

Sonia Woodward Ltd

# Sonia Woodward Ltd

## Inspection report

12 St. Neots Road  
Abbotsley  
St. Neots  
PE19 6UU

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Sonia Woodward Ltd is a domiciliary care agency registered to provide personal, and nursing, care to people living in their own homes or other care services. The service supports children up to 18 years of age, people with mental health needs and older people with rehabilitation and management of their treatments. At the time of the inspection, two people were using the service and both received personal, and/or nursing, care.

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

Staff knew how to safeguard and support people to keep them safe. Enough suitably skilled staff had been safely recruited.

People were supported by a consistent staff team who they felt comfortable with. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practice. The provider? and the staff team took on board learning when things went wrong.

People's needs were assessed before the service provided them with care or support. Staff knew people's needs well and care plans were reviewed as soon as changes occurred. Staff had received the required training and ongoing support to help them maintain and improve their skills to fulfil their role and responsibilities. Relatives and health professionals all confirmed staff had the skills necessary to care for people well.

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.

Relatives told us staff were caring and knew people's needs and preferences well. Staff gave people privacy, treated them with dignity and respect and helped promote people's independence.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs. Complaints were used to help drive positive improvements. Procedures and policies were in place should any person suddenly become unwell or need end of life care.

Monitoring and oversight of the service was effective in identifying and driving improvements. The registered manager led by example and had fostered an open and honest staff team culture. People came first and foremost, and they had a say in how the service was provided. The provider worked well with other organisations, to provide people with joined up care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 17 May 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Sonia Woodward Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care and various healthcare treatments to people living in their own houses, flats or in another care providers service, such as a care home.

#### 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

We gave the service four days' notice of the inspection because some of the people using it could not consent to telephone calls from inspectors. This meant that we had to arrange for a 'best interests' decision about this and who was best placed to speak on the person's behalf, such as a parent or court appointed deputy. Inspection activity started on 23 August 2022 and ended on 30 August 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group (CCG), three healthcare professionals and people's legal representatives.

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 also reviewed incidents reported to us involving safeguarding. We used all this information to plan our inspection.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls, written and verbal feedback to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.

Our inspection activity began on 23 when we spoke with staff and two relatives and health professionals about their experience of the care provided. We also spoke with another registered manager of a care home where one person lived about joined up working. We spoke with the registered manager on 24 August 2022 about the service they provided and to agree all documentation that we required to be submitted to CQC for review.

Between 23 August 2022 and 30 August 2022, we reviewed two people's care records, risk assessments, treatment plans, four staff files and a variety of other assurance records and policies. We spoke with six members of staff including the registered manager and support workers. We communicated with three professionals involved in people's treatments. We also received feedback from a private speech and language therapist and physiotherapist.

### After the inspection

We continued to clarify information with the registered manager. We gave feedback to the registered manager about the inspection on 30 August 2022.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Trained and competent staff were in place to administer medicines as prescribed. People received their medicines as prescribed including medicines in a liquid format. The registered manager had policies and processes in place where the responsibility for medicines administration was shared, such as family days out. Where recording errors occurred where other care provider's staff forgot to sign, the registered manager liaised with them in case any learning was needed. Both relatives we spoke with confirmed all medicines had been administered as prescribed and staff never missed a dose.
- In addition, where staff had forgotten to sign they had administered a medicine, for four days after this, other staff had not reported the matter. This was needed in case there may have been any adverse effects on the person and if a healthcare professional needed to be contacted. No person had come to harm and this had not reoccurred.
- Staff did not always use codes associated with medicines administration. It was therefore not possible to identify what this meant if medicines had been refused, damaged or not administered. The registered manager told us they would remind staff to only use the codes available to them and increase audits.
- The registered manager told us they were moving to an electronic system but also that they should have picked this up sooner.

### Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe as they had skills and knowledge on identifying and reporting any potential abuse.
- All relatives and advocates told us people were kept safe as staff used equipment safely and adhered to healthcare professional advice. The registered manager referred incidents of safeguarding to the appropriate authority, ensured we were notified, and took action to prevent recurrence.
- Staff told us they would look for changes in people's personality, body language, increased distress or being fearful of someone. One staff member said, "I would report any concerns to the [registered] manager and if necessary to the safeguarding team."

### Assessing risk, safety monitoring and management

- Risks to people were identified and managed safely. Systems to manage risks were effective. One relative said, "[Staff] are ever so careful with my [family member's] care. They do everything as required and tell me if they have any concern whatsoever."
- Risk assessment were detailed for each area of people's care. Care plans gave staff guidance on how to use equipment and the risks to be aware of, such as for infections, continence care, skin integrity and choking.
- Staff adhered to guidance from speech and language therapists (SALT). A SALT told us staff contacted

them as soon as they identified any changes in people's risk of choking. Guidance, such as the format and consistency of drinks and food, gave staff clear information how to minimise risks.

#### Staffing and recruitment

- A robust process was in place to recruit staff safely including checks on staff's previous employment and recent photographic identity.
- Other checks included a Disclosure and Barring Service (DBS) for adults and children. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People's relatives told us there were enough staff with the required skills to keep people safe. One relative said, "We have arrangements in place for when I look after [family member] and when care workers have responsibility."

#### Preventing and controlling infection

- Staff adhered to good infection prevention and control (IPC) guidance, wore enough personal protective equipment (PPE). One staff member said they had enough PPE and new supplies were brought to them.
- This helped prevent the risk of infection and cross contamination. One relative told us, "[Staff] always wear their PPE. They do COVID-19 tests before coming to work. They take their PPE away or dispose of it safely in the bin outside.
- Staff participated in the COVID-19 testing programme and they adhered to the provider's IPC policy. Checks were undertaken to help ensure good standards of IPC were consistently upheld. For example, effective handwashing techniques, correct use of PPE and changing gloves after each task.

#### Learning lessons when things go wrong

- There was a clear purpose to using learning to drive improvements. This positive sentiment was shared by all those we spoke with.
- Learning was shared with staff who took on board any changes. One staff member said, "Things don't go wrong very often but [registered] manager is very good at putting strategies and plans in place to prevent any potential for repetition.
- The registered manager had oversight of people's care both in people's homes, and other care services. When things went wrong they investigated and liaised with other organisation to help prevent recurrences.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service including information provided by Clinical Commissioning Groups, social workers and healthcare professionals. This helped inform the planning and provision of people's care, treatment and support.
- The registered manager supported staff with up-to-date guidance and knowledge based on people's needs, such as for a variety of health conditions, sensory impairments and physical disabilities. These assessments focused on people's preferences. The guidance was implemented into care plans and staff training. For example, infections, diabetes management and support with a percutaneous endoscopic gastrostomy (PEG).
- One relative said, "[Staff] are very good, and know my [family member's] needs really well. It is important there is a good rapport and staff of the same gender and similar interests. One in particular loves singing, having lots of fun and encouraging normal [childhood development skills]."

Staff support: induction, training, skills and experience

- Staff received a range of support based on people's needs including specialist training associated with people's health conditions. This included PEG feeding, moving and handling equipment and sensory technology.
- If not already completed in other care roles, staff completed The Care Certificate: This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This set of 15 minimum standards form part of staff's induction.
- Several staff had very recently moved from a previous care provider to the new care provider and thus being able to remain caring for people. One staff member told us their support was very good as they always felt confident and comfortable when contacting the management team. Another said, "I have done PEG training and how to prevent or manage epilepsy using the equipment needed in an emergency. I have shadowed experienced staff too and I know what [person's] needs are and how I meet them."

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

- People were supported with a diet based on their ability to eat orally, via a PEG or a combination of both where it was safe. A relative told us how they would prepare food for staff in a special way so their family member ate and drank safely.
- People were supported to eat a balanced and healthy diet whilst also having choices based on their best interest or as prescribed by health professionals.
- Records were in place when needed for people at an increased risk of not having enough food or drink, and systems were in place to monitor people's weight and food and fluid intake. One relative told us staff

were very careful when helping their family member to eat and drink, maintaining dignity but promoting independence.

- Relatives were positive about the way that people were supported to eat healthily. Where people needed prescribed thickeners with drinks and foods, this guidance was adhered to. People ate and drank enough and systems were in place for people at risk of dehydration or malnutrition.

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

- People were supported to see health professionals, such as rehabilitation consultants, SALTs, occupational therapists (OT) and GP's when needed.
- Staff acted promptly when needed in requesting support if people's emergency medication had not worked. One staff member said, "I can use strategies to prevent a seizure or the severity of it. Ultimately, we may need to call 999 and ensure the person is in a safe position in the meantime."
- The registered manager and staff worked closely with a wide range various health professionals and plans were in place to support people to see them. A relative said, "When [family member] has to go to hospital there would be a good reason for this. [Staff] are good at picking up changes in [health condition]."
- Staff supported people to stay healthy in areas such drinking enough and the safe use of equipment related to people's care.

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 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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were given choice and control over the decisions they made and how their care was provided and by whom. Staff sought consent from people in a variety of ways, so their choices were respected. One staff member told us some people used other ways to communicate, such as body language and technology.
- Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney or parental control. One relative said, "[Staff] always include my [family member] in conversations. They only ever speak respectfully and always assume what they say is being listened to. [Staff] are good at encouraging conversation using subjects they know [family member] understands."
- Staff received training in the MCA and had a good knowledge of what this meant when it came to supporting people. One staff member told us how they would use various strategies to communicate with people such as touch, technology which people could activate with eye movement. A relative told us, "The staff listen have achieved amazing results. I now know when [family member] doesn't like something. Staff respect these choices and preferences."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and staff team put people first and foremost by providing a consistent and knowledgeable staff team wherever possible. People and relatives were positive about the care and support they received. Staff ensured people's care and treatment was as caring and compassionate as it could be. One relative told us, "[Staff] always use their communication skills and are always respectful to include the person in the conversation."
- All those we spoke with praised staff for their kindness, respectfulness, compassion, being there for a chat and always listening. One relative said staff always respected privacy and dignity and what their family member wanted. The relative told us, "Staff need to be confident otherwise they will lose engagement. [Family member] has a voice and their voice has to be listened to, which they do."
- Staff told us how they respected people's diversities and included them in everything they did. This helped support people to be heard and understood.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices in their day to day support. For instance, with regard to the gender of care staff. The registered manager told us how they always aimed to have staff who had shared interests that matched people's preferences such as age, gender or care skills. This meant staff could better meet people's choices and needs.
- People felt involved in decisions about their care. One relative said, "We prefer [gender] staff. I would be the same if I was [age]."
- People and their relatives said care was being provided as agreed, and changes were made after people had been consulted. Any alternative arrangements were agreed in advance and only used in emergencies or unexpected circumstances.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to live fulfilling lives. People or their relatives told us how people's independence was promoted with equipment and staff who knew how to use it safely. This had resulted in people being able to live at home and have a better quality of life.
- Staff did this by encouraging people to do those tasks they could do, and help with those they couldn't. One relative told us how staff used various strategies to encourage independence and what made the best difference to people's lives. One relative told us, "I know that staff always close the door and keep dignity as much as possible. Never leave [family member] exposed or alone."
- Staff respected people's independence as much as practicable by only intervening to promote dignity or if people indicated they need assistance. Staff were polite and respectful when speaking with people and gave

them time to be in private where people preferred this.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and were knowledgeable about important things that mattered to them. One such example was a person who was not thought able to express any communication. The person was able to choose music using technology as a way to say 'yes' or 'no'. This made a huge difference to the person's life regaining communication skills after many years. This was only made possible due to staff's perseverance, skills and seeing what people's potential was. Staff had already made significant progress.
- People and relatives were positive about the support provided. One relative said how well staff knew their family member and when they could become unwell due to their treatment. With staff's help, this had reduced significantly. This was because staff knew the signs to look out for and when to stop and restart the treatment.
- Staff understood and focused on people's preferences and choices as well as their physical support needs. The registered manager told us how one person had been supported to access technology and they could communicate well with staff. A staff member said, "You can't literally put into words the difference technology has made, frustration and anger replaced with the ability to make a choice."
- Relatives spoke with us about the personalised support that their family members had received such as going to a park, playing games or watching a film together. This meant people's needs were met in a person-centred way. One staff member told us how much it meant to a person to do hobbies and interests any [age] year old should be able to do having fun, not being treated any differently from anyone else. The staff member said, "[Person] has so much freedom and movement in the swimming pool, going to accessible parks and loves the big round swings and wheelchair accessible trampolining."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in various ways, such as ensuring access to the most appropriate form of communication. Staff were adept at providing support based on people's age, such as age appropriate films and programmes, card games, favourite action films and being able to have a hair style they preferred.
- Staff broke down the barriers that could impact how people communicated. This enabled people live a more fulfilling life as well as being able to access important information about their care and support needs.

A health professional told us, "I have seen [registered manager] and team work closely with care staff delivering support and advice on different approaches and empowering the staff to speak up and advocate on people's behalf. This helped people to communicate in their preferred way.

- Training was in place for staff to use technology effectively. Staff understand people's communications, such as through facial expressions, pointing to objects of reference and with technology that supported non-verbal communications. This ensured people had their needs met as they wanted them to be.

Improving care quality in response to complaints or concerns

- Policies and procedures, such as those around complaints or safeguarding were available in accessible formats as required. One relative told us they raised concerns about their family member's care in another care service, and actions were being taken in the person's best interests. An OT told us, "The [registered] manager was very responsive in resolving concerns raised."

- A relative told us if they had any concerns, they would contact the registered manager who, "Always provided a solution."

- Complaints were responded to through the provider's complaints process and were analysed for any potential trends. If needed, lessons were learnt to prevent recurrences.

End of life care and support

- At the time of our inspection, no person was in receipt of end of life care. However, policies and procedures and trained staff were in place should this ever be needed.

- The registered manager told us they had broached this subject with relatives in case there was an emergency or sudden change in people's health conditions.

- Relatives had been receptive to this delicate but important subject and had time to consider what but be in their loved one's best interests.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff team were passionate about supporting people to live as meaningful a life as possible. Staff spoke with enthusiasm about how they supported people and how to achieve future goals. One staff member said, "It is about making people's dreams a reality such as going out with siblings. Having some fun." Another staff member told us, "[Management team] answer all my queries they are very approachable and friendly. They have given me help in showing [person] different options and how the person would nod for yes, or say no. You have to listen and respect their wishes."
- People and their relatives were complimentary and praised the support provided. One relative praised staff for playing various games with the person and always being person-centred.
- Relatives spoke about the caring attitude of the whole staff team. One relative told us how inclusive staff were in understanding barriers and overcoming them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was knowledgeable about the incidents they needed to report to us. They were also open in implementing changes that were under their control and escalating those outside of their control.
- The registered manager led by example setting high standards of care and empowering staff to be the same by promoting the provider's values.
- There was a variety of monitoring systems in place to help manage the overall quality of service provided. Areas monitored included accident and incident trends, spot checks of staff, reviews of care plans and a feedback from health professionals. Prompt action was taken when needed to medicines' recording.
- The registered manager understood the need to be open and honest when things went wrong. For example, if staff did not follow procedures and they were unable to make care visits as planned and offering apologies when things had gone wrong. A relative told us, "It has been a journey and we are now going to get consistent care and support. My [family member] can't wait for it all to start."
- Staff were clear about their roles and explained these to us in detail. For example, detailed knowledge about how to prevent a seizure, or how to change a PEG in an emergency.
- All feedback about the service and its management was positive. The health professionals involved in people's care said they would recommend the service should a loved one or friend need nursing care at home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved as much as practicable and also through relatives and court appointed deputies in all aspects of their care, treatment and support. This included best interest decisions and also day to day discussions with staff. More formal meetings with multi-disciplinary teams management were held, and this helped drive improvement in the quality of people's care.
- Relatives and people were regularly asked to feed back about the service and about their involvement with the service. One relative had fed back their complete satisfaction with Sonia Woodward Ltd. A common and positive theme that this sentiment was shared across all those asked for feedback.
- Staff felt well supported and told us they felt listened to and that their feedback was taken on board.

Continuous learning and improving care

- Although the service was relatively new and only had a few people using it, the registered manager was continually looking at ways to improve the service. Examples included changing to an electronic care records system where the monitoring of records would be more effective and allow quicker actions.
- A healthcare professional told us how improvements were made and said, "The [registered manager] is a champion for people's safety. They have recently completed a safeguard and best interest meeting as they had concerns from other providers interventions. Care plans are then reviewed with family members and care staff accordingly."
- The provider worked successfully with the CCGs when people's needs or treatment and support changed.

Working in partnership with others

- The registered manager and staff team worked well with various organisations such as commissioners and multidisciplinary health professional teams where people's treatment spanned several areas. This helped support better outcomes for people.
- A health professional told us, "The [registered manager] gave me a warm welcome. They have shared with me their knowledge and skills, listened to my clinical reasoning, and I am very happy [working with them]."
- Health professionals and social workers were involved when needed. One relative told us the involvement of these professionals had meant the difference to be able to live safely at home. An OT told us, "[Registered manager] raises concerns where she needs to and also she keeps us informed as much as possible."