

Review of compliance

Hexon Limited Summer Court	
Region:	Yorkshire & Humberside
Location address:	Football Green Hornsea East Riding of Yorkshire HU18 1RA
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	<p>Summer Court Hall is located in the seaside town of Hornsea on the coast of the East Riding of Yorkshire, close to all local amenities. It has parking facilities for several vehicles.</p> <p>The home is registered for thirty-seven older people. The home does not provide nursing care.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

**Summer Court was not meeting one or more essential standards.
Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 01 - Respecting and involving people who use services

Outcome 05 - Meeting nutritional needs

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us that they liked the staff, were kept up to date and were well informed.

What we found about the standards we reviewed and how well Summer Court was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and choices were considered in service planning and provision. However, a lack of training and formal consultation did not ensure that people's rights were fully protected.

Outcome 05: Food and drink should meet people's individual dietary needs

People are supported through a system of care planning to have their nutritional needs met. Although some improvement to records and training is required to ensure that this remains the case.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

In a previous review, we suggested that some improvements were made for the following essential standards:

- Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills
- Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke to some of the people that lived in the home. People told us that they had choices in their lives, for example, with their meals. They told us that they were happy living in the home and that the manager kept them informed. One person told us about a concern that they had raised with the manager and that this had been dealt with. People told us that they liked the staff and that the food was good.

Other evidence

We carried out this review in response to concerns raised following a safeguarding investigation by the East Riding of Yorkshire Council.

We spoke to the manager about the Mental Capacity Act 2005 (MCA) and asked if there had been any assessments of people's capacity to make informed decisions. The manager told us that assessments had taken place which recorded if people were able to make decisions about their lives and if they required additional support to be able to make informed decisions. She told us that there had been no Best Interest meetings held in the home. Best Interest meetings would be organised by social care professionals and would include health care professionals, relatives and other interested parties. These people would be invited to make decisions about a person's life when they were unable to make a decision for themselves.

When we looked at people's files we saw that the manager had completed an assessment entitled 'Deprivation of Liberty' (DOL) screening as part of the person's admission to the home. This recorded if the person was able to make decisions regarding moving into the home. It also recorded whether people's relatives or representatives acted on their behalf.

The manager told us about the MCA assessments that she had completed and that she felt that although she had received training on the MCA she did not feel trained in undertaking MCA assessments. We were told that any serious issues regarding the need for an MCA would be passed to the local authority. The manager also told us that none of the staff had undertaken training regarding the MCA. When we looked at the MCA assessments they did not include reference to the code of conduct within the MCA.

When we reviewed people's care files we saw that these recorded some of the choices that people had made. These included, for example the preference of a male or female carer, how they liked to have their hair styled and the clothes they liked to wear. When we spoke to a staff member about choices they gave us examples, which included that people were able to choose what time to go to bed or to get up, where to sit and what to watch on the television.

We asked staff how people were involved in their care plan; they told us that they sit with people and explain these to them, they also told us people's relatives were involved in care reviews held in the home.

We asked the manager about service user meetings and she told us that these were only held twice a year. She told us that she regularly talks to the people who lived in the home to help to keep them up to date about information regarding the home. However, it would be recommended to consider ways to formalise this so that the manager could be certain that everyone in the home was receiving the same information.

Our judgement

People's views and choices were considered in service planning and provision. However, a lack of training and formal consultation did not ensure that people's rights were fully protected.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

We spoke with some of the people who live in the home. They told us that they have choices over their food and felt that the food was nice. One person told us how they have a specialist diet and that the home meets this. People told us that there were staff available to assist them whilst they were eating their meals, for example, to pass items like sugar to them.

Other evidence

We arrived at the home as people were finishing their breakfast. We saw people were able to have choices of different meals including porridge, eggs, tomatoes on toast and toast, with or without jam. We saw that people had specialist food to support them with their diet, for example, diabetic jam.

We saw that one person got up later in the morning and that the staff supported them with their choices of breakfast despite it being mid morning and breakfast had finished.

We spoke with the chef about the food available to people. We were told that there were two choices for the main course and desert at lunchtime, with people having three choices at tea time. If people wished the chef would make them an alternative meal, for example, an omelette. Supper was also available this consisted of a warm drink a biscuit or a snack. The chef told us that the kitchen was always open to staff so that they could if necessary, offer people snacks throughout the night. We saw that records were kept of people's choices of main meals.

The chef was able to tell us about people's specialist dietary needs and how this was

met within the home. For example, when someone was on a gluten free diet, the chef was able to cook and bake separately for this person so that they were still able to have a choice of foods.

When we looked at people's care files we saw that they all contained a dependency scale of need and a care plan. In people's initial admission assessment it recorded the person's nutritional state, which included if they required a special diet, if they had any dietary preferences and their likes and dislikes.

In the care plan it was identified if the person required support with their diet and fluid intake. We saw that the care plan detailed the person's history regarding their diet and nutritional needs and how the staff were to support the person with this. There were clear instructions for staff to report to the senior person on duty should they find that the person had lost weight. The manager told us how they now check the records of people's weights on a monthly basis and will contact the dietician immediately regarding any changes.

People's care plans recorded their likes and dislikes in relation to food and if the person required any food supplements to assist them in meeting their nutritional needs. People also had care plans to support them with their oral care should they have required this.

Patient passports were also in place in people's files. These record people's needs and would provide information to health professionals should the person attend for a health appointment. However, these were basic and did not record people's dietary needs.

We saw that there were monthly reviews of the care files and that these recorded any changes, for example, the addition of food supplement drinks or a change in weight.

When we spoke to a staff member they were knowledgeable about the different dietary requirements of the people who lived in the home, including if people required additional dietary supplements. They told us about the choices available to people regarding their meals and snacks.

The manager had recently obtained copies of the Malnutrition Universal Screening Tool (MUST) and was beginning to introduce this into the home. MUST is a screening tool that would help identify if people had any problems or needs.

We saw that there were risk assessments in place in relation to the person's weight and nutrition, it recorded, for example, the person's build, weight, appetite and any medical conditions. It also recorded if they were supported by the dietician.

Weight monitoring charts were in place to monitor people's weights and we saw that these were now up to date.

When people required it there were food and or fluid monitoring charts to record people's food and fluid intake during the day and evening. Fluid charts recorded the times and amounts of fluid, although no audit was then undertaken to ascertain if they had received adequate amounts of fluid.

There were records for when other professionals had visited the person to support them, this included visits from the dietician. The dietician also recorded their visit and

instructions in these notes. We spoke with one member of staff who told us that they liaise with the dietician and would leave a message for them to contact the home if necessary to query people's dietary supplements.

We looked at the medication administration records for any food supplements that had been prescribed and saw recorded that people were provided with these.

We also looked at the duty rota and saw that there was 6 staff on duty between the hours of 8 am and 9 pm. The manager told us how there were usually 3 staff in either part of the home to support people when getting up in a morning and with their breakfast.

When we spoke to the manager about staff training she confirmed that all of the staff had completed 'Healthy Eating and 'Food Hygiene' training via the local authority. Three of the staff were also booked to attend 'eating and drinking- diet and nutrition' courses.

Our judgement

People are supported through a system of care planning to have their nutritional needs met. Although some improvement to records and training is required to ensure that this remains the case.

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Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 05: Meeting nutritional needs
	Why we have concerns: People are supported through a system of care planning to have their nutritional needs met. Although some improvement to records and training is required to ensure that this remains the case.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: People's views and choices were considered in service planning and provision. However, a lack of training and formal consultation did not ensure that people's rights were fully protected.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA