

Umika Trading Ltd

Umika Lodge Care Home

Inspection report

Venables Close
Canvey Island
Essex
SS8 7SB

Tel: 01268681709

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Umika Lodge Care Home provides personal care and support for up to twenty-nine older people some of whom maybe living with dementia. At the time of our inspection eleven people were using the service.

Infection prevention and control procedures were not being managed in a safe way to protect people from the risks of infection. Processes to ensure the appropriate allocation of staff, in separate areas of the service with dedicated equipment had not been implemented in-line with best practice guidance to try and prevent the spread of COVID-19.

Risk assessments needed to be individualised to identify how people could be protected from harm and risks mitigated. There was a reduction in staff numbers due to sickness and replacement staff had not been sought in a timely manner by the registered manager.

People were at risk of not receiving their medicines as prescribed as medicine practices were not always safe

Not all staff had received up to date training or a thorough induction when commencing work at the service. Individual risks assessments for staff working with people in an infectious environment had not been completed.

Governance at the service needed to be improved to ensure the registered manager had oversight of all aspects of the service.

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

Two people we spoke with indicated they were happy with the service and the support they were receiving. One person said, "I only have to look at the care worker and they know what I want. They look after me good." Relatives also had a positive experience of using the service.

Rating at last inspection: The rating at the last inspection was Requires Improvement (Published 26 September 2019.)

Why we inspected: We undertook this focused inspection to follow up on previous breaches. Also the service wished to become a designated setting. There had been an outbreak of COVID-19 at the service and we had received a 'whistleblowing' on staffing. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remained Requires Improvement.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Umika Lodge Care Home on our website at www.cqc.org.uk.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well led sections of this report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Infection Prevention and Control, staff training and governance.

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

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Umika Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

There were two inspectors in the team.

Service and service type

Umika Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the 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 before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with three members of staff and the registered manager. We reviewed a range of records. This included four people's care records and all the medication records. We looked at two staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and staff rotas. We spoke with two relatives and three more members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were at risk of infection. Infection and prevention control procedures were not always being applied in-line with best practice and due regard to guidance.
- There were no risk assessments in place considering people's individual health needs and the effect COVID-19 could have on their health conditions.
- Before the inspection we received information that staff had continued to work following a rapid thirty-minute test. The registered manager informed us the member of staff had continued to work for the morning shift and that they had only attended to people who were also positive. The registered manager had not arranged cover for the shift. This goes against government guidance which states if a member of staff receives a positive result they must isolate and undertake a full antibody test. We could not be assured that people and staff were being adequately protected against the spread of COVID-19.
- Although most people were isolating in their rooms, there had not been any separation of areas of the service to try and minimise contact and the spread of infection. Staff were not allocated to work with just positive or negative people. Staff told us there was a number of people who needed support of two staff with personal care. As only two staff were working, they needed to work in all areas of the service. This increased the risk of infection spreading.
- Equipment was being shared throughout the service for example there was one standing hoist which needed to be used with both COVID-19 positive and negative people. There were no cleaning schedules in place for equipment so we could not be assured they had been decontaminated or cleaned between use. One member of staff said, "We wipe them over with antibacterial wipes." However, we could not be assured adequate infection control measures were in place.
- Staff told us people who needed to be hoisted shared a sling. Each person should have their own sling to use to help support good infection prevention control procedures. There were no cleaning schedule in place for the hoist, or for the one sling in use which was left with the hoist.
- We found a trolley in the bathroom filled with personal care items which were not labelled or separated, and we could not be assured staff were not sharing personal care products.
- There was no guidance displayed for staff to follow when putting on and taking off personal protective equipment (PPE). Staff were unclear if there was a designated area at the service to put on and take off their PPE. One member of staff said they used the sluice room another member of staff said they used the bathroom.
- We saw PPE was distributed around the service, however we were not assured staff were changing PPE frequently or between people. We saw one member of staff going in and out of people's rooms delivering drinks and frequently returning to the kitchen area wearing the same PPE. Staff entered the kitchen without changing the PPE they had been wearing in the service. This meant there was a risk of spreading infection

throughout the service.

- Cleaning schedules in place were for people's rooms. There were no cleaning schedules for frequently touched areas, bathroom, toilets, main areas or equipment at the service. We could not be assured these were being done frequently enough to minimise contamination risks.

Assessing risk, safety monitoring and management

- Risks were not always assessed and monitored safely.
- One person who required the use of a hoist and sling did not have the sling size required identified in their moving and handling care plan. However, staff were able to inform us of the sling size they used. This was a risk if not all staff knew this information and it was not recorded in care plans.
- Another person had written in their care plan that they were at risk of choking when eating and should not be left unsupervised with food. Staff we spoke with were unaware of this information which placed the person at risk of receiving food and drinks unsupervised whilst they were isolating in their room.
- People were at risk of not being protected if a fire was to breakout at the service. The fire alarm was activated, we noted four doors did not automatically close and that one door was wedged open. We informed the registered manager of this who told us they had worked when tested the following day, but as a precaution they had replaced automatic door closure batteries and had fitted an automatic door closure on the bedroom door that had been wedged open.

Using medicines safely

- There was risk people may not receive their medicines as prescribed. Suitable arrangements were not in place to ensure the safe management of medication.
- Seven medication records reviewed showed gaps in recording for December 2020 and January 2021. There were no explanations provided for the omissions, this meant we could not be assured people had received their medication or what action had been taken if they had not.
- We found the medication room had been left unlocked with medication left in boxes on the floor and in unlocked cupboards. This posed a risk that medication could be accessed by an unauthorised person. We brought this to the attention of staff who then ensured it was locked for the remainder of the inspection.

This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

Staffing and recruitment

- The service was in the middle of a COVID-19 outbreak at the time of inspection and there were not enough staff to support people other than with basic care needs. One member of staff said, "We have not got enough (staff), but we are doing our best."
- Staff told us of the current eleven people using the service half needed two staff support with personal care. This meant with two staff working if they were attending to one person's needs there would be no other staff available to support people. One member of staff said, "If a person needs two staff to support them sometimes, they will have to wait." Another member of staff said, "The night staff have completed most of the personal care, so we only need to give basic care like food and drinks. We don't have time to spend with people at the moment."
- The registered manager had not taken enough steps to cover the current staffing crisis. For example, they had not contacted an agency or the local authority to see if they could offer support. In addition, the registered manager had not attended the service as they were concerned, they could transfer the virus to others within their household.

Effective arrangements for staffing cover had not been sought. This demonstrated a breach of Regulation 18

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had managed to borrow two members of staff from a sister service who would be working at the service until the current outbreak was over.
- We also received reassurance from the provider following the inspection that a minimum of three staff would be on duty and that the registered manager would be working at the service to provide cover.
- There were safe recruitment practices were being followed. The registered manager told us that they were fully staffed at the service and once all the current staff had returned from sick leave, they would have sufficient staff in place.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us they felt their relatives were safe at the service. One relative said "Mum is really settled, the staff send photographs and she looks happy." Another relative said, "I am happy with the care, in the good weather we could visit in the garden."
- Staff knew how to raise safeguarding concerns and had received training in safeguarding and 'whistle blowing.'
- The registered manager raised safeguarding concerns appropriately and worked with the local authority to mitigate risks to people.

Learning lessons when things go wrong

- The registered manager told us they shared lessons learned with staff through staff meetings and supervision. They gave examples of how they had shared learning from medication errors to improve overall practice of all staff to prevent a specific medication error reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

At our last inspection arrangements were not in place to ensure staff received key practical training and a robust induction. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found at this inspection that arrangements were still not in place and the breach is on-going.

Staff support: induction, training, skills and experience

- People were supported by staff who did not have adequate training to do so. A member of staff told us they had not received practical moving and handling training by a person qualified to teach and assess their skills. We were told they had been shown how to move and handle people whilst working alongside other staff. There were no assurances gained by the registered manager that this member of staff had the appropriate skills to safely provide moving and handling with people.
- Staff who were new to care had not been supported to complete the Care Certificate. This is an industry recognised set of standards that staff should complete to provide them with the knowledge and skills they need to perform their role safely.
- Staff told us they had not been supported to complete training that specifically related to the pandemic and COVID-19. Staff had not been supported to have their health needs assessed and risks identified whilst working with people who may have COVID-19. The registered manager had provided a generic risk assessment for staff, which staff told us they had not completed.

Effective arrangements were not in place to ensure staff received key practical training or a robust induction. This demonstrated an on-going breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager told us they had been in the process of redecorating parts of the service and people's rooms.
- There was an on-site maintenance person who was completing redecoration and routine maintenance.
- We found some areas which needed attention such as the sluice room did not have a working light and one of the communal toilets had no light fitting. The COSHH cupboard had not had the COSHH label replaced on the door following being painted.

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

- People's needs were assessed prior to admission. Not all care needs were fully recorded in care plans for

example when a person required use of a hoist sling, the size of sling had not been documented.

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

- People had enough to eat and drink. During the inspection we saw people were being supplied with food and drinks in their rooms. Due to staff shortages the care staff were preparing the food for people.
- Staff were recording what people had to eat and drink to monitor their intake.
- We spoke to the cook following the inspection and they told us how they were preparing nutritious home cook food for people and how they were supporting people with reduced appetites with high calorie foods.

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

- The registered manager told us they were in regular contact with the GP and if necessary, they would visit the service.
- Staff told us they had a system in place where they could monitor peoples blood pressure, pulse and oxygen levels monthly to give the GP a baseline to compare against if people's health changed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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).

- People's rights under MCA were being protected. The registered manager had applied for DoLS assessment as appropriate.
- Staff supported people to make choices and sought consent and permission before carrying out personal care.
- Where people did not have capacity to consent the registered manager had not completed best interest decisions (BID) on people with regards to receiving the COVID-19 vaccine. The registered manager told us they were in the process of doing this and had been in contact with people's relatives to discuss this with them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection effective robust arrangements were not in place to monitor the service and identify and address shortfalls. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found arrangements were still not in place and the breach is on-going.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Although the registered manager had audits and risk assessments in place, they were not robust enough to identify issues we had highlighted at inspection.
- For example, infection prevention control audits had not identified that was shared equipment between people who had been identified with COVID-19 and people who were negative for COVID-19. There were no cleaning schedules in place for equipment or for frequently used areas of the service.
- Medication audits had not identified the level of gaps in recording we had identified.
- Due to the issues highlighted we could not be confident the registered manager had a good oversight of the service.
- The registered manager was not following all aspects of their business contingency plan for winter 2020/2021. For example, they were not cohorting staff and isolating individuals as set out in their plan and individual risk assessments had not been completed.
- The service was currently in the middle of an outbreak and we found due regard had not been given to government guidance in relation to isolating staff after a positive test result. This placed people and staff at risk.

Effective robust arrangements were not in place to monitor the service and identify and address shortfalls. This demonstrated an on-going breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked with the local authority to address safeguarding concerns as they arose to mitigate further risks.
- The registered manager provided statutory notification to the commission when required.

- Relatives we spoke with said staff were good at communicating when there were issues, to resolve these.

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

- Staff told us they were kept up to date via a shared messaging app. The registered manager signposted staff to updates via this app. The registered manager had also held a video call with staff.
- Relatives told us they had been kept informed and updated on their loved one's care. One relative said, "Staff have sent me pictures and there is a group set up with regular messages sent with updates on the service."
- Relatives told us arrangements had been put in place so that they could continue to visit during the pandemic with garden or window visits.
- Staff told us they had received additional training from external nurses on oral care for people in December 2020. They had also received training on monitoring and recording people's physical observations.

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 18 HSCA RA Regulations 2014 Staffing Staff were not always receiving a thorough induction and training to ensure they had the skills to perform their role.

This section is primarily information for the provider

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Infection Prevention and Control procedures needed to be improved in line with guidance and best practice.

The enforcement action we took:

We have issued a warning notice requiring the service to improve practices.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place were not robust to provide an effective oversight of the service.

The enforcement action we took:

Issued warning notice to improve oversight