "I have supervisions and I have really been supported."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Care plans were personalised and included good details of people's needs, likes, and dislikes. There was clear guidance for staff on how to support people with different aspects of daily living such as skin care and eating and drinking.
- Since the last inspection improvements had been made to ensure people's personal care needs were delivered in line with their choices.
- Staff we spoke with understood people's assessed needs and choices and the steps they needed to follow to meet these.
- People were supported to have their healthcare needs met. One person told us, "They [staff] get the doctor if I need them. They are cautious. I once said I felt a bit unwell, and they rang straight away." A relative said, "They get doctors promptly [if needed]."
- The management team communicated well with other professionals and made referrals in a timely manner when people needed support, and when they noticed changes in people's health conditions.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Where people were at risk of poor nutrition and hydration, their weight and fluid intake was monitored at regular intervals and appropriate healthcare professionals, such as dieticians were consulted for support and advice.
- People's comments about the food they received were positive. Comments included, "The food is lovely" and "The food is smashing, for breakfast I can choose anything up to full English. On the wall there is a menu, we get a main course and pudding. I can get drinks when I want, I have never known anywhere with so many cups of tea."
- The dining experiences we observed for people were positive. People were not rushed to eat their meals and where they required assistance this was provided in a dignified manner. The meals and drinks provided reflected peoples individual choices and preferences.

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

- A programme of re-decoration and refurbishment to areas of home had been completed since the last inspection. For example, a new shower room had been added. One person told us, "It's a lot better now we have a new shower. Its lovely."
- Adaptations had been made to aid orientation around the building. For example, signage to identify toilets, bathrooms and other areas of the home.
- People were happy with their environment, which included access to a patio garden area with seating.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people had been assessed as lacking capacity to make a specific decision, decisions had been made in people's best interests.

# 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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The management and staff team had worked hard since the last inspection to make improvements. The shortfalls identified were taken on board and actioned, and work continued on embedding an open and learning culture.
- A new manager joined the service after the last inspection and had worked closely with other managers for the organisation and the staff team to identify, implement and continually monitor improvements to benefit people living at Summer Court.
- Since the last inspection the management team had identified and addressed staffing level and training shortfalls within the staff team. Improvements had been made to the environment and people's access to personal hygiene and stimulation. This had improved people's care and support. A staff member told us, "I have seen a great deal of change. The attitude towards residents is completely different. The home is so much more resident orientated now and not task focused."
- There were effective systems in place to monitor the quality and standards of the service. This included a daily walk around by the manager and a range of regular quality assurance audits undertaken by the management team.
- People, relatives and staff knew who the manager was and spoke positively about the management of the home. One staff member said, "There has been a lot of improvements since [manager] has come in. The care is a lot better. They seem to be on the ball." Another told us, "I will be honest it [the home] is miles better. I have been able to speak to [manager] and she listens."

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

At the last inspection the provider had failed to provide person centred care. This was a breach of regulation

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People said they were happy living at Summer Court. One person told us, "Everything is on tap. They [staff] couldn't do more for you." Another said, "I am happy here."
- The management and staff team had worked hard to ensure people received person centred care and stimulation based on their needs and preferences. People, staff and relatives told us there had been real improvement. Comments included, "We have an activities lady now she is really good. The activities group made frames so now I can carry the things I made. I am so happy with it" , "We have got a bath now and people enjoy bubble baths. It's a lot better and the residents love it especially [Names]. It's a big improvement" and "Communication has improved vastly."
- Staff told us they felt supported and valued by the management team which supported a positive culture to continually improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others ● The management team sought feedback from people and their relatives in a variety of ways including questionnaires and informal consultation on a regular basis. Reports were produced and made visible on a 'You Said We Did' board to feedback to people when all the information was collated. We saw action had been taken in response to peoples feedback with the recruitment of activity staff and changes to the car park.

- People's equality characteristics, individual preferences and daily routines were supported, with details recorded in care plans.
- The management worked in partnership with families, and key stakeholders from health and social care services to provide good care for 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 management team understood their duty of candour.
- Managers and staff were transparent, honest and open, transparent throughout the inspection.