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SONACare

Inspection report

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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

SONAcare was inspected on the 28 and 29 November 2018 and the first day was unannounced.

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

Sonacare is a detached property situated in a residential area close to the centre of Cleveleys. The home is registered to care for up to fifteen people assessed as requiring residential care. Accommodation is located on the ground and first floor of the building that can be accessed by a passenger lift. There is a communal dining room with a lounge area as well as a quieter lounge area for people to sit.

The majority of bedroom accommodation is for single occupancy although there are some shared bedrooms for people who would prefer this option. A range of aids and adaptations are in place for people whose mobility might be affected.

At our last inspection in March 2018, the service was rated as 'Requires improvement'. We found a detailed employment history of prospective employees was not always obtained. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered provider sent us an action plan indicating how improvements would be made and compliance with the regulation reached. The action plan indicated the service had taken action to ensure it met the requirements of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection in November 2018 we found improvements had been made. We looked at two files of staff who had recently been recruited to work at the home. We found the files contained employment checks, references and a full employment history.

We found individual risk assessments were carried out in key areas such as nutrition, falls and skin integrity. Care records contained sufficient information to enable staff to support people. Care records also contained information regarding people's preferences and social histories. People and relatives we spoke with confirmed they were consulted in decision making and the planning of care.

At the time of the inspection visit there was a manager in place who was registered with the Care Quality Commission. 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.

People and relatives told us staff were friendly and respectful and caring in nature. We observed interaction between people who lived at the home and staff. We saw staff were gentle and patient with people and encouraged them to maintain their independence whenever possible.

We found the home was clean and tidy and staff were seen to wear protective clothing when this was required. We noted the temperature of two hot water taps at the home were warm, but not hot. The registered provider told us they would address this. Prior to the inspection concluding the registered provider confirmed action had been taken and additional steps taken to identify any future changes in water temperature.

We saw documentation which evidenced the service sought feedback from people who lived at the home and relatives. Documentation asked people to share their opinions on what the home did well and what needed to improve. The registered provider told us they were committed to improving the service provided.

People told us they did not have to wait for help and staff were attentive to their needs. We timed two call bells which were answered promptly. We observed staff were patient and spent time with people chatting and supporting them when they needed help. Staff and relatives we spoke with voiced no concerns regarding the staffing arrangements at the home. Rotas we viewed showed staffing was arranged in advance and staff confirmed replacement staff were provided if unplanned absences occurred. The registered provider told us they were currently planning to recruit a cook to the home as the number of people living at the home had risen.

Staff told us and we saw documentation which evidenced staff attended training to enable them to maintain and update their skills. We also saw evidence and staff confirmed, they had regular supervision with their line manager to discuss their performance.

People were asked to express their end of life wishes. Person centred documentation was available to plan this area of people's care if people wanted to share their needs, wishes and preferences.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was required.

People told us they had a choice of meals to choose from and they enjoyed the meals provided. We saw people were offered a choice of meals during the inspection and we observed the lunchtime meal. People were given the meal of their choice and were offered more if they requested it. We found staff were available to help people if they needed support. People could choose where and when to eat and spoke positively of the food provided.

Staff we spoke with knew the needs and wishes of people who lived at the home. Staff spoke fondly of the people they supported and said they valued them as individuals. Staff were respectful with people who lived at the home and people told us they felt respected and valued.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered manager, registered provider or the local authority safeguarding team so people were protected. The number of the local authority safeguarding team was displayed on a notice board at the home so staff, relatives and people who used the service could raise concerns if they wished to do so.

There was a complaints procedure available at the home. People we spoke with told us were confident any complaints they may wish to make would be addressed by the registered manager or registered provider. Relatives told us they were aware of the complaints procedure and told us they felt any complaints or comments they made would be responded to.

People told us there were a range of activities provided. They said they could take part in these if they wished to do so. We saw there was an activities planner on display at the home. The registered provider told us they were exploring the possibility of engaging a singer to come to the home.

The registered provider demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Relatives we spoke with told us they could speak with the registered manager if they wished to do so and they found the manager approachable.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Risk assessments were carried out to ensure risks to people were minimised.

Medicines were managed safely.

There were sufficient staff available to meet people's needs and people told us they were happy with the staffing arrangements at the home.

Is the service effective?

Good ●

The service was Effective.

People's nutritional needs were monitored and referrals were made to other health professionals if the need was identified.

Staff told us and we saw documentation which demonstrated staff received training to enable them to meet people's needs.

If restrictions were required to maintain people's safety, this was carried out lawfully.

Is the service caring?

Good ●

The service was Caring.

People and relatives told us staff were caring and we saw people were treated in a caring and respectful way.

People and relatives told us they were supported to maintain important relationships.

People told us they were respected and their privacy and dignity was upheld.

Is the service responsive?

Good ●

The service was Responsive.

People and staff told us activities took place for people who lived at the home to enjoy.

There was a complaints procedure in place. People and relatives we spoke with told us they were confident any complaints they made would be responded to.

People told us they were supported to discuss their end of life wishes and documentation was available to record these.

Is the service well-led?

Good ●

The service was Well-led.

Checks were carried out at the home to identify when improvements were required.

People and relatives told us they found the registered manager and registered provider approachable and they were able to hold discussions with them.

Staff told us they could speak with management if they wanted any further guidance, and staff meetings took place to support effective communication.

SONACare

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 was planned to check whether the provider is 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.

The inspection visit took place on 28 and 29 November 2018 and the first day was unannounced. The inspection was carried out by one inspector. At the time of the inspection there were 12 people receiving support at the home.

Before our inspection on the 28 and 29 November 2018, we completed our planning tool and reviewed the information we held on the service. We also reviewed notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. In addition, we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with six people who received support and four relatives. The registered manager was not present during the inspection, therefore we spoke with the registered provider and the deputy manager. In addition, we spoke with three care staff and the cleaner. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This helped us understand the experiences of people who lived at the home.

We looked at care records of four people who lived at SONACare. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of a recently recruited member of staff. We looked at records related to the management of the service. For example, we viewed records of environmental checks, accident records and health and safety certification.

Is the service safe?

Our findings

At the last inspection carried out in March 2018, we found improvements were required to ensure a full employment history was gained and recorded from prospective employees.

At this inspection in November 2018 we viewed the staff records of two recently appointed staff. We saw documentation recorded the full employment history of staff and Disclosure and Barring (DBS) checks were carried out and references were obtained prior to staff starting work. DBS checks and references help ensure suitable people are employed to work with vulnerable adults. This demonstrated essential checks were carried out prior to staff starting work at the home.

We observed medicines being administered and saw people were supported in a person centred and respectful way. We observed staff asking people if they were ready for their medicines and they spent time with people, discreetly explaining to them what the medicine was for. People were asked if they required pain relief and if this was declined, their wishes were respected. We saw the staff member administering the medicine stayed with people until they had taken it. They then signed the medicine and administration record to record the medicine had been given. Staff spoken with could explain the arrangements in place for the ordering and disposal of medicines and told us they had received training to ensure they were competent in the safe management of medicines.

At the last inspection we recommended that the service reviewed processes at the home to ensure good practice guidance was consistently implemented in respect of infection control. At this inspection we visited a sample of private rooms and saw these were visibly clean with no malodour. There were adequate hand washing facilities available and cleaning records were kept recording any cleaning work carried out. The home had appointed an "Infection Control Champion." This is a member of staff who is responsible for monitoring the infection control practices at the home and passing on best practice information to staff. We spoke with the infection control champion. They told us they had attended training to enable them to promote best practice and they completed audits to check the cleanliness was maintained. The infection control champion told us they were hoping to attend further training in 'Sepsis'. This is a medical illness that can be life threatening. They told us they were keen to attend so they could share the knowledge they gained. They explained this could help staff identify people with this illness so they could seek medical advice promptly. We observed staff wearing protective clothing when it was appropriate to do so and this was available within the home. This demonstrated the registered provider sought to minimise the risk and spread of infection at the service.

We viewed care records which contained assessments of risk in key areas of people's care. For example, we saw the risk of falls, skin integrity and malnutrition were assessed. Risk assessments contained information on how risks should be managed and care records contained information regarding the care and support people required. For example, we saw one person required a piece of equipment to mobilise. We saw the care record instructed this and during the inspection we observed staff following the risk assessment and care records instructions. This demonstrated care and support was delivered in accordance with people's assessed needs and in a way that minimised the risk of harm.

We asked people if they were satisfied with the staffing arrangements at the home. People told us they were helped quickly. We were told, "The good thing about here is they come when I need them." One person told us staff were, "Quick to come" if they rang their call bell. Relatives we spoke with told us they were satisfied with the staffing arrangements. One relative said of the staffing arrangements, "I think it works really well." A further relative said, "All the staff have time for people." During the inspection we timed two call bells and saw these were answered promptly. We observed people were supported by staff in a calm and relaxed way and they spent time with people chatting, helping them and doing activities. This showed staff were effectively deployed to meet people's needs.

We reviewed rotas and discussed staffing arrangements with the registered provider. They told us more people had recently moved into the home and they were recruiting a cook to work at the home. They explained that they had not had a cook previously as less people were resident; however this position had now changed. They also told us the rota was arranged in advance and if unplanned leave was taken at short notice, staff cover would be provided. This was confirmed by speaking with staff. Staff told us they had no concerns with the way staffing was organised. One staff member commented, "The way we do it is, we're organised so everyone gets the help they need." Our observations, the documentation we reviewed and the feedback we received, showed staffing arrangements were sufficient.

People who received support told us they felt safe living at SONACare. People told us they trusted staff and they were happy at the home. One person told us they had never seen anything to worry them. A further person told us they could rely on staff. Relatives we spoke with told us they had no concerns with their family member's safety. One relative told us, "I'm impressed with the safety."

We asked the registered provider how they monitored accidents and incidents which occurred at the home. They explained that accident forms were completed by staff. These were then reviewed to identify if any further actions were required to minimise risk. The registered provider also showed us documentation which showed falls and incidents were reviewed monthly. They explained they and the registered manager looked for trends and patterns. The registered provider said they would consider risk controls such as extra visual checks, equipment and staff support to minimise the risk of reoccurrence. They further explained that any lessons learned would be shared at handovers, staff meetings and supervisions. This demonstrated there was a system at the home to maintain oversight of accidents and incidents and to review these to see if further actions were required.

Staff we spoke with could describe people's individual needs and the help and support they required to maintain their safety and well-being. For example, staff could explain people's social histories, relationships that were important to them and the support people needed. During the inspection we saw one person being supported with their mobility. We viewed the person's records and saw staff were supporting the person in a safe way and in accordance with their assessed needs. This demonstrated staff were aware of the individual help people required.

Staff told us they were committed to protecting people from abuse. One staff member said if they were concerned that people were at risk from harm or abuse they would take action. Staff could explain what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or bullying to ensure people were protected. We saw the contact number of the local safeguarding authorities was visible on a notice board at the home. This helped ensure staff, people who lived at the home, relatives and visitors could raise concerns if they wished to do so.

We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a four-star rating following their last inspection by the FSA. This graded the home as

'good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

There was a legionella risk assessment in place and the registered provider showed us documentation which indicated water temperatures were checked regularly. We saw windows were restricted to prevent the risk of falls from height and the Landlord Gas Safety Certificate and lift service was in date. We found there was a fire risk assessment completed and staff we spoke with could explain the support people would require to evacuate the building if this was required. We noted one fire exit did not have a fire exit sign above it. The registered provider told us they would address this.

Is the service effective?

Our findings

People told us they were happy living at SONAcare. One person told us, "It's lovely here." A second person said they enjoyed living at the home as it was, "A relaxed place to live." Relatives we spoke with told us they were happy with the care and support their family member received living at the home. One relative commented, "It's fantastic." Another family member told us, "I'm happy that [family member] is there."

At the last inspection we recommended the service review the provision of hot water at the home to ensure it met people's needs. At this inspection we were informed by the registered provider that a new boiler had been installed to ensure people had access to hot water. In two of the private rooms we checked, we found the water was warm, but not hot. The registered provider told us they would investigate this. Prior to the inspection concluding the registered provider wrote to us. They explained a check had been carried out of all the taps in the home and they were now at the correct temperature. In addition, daily checks had been implemented so any future changes in temperatures could be identified.

We walked around the home to check it was a suitable environment for people to live. We saw grab rails were available in bathrooms to support people who experienced challenges with mobility and signage was on communal doors to help people identify rooms they may want to enter. We noted some areas of the home would have benefited from redecoration and the registered provider told us they were planning to refurbish parts of the home. We recommend the service seeks and implements best practice in relation to the provision of a dementia friendly environment.

People told us they were offered choices of meals and they liked the meals provided. We saw staff offered people a choice of meals from a menu during the morning. Their choice was then cooked for them at lunchtime. One person told us, "I like it all and I can have more if I want." We also noted people could choose where they wanted to eat. One person told us, "I can and do have my meals in here, in my room. It's in my care plan." This demonstrated people were supported to eat meals of their choice in a way that met their preferences and needs.

We observed the breakfast and lunch time meal and found staff were available in the dining area to serve people and provide help if people required this. For example, we saw one person required reminding to eat their meal. Staff discreetly prompted them and as a result the person ate all their lunch. This demonstrated people were supported to eat and drink sufficient to meet their needs.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. One person told us they had spoken with staff as they needed to gain weight. They told us staff were supporting them by providing extra snacks and meals. During the inspection we saw they were provided with additional snacks to help them achieve their goal.

Staff told us they would support people to gain further professional advice if this was required. We reviewed records which showed that people were weighed in accordance with their assessed needs and if further

professional advice was required, this was sought. This demonstrated people's nutritional needs were assessed and monitored and action taken as required.

Documentation showed people received professional health advice when this was required. We found people were referred to doctors and district nurses if this was required and records reflected their instructions. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff were able to explain the help and support a person needed in relation to their nutritional needs. This demonstrated staff were aware of professional advice.

We checked to see staff received training to maintain and develop their skills. We viewed a training matrix and staff supervision records. Supervision is a one to one meeting where staff can discuss their performance and any concerns with their line manager. Staff told us they received training on a regular basis and this was a mixture of face to face training and e-learning. The training matrix we viewed showed staff received training in areas such as safeguarding, moving and handling and equality and diversity.

Staff told us they enjoyed the training and said they were expected to remain up to date with training so they had the latest knowledge and skills. Staff also explained they received supervisions with the registered manager and this was an opportunity to seek clarity and get feedback on their performance. This demonstrated training and support was available to staff to help ensure their knowledge and skills remained current and up to date.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. The registered provider explained person centred information from the individuals care record would be photocopied and sent with people. In addition, copies of the MAR record would also be provided. This helped ensure health professionals had access to relevant information to inform their decision making.

We asked the manager how they obtained and implemented information on best practice guidance and legislation. They told us they had registered to receive email updates from professional organisations such as the Care Quality Commission and they also attended regular best practice forums provided by the local authority. They could give examples of how they implemented best practice. The registered provider told us they used the "Red bag scheme" if people went to hospital. They explained that all information would be put into a red bag and would accompany the person. The scheme aims to support communication between care homes, ambulance and hospital staff. This demonstrated the registered provider sought best practice and implemented this where possible.

The registered provider told us they used technology if this was appropriate. For example, they would use alert mats to alert staff if people who needed help with their mobility got out of their bed. This is a mat that sounds an alarm when stepped on and enables staff to attend and offer support and guidance. This may minimise the risk of falls. This demonstrated the registered provider considered the usefulness of technology when considering the service provided.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In

care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us they were involved in decision making and discussions about their care. One person described how staff had sought consent from them to involve their relative in the care planning process. They told us they had agreed to this. They said of their care plan, "We all sign together." A relative told us they had been fully involved and consulted in decision making and the care planning process. They explained if any decisions needed to be made, they were consulted.

We saw consent was sought before care and support was given. For example, we saw people were asked to consent to care before help was given with mobility, medicines and with personal care. We viewed records which showed people's consent had been recorded.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required. The manager told us these would be reviewed by the home to ensure that they remained relevant to the people they related to. This helped ensure people's rights were upheld.

Is the service caring?

Our findings

People who lived at the home told us staff were caring and they had positive relationships with them. Comments we received included, "I get on with everyone and they get on with me." A further person told us they considered staff were kind. They told us, "Nothing's ever a bother to them." Relatives spoke positively regarding the approach of staff. One relative said the staff were fantastic. We asked why that was and they said it was because of, "The caring nature of the staff, how sincere they are." A further relative said of staff, "They're all really nice, very friendly." A third relative praised the staff approach. They told us staff were caring and patient.

We saw staff were caring. Staff spoke with people gently and with understanding. We observed a person being helped to mobilise. The staff were attentive and kind. They offered praise and encouragement to the person and complimented them on how well they were doing. This was well received by the person who responded to staff with gentle banter and laughter. On a further occasion we saw a person was approached by a health professional. Staff supported the person's understanding of why the professional wanted to see them. Conversations were held at a pace appropriate for the person and the staff member sat at the person's level, maintaining eye contact to support understanding. We observed another staff member supporting someone who was confused regarding the time of day. The staff member showed them a clock and explained the correct time. They were reassuring and gave comfort by holding the person's hand as they explained. Our observations showed staff were caring.

We found people's privacy was respected. One person told us how they could spend time alone in their room and they did not have to use the communal areas unless they wished to do so. A further person told us they had two chairs in their room so they could spend time alone with a person who was important to them. They told us, "If we want to have a natter in private, we can." A further person told us if they took phone calls, staff left them with the telephone and did not listen to their conversations. This demonstrated staff respected people's right to a private life. Relatives we spoke with also confirmed they could spend time alone with their family member if this was their wish. One relative described how they were able to spend undisturbed time with their relative. They said, "I can chat in total privacy to [family member] if I want to."

During the inspection we saw if people were supported with personal care, bathroom doors were closed to maintain their privacy and dignity. As we walked around the home we observed staff knocking on private bedroom doors and waiting for a response before entering. We observed people's dignity was upheld. For example, we saw one person was discreetly offered a napkin to wipe their face as they had food on it. A further person was helped to change their clothes as there was a stain on their clothing. This helped maintain people's dignity.

We observed caring interactions between staff and people who lived at the home. For example, we saw a staff member complimenting a person on the way they had managed to eat all of their meal. Our observations showed the person valued this comment as they laughed and thanked the staff member. This demonstrated that staff were caring and gave recognition to people's successes.

Staff spoke affectionately of people who lived at SONAcare. Staff told us they had time to spend with people and enjoyed being with them. One staff member spoke of their role with pride. They said, "I like working here and doing the best I can for people." A further staff member told us they were committed to caring for people and they wanted people who lived at the home to have the best experience possible. This demonstrated staff had a caring approach.

We spoke with the registered provider about access to advocacy services should people require their guidance and support. The registered provider told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of SONAcare if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager, registered provider or local safeguarding authorities so people's rights could be upheld. We saw care records documented people's chosen faith and the registered provider told us if people had faith or cultural needs, support for them could be accessed to support their beliefs and preferences.

Is the service responsive?

Our findings

People told us they considered the care was good and said they received the help they needed when they needed it. One person described their health goals. They shared how the service had listened to their wishes and a care plan had been developed to capture these. They explained how staff helped them to make choices regarding their nutritional intake and they welcomed this. In addition, they explained how staff supported them to maintain their skin integrity by helping them stand regularly. They told us staff supported their skin care routine and were, "As regular as clockwork." Relatives told us they had been involved in care planning. One relative commented, "I'm totally involved in care planning. Always have been."

Documentation we viewed demonstrated people were referred to external health professionals if this was required and this was confirmed by speaking with relatives. One relative told us, "They don't hesitate." During the inspection we spoke with two visiting health professionals. They voiced no concerns regarding the care and support people received at SONACare. This demonstrated people were supported by staff who responded to people's changing needs.

People we spoke with told us they were given the opportunity to discuss their end of life wishes. We spoke with two people who confirmed they had been asked if they wanted to discuss their end of life care. They told us they did not wish to share any information at present. We asked the registered provider how information shared would be documented. They told us they had developed a care plan format to record people's wishes. We viewed this and saw it supported the sensitive planning of end of life care. For example, people were asked who they would like present and if they would like music playing at the end of their life. The registered provider told us records would be updated as people shared information with staff and care planning took place.

We found people were supported by staff who were responsive to their needs. We noted one person had fallen and was in the process of being referred to an external health professional for further advice. We also noted a person at the home got up late. We found they were provided with drinks and their breakfast in their room and when they were ready, they came to the communal area for their lunch. This demonstrated care was provided which was responsive to individual needs.

Staff told us they provided activities for people to take part in and people we spoke with confirmed this. Activities included nail care, singing and board games and staff told us individual activities were supported as well. One person told us how they liked gardening. They shared they looked after the potted plants outside. They explained they enjoyed this and we saw a photograph of them gardening. They were smiling. A further person told us they had enjoyed the Halloween party. They told us they had dressed up in a witch's hat. We saw a photograph of them and it was clear from the smile on their face they were happy. This demonstrated activities were provided for people to take part in if they wished to do so. We discussed the provision of activities with the registered provider. They told us they were currently looking into the possibility of arranging for an external singer to come to the home on a regular basis and they were speaking with people about this. This demonstrated the registered provider sought to improve the activity provision at the home.

We saw people's care records contained information on people's individual communication needs. Staff told us they would consider the needs of the person and obtain what support they required. For example, by using pictures or large print to support understanding. This showed people's individual needs were considered.

SONACare had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made. The registered provider informed us there had been no complaints made since the last inspection. All the people and relatives we spoke with told us they were confident any complaint they may wish to make would be addressed by the registered manager and registered provider.

Is the service well-led?

Our findings

At this inspection in November 2018 we found there was a there was a manager in place who was registered with the Care Quality Commission. 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.

We did not speak with the registered manager during the inspection visit as they were not present. We asked people who lived at the home, staff and relatives their opinions on how the home was managed. We received positive feedback. People and relatives told us they could approach the registered manager or registered provider if they had comments to make and they considered the home to be well organised. Staff also told us they had no concerns with the way the home was managed. Staff told us there was a routine at the home which was focussed on people's wishes and needs and the registered manager and registered provider supported this way of working. One staff member commented, "The way we do it is, we're organised so everybody gets the help they need." They went on to say, "People have their own routine. It's not a home routine."

We saw evidence the registered provider sought feedback from people who lived at the home and relatives. This included annual surveys, group and one to one meetings for people who lived at the home. We viewed the most recent surveys provided to people and relatives and saw no negative comments recorded. On reviewing the minutes of residents' meetings we saw people were invited to comment on areas of the home such as the meals and staffing arrangements. In addition, people were asked to suggest any changes. The minutes we viewed were positive and no changes were suggested. This demonstrated the registered provider was committed to seeking feedback and driving improvements.

Staff we spoke with could explain their roles and responsibilities and spoke positively of the support they received from the registered manager. One staff member told us they considered the registered manager to be responsive to any feedback from staff. They explained the registered manager was committed to improving the experiences of people who lived at the home. They went on to say that the registered manager welcomed any suggestions from staff on how this may be done. They said, "[Registered manager] tries her hardest to work things out for us." All the staff we spoke with told us they considered morale to be good and they worked together to provide a happy home for people to live. One staff member said, "We all work together."

Staff also told us they attended staff meetings with the registered manager where they could discuss any changes at the home and receive feedback on the service provided at SONACare. We viewed minutes of these meetings and saw any improvements required were discussed. For example, we noted staff were reminded to ensure that laundry was returned to the people to which it belonged. In addition, we saw staff were praised if something had gone well. We saw staff had been complemented on the way they followed best practice when administering medicines. This demonstrated the registered provider and registered manager sought to engage and communicate with staff to ensure the service ran smoothly.

We asked the registered provider what audits were carried out to ensure improvements were noted and successes celebrated. The registered provider showed us documentation which evidenced a variety of audits were carried out. These included, accidents and incidents, weight management, care records, medicines, infection control and staff files. They explained this was a way in which to monitor trends and identify any actions that needed to be taken to improve the service provided. They also told us they intended to keep using the services of an independent consultant so they had an independent view of the way the service was performing. They told us they were committed to improving the service and the independent consultant was a further way to achieve this. This demonstrated the registered provider maintained oversight of SONACare and sought to identify where actions were required to improve.

We discussed partnership working with the registered provider. They explained they worked with other agencies to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, district nurses, members of the falls team and dietitians. In addition, the registered provider told us they attended various forums to share and learn best practice. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.