

Sonia Heway Care Agency Ltd

# Sonia Heway Care Agency

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This announced inspection took place on 21 June 2018. Sonia Heway Care Agency is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using Sonia Heway Care Agency receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided'. At the time of our inspection the service was providing personal care and support to 19 older adults.

At our previous inspection on 12 and 13 April 2017, we found breaches of legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicine administration records (MARs) were not completed correctly. There were gaps in the recording of the medicines administered to people although people were receiving their medicines as prescribed. The provider had not maintained a manual or electronic call monitoring (ECM) system record to show that they had monitored visits to people homes to ensure they received visits at the correct times, including when they were running late.

At this inspection we saw that the provider had made some improvements in the completion of MAR charts. However, we saw that people's MAR charts were not always completed in full as they recorded that people had self-medicated when their care plans showed that medicines needed to be administered. Although the provider had introduced and operated an ECM system, they were not using it to monitor visits to people homes to ensure they received visits at the correct times, including when they were running late or arriving ahead of schedule and following this up effectively with clients and staff to address why calls were carried out later or earlier than scheduled. The provider did not use the ECM system to record notes to detail why staff were arriving late or early for calls.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were safeguarding procedures in place and staff knew how to safeguard people and how to raise any concerns. There were enough staff deployed to meet people's care and support needs. People were protected from the risk of infections. The provider carried out appropriate recruitment checks before staff started work. Records showed that the manager followed safeguarding protocols and submitted safeguarding notifications when required to the local authority as well as CQC.

Staff completed a programme of induction and mandatory training. Staff were supported through regular supervisions and appraisals. People's needs were assessed to ensure the service could meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff asked for people for their consent before providing care and support. People were supported to have a balanced diet

if required and had access to a range of healthcare professionals when required in order to maintain good health. Staff worked effectively with each other by ensuring that daily notes were completed in full to ensure there were effective handovers.

People said that staff were kind and caring. People said staff respected their privacy and treated them with dignity and they were encouraged to be independent whenever possible. People were provided with information about the service in the form of a 'service user guide' before they joined the service.

Care plans were regularly reviewed and people were involved in planning their care needs. People were aware of the complaints procedure and knew how to make a complaint if they needed to. Complaints were logged and dealt with in a timely manner. Learning from complaints was disseminated to staff. People's care plans had a section to record people's end of life care wishes if required.

People and staff were complimentary about the manager and the service. Regular staff meetings were held and feedback was sought from people about the service through evaluation monitoring surveys. The provider worked with the local authority to plan and deliver an effective care.

This is the second time this service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Medicines were not always safely managed.

Risk assessments for falls and medicines were not carried out and risk management plans did not always detail actions to minimise risks to people.

There were enough staff deployed to meet people's needs. Appropriate recruitment checks took place before staff started work.

People were protected from the risk of infections.

There was a system in place to record accidents and incidents

There were appropriate safeguarding and whistleblowing procedures in place.

### Is the service effective?

**Good** 

The service was effective.

People's needs were assessed prior to them joining the service to ensure the service could meet people's care needs.

Staff received the appropriate training and were supported through regular supervisions and appraisals.

Staff sought people's consent prior to assisting them. The service complied with the Mental Capacity Act 2005 (MCA).

People were supported to eat and drink.

People were supported to access healthcare services when required.

### Is the service caring?

**Good** 

The service was caring

People and their relatives said that staff were caring.

People were involved in planning their daily care needs.

People's privacy and dignity was respected and they were encouraged to be as independent as possible.

Staff had received training on equality and diversity and said they would support people according to their individual diverse needs

People were provided with information about the service in the form of a service user guide.

### **Is the service responsive?**

**Good** ●

The service was responsive

People and their relatives were involved in planning their care.

Care plans were regularly reviewed and included guidance for staff on how to support people in line with their individual needs.

People were aware of the complaints procedure and complaints were managed appropriately.

If people required advanced care plans to document their end of life care wishes, this would be recorded in their care plans.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

The provider did not effectively monitor the times staff visited people in their homes.

There were processes in place to monitor the quality of the service but they were not always effective.

Regular staff meetings took place. The provider sought people's feedback about the service.

There was a registered manger in post. Staff were complimentary about the service and said that the registered manger was supportive and approachable.

# Sonia Heway Care Agency

## **Detailed findings**

### Background to this inspection

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

This inspection site visit took place on 21 June 2018 and was announced. We gave the provider 48 hours' notice of the visit because we wanted to be sure they would be available for the inspection. We visited the office location on 21 June 2018 to see the manager and office staff; and to review care records and policies and procedures. We reviewed records, including the care records of four people using the service, recruitment files and training records for four members of staff. We also looked at records related to the management of the service such as quality audits, accident and incident records. We spoke with one person using the service, five relatives, four members of staff and the registered manager. The inspection team consisted of one inspector and one 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.

Before the inspection we looked at the information we held about the service. This included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. 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 also asked the local authority commissioning the service for their views of the service and used this information to help inform our inspection planning.

# Is the service safe?

## Our findings

People told us that they felt happy, confident and safe in their homes. One person said, "Staff are very good and no problems. I am happy with them".

At our last inspection in April 2017, we found breaches of legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines records. We reported on this in the 'Well-led domain' of the previous report. Staff had not completed medicine administration records (MARs) correctly. There were gaps in the recording of the medicines administered to people although people were receiving their medicines as prescribed.

At this inspection the provider had made some improvements in ensuring staff completed MAR charts. However, we saw that people's MAR charts were not always completed in full as staff had recorded that people self-medicated when their care plans showed that medicines needed to be administered for them. Therefore, medicines were not always managed safely. For example, one person's care plan stated that they were not able to self-medicate as they were unable to identify medicines as well as unable to remove medicines from blister packs. However, when we looked at this person's MAR for March, April and May 2018, we saw that MAR charts had not been completed correctly.

Staff were required to complete MAR charts with the number 4 if there was any reason why staff had not administered a person's medicine, other than the person had refused to take their medicines. The MAR chart also required the reason why the number 4 had been recorded to be documented. We found multiple instances in March, April and May, for several different people, where staff had documented the number 4 and the reason for this was recorded as the person had self-medicated. This meant the provider could not be assured that people were taking medicines as prescribed. Medicine audits carried out in April, May and June 2018 failed to identify this issue and therefore learning from this was not disseminated to staff.

We brought this to the registered manager's attention who told us that the agency had an understanding with relatives that at times relatives would administer medicines to people before staff arrived. They told us that they would consult the local authority and people's relatives to establish if relatives should take over administering medicines to people or whether this task should be carried out by staff. In the interim period they would inform relatives that staff would administer all medicines.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager sent us documentation to show that all people who had been assessed to have their medicines administered but were also self-medicating had new medicine risk assessments carried out and it has now been clearly established which people using the services will have medicines administered and which will be self-medicating. The registered manager also sent us documentation to show that all staff had undertaken a refresher course in medicines administration.

We looked at a further sample of MARs and saw that people had received their medicines as prescribed and they had been completed correctly. Medicines were administered only by trained staff who had undergone an assessment of their competency to administer medicines. MARs were signed after medicines were administered and did not contain any gaps. People who required prescribed to be taken 'as required'(PRN) medicines had a PRN protocol in place to ensure staff had up to date information about when people required PRN medicines including the dosage.

There were enough staff to meet people's needs. The registered manager showed us staff rotas and told us that staffing levels were calculated and organised according to people's needs. We saw that travel time had been factored in to ensure staff had enough time to travel for each visit. One staff member said, "I get enough travel time and if I am stuck in traffic, which is rare, I contact the office and they tell the person I am going to be late."

Records relating to the management of risk were not always fully completed, however, staff knew people well which mitigated the risk. Risk assessments were not always carried out and identified in relation to medicines and falls. Where risks to people were identified, risk management plans did not always have detailed guidance in place for staff on how to manage these risks safely. For example, one person identified as having poor mobility and used mobility aids such as a walking frame and a wheelchair did not have a falls risk assessment in place and there was no detailed guidance in place for staff on how the person should be supported to mobilise when using their walking aids or wheelchair. There were no risk assessments carried out for people in relation to their medicines. For example, detailing the actions staff should take if people did not take their medicines.

Following the inspection, we spoke to staff about the people's mobility needs. They were able to clearly describe how they supported people to mobilise safely when using their walking aids and wheelchairs. They did this by ensuring one staff member walked alongside people when using walking aids. By ensuring that wheelchairs were in good working order and that the brakes were on when transferring people from their bed/chairs into their wheelchair. The registered manager sent us documentation to show that falls and medicines risk assessments were in place for people who required them.

People were protected against the risk of infection. Records showed staff had completed infection control training. They had access to personal protective equipment (PPE) which included aprons, gloves and wash cloths. The registered manager told us that staff regularly picked up PPE when they came into the office. Staff described with confidence how they worked to reduce the risk of the spread of infections, for example by ensuring they wore gloves and aprons when assisting people with personal care. One staff member said, "I wear PPE whenever I assist people with personal care. I wear gloves, aprons and shoe covers." Another staff member said, "I have had my infection control training and I wear PPE when helping people."

There was a system in place to record accidents and incidents appropriately. This included the details of the incident or accident, and the action to be taken to help prevent a reoccurrence. However, since our last inspection there had not been any accidents or incidents. The registered manager told us that if any accidents or incidents occurred they would ensure the details were logged and investigated in line with their policy. They would also ensure that learning would be disseminated at staff meetings.

People were protected against the risk of abuse. There were safeguarding procedures in place and staff knew how to safeguard people they supported and how to raise any concerns. Staff were also aware of the whistleblowing procedure and told us they would use this should the need arise. One staff member said, "I would go straight to my manager and tell them about my concerns. I know they would take action immediately." Another staff member said, "I would tell my manager, but I know I can go to the CQC and



social services." Records showed that the manager followed safeguarding protocols and submitted safeguarding notifications when required to the local authority as well as CQC.

The provider carried out appropriate recruitment checks before staff started work. We looked at five staff files and saw appropriate recruitment checks had been carried out before staff started work. Files contained completed application forms which detailed employment history and qualifications. References had been sought and proof of identity had been reviewed. Criminal record checks had been undertaken for each staff member and checks were also carried out to ensure staff members were entitled to work in the UK.

## Is the service effective?

### Our findings

People received care from staff who were supported to carry out their roles effectively. New staff members completed an induction when they joined the service and received a mandatory programme of training to help them carry out their role. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. People told us they felt that staff understood their individual needs. One other person said, "My wishes regarding my care are met." Another person said, "I am well looked after, staff know what they are doing."

Records showed that staff had completed mandatory training which included, medicines, safeguarding, challenging behaviour, dementia, food hygiene, fire, first aid and end of life care. Staff we spoke to were confidently able to describe how they put their training into practice. For example, one staff member described the steps they took to promote good hand hygiene before assisting people with personal care by using hand washing techniques that is recognised as safe practice. One staff member said, "My training is up to date, I enjoy the training I get and it helps me do my job." Another staff member said, "All my training is done, we do regular refresher training to keep me up to date with any changes." This meant

Staff received regular supervisions and appraisals. Areas discussed included safeguarding, training, accidents and incident reporting and communication. One staff member said, "I have supervisions and they are good as I can get feedback from my manager. I can also ask for guidance and we discuss any training I need. I have just done my moving and handling training." Another staff member said, "I do have regular supervisions and it's good to speak to manager on a one-to-one to basis."

Assessments of people's needs were conducted prior to them joining the service. The registered manager told us that prior to any person being accepted by the service an assessment of their needs was undertaken to ensure the service would be able to meet their needs. These assessments along with referral information from the local authority were used in producing individual care plans and risk assessments. This was to ensure that staff had the appropriate guidance to meet people's individual needs effectively. For example, the service used recognised tools such as Malnutrition Universal Screening Tool (MUST) and Waterlow scores to prevent pressure sores.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own homes this is done via The Court of Protection. We checked whether the service was working within the principles of the MCA.

People's rights were protected as staff met the requirements of the MCA. The registered manager told us all of the people using the service had capacity to make decisions about their care. They said that if they had

any concerns about any person's ability to make a decision they would work with the person, their relatives and, if appropriate, any relevant health and social care professionals to ensure decisions were made appropriately on their behalf and in their 'best interests' in line with the MCA. Staff had an understanding of the MCA 2005 and they also understood the need to gain consent when supporting people. One staff member said, "I always ask for permission before assisting people and explain what I am going to do. If people say they don't want help, I don't force them." Another staff member said, "I ask for people's consent and wait for their permission before helping them."

People's nutritional needs were met and they were supported to eat and drink if required. People's nutrition needs were documented in their care plans. Staff only assisted people with breakfast and cooking meals in the microwave or oven rather than preparing them. One person said, "I usually eat whatever I have in but staff will ask me what I would like for lunch or dinner and give me a choice". Another person said, "I am offered a drink and asked what I would like for lunch the minute staff come through the door". One staff member said, "I heat up meals for people in the microwave but I give them a choice of what they would like to eat and drink."

People had access to a range of healthcare professionals if required. The registered manager told us that they did not assist people with healthcare appointments as their family arranged this. However, if they noticed that a person was feeling unwell they would immediately call their GP or an ambulance as well as informing their relatives. One staff member said, "If I saw some-one was unwell, then I would call an ambulance or the GP straight away and also inform the person's family."

The provider worked with other organisations to deliver effective care to people. Records showed that the service worked closely with local authority commissioners to make sure that information was shared effectively to ensure that people's care packages were implemented in a timely manner where they had been assessed as needing support. This included staff reporting any changes in people's conditions to local authority social care professionals, where they had an impact on the level of support that was required, so that people's needs could be reviewed and care packages amended promptly where required. For example, where people needed to increase the number of daily care calls.

## Is the service caring?

### Our findings

People and their relatives told us that staff treated them in a caring and dignified manner and respected them and their privacy. One person said, "Staff treat me well, they are always happy and treat me with respect." One relative said, "Staff help my [relative] a lot, they have a professional attitude and have respect for my [relative]."

People told us they were involved in decisions about their daily care. One person said, "Staff are very good at listening to me and I am grateful that my daily needs are met." Another person said, "My daily requirements are met, staff are very good." A third person said, "If I do not feel like getting out of bed, staff let me stay in bed but later try in a friendly manner to get me up and I do get up."

Regular reviews were undertaken with people to allow them to express any changes they may want to make to their care package. For example, making changes to the day or time of their daily visits. Care plans contained people's life histories and preferences about their care. Staff were knowledgeable about people's individual likes and dislikes. Staff demonstrated that they knew people as individuals. One staff member said, "One person likes only porridge and coffee for breakfast. Another staff member said, "One person likes to have their wash at 9am without fail."

People's privacy and dignity was respected. Staff told us they closed doors, drew the curtains and covered people with towels when assisting with personal care. One staff member said, "I always close curtains and doors and cover people when assisting them with personal care. Another staff member said, "I make sure that there are no other people present when I am assisting people and I close curtains and doors." People's information was kept confidential in that documents were stored in locked cabinets in the office and electronically on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

People were encouraged to be independent whenever possible. People's care files documented their independence level in what they were able to do for themselves, such as walking or showering independently. One staff member said, "I encourage one person to walk short distances to help them keep mobile." Another staff member said, "I encourage people do what they can for themselves, like wash their face."

Staff had received training on equality and diversity. The service did not have anyone with diverse, cultural or spiritual needs that required support. The registered manager told us if they did, they would document this and any support they required in their care plans. People were given information in the form of a 'service user guide' prior to joining. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

## Is the service responsive?

### Our findings

People told us they were involved in planning their care needs. One person said, "I am involved in discussing my care requirements and I am helped by my children." Another person said, "I know that my daughter discusses my care plan and requirements for the day with staff."

People's care had been planned and developed based on an assessment of their needs, which had been carried out by the provider in partnership with the local authority where they had commissioned the service. Care plans contained information about people's desired outcomes from using the service, and details of the support they required which covered areas including nutrition and hydration, personal care, medicines and support to mobilise. People's care plans addressed a range of needs such as mobility, medicines, and personal care. This included the equipment they required, such as walking aids and the number of staff people they needed to support them on a daily basis.

Care plans included information about people's life histories, choices and preferences as well as information about the things that were important to them. This included things they liked to do and talk about. For example, one person enjoyed watching 'soaps' on television. Care plans also included information about the outcomes people wanted to achieve from using the service, such as increasing their mobility.

Care plans were person-centred and reviewed on a regular basis and detailed people's individual routines and the support they required. This included preferred times of their calls and the times people liked to go to bed or get up and what they enjoyed doing. One staff member said, "One person likes to talk about their family, so I spend time doing that with them." Another staff member said, "One person likes to get up really early so have a 7am call." Care plans also included daily notes that detailed the care and support delivered to people and the tasks completed by staff.

From April 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. The provider had an accessible information policy in place which affirmed their commitment to ensure people were provided with information about the service in a format which met their needs. This included for example, providing information to people in large print.

The service had an effective system in place to manage complaints. The service had a complaints policy in place and a system in place to log and investigate complaints. People and their relatives knew how to raise a complaint if they needed to. Complaints were investigated in line with the service's complaints policy and in a timely manner." For example, staff attended a care call not wearing their uniforms, they also failed to maintain confidentiality in front of the person's family. We saw that the complaint was investigated in a timely manner, the respective staff members were requested to attend one-to-one supervisions for a period of time and learning from this was disseminated in staff meetings. One person said, "No, I have no complaints with the staff, I am glad, they do such a good job for me." Another person said, "Staff are hardworking, I am happy to recommend the staff."

The registered manager told us that they did not have anyone using the service who required advance care plans to document their end of life care wishes. If they did, they would ensure people's care plans recorded what was important to people and if necessary would consult with relevant individuals and family members where appropriate to ensure people's preferences and choices for their end of life care were acted upon.

# Is the service well-led?

## Our findings

People and their relatives we spoke to told us that overall, they were happy with the service they were receiving. One person said, "Staff put in a lot of effort on my behalf, they work hard and with a smile." Another person said, "Carers are good, they are always kind helpful and thoughtful."

At our last inspection in April 2017, we found a breach of legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider failed to keep effective records regarding late or missed calls, meaning there was a risk that staff may not have visited people's homes, as per their scheduled visits.

At this inspection we saw that the provider had recently introduced and operated an electronic call monitoring (ECM) system that alerted office staff if there was a late or missed call. However, the provider was not using it to monitor visits to people homes to ensure they were attended to at the correct times, including when they were running late or arriving ahead of schedule and then following this up effectively with people using the service and staff to address why calls were carried out late or earlier than scheduled.

We looked at the ECM system for the last month and although we saw that there were no late or missed calls we saw that staff were often carrying out care calls ahead of the scheduled call times and reasons for this had not been recorded on the ECM system. For example, in June 2018, one person had a care call scheduled for 2pm, but staff attended the person's home at 12 noon. However, there were no notes recorded either on the ECM system or the person's care plan to demonstrate that the person had agreed to staff attending care calls 2 hours prior to when they were scheduled. This meant that people were not receiving the care calls at their preferred times and that they were waiting for long periods of time between care calls to have their care needs met.

At our last inspection we found that records relating to medicines had not been fully completed and checks and audits by the provider had failed to identify this. At this inspection we found continued issues regarding the completion of medicines records and the quality and safety monitoring of the service was not always effective. The provider and registered manager had failed to identify and address issues we found in relation to medicines administration, risk management plans and the ECM system. For example, no medicine audits were carried out to ensure that MAR charts were being completed correctly. Medicine and falls risk assessments were not carried out to identify risks to people and provide staff with appropriate guidance on how to manage risks identified safely. Care plans had not been audited, therefore the above issues had not been identified. The ECM system had not been audited to ensure that notes were recorded to detail why care calls were carried out early or late.

This is a repeat breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the attention of the registered manager and they told us that going forward they would be carrying out regular audits in relation to medicines, care plans, risk management plans and the ECM

system. The registered manager said that some people were flexible and were happy for staff to attend care calls early. They told us that they had not received any complaints about late or missed calls and the ECM system had not alerted this issue. Following the inspection, the registered manager confirmed that any new call times agreed with people now had to be reported to the office and was being clearly recorded on the ECM system and in people's care files.

The service had a registered manager in post. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required.

We saw regular spot checks were carried out by senior staff to ensure staff were carrying out their roles effectively. This also included checking staff were wearing their uniforms, badges, use of PPE and ensure staff were providing care in line with people's preferences and care and support needs. The sample of checks we reviewed showed that no concerns had been identified and that people were receiving appropriate support to meet their care needs.

Regular staff meetings took place on a regular basis. Minutes of the last meeting in June 2018 showed areas discussed included safeguarding, uniforms, training, complaints and care plans. Staff told us, "I attend staff meetings regularly, it is good to get feedback from the managers and gives me a chance to meet my team members". Another staff member said, "We have staff meetings and they are good as we have regular training to help keep us up to date. Last week we had a medicines refresher training course."

People's views about the service were sought through service evaluation forms that were sent out on a regular basis. We looked at the service evaluation forms for March 2018 which showed that feedback was positive. One person said, "I am very happy with staff, they are always willing to help". Another person said, "It's a very good service." We did not see feedback about calls being late or missed.

People and staff were complimentary about the service and the manager. One person said, "I would say staff are happy, they seem to enjoy working for the company and doing their job." One staff member said, "I love my job as I like helping people and we have a very good team". Another staff member said, "The manager is very good and supportive. I can go to them at any time, they are supportive."

The registered manager told us that they work closely with the local authority, to ensure people's needs were met effectively. The local authority confirmed this. The ethos of the service was to provide quality care in their own homes and that people's wishes and preferences were respected in a way that maximised independence. One staff member said, "I really do feel that all staff at Sonia Heway uphold this, we all care about the people we support and care for."



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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely.</p> <p>Risk assessments for falls and medicines were not carried out risk management plans did not always detail actions to minimise risks to people</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality and safety monitoring of the service was not always effective.</p> <p>The provider's electronic call monitoring system was not effective as it was not used to monitoring visits to people homes to ensure they received visits at the correct times, the system was not used to records reasons why care calls were carried out ahead of schedule or late. .</p>