

Ms Sonia (Sonal) Solanki

SONACare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

SONACare is a residential care home providing personal care to up to 15 older people in a two-storey adapted building. At the time of our inspection there were 9 people using the service.

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

Risk was not consistently managed. We identified improvements were required to help ensure fire safety and risks associated with mobility and a specific health event were managed. Some areas of the home required deep cleaning to minimise the risk and spread of infection.

Audits were completed to help drive improvement and celebrate success. Audits had not identified the concerns we noted on inspection. We have made a recommendation about the effectiveness of audits.

People told us they were happy living at the home. One person commented, "They look after me." The provider was making improvements to the internal decoration at the home and medicines were managed safely.

Staff were recruited following checks being carried out safely and were deployed in a way to help ensure people's needs were met. People, a relative and staff, we spoke with raised no concerns with the staffing arrangements at the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported and encouraged to give feedback on their experiences of living at the home, regular meetings were held with people to gain their views and the provider visited the home to help maintain oversight of the service.

Staff told us the registered manager was open and honest with them. Staff told us they felt engaged and supported.

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

Rating at last inspection

The last rating for this service was good (15 December 2021).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about skin care and nutritional

management, moving and handling practice and risk management. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with fire safety, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified 1 breach in relation to risk management. We found risks were not consistently managed.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

SONACare

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

The inspection was carried out by two inspectors.

Service and service type

SONACare 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. SONACare is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 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. This included information we had received from the public and notifications sent to us by the provider. We sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided. We spoke with 7 members of staff including the provider, who was also the nominated individual. The registered manager and 5 care workers. We reviewed risk assessments and care plans and care records for 3 people. We also reviewed 2 staff recruitment records and a variety of records relating to the running of the service. We also spoke with 1 relative and received written feedback from a health professional.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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. At this inspection the rating 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.

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

- The provider did not consistently ensure people were protected from the risk of avoidable harm. We found bins and old furniture were stored near an external fire escape. A room leading to an external fire escape was cluttered and the evacuation route to the fire escape was partially blocked by moving and handling equipment.
- Appropriate action had not always been taken to manage the risks people were exposed to. When asked, staff said they did not know how the person would be safely evacuated in the event of fire as they could not mobilise independently. The person's Personal Emergency Evacuation Plan recorded the person would be supported with an evacuation chair. On discussion with the registered manager, we learnt there was no evacuation chair at the home and staff had not been trained in its use.
- Accidents and incidents were not consistently reviewed to help prevent recurrence. Accidents and incidents were recorded. However, effective systems were not in place to analyse incidents to assess for any patterns or trends. One person had experienced unwitnessed falls. These had not been reviewed to consider if action could be taken to reduce the risk of this reoccurring in the future.
- Two hospital discharge documents recorded a person had experienced a specific health event. There was no guidance in the care records to guide staff on signs and symptoms to monitor or action to take if the person became unwell. This placed the person at risk of avoidable harm.

The provider's failure to ensure risks were consistently assessed and managed was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took swift action to minimise the risk of avoidable harm before the inspection concluded. We have also shared information with the local fire authority.

- The registered manager completed risk assessments in areas such as falls, nutrition and mobility. One person told us they were supported to maintain their health and they liked living at the home. They said, "I'm so well looked after."
- Referrals were made to external health professionals if risk assessments indicated this was required. Health professionals spoken with raised no concerns regarding the care and support at the home.
- A relative we spoke with told us they were happy with the care and support their family member received. They shared their loved one was happy and well cared for.

Preventing and controlling infection

- We were not consistently assured that the provider was promoting safety through the layout and hygiene practices of the premises. We noted high level dust in some of the bedrooms we visited, and the kitchen floor required deep cleaning under the food preparation units. We have shared this information with the local authority infection and prevention control team.
- The registered manager and provider supported people to receive visitors in line with current guidance.

The registered manager wrote to us during the inspection process and told us they had arranged for additional cleaning to take place.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff knew the action to take if they believed people were at risk of avoidable harm or abuse. Staff said they had received training in safeguarding, and this was confirmed by speaking to the registered manager.
- Staff could explain examples of potential abuse and said they would raise any concerns with the provider, manager or the local safeguarding authority to ensure people were protected. People said they felt comfortable at the home and they would speak to staff or the management team if they wanted to do so.

Using medicines safely

- The provider and registered manager had arrangements in place to help ensure medicines were managed safely.
- Staff were trained in the safe management of medicines and their competency was assessed to ensure they were able to manage medicines safely.
- Storage of medicines was secure and restricted to staff who had completed the required training and competency assessment. This helped minimise the risk of avoidable harm.

Staffing and recruitment

- The provider and registered manager ensured processes were followed to help ensure only staff who were suitable to work with people who may be vulnerable were employed. This included undertaking Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff. We observed people were supported when they requested or needed help. One person praised the staff for the time they spent with them. They told us, "I love a chat and we have lots of chats."
- Staff told us they had no concerns regarding staffing arrangements and the registered manager was

contactable if extra support was needed.

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 as good. At this inspection the rating has changed to 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; Continuous learning and improving care; 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 provider had audits and checks which were carried out to help identify areas of improvement within the home. These did not consistently identify when improvements were required. For example, we found areas of the home required cleaning when we inspected. In addition, concerns with the fire safety had not been noted by audit systems.

We recommend the provider reviews existing audits to ensure they capture all required information to support growth and improvement.

- Audits had noted that areas of the home needed redecoration. The registered manager told us the environment was being refreshed. New flooring and new chairs had been purchased and a room was in the process of being redecorated when we inspected.
- The provider had completed a fire risk assessment. Actions identified as required by the assessment were being completed.
- Staff told us they were committed to providing care and support that met people's needs and would refer any concerns to the registered manager.
- The provider had completed a fire risk assessment. Actions identified as required by the assessment were being completed.
- The provider had processes in place to investigate and address incidents and complaints. The registered manager told us they would offer apologies if things could have been done differently.
- The Care Quality Commission is required by law to be informed of certain incidents that occur in care homes. The registered manager had provided the required information as appropriate.
- The registered provider maintained oversight of the service, meetings took place to support the provider to monitor the home through discussion and review of information.

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

- The registered manager empowered people to share their views on the service provided and how they wished to be cared for. Regular meetings took place where people were asked their opinions. We reviewed

minutes of a meeting where people had been asked their views on a newly appointed member of staff. Feedback was positive with one comment of, "Charming".

- The registered manager shared surveys with people. We reviewed a 'Food Satisfaction Survey' and saw no negative feedback recorded. The registered manager said they would make changes if the result of surveys indicated this was required.
- The registered manager and provider worked closely with the local authority and health professionals to help ensure people received care and support consistent with their needs.
- Staff told us they could approach the registered manager for advice and guidance if this was needed. They said they considered the registered manager to be ready to listen and open and honest.

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 Risk was not always identified and managed effectively. Regulation 12 (1) (2) (a) (b) (c) (d).