

Umika Trading Ltd

Umika Lodge Care Home

Inspection report

Venables Close
Canvey Island
Essex
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Umika Lodge is a residential care home providing personal care to up to 29 older people, some of whom are living with dementia. At the time of our inspection there were 20 people using the service.

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

People's care was not always personalised to reflect their individual needs and preferences. People had care plans and risk assessments in place which detailed how they liked to be supported; however, care was not always delivered in line with this guidance. People were not always supported to engage in meaningful activities of their choice and information about how people were being supported with their preferred pastimes lacked detail.

The provider had made improvements to their processes for monitoring the quality and safety of the service since the last inspection. However, these systems were still not robust and had not identified the concerns we found during the inspection. The provider's processes for checking the administration of people's medicines were not always effective in highlighting errors.

People were protected from the risk of infection. The provider had made improvements to their COVID-19 policy and contingency planning to ensure safe processes were in place in case of any future outbreaks of infection. Staff wore appropriate personal protective equipment [PPE] and had received training in managing the risk of infection and donning and doffing.

The provider had increased staffing levels in the service since the last inspection and staff had received an induction and training relevant to their role. Staff were safely recruited and the provider had completed the appropriate checks prior to them starting work.

People were protected from the risk of abuse and staff knew how to identify and report safeguarding concerns. The provider had a process in place for responding to complaints and people and relatives told us they felt comfortable raising any issues with the management team.

The provider worked alongside other healthcare professionals in order to support people's health needs, making referrals and seeking additional support where appropriate. People's end of life care wishes had been considered and the relevant information recorded.

People, relatives and staff spoke positively about the culture of the service and told us the management team were approachable and supportive.

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 March 2021) and there were breaches of regulation.

At this inspection enough improvement had not been made and the provider was still in breach of regulations and the service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 12 January 2021. Breaches of legal requirements were found. The provider was asked to complete an action plan after the last inspection to show what they would do and by when to improve the safety of people's care, staff training and oversight of the service.

We undertook this focused inspection to follow up on the action we told the provider to take at the last inspection. This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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 monitor the service and will take further action if needed.

We have identified breaches in relation to person-centred care and oversight at the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Umika Lodge 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. Umika Lodge 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was 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 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 two people who used the service and four relatives about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with six members of staff including the registered manager, deputy manager and care staff and we reviewed a range of records. This included three people's care and medicines records, three staff files in relation to recruitment and a variety of records relating to the management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires improvement. The rating for this key question has remained Requires improvement. 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

At our last inspection the provider had failed to protect people from the risk of harm caused by poor infection prevention and control measures. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had made improvements to their infection prevention and control processes and people were now protected from the risk of infection.
- Staff wore appropriate personal protective equipment [PPE] when supporting people and had completed training in the prevention and control of infection and the safe donning and doffing of PPE. There were measures in place to ensure the safe storage and disposal of PPE and the provider regularly checked staff practices to ensure they were in line with government guidelines.
- The provider had updated their COVID-19 policy and contingency planning document to ensure protocols were in place in case of any future outbreaks of infection.
- The provider had considered how they could make improvements to their processes including implementing zoning more effectively and ensuring the service could be safely staffed in any future outbreak.
- Staff were provided with guidance about COVID-19 testing and what actions they should take if people or staff tested positive.
- The service was environmentally clean; however, it needed some refurbishment. The registered manager told us there was an improvement plan in place and showed us the areas which had already been redecorated.

Visiting in care homes

- The provider had supported visits to the service in line with government guidance. People received regular visits from friends and relatives.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure risks were safely managed and suitable arrangements were not in place to ensure the safe management of medication. This was a breach of

regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider's processes for assessing and recording risks to people's safety had improved since our last inspection.
- People had personalised risk assessments in place which identified what the risks were and how to minimise these. However, staff practices were not always in line with the risk assessment guidance. For example, for one person who could become distressed during care, their risk assessment stated staff should complete a monitoring form when the person was showing signs of distress. However, no forms had been completed despite the person experiencing regular episodes of distress. This meant there was a risk any changes in the person's behavioural support needs or increase in incidents may not be highlighted or acted upon.
- The registered manager told us the risk assessment needed to be amended to reflect how these episodes of distress could be more effectively monitored and documented. Following the inspection, they confirmed this risk assessment was being updated.
- The provider had made improvements to the safe management of medicines and regular audits and stock checks were in place. However, despite a recent stock check being completed, two medicine administration errors were identified during the inspection. The provider responded promptly to the identified errors, confirming they were increasing the frequency of stock checks and providing re-training to staff.
- Medicines were stored securely and there was a keypad on the door of the medicines room to prevent any unauthorised access.
- People had care plans in place which detailed what medicines they were prescribed and how they liked to be supported. Protocols were in place for medicines which were given as and when needed, such as pain relief medicines. This provided staff with information about the dosage and reasons for administering.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

At our last inspection, effective arrangements for staffing cover had not been sought and 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

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

regulation 18.

- The provider had increased staffing levels in the service since the last inspection and had assessed and planned how they would manage any future staff shortages caused by infection outbreaks and illness.
- The provider had made improvements to their induction and training processes. Staff confirmed they had received an induction and training when starting in their role. One member of staff told us, "I had an induction which lasted about a week and I was shown how to use the computer to access care plans, I learnt the medication and got to know the residents and how they needed support. I received all the mandatory training via eLearning before I actually started working."
- The provider had sought support from the local authority to arrange face to face training for staff in relation to understanding people's health needs. Staff completed practical moving and handling training and the management team carried out competency checks with staff to ensure they supported people appropriately with their mobility needs.
- Staff were safely recruited, and the provider had completed the relevant employment checks prior to them starting work.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to raise concerns. One member of staff told us, "If I had any concerns, I would raise it with [deputy manager] or [registered manager]. If I had any concerns that they didn't address, I would go straight to CQC."
- The registered manager understood their responsibility to share safeguarding concerns with the local authority and CQC and had sent the appropriate notifications when necessary.

Learning lessons when things go wrong

- The provider shared the lessons learnt from incidents and complaints with staff during team meetings and supervisions, discussing what measures could be taken to make improvements and minimise the risk of a reoccurrence.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires improvement. The rating for this key question has remained Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was not always personalised and support was not always in line with people's care plan guidance. For example, one person's care plan stated they needed 'stimulation throughout the day' including conversation and activities, in order to minimise the risk of them becoming distressed. However, during the inspection, only minimal, task-based interaction such as offering drinks and food was observed and the person sat without conversation or activities for prolonged periods of time.
- The registered manager told us the person was tired on the day of the inspection and their care plan noted when feeling tired they should be offered the opportunity to have a lie down. However, no staff were observed offering this support during the inspection.
- People were not always supported to engage in meaningful activities which reflected their individual preferences. For example, one person's care plan stated they liked to 'be offered 1:1 sessions weekly as a minimum'. However, their care plan did not evidence any 1:1 activities had taken place.
- Staff told us there was not always enough staff on shift to enable them to spend time doing activities or socialising with people.
- The provider told us they had employed an activities co-ordinator to work three days a week providing 1:1 and group engagement. However, people and relatives we spoke with, told us they were not aware of this role. One person told us, "We don't have an activities person." A relative said, "They don't have any activities, they don't have an activities person. [Person] does get bored."

The provider had not ensured people's care reflected their individual needs and preferences. This 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 registered manager told us a full time activities co-ordinator was being employed for the service.
- People were supported to maintain relationships with those who were important to them. People's relatives visited frequently and told us they were welcomed into the service.
- The provider had considered people's religious and cultural support needs during their initial assessment and these were recorded in their care plan.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to

do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's sensory and communication needs had been assessed by the provider. People's care plans contained guidance about how to communicate with them and support them to understand information.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt able to raise concerns with the provider. One person said, "I'll tell the staff or [registered manager], they're good." A relative told us, "I have raised things with [registered manager] or [deputy manager] they're very good."
- The provider had a process in place for responding to complaints and kept a record of investigations and actions taken.

End of life care and support

- The provider had considered people's end of life wishes when completing their initial assessment. The registered manager told us this information was reviewed as people's needs or wishes changed.
- The provider worked in partnership with other health professionals, such as the local hospice and palliative care team to support people's care needs when required.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires improvement. The rating for this key question has remained Requires improvement. 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.

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

At our last inspection robust arrangements were not in place to monitor the service and identify and address shortfalls. There was an on-going breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvements had been made and the provider remained in breach of Regulation 17.

- The provider had made improvements to their processes for monitoring the quality and safety of the service since the last inspection. For example, systems were in place to monitor staff training and support and to ensure effective infection control protocols were followed. However, the management audits had not always identified concerns. For example, the medicines audit had not highlighted the errors we found on inspection and the provider lacked clear oversight of the monitoring of people's emotional support needs.
- The provider was not able to demonstrate how they monitored people's preferred activities and social engagement and the monthly care plan reviews lacked detail about how people chose to spend their time.
- The provider had not always identified where people's daily care notes did not record sufficient detail about their support or where care plans no longer reflected the care being provided.

Robust systems were not in place to monitor the quality and safety of the service. This was a continued 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 understood their responsibility to be honest with people. Information about incidents had been shared with people and relatives where appropriate and outcomes and learning had been documented. Statutory notifications had been submitted to CQC when needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider told us they arranged regular reviews of people's care to ensure people achieved good outcomes. However, we received some missed feedback about relative's involvement. One relative said, "We attend [person's] reviews." Another relative told us, "We've not been involved in a care plan review since the beginning."
- Despite this, people and relatives spoke positively about the culture and management of the service. One relative told us, "The atmosphere is good. I've never had to raise any concerns but if I did, I would speak to the managers." Another relative said, "We're really happy and we recommend the home to others too."
- The provider had sought feedback from people and staff, completing satisfaction surveys and using the information received to implement action plans and make improvements.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with different healthcare professionals to support people's needs. People's care plans detailed who was involved in their care and evidenced input from the relevant professionals, such as the GP and district nurse.
- The provider had engaged with the local authority to work through and sign off an action plan of improvements for the service. Following the inspection, the registered manager kept in contact with CQC and confirmed what actions they planned to take to address concerns and make improvements.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not ensured people's care reflected their individual needs and preferences.</p> <p>This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Robust systems were not in place to monitor the quality and safety of the service.</p> <p>This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>