

Hexon Limited

Summer Court

Inspection report

Football Green
Hornsea
Humberside
HU18 1RA

Tel: 01964532042

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Summer Court is a residential care home which is registered to provide accommodation and personal care for up to 37 people who are living with a dementia related condition. At the time of the inspection there were 26 people using the service.

People's experience of using this service: People were not always kept safe from risk, information for staff to follow was not always up to date or specific to their needs to keep individuals safe.

Information and records were not maintained to ensure people always received their medicines safely as prescribed.

Staff did not receive appropriate training or assessment of their competency to ensure they had the appropriate skills to meet peoples' individual needs.

The provider had failed to implement sufficient oversight since the last inspection to ensure that improvements were made to the quality of the service people received.

People and their relatives told us they were happy with the care provided. All staff demonstrated a commitment to providing person-centred care, however this was not reflected within people's care plans and associated records.

People had developed positive relationships with staff who had a good understanding of their individual needs. Staff were friendly and polite.

People were supported to maintain their independence. Some activities were available for people but further improvements were planned to increase these and include access to the local community.

Staff told us the registered manager, who was relatively new in post, was supportive and approachable. People knew the registered manager and told us they trusted them.

People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.

The registered manager was developing action plans to address the concerns we identified as part of the inspection.

We have made a recommendation about staff training.

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

Rating at last inspection: Requires improvement (report published February 2018). This is the second overall rating of requires improvement for this service.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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 responsive.

Details are in our Responsive findings below.

Good ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector, one inspection manager, one specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Summer Court is a care home which is registered to provide accommodation and personal care for up to 37 people who are living with a dementia related condition.

The service had a manager registered with the Care Quality Commission. 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: We reviewed information we held about the service, such as notifications we had received from the provider and information from the local authorities that commissioned services. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. Before the inspection, we reviewed the Provider Information Return (PIR) that the provider completed. This is information we require providers to send us at least once annually 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 six people who used the service and three of their friends and relatives. We spoke with six members of staff including the registered manager, deputy manager, senior care worker, the chef, and care staff. We reviewed a range of information which included medication records, and care records for three people. We looked at three staff files and records relating to the management of the home.

Is the service safe?

Our findings

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

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.

At the last inspection this domain was rated requires improvement and we identified a breach of Regulation 12 (safe care and treatment) and Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we have identified a continued breach of Regulation 12.

Assessing risk, safety monitoring and management

- A lack of adequate risk assessments placed people at increased risk.
- Risk assessments and care plans for people were either not in place or were not written specifically about the persons individual needs and failed to adequately provide staff with guidance as to what actions to take to reduce the risk to people. For example, one person had no care plan or risk assessment in place to manage a serious health condition. Information was not correct for staff to follow to manage a person who was at risk from falls.
- Systems and processes in place to identify and mitigate risks to people were not used effectively.

Using medicines safely

- Medication was not always administered safely.
- Staff were unaware of the importance of time critical medication. Time critical medicines must not be delayed when administered. One person's time critical medicines were not being given consistently at a specified time.
- People were left without access to pain relief when they required it. Two people's care plans referred to 'homely remedies' being used to manage pain relief. However, no such homely remedies were available and we were advised that the service no longer allowed the administration of homely remedies.
- People's care plans did not provide information for staff in relation to medicines prescribed and how to administer these safely.

Learning lessons when things go wrong

- People were at risk of recurring accidents and incidents because systems in place to monitor them were not being used effectively.
- There was no effective review of incidents, lessons learnt or actions required to reduce future occurrences.

This was a continued breach of Regulation 12, (safe care and treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The management team failed to follow external processes to keep people safe. There was a log of

safeguarding concerns raised within the service. We noted not all occasions had been referred to CQC.

This was a breach of Regulation 18, (notification of other incidents), of the Care Quality Commission (Registration) Regulations 2009 and is being dealt with outside of the inspection process.

At the last inspection we issued a warning notice in response to a breach of Regulation 18, (staffing), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staffing numbers at the service only. At this inspection we found that there were sufficient numbers of staff in post to meet people's needs.

Staffing and recruitment

- There were enough staff on duty to support the needs of people.
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Preventing and controlling infection

- People were protected from the associated risks of infection as staff were observed using good infection prevention and control practices.
- Personal protective equipment was available for staff, such as disposable gloves to use to help prevent the spread of infection.

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

The effectiveness of people's care, treatment and support did not always achieve good outcome or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff received regular supervisions but were not supported to ensure they had the appropriate skills and knowledge to meet people's individual needs.
- The training being delivered in house was not always up to date or followed best practice. The provider advised us after the inspection that additional materials used during training had been updated and reflected best practice.
- Competency assessments for staff were not completed to ensure they were moving and handling people in a safe way.
- The training matrix showed large gaps in training needs for staff.

We recommend that the service finds out more about staff training, in relation to the specialist needs of people who are living at the service and reviews their current in-house training programme to ensure this meets best practice

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

- Care plans failed to adequately instruct staff with how to deliver effective care to meet people's outcomes and full range of diverse needs.
- People's assessments were not detailed and lacked effective reviews. For example, one person's care plan for tissue viability stated that the area was to be monitored by staff, however it did not state how frequently this was to be completed. Another person's care plan had not been updated to reflect the person's current skin integrity and a new regime in place for prevention.

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

- Records about people's health, intended for sharing with health agencies, were not always up to date. Hospital passports are communication tools to inform other health services and professionals of people's health needs. The records we reviewed were out of date and did not reflect people's current health conditions. The provider advised us after the inspection that these documents are re written when anyone is admitted to hospital.
- A health professional told us, "The staff here are good, they always come with you to visit a person. The communication from them is good."
- Records of professional visits were recorded and easy to locate.
- People told us, "It's very easy to see a GP here, they [staff] always get a doctor if you are poorly."

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

- People were supported to maintain healthy eating and had their nutritional needs met.
- People were involved in meal choices and they enjoyed the food. One person told us, "There is a wonderful cook here, the food is lovely."
- We observed fluid and food charts to be accurate and regularly monitored.

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

- The provider had systems and processes in place to maintain and improve the safety of the environment. The environment had been improved since the last inspection. People's bedrooms doors had been painted with individual colour and facilities had been added to the ground floor.
- Maintenance action plans were in place and the provider was responsive to any concerns we identified on the day of the inspection.
- The use of dementia friendly signs around the home supported people to remain orientated in their surroundings.

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 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Where people had been assessed as having a lack of capacity and restrictions were in place, the provider had sought legal DoLS authorisation from the local authority.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were happy to live at the service. One person told us, "I like staying here. Staff always take time to talk with us."
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed. One person told us, "All the staff know me well, they are all very kind. They listen to me."
- Staff took time to get to know people's preferences and used this knowledge to care for them in the way they liked.
- Staff knew people well and supported them with a calm and friendly approach.
- People were cared for by staff that enjoyed their job.

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

- Regular meetings were held with people and relatives to involve them in planning all areas of care delivery.
- People's diverse needs were known (although not always recorded) and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.
- Staff welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff knew what was important to people and supported them to maintain their independence. One relative told us, "Summer Court has done more for our relative in two days than the previous care home did in three months. They are supporting our relative to become a little more independent, having exercises to get them walking again."
- Staff respected people's right to privacy and confidentiality. People told us, "Staff are most respectful and protect your dignity when providing personal care."
- Relatives told us they felt welcomed and comfortable when they visited the service. Comments included, "As visitors we are always made welcome and offered a cup of tea."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Where complaints had been made, they were responded to in line with provider's policy.
- The service had a complaints procedure displayed in the service for people and visitors to refer to in an accessible format.
- People and their relatives told us they would approach the manager with any complaint and they were confident the registered manager would address them appropriately.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some care records lacked detail and needed further review to ensure they were person-centred. We discussed this with the registered manager who assured us action would be taken to address this.
- People were supported with their interests. The service provided a range of activities and entertainment for people which was planned and facilitated mainly by staff. People told us there were activities and it was their choice whether to join in or not.
- Staff told us there wasn't much opportunity to take people out in the community. The registered manager told us they wanted to improve the provision of activities further which would include accessing the local community more.
- We found the service had met the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

End of life care and support

- The care plans that we looked at provided some information about people's choices at end of life.
- This provided staff with information to ensure their wishes would be respected at this time in 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in November 2017 we rated this domain requires improvement and identified a breach in Regulation 17, (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we checked and found the provider was in continued breach of Regulation 17.

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

- The management team had not ensured that all specific events had been notified to CQC. Providers are required to notify the CQC of specific events as part of their registration with the CQC.
- The new registered manager demonstrated through discussion that they understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare.
- Audits and systems in place had failed to identify or address the concerns we have identified during the inspection. For example, to assure peoples' safety.

Continuous learning and improving care

- Investigations into incidents, accidents and complaints lacked the full rigor needed which meant learning, reflective practice and service improvement was limited.
- This is the second occasion where breaches in regulation have been identified and the service has been rated overall requires improvement. The provider had failed to effectively evaluate their current performance and support the improvements necessary to improve service delivery in all the areas necessary.

This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager demonstrated a positive attitude and had ideas to improve the person-centred culture within the service.
- The registered manager had a visible presence in the home. They knew people, their needs and their relatives well.
- People and their relatives spoke positively about the management of the service. One person told us, "I know the manager, they are very nice and very approachable." A relative told us, "The manager is lovely, really caring, open and honest. Everything was transparent when we visited and they were able to answer all

our questions."

- Staff said they felt supported by the registered manager, they had boosted the team's morale since they had joined and staff trusted them in their role.

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

- The provider had sought feedback to help maintain and improve standards at the home.
- People, relatives and visiting professionals had completed surveys of their views and their feedback was being considered.
- There were records of people, relatives and staff meetings where people's opinions were encouraged to be shared.
- One visiting health professional told us, "The service has really improved since the new registered manager has started here."
- Records reflected regular contact with local professionals.

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 People were not protected from risk. There was no effective review of incidents, lessons learnt or actions required to reduce future occurrences. Medicines were not always administered safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place failed to identify the concerns we found during the inspection.