

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 | Inadequate ●           |
| Is the service safe?            | Inadequate ●           |
| Is the service effective?       | Requires Improvement ● |
| Is the service well-led?        | Inadequate ●           |

# Summary of findings

## Overall summary

### About the service

Summer Court is a residential care home providing regulated activity accommodation and personal 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 25 people using the service.

The past three consecutive rated inspections have been rated requires improvement and breaches of regulation found. At this inspection the provider had failed to make sufficient improvement and the service had remained in breaches of regulation.

Systems in place to monitor and improve the quality of the service were not sufficiently robust to drive forward improvements. They had not identified all the areas we found at this inspection and where areas had been identified prompt action had not been taken to address them.

We continued to identify that risk management was not sufficient. Systems in place to support people with health conditions, such as fluid input and output charts were not always in place or able to be fully completed for staff to monitor and identify any increased risks. Although there was a system in place to monitor accident and incidents this continued to not be used effectively to reduce the risk of reoccurrence and ensure appropriate action was taken.

There continued to be insufficient staff to meet people's needs as assessed, this included supporting people with bathing, showering, and sufficient daily stimulation and activities.

Staff did not always wear and dispose of PPE in line with good practice which increased the risk of spread of infection. The service was not clean and tidy.

We continued to find concerns with staff training in relation to individuals health needs. The providers training matrix continued to have gaps in. Staff received supervision but these often-lacked individualised feedback on staff's performance and development needs.

People were supported to access health care promptly, however work was required to ensure advice was implemented into care plans and practice.

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.

The area manager was open and honest during the inspection. They had recently taken over management responsibilities at the home which included the recruitment of a new manager.

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 requires improvement (published 26 February 2020).

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 the provider remained in breach of regulations.

We completed a targeted inspection of infection control at the service on 13 January 2022.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 26 February 2020. Breaches of legal regulations were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they 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, 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 requires improvement to inadequate. This is based on the findings at this inspection.

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).

#### Enforcement and Recommendations

We have identified breaches in relation to risk management, infection prevention and control, staffing, person centered care and governance at this inspection. We have made a recommendation regarding medicines.

Please see the action we have told the provider to take at the end of this report.

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of

inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# 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.

### Inspection team

Two inspectors carried out this inspection.

### 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.

### 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 6 people who lived at the service and 2 relatives. We spoke 8 members of staff, including the area manager, a registered manager from the providers other location, senior care assistants and care assistants. We reviewed 3 staff files in relation to recruitment, supervision and training. We reviewed 4 care plans and associated records and sampled further records. We reviewed the providers audits and policies and procedures.



## 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 requires improvement. At this inspection the rating has changed to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last three rated inspections 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.

- We continued to find 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 enough information as a point of reference for staff to safely support people.
- Daily monitoring records were not always in place or adequately completed to monitor people who were at risk due to their health needs. For example, monitoring fluid input and output for people with catheters.
- People continued to be at risk of recurring accidents and incidents because systems in place to monitor them were not being used effectively. Action was not always taken following accidents. For example, one person had caught their arm in a bed rail, the risk assessment had not been updated to reflect this. One person had a fall, but it had not been recorded on their falls log. The associated risk assessment was not updated because the accident report was not promptly completed leaving the person at risk of further harm.
- When people's needs had changed assessments such as pressure care were not reviewed promptly to ensure people received the correct support.
- Some areas of the environment posed risks to people. For example, trailing wires were found in a person's bedroom who was at high risk of falls.

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

- The area manager took action during the inspection make the room safe in relation to trailing wires and oil filled radiators.

### Staffing and recruitment

- At the last inspection there were not always sufficient staff to meet people's needs. At this inspection we continued to find there was insufficient staff to meet people's needs and deliver high quality care.
- The lack of staffing meant people were not always supported with their personal care. People told us they were not always able to have regular showers. Staff told us people could not have showers as they did not have time to support them. One staff told us, "We get people up as quick as possible. People ask for showers around lunchtime and we say you can have one this afternoon, but we don't get back to them as we have other rounds such as supporting with continence, tea trolleys, and then we have to serve the evening meal."
- Staff did not have sufficient time to support people with activities and stimulation. We observed staff telling people they were sorry and couldn't spend time with people as they were under pressure. When staff did provide activities, they left halfway through to respond to buzzers.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been recruited safely. However, in one staff file the required records were not always consistently completed.

### Preventing and controlling infection

- Staff were not wearing and disposing of PPE correctly to reduce the risk of spread of infection. Staff were observed to be wearing masks under their noses or chins and PPE was disposed of in non-clinical bins with lids left open.
- Some areas of the service were not clean, this included people's bed bumpers and people's toilets. Although the area manager had done an audit and identified areas that were not clean, we continued to find this concern during our inspection.
- One person's bedding was stained, we checked this at a later time and found the bed had been made but not changed.

The failure 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.

### Visiting in care homes

- The provider was facilitating visits for people living in the home in line with government guidance.

### Using medicines safely

At our last inspection the provider had failed to manage medicines following best practice guidance and learn from 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.

At this inspection sufficient improvement had been in the management of people's medicines and the provider was no longer in breach of this regulation.

- People received their medicines. However, prompt action was not taken for one person who was not taking the required dose prescribed and the records were not accurate. The area manager took action to address this during the inspection.
- At the last inspection the provider was not recording times to ensure medicines were administered as prescribed. For example, at specified hours before food. At this inspection medicines records showed people were given these medicines at an earlier medicine rounds, however times continued to not be recorded.

We recommended the provider review their processes for recording medicines administrations.

- Staff received medicines competency assessments to ensure they had the skills to administer medicines safely.
- Protocols were in place to guide staff when people were prescribed as and when required medicines.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place.
- Staff told us they felt confident to report any suspected abuse.



## 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 remained requires improvement.

Staff support; induction, training, skills and experience

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

At this inspection not enough improvement had been made and the provider was still in breach of this regulation.

- At the last inspection it was identified that staff did not always have training based on people's specialist needs. The providers matrix continued to show gaps in training this included dementia, diabetes, epilepsy and pressure area care despite people presenting with these needs.
- Not all staff had received catheter care training and there were concerns with the level of knowledge staff had to safely support people with their catheter care. The provider told us this subject was covered within Infection control training provided to staff.
- Staff received supervision, however this continued to lack individualised feedback and supportive development for staff.

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

- The area manager told us they were aware supervisions were not individualised based on staff needs and wanted to change this going forward.

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

- People did not always receive care in line with their choices, this included personal care and their own clothing.

- Although tools were used such as skin assessments best practice guidance had not always been followed in a prompt manner. For example, care plans had not been implemented.

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

- Records to monitor fluid and diet intake were not robust. The charts had prepopulated options already written which meant records were not always accurately completed or able to be robustly monitored.
- People's fluid intake was not always effectively recorded and monitored, and care plans did not detail the recommended amount of fluids people required.
- People told us they were happy with the quality of food. People were asked if they were happy with their meals or if they wanted any more food during mealtimes.

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

- People were supported to access health care appointments including doctors and district nurses. One person told us, "I would just tell them, and they would sort it out if I needed the doctor."
- Advice from professionals for example, feedback on the level of fluid intake for people had not always been included in their care plans as a point of reference for staff to follow when providing care.

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

- The environment required repairs and decoration. Action plans had been developed but a lot of work was still outstanding.

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.

- Capacity assessments and best interest decisions had been carried out when people were unable to consent to care.
- People's care plans recorded when people had given people the authority to make decisions on their behalf.



## 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. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 we identified the provider failed to assess, monitor and improve the quality and safety of the services provided which was a breach of regulation 17.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The last three consecutive inspections the provider has been rated requires improvement and in breach of regulations 12 and 17. The same concerns identified at the last inspection remained at this inspection with further deterioration in people's care and support found.
- The provider has failed to learn and make the necessary improvements to the service. We continued to identify the same concerns in relation to risk management, staffing levels and deployment, staff training and supervision and governance systems not been used effectively.
- Records were not always contemporaneous, accurate, up to date or in place.
- Although systems were in place they were not always used effectively to drive forward improvements.
- When areas had been identified through the providers audits sufficient action had not been taken in a prompt manner to address these areas.
- There was a low staff morale in the service which led to staff feeling deflated. Staff told us they did not feel appreciated and were under pressure when at work.

Failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The area manager was open and honest during the inspection.
- The area manager recognised there was areas of improvement required at the service. They were in the process of recruiting a new management team and had recently started working at the service to complete required management functions.

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

- People did not always receive person centred care due to the poor staffing levels.
- People lacked regular stimulation based on their individual needs and preferences. One person told us, "I am bored up to my eyeballs, there is nothing to do. I have been a 'doer' as well, so I am bored." A staff member told us, "We never take people out. We are supposed to stimulate people every day, but it doesn't always get done. People say they are bored and 'I'm fed up in here'."
- People did not always receive personal cares such as showers and baths in line with their preferences. One person told us, "I haven't had a shower since I have been in, they have promised me a shower 2 or 3 times but never take me."
- Staff did not have time to spend with people to deliver high quality care.
- People's belongings were not always respected. People did not always receive their own clothing and a choice of clothing in line with their preferences. One person told us, "Some staff are better than others some will help you and others will walk by and make out they haven't seen you."

The failure to provider person centred care was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider implemented a system for recording and monitoring to ensure people received adequate bathing and showering.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from staff through staff meetings had not always been used to identify and address areas of improvement required in the service.
- Satisfaction surveys and residents' meetings were carried out to engage people in the running of the service.
- The service worked with key organisations, such as district nursing team and the GPs. However, some information had not been transferred to care plans.

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 area manager understood their responsibilities under duty of candour to inform people when things went wrong. Some records were not always fully completed such as when accidents had occurred, it was not recorded if appropriate people had been informed.

## 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 | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure people received person centred care in line with their needs and preferences.</p> <p>9(1)</p>   |
| 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>The provider had failed to ensure risks to people were assessed and mitigated. The risk of spread of infection was not mitigated.</p> <p>12(2)(a)(b)(h)</p>                                  |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider has failed to deploy sufficient numbers of staff.</p> <p>They had failed to ensure staff received training and supervision to ensure they were competent in their role.</p> <p>18(1)(2)(a)</p> |

## 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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service, They provider had failed to assess monitor and mitigate risks relating to the health and safety of others. The provider had failed to maintain accurate, complete and contemporaneous records.</p> <p>17 2 (a)(b)(c)</p> |

### **The enforcement action we took:**

We have issued a warning notice.