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# SONACare

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 23 and 31 January 2018.

SONACare is a care home in Cleveleys and is registered to care for up to fifteen people assessed as requiring residential care. The home has two communal rooms and a dining area. Bedrooms are available over two floors which are accessible via stairs or a lift. At the time of the inspection visit 10 people were receiving care and support at the home.

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.

At the time of our inspection visit there was no registered manager in place. 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. The registered manager cancelled their registration with the Commission in January 2018. The registered provider said there were plans in place to replace the registered manager. They had not yet however commenced the registration process.

When we completed our previous inspection in May 2017 we found concerns relating to the environment at the home. At this time this topic area was included under the key question of Safe. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is included under the key question of Effective. Therefore, for this inspection, we have inspected this key question and also the previous key question of safe to make sure all areas are inspected to validate the ratings.

At the last inspection visit carried out in May 2017, we found not all requirements had been met and the registered provider was not meeting all the fundamental standards. The registered provider did not meet the requirements of the regulations during that inspection as breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. These related to safe care and treatment, staffing, dignity and respect, safeguarding people from abuse, good governance, person centred care, premises and equipment and failure to display the up to date performance assessment. At the inspection, the service was placed in special measures by the Care Quality Commission, (CQC.)

Following the inspection visit we asked the registered provider to complete an action plan to demonstrate how they intended to make the required improvements. We used this inspection process to check to see if the improvements had been made.

During this inspection in January 2018, we found some improvements to meet the fundamental standards

had been made. As a result the service has been taken out of special measures. The service will be expected to sustain the improvements and this will be considered in the future inspections.

Although we found improvements had been made, during this inspection process we identified a breach to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure recruitment documentation included a full employment history for all staff.

Following the inspection visit carried out in May 2018, the registered provider had reflected on concerns identified during the inspection and had reviewed safeguarding processes to promote peoples safety and well-being. At this inspection visit we found staff understood their responsibilities for reporting safeguarding concerns and were aware of how to report safeguarding alerts. The registered provider had become a safeguarding champion, working alongside professionals with up to date knowledge of safeguarding processes and best practice.

The registered provider had reviewed the premises, equipment and fire safety procedures. A period of refurbishment had started at the home. An upstairs bathroom had been replaced, decoration in a lounge had been completed and worn furniture had been replaced with furnishings which supported infection prevention and control processes. In addition, a new nurse call bell system had been fitted at the home. Although improvements had been made during the inspection process we identified a concern with the water system at the home. We have made a recommendation about this.

The registered provider had reviewed infection control processes at the home. They had worked in partnership with the infection prevention and control nurse to develop and manage infection control processes at the home. This included supporting the cleaner at the home to be an infection prevention and control champion. Although changes had been implemented, we found changes were not consistently embedded. We fed back concerns to the registered provider at the end of the inspection process about this. In addition, we relayed our observations to the infection prevention and control nurse working with the registered provider so they could monitor the situation and provide advice and guidance if necessary. We have made a recommendation about this.

The registered provider had worked with a consultant to identify and address all the concerns identified at the last inspection visit. The registered provider said they had gained knowledge from the consultant and were keen to ensure they sustained improvements introduced.

The registered provider had worked with the consultant to develop a staffing dependency tool to assess people's needs and identify how many staff was required to meet the need. We reviewed the dependency tool and noted staffing levels were above those calculated within the dependency tool. We saw evidence of staffing levels being reviewed when a new person was admitted to the home.

Arrangements for the management of medicines had been reviewed. Protocols for administering as and when required, (PRN) medicines had been developed. Systems had been put in place to ensure topical creams, pain relief patches and ointments were suitably recorded after administration. Since the last inspection visit staff had received training from an external trainer to ensure good practice guidelines were followed. Regular audits of medicines were carried out by both a designated member of staff and a pharmacist responsible for the supply of medicines. Although improvements had been made we found good practice was not fully embedded as times of administering time specific medicines was not always recorded. We discussed this with the registered provider during feedback

We observed staff responding to requests and noted people's needs were promptly addressed. People who

lived at the home spoke highly of the staff and their attitude. From observations we noted staff were patient and respectful with people.

Person centred care was provided by staff who knew people well. Relatives told us staff knew of people's likes and dislikes and respected these whilst supporting people. We observed person centred care being delivered throughout the inspection process.

The registered provider said they had reviewed activities for people who lived at the home to ensure activities provided were appropriate to people's needs and took into consideration people's spiritual needs. On the first day of the inspection visit we observed care staff carrying out short activities with people who lived at the home. We were shown photos of people taking part in activities.

We looked at how complaints were managed and addressed by the registered provider. At the time of the inspection no one had any complaints about how the service was delivered. We were told by relatives feedback from them was routinely sought to ensure they were happy with the service provided.

Systems had been implemented to ensure people were lawfully deprived of their liberty. Restrictions upon people had been reviewed and wherever possible restrictions had been reduced. We saw appropriate DoLS applications had been made as required.

Training had been reviewed and arranged to ensure staff were equipped with the necessary skills required to carry out their role.

Feedback from relatives about the home and how it was managed was positive. Relatives said the registered provider was approachable and a good provider.

Feedback from staff who worked at the home was positive. Staff said teamwork had improved and care provided was now more organised and efficient.

We saw improvements had been made to ensure the home was well-led. Audits had been reviewed and new audits had been developed. These included external audits from independent people. Audits for the premises and maintenance had been implemented, however these had not been consistently followed up and had failed to identify some of the minor concerns we picked up during the inspection visit.

Partnership working with other organisations had improved. The registered provider had identified staff within the home to take on role of champions. Champions are staff who have a specific interest and are committed to undertaking additional training. Champions had attended external training and had cascaded advice and guidance to other staff at the home. We saw that good practice guidance had been introduced at the home as a result of networking with other groups.

We looked at how people's dietary needs were met at the home. Following the last inspection visit the registered provider had reviewed the environment in which people ate their meals and had made changes to make the meal time experience more pleasing. We received positive feedback from people who lived at the home and relatives about the standard of meals provided. The registered provider said they were in the process of reviewing menus following consultation with people who lived at the home. Support was given in a respectful manner if people required support at meal times.

Care plans and risk assessments for people who lived at the home had been reviewed and updated to ensure they reflected people's needs. The registered provider had reviewed ways in which falls were being

managed. They had sought advice and assistance from health professionals to ensure people's needs were met. We saw there had been a decrease in the number of reported falls since the previous inspection. Systems had been implemented to monitor and manage falls and these were consistently followed by staff.

The mental capacity and consent of all people who lived at the home had been reviewed. We saw evidence best practice guidelines were followed when people were assessed as not have capacity. Systems had been implemented to ensure all regulatory responsibilities were adhered to.

End of life care had been discussed with people. End of life wishes were documented within the care plan. The registered provider had established links with other professionals so that people could be assured a dignified and pain free death at the end of their life.

This is the first time the service has been rated Requires Improvement. Although this service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

You can see what action we have taken at the back of the full 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?

The service was sometimes safe.

Recruitment procedures to assess the suitability of staff were not always effective.

Infection prevention and control systems had been introduced at the home to improve standards of hygiene. However, these were not yet fully embedded into practice. We have made a recommendation about this.

People who lived at the home and relatives told us people were safe.

Staff were aware of their responsibilities in reporting and responding to abuse.

Systems had been implemented to ensure appropriate numbers of suitably qualified staff were deployed to meet the needs of people who lived at the home.

Risk was addressed and managed within the home.

Arrangements were in place for the safe management of all medicines.

**Requires Improvement** ●

### Is the service effective?

The service was sometimes effective.

Improvements to the environment had commenced to make the home more pleasing to people who lived there. A refurbishment plan was in place and work was on-going. We have made a recommendation for further improvements.

Improvements had been made within the service to ensure people's health needs were monitored and advice was sought from other health professionals in a timely manner.

Improvements had been made to ensure people's nutritional and health needs were met by the service.

**Requires Improvement** ●

Staff had access to ongoing training to meet the individual needs of people they supported.

Improvements had been made to ensure the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were consistently applied to working practices.

Although this service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### Is the service caring?

Good 

The service was caring.

Improvements had been made to promote person centred care within the home. People and relatives told us staff were kind and caring.

Improvements had been made to ensure dignity was promoted throughout the service. We saw people were treated with patience, dignity and respect.

Staff were aware of the need to promote independence. Information was made accessible when people had some difficulties in communicating and making decisions.

Although this service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### Is the service responsive?

Good 

The service was responsive.

People's care records were kept under review and staff responded when people's needs changed. Care plans incorporated peoples preferred needs and wishes.

The service had a complaints system that ensured all complaints were addressed and investigated in a timely manner. However not all people felt complaints were managed appropriately.

End of life care was discussed with people so their preferences and wishes could be documented. The service had established links with professionals so that end of life care could be dignified and pain free.

**Is the service well-led?**

The service was sometimes well led.

Some improvements had been made to ensure paperwork and records were accurate, organised and readily accessible. The registered provider advised us this work was still ongoing and further amendments were planned.

Improvements had been made to ensure auditing systems were effective. However these we not yet consistently embedded.

Improvements had been made to ensure concerns identified at the last inspection visit had been actioned. The registered provider's oversight of the service had improved. Risk was being managed proactively.

The registered provider and staff were aware of their roles, responsibilities and accountability. The registered provider was being supported by a consultant to implement and embed systems to make improvements.

We saw evidence regular team meetings took place. Staff said they were supported by the management team.

Although this service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** 



# 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.

This comprehensive inspection took place on 23 January 2018 and 31 January 2018. Both inspection dates were unannounced.

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 over two floors. There is a passenger lift for people to use if required. The home has two communal areas downstairs and two bathrooms. Most rooms are single occupancy.

Following the last inspection visit, the registered provider had been supported by the Local Authority quality and improvement team, and the infection prevention control team. This was so the registered provider could make changes to the provision of care in order to be able to meet the fundamental standards. We spoke with these parties to gauge feedback from them about the improvements made and to see if they had any concerns. We received positive feedback about the improvements made by the registered provider. In addition, we asked the Local Authority Safeguarding Team and Healthwatch if they had any information upon the service. We did this to ensure we had a balanced view of the service. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

In addition we reviewed information held upon our database in regards to the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We looked at 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 used this information to help us plan our

inspection visit.

This inspection visit took place on 23 and 31 January 2018. Both days of the inspection visit were unannounced.

On the first day of the inspection visit, the inspection team consisted of two adult social care inspectors. One adult social care inspector returned alone on the second day to complete the inspection process.

Throughout the inspection process we gathered information from a number of sources. We spoke with three people who lived at the home and three relatives to seek their views on how the service was managed. We also spoke with the registered provider, four members of staff responsible for providing direct care, the cook and the cleaner.

We also observed interactions between staff and people to try and understand the experiences of the people who could not verbally communicate.

To gather information, we looked at a variety of records. This included care plan files related to three people who lived at the home. We also looked at other information which was relative to the service. This included health and safety certification, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance schedules.

We viewed recruitment files relating to three staff members and other documentation which was relevant to recruitment including Disclosure and Barring Service (DBS) certificates.

In addition we carried out a visual check of the building to ensure required improvements had been made; and to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

At the inspection carried out in May 2017, we made a recommendation the registered provider reviewed recruitment processes to ensure the suitability of staff was reviewed and risk assessed prior to staff commencing work. At this inspection visit in January 2018, the registered provider told us they had strengthened their recruitment procedure since the last inspection visit. They told us they now scrutinised any potential employee's previous history and reviewed any incidents which may suggest they are unsuitable for working with vulnerable individuals. They said, "We are very particular about who we take on now."

Although the registered provider told us extra checks were in place we found processes were not consistently carried out. We reviewed three staff files related to staff who had been employed since the last inspection visit. Although some employment checks were carried out prior to staff starting work we found a full employment history was not always sought. For example we found two of three files reviewed did not state the months in which people were employed and only stated the year. This meant that a full employment history was not always detailed.

This was a breach of Regulation 19 of the Health and Social Care 2008(Regulated Activities) 2014 because the registered provider had failed to ensure suitable checks were carried out to ensure only fit and proper persons were employed.

At this inspection visit we saw the registered provider had requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. Although the registered provider applied for DBS certificates to establish people's suitability for working with vulnerable people we saw evidence of staff commencing work prior to the DBS being received. The registered provider said they only did this in an emergency. People were not allowed to work until they had received the ISA first confirmation that staff were suitable to commence work. The registered provider said staff were supervised until the DBS certificate was received.

At the inspection visit in May 2017, we found the registered provider had failed to ensure the proper and safe management of medicines. We found arrangements were not always safe and did not reflect good practice guidance. This was because records were not suitably maintained when creams and ointments had been applied. When people required transdermal patches applying the registered provider was not recording the site of the patch. This was necessary because the application site needed to be rotated to prevent side effects. Also, processes in place for monitoring stock levels of controlled drugs were ineffective and inaccurate. Controlled drugs are subject to tighter controls to prevent the risk of misuse.

At this inspection visit carried out in January 2018, we found some of the required improvements had been made. The registered provider had consulted with good practice guidance and had implemented new recording systems for the application of transdermal patches and creams and ointments. Although these were completed by staff after application, we saw that recording of the time of administration of a time

specific transdermal patch was not consistently recorded. We highlighted this to the registered provider who agreed to take action.

Since the last inspection visit the registered provider had sought advice and guidance from their pharmacist. They had supported the home by visiting and carrying out an independent audit. The registered provider said the pharmacist had identified some minor concerns and said they had been working on this advice to make improvements. In addition the pharmacist had provided staff with training in relation to safe handling of medicines.

During the inspection visit we looked at medicine and administration records (MAR) relating to each person who lived at the home. We did this to ensure people who lived at the home received the correct medicines at the correct times. MAR records demonstrated staff were signing as and when required to show medicines had been administered. There were no gaps in MAR sheets which implied medicines had been administered accordingly. In addition we selected at random two people's medicines and checked the stock levels against the balance on the MAR sheet. We found both stock levels matched with written information held.

We spoke with one person who lived at the home about their medicines. They told us they were happy with the processes in place and said they received their medicines when required.

At our last inspection in May 2017, we identified a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the registered provider had failed to ensure systems were in place to monitor and mitigate risk. During the inspection visit we found risk assessments for people sometimes held conflicting information about risks presented. When risks had been identified we found the registered provider did not always take the required action to mitigate risk. In addition, the registered provider failed to seek advice and implement good practice guidance in relation to the management of risk.

At this inspection carried out in January 2018, we found the required improvements had been made. The registered provider had reviewed the care needs of people at risk of falls. This had included assessing the environment and implementing new technology to manage the risk of falls. For example, the registered provider had reviewed the layout of one person's bedroom so the call bell could be accessible and so the person could have access to equipment to promote their mobility. In addition, they had upgraded the nurse call bell system so technology could be utilised to inform staff the person was mobilising. The registered provider said, "We are now more proactive at addressing risk. We follow up concerns before risks progress and become worse. We spot things in advance."

We reviewed accidents and incidents and noted when people had experienced a fall at the home referrals had been made in a timely manner to professionals with an interest in falls. This showed us good practice guidance was sought and implemented at the home.

The registered provider had reviewed fire prevention at the home and had installed door guards on doors which were required to be open at all times. Door guards allow fire doors to remain open but in the event of a fire they automatically close to prevent the spread of fire. The registered provider said these could be fitted to bedroom doors if people expressed a wish to have their bedroom door open.

As part of this inspection process we looked at care documentation to see how risk was assessed and managed. The registered provider was working with a consultant to review all paperwork relating to safe care and treatment for people who lived at the home. The registered provider hoped the new documentation would make it easier for staff to understand and consequently identify the risks. Risk assessments we viewed relating to people who lived at the home had been refreshed and now contained

consistent information. The registered provider said the risk assessments were still work in progress and said they were planning on reviewing all documents so risks could be easier to identify and action. As part of the inspection process we observed the registered provider spending time with a senior member of staff discussing people's risks so they could update risk assessment documentation accordingly. This showed us the registered provider was working proactively to monitor and mitigate risk.

At the inspection carried out in May 2017 we identified a breach of regulation 12 of the Health & Social Care Act 2008, (Regulated Activities) 2014 as the registered provider had failed to ensure infection control processes were implemented and actioned. This was because levels of cleanliness and hygiene at the home were insufficient.

At this inspection visit we noted some improvements had been made. Chairs in the communal areas had been re-upholstered with materials which were washable. Stains within carpets had been removed. The registered provider said they had purchased a carpet cleaner so carpets could be regularly cleaned. An upstairs bathroom had been replaced and redesigned and was now in a good state of repair. We observed staff consistently wearing personal protective equipment as and when required.

The registered provider had identified an infection prevention control champion and had started attending meetings with the infection prevention and control team. The professional who organised the infection prevention and control meetings confirmed the registered provider and their teams regularly attended the meetings. We spoke with the staff member who was the designated champion. They spoke proudly of all the changes implemented. They said they carried out monthly hand hygiene audits with staff and also carried out regular cleaning audits. In addition they commented, "People are much happier now because the home is cleaner. We have received lots of positive comments about how clean the home is."

Although some improvements had been made, we identified some continued concerns with the infection prevention and control processes at the home. On the first day of the inspection visit we found one bedroom had an overpowering malodour coming from the room. We spoke with the registered provider about this. They told us the person had recently experienced ill health and this had contributed to the odour in the room. When we visited on the second day the odour still remained. The registered provider said staff were constantly cleaning the room but could not remove the odour. We discussed the need to review the room and review the carpet in the home.

In addition, hand washing facilities were not always appropriately maintained. We found one person did not have any hand washing facilities in their bedroom. We were advised the person who lived in the room had removed the equipment. No other action had been taken however to address this and this person required assistance with personal care. This meant hand hygiene principles could not be suitably followed in the person's bedroom. In addition, handtowels were placed in the communal bathroom but they were not always stored within a secure dispenser. This meant hand towels could be at risk of contamination.

As part of the inspection process we reviewed cleaning schedules which had been implemented since the last inspection. We found cleaning schedules were not consistently completed to show work had been carried out. For example, night cleaning schedules had not been consistently completed as required over a three week period. No one had identified this as a concern. We highlighted this to the registered provider who agreed to look into this. Following our inspection visit we discussed our findings with the infection control prevention team.

We recommend the registered provider reviews processes at the home to ensure good practice guidance is consistently implemented in relation to infection prevention and control.

At the inspection carried out in May 2017 we identified a breach of Regulation 13 of the Health and Social Care Act 2008, (Regulated Activities) 2014 (Safeguarding service users from abuse and improper treatment). This was because systems had not been implemented and followed to ensure people were protected from abuse and harm.

At this inspection visit we found the required improvements had been made. The registered provider had reviewed the safeguarding processes at the home and had identified themselves as a safeguarding champion. They told us they now attended the safeguarding forum to ensure good practice guidelines were followed. The registered provider said they had developed links with the Local Authority Safeguarding team and now worked proactively with them when concerns were raised. In addition, the registered provider said they had improved recording systems to ensure any unexplained injuries were explored. The registered provider said one person who lived at the home sometimes self-harmed. There had been discussions with the person's family about this and it was clearly identified as a risk within the person's care records.

Staff told us they had received safeguarding training and were confident they could identify and report abuse. When asked, staff were able to recall the process to follow and what to do in the event their concerns were not listened to. One staff member said, "I would report it (allegation of abuse) to safeguarding. I would have no hesitation doing it. It's part of my job." Through discussions staff told us they did not have access to the telephone number for which to report concerns to. However they said they would be able to locate this if required. We fed this back to the registered provider and requested they reviewed systems to ensure contact numbers were easily accessible.

At the inspection visit in May 2017, we identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing.) We found staffing levels did not consistently meet the needs of people who lived at the home. This placed people at risk of receiving unsafe care and treatment and at times impacted upon people's dignity and respect. Following the inspection visit in May 2017, the registered provider voluntarily agreed to not admit any new people to the home. Admissions to the home had been discussed with the Commission and the Local Authority and an agreement was made in December 2017 to start admitting people once again.

During this inspection carried out in January 2018 we looked at staffing levels to see if the registered provider had taken action to ensure improvements had been made to staffing. We found the required improvements had been made.

Since the last inspection visit the registered provider had worked with a consultant to adapt a staffing dependency tool calculator which enabled the registered provider to calculate how many staff would be required to meet individual need. The registered provider reviewed this on a monthly basis, or when people's needs changed and also upon each new admission. We saw evidence of this occurring. On both days of our inspection visits, three staff were on duty. This was more than what the staffing dependency tool had calculated. This showed us the registered provider was working to ensure staffing levels were based upon individual needs of people who lived at the home.

People who lived at the home and relatives told us staffing levels enabled them to have their needs met in a timely manner. Feedback included, "I have never had to ring my buzzer for help but I know when other people have rang theirs, staff have gone to help straight away." And, "I think there's enough staff generally. We are very happy." Also, "There is always plenty of staff around."

Observations made during the course of the inspection demonstrated people who lived at the home did not have to wait for staff to meet their needs. Call bells were answered in a timely manner. When people

requested help, there were staff on hand to assist. Staff were not rushed and were patient with people who lived at the home.

One person who lived at the home had complex needs which placed the person at risk of harm. We noted from the person's care records staff were expected to have an oversight of the person whilst in communal areas. One person who lived at the home told us this occurred. They said, "[Service user's name] always has someone looking after them."

We asked staff their views on current staffing levels. Feedback in regards to staffing levels was positive. Staff told us they felt staffing levels were sufficient and allowed them to carry out their roles accordingly. Feedback included, "People are getting better care. We have more time. Staffing levels have changed to help us."

We looked at how the service managed behaviours which sometimes challenged the service. From records viewed, we found good practice had been considered. For example, care plans were person centred and identified individual triggers which sometimes caused behaviours to challenge the service. In addition, it described techniques staff could use to effectively diffuse challenging situations. One person's care record demonstrated there had been a decrease in the number of times the person had displayed inappropriate behaviours. This had been identified by staff and had been reported to the person's doctor. This had resulted in the person's medicines being reviewed to ensure it was as least restrictive as possible. This showed us the registered provider was effectively managing the person's behaviours which challenged. During the inspection visit we spoke with the registered provider about lessons learned from the findings of the inspection carried out in May 2017. The registered provider said, "I've learned from my mistakes." When asked the registered provider was able to provide examples when they had learned from incidents that had occurred within the home and had made improvements to prevent incidents from re-occurring.

We found equipment in use had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.



## Is the service effective?

### Our findings

At the inspection carried out in May 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure appropriate advice and guidance was sought in a timely manner.

At this inspection carried out in January 2018, we spoke with the registered provider about improvements made since the last inspection visit. The registered provider said they had reviewed processes and had implemented a policy whereby a doctor would be called should a person request pain relief for more than twenty four hours.

We spoke with people who lived at the home and relatives about access to healthcare. People told us doctors and health professionals were consulted in a timely manner. One relative said, "Any concerns and they call the doctor. They will let me know when they have been seen."

We looked at individual care records to look for evidence of partnership working with health professionals. We saw evidence of referrals being made to health professionals including the Falls Team and the Speech and Language Team when people's health needs had changed. Care records seen confirmed visits to and from healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. We noted one person had recently experienced an episode of ill health. Staff had researched the health condition and had information related to managing the health condition within the care record. This showed us good practice guidance was considered and implemented within the provision of care.

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.

At the inspection carried out in May 2017, we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure processes had been followed to lawfully deprive people of their liberty. Good practice guidance had not been followed to demonstrate capacity had been assessed and best interest meetings had been held to ensure decisions made on people's behalf when people lacked capacity.

At this inspection visit we found improvements had been made to ensure decisions made on behalf of people were made lawfully. From care records viewed we found that mental capacity had been assessed and best interests meetings had been held when decisions had to be made regarding peoples care and support. We asked a staff member about processes in place. They said, "We can't make a decision without involving people who know people better than us."



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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the inspection visit carried out in May 2017 we identified a breach to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) because the registered provider had failed to ensure suitable systems were implemented and consistently applied to ensure people being deprived of their liberty were done so lawfully. This was because some people had restrictions placed upon their liberty because of locks on doors and stair gates which had not been applied for and authorised by the supervisory body.

During this inspection visit we found improvements had been made. The registered provider had followed process to ensure all DoLS applications had been submitted to a supervisory body to seek authority to deprive some people of their liberty. The registered provider had implemented a file which contained all DoLS applications and included an audit trail to show that DoLS applications were reviewed on a monthly basis. People were only deprived of their liberty when it was necessary to keep people safe. One person who lived at the home told us they were free to leave the home whenever they expressed a wish to do so. In addition, we observed one person who lived at the home accessing the kitchen as they had access to the key code.

At the inspection visit in May 2017, we identified a breach to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Premises and equipment.) The registered provider had failed to ensure the premises were suitable for the purpose for which they were being used.

At this inspection visit carried out in January 2018, we found the registered provider had made some progress in ensuring improvements were made within the building. An upstairs bathroom had been replaced and the bathroom had been redecorated. The communal areas had been reviewed and decoration had occurred to make the area more pleasing. Action had been taken to ensure fire exits were accessible and free from hazards. A door-guard had been fitted to the lounge door which allowed the door to stay open at all times. This would automatically close in the event of the fire alarm sounding to prevent the spread of fire.

During the walk around the home we noted further maintenance was still required within some of the bedrooms. For example, one bedroom had broken blinds at the window and one bedroom did not have a radiator cover in place. We were advised these rooms were not currently in use. The registered provider said they had turned the radiator off as a temporary measure. The registered provider said they had started to implement a refurbishment plan to make improvements to the décor of the building. The registered provider told us this work was on-going. In addition to the works to be undertaken internally work was to be undertaken externally. They told us the plans included flagging an area outside to make a garden area.

Although the registered provider talked of a refurbishment plan they were unable to provide evidence of this. Following feedback the registered provider agreed to submit to us their refurbishment action plan.

Although we identified some improvements had been made to the environment we identified some concerns in regards to the water flow at the home. On the first day of the inspection visit we identified a shower in a communal area was releasing hot water which was too hot to touch. In addition, we were unable to get any hot water in one person's bedroom. We raised these concerns with the registered provider; they agreed to call out a plumber immediately. On the second day of the inspection the registered provider told us the work was now complete. The shower had been fitted with a thermostat to prevent the temperature from becoming too hot. The registered provider advised us water in some of the bathrooms

had been incorrectly plumbed meaning the hot water tap released cold water, and the cold tap released hot water and conflicted with the signage upon the tap. This could confuse people who were living at the home with dementia.

We recommend the registered provider reviews the plumbing system at the home to ensure water systems meet the needs of people who live at the home.

At this inspection visit carried out in January 2018, we looked to ensure the registered provider was meeting people's dietary needs. Five of six people we spoke with told us the food was good. Feedback included, "They get good food here." And, "The food is exceptional." Also, "All the food has been excellent. There is plenty of it. You aren't left hungry."

As part of the inspection process we reviewed residents meetings and saw people were routinely offered the opportunity to give feedback upon the quality of the food. We saw that feedback given during residents meetings was positive about the quality of the meals provided. The registered provider said they were currently looking at the menu to implement further changes. They said staff had been trying new meals on the menu such as curry's, in order to increase the food choices available to people. The registered provider said new meals had been welcomed by people at the home. In addition, the cook told us they had responded to feedback received from two people who lived at the home. They told us two people had requested more fish on the menu. They said this feedback was listened to and salmon was now on the menu once or twice each month.

On the first day of the inspection visit we observed lunch being served and noted everyone had the same meal. The menu on display offered people two choices of meal. We asked people who lived at the home and relatives if alternative meals were provided if people did not like the main meal. We received conflicting information. Two people who lived at the home told us only one meal was served, however two relatives told us people were always offered choices and could have sandwiches if they did not like anything on the menu. We fed this conflicting information back to the registered provider. They assured us people could always have a choice as to what they wanted to eat.

At the last inspection the dining area was cramped and not all people could sit and enjoy their meals with company. The registered provider had since reviewed the environment in which people ate their meals. An area within the lounge which had previously been used to store equipment had been cleared and a dining area had created. This meant people were no longer cramped and people now had the option to sit by a window so they could see outside. Tables were suitably set to make the experience more pleasing. For example, table clothes were on tables and people had access to condiments for their meals.

We saw people were supported to have adequate amounts of fluid during the day. Jugs of juice were placed in the communal areas for people to help themselves if they wished. When people needed assistance to drink we observed staff providing this in a discreet and patient manner. In addition, we observed people being offered snacks throughout the day. One relative told us this happened on a daily basis.

People's weights were monitored. People were weighed at least monthly or more frequently if people were assessed as at risk of malnourishment. When people were defined at risk of being underweight we saw evidence of advice and guidance being sought from health care professionals. We viewed one person's records and found professional advice was sought when the person had experienced prolonged weight loss. We saw that staff were proactive in addressing concerns in relation to people struggling to eat and drink. Staff had observed one person was having difficulty swallowing, adaptations were made to their meal and a referral was made to health professionals for advice and guidance.

We looked at staff training. We did this to ensure people who lived at the home were supported by a staff team with the appropriate skills and knowledge. People who lived at the home and relatives considered staff to be appropriately trained. Feedback included, "The staff are alright." And, "I'm confident the staff know what they are doing."

Staff told us they were happy with training offered by the registered provider. One staff member told us they had received increased training since the last inspection visit. Two senior members of staff were being supported to complete a nationally recognised qualification in management. Another staff member told us they had been allocated a champions role at the home and because of this had received additional training to help them expand their awareness and improve their role within the home. They said, "It's been an eye opener. It's been brilliant."

The registered provider maintained a training matrix to document the training needs of staff. This was updated on a monthly basis to ensure it reflected the training requirements of staff. Training in relation to DoLS, safeguarding of vulnerable adults and challenging behaviour had been introduced since the last inspection visit. We saw that training in medicines, health and safety, fire safety, infection control and food hygiene had been completed by all staff. Other training courses had been completed by some but not all staff. These included, dementia, managing challenging behaviour and equality and diversity.

During the inspection visit we noted a new person had been recruited to work in the kitchen. We saw the person was being supported by another more experienced member of staff. We observed the more experienced staff member giving direction, advice and guidance as part of an induction process.

We spoke with staff about supervision. Supervision is a one to one meeting between the staff member and a senior member of the staff team to discuss any concerns and training needs. Staff confirmed they received regular supervision with a senior member of the staff team. Staff told us they could approach the registered provider at any time if they had any concerns in between supervisions.

## Is the service caring?

### Our findings

At the inspection carried out in May 2017 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure people were treated with dignity and respect.

At this inspection visit we found improvements had been made and people were consistently treated with dignity and respect. We saw that when people requested support and assistance staff were courteous and responded in a timely manner. In addition, dignity locks had been fitted onto bathroom doors to retain people's dignity and privacy.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual whilst promoting dignity and respect. One staff member said, "I would uphold people's rights by considering their individual characteristics, for example a person's faith. I would make sure it was in the care plan and would report any concerns to safeguarding if required."

People who lived at the home and relatives praised the caring nature of staff who worked at the home. Feedback included, "They (the staff) look after you here. The care is exceptional." And, "The staff are very good here now. They seem to have become very particular in the way things are done." In addition, "I have seen how staff treat other people, not just my [relative.] What you are seeing today isn't put on. They always support people like that."

At the inspection carried out in May 2017, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as person centred care was not always provided. At this inspection visit carried out in January 2018 we found the required improvements had been made.

We observed care and support being provided to people. Care was personalised and in accordance with people's wishes. For example, one person had requested a lie in. Staff respected this and left the person to sleep. We observed one person being supported to spend time in the lounge. Staff were aware of where the person liked to sit and what pieces of equipment they wanted with them and where they wanted them all placing. One person who lived at the home told us, "They like to promote independence here."

We spoke with the registered provider about improvements made since the last inspection visit. They told us staff had been provided with training to enable staff to deliver person centred care. The registered provider said, "We now know person centred care is down to the individual needs of each resident. We can't put everyone into the same category." In addition, the registered provider said they had reviewed how they could meet the spiritual needs of people who lived at the home. They told us a vicar now visited the home to offer spiritual support to those who requested it.

During the inspection visit we observed positive interactions between people who lived at the home and staff. We observed staff routinely enquiring about people's welfare and spending time to chat with people.

We looked to see how people who could not make decisions by themselves were supported to make choices. When people could not communicate a communication record was maintained for individuals which detailed who should be involved in making decisions and how to communicate with the person. One staff member we spoke with told us they supported people to make some decisions using accessible information. They told us some people could not make a decision without some physical prompts to assist them. They said they therefore used some photos to help them decide. In addition, the registered provider said they were in the process of developing the food menu and were also going to develop photographs of meals to help people choose what they would like to eat. This showed us the registered provider was committed to ensuring information was accessible to assist people with their independence.

The registered provider told us no one at the home currently had an advocate. One person who lived at the home did have access to a legal representative to help them with decisions. The registered provider said people were encouraged to speak with families if they needed advice and guidance. Relatives we spoke with confirmed this. The registered provider was aware how to access an advocate should a person require one.

During the inspection visits we observed visitors at the home and noted they were able to access communal areas and family member's bedrooms. Visitors looked comfortable and at ease at the home. One relative told us they were always made welcome and said they were always offered a drink when they visited. Another relative told us the home had an open and welcoming feel whenever they visited.

## Is the service responsive?

### Our findings

At the inspection visit in May 2017 we received conflicting information as to whether or not activities took place at the home. We made a recommendation the registered provider reviewed systems in place and consulted with good practice guidelines to ensure person centred activities were offered at the home.

At this inspection visit carried out in January 2018 we found improvements had been made. The registered provider told us they had introduced dementia friendly activities to people who lived at the home. This included recognition therapy and supporting people to attend a dementia friend's session in the local church. This allowed people to socialise with other people who were also living with dementia.

We asked people who lived at the home and relatives about the variety of activities on offer. Responses included, "We play bingo and stuff." And, "They do bingo; play blow up dice, chair exercises and art as well."

A staff member confirmed activities had increased since the last inspection. They said staffing levels now allowed them to have more time to spend with people to carry out activities. We reviewed a file which had been maintained by the registered provider since the last inspection visit. We saw photographs of people taking part in activities and noted external entertainers had also visited the home.

During the inspection visit we noted one person spending time with a staff member reading a book which incorporated everyday historical photographs. The staff member was prompting conversation asking the person if they remembered the items from when they were younger. This generated some conversation between the person and staff member. In addition another person was supported to make a birthday card for one of their relatives. The staff member spoke with the person about their family. It was evident the staff member had a good knowledge of the person and the people in their life who meant a lot to them.

The registered provider told us since the last inspection visit they had joined a local authority initiative looking at how activities within the home could be improved. This included attending a forum to share ideas and good practice guidance.

We looked at care records relating to three people who lived at the home. The registered provider said they had reviewed care records since the last inspection visit. They said however they were still not happy with the format and plan to change them once again in the near future. They said they were working with their independent consultant and the local authority to devise a suitable template.

Care plans detailed people's own abilities as a means to promote independence. They addressed a number of topics including health promotion, skin integrity, personal care, mobility, nutrition, spiritual wellbeing and managing behaviours which challenge the service. Whilst reviewing the care records we noted an inconsistency within one person's care plan. The care plan referred to the person using walking sticks to aid mobility; however when we observed care being provided to the person we noted staff were using a walking frame. We discussed this with the registered provider, they said the person's needs had changed and acknowledged the care plan had not been updated accordingly. The registered provider said they were

aware that work needed doing on the care plans and said this was a priority on their list of actions.

We recommend the registered provider reviews processes at the home to ensure good practice guidance is consistently implemented in relation to care planning and documentation.

We reviewed systems in place for provision of end of life care for people who lived at the home. Care plans in place addressed end of life care and people's final wishes. We looked at one person's plan and found it was person centred and detailed the person's preferences. This included who the person wanted to be in attendance, what they wanted in the room, their cultural needs and what type of service they wanted after their death.

We spoke to the registered provider about end of life care at the home. They told us they had established links with the Wyre Integrated Network (WIN) team to ensure end of life care was in line with good practice guidelines and to ensure people received a pain free death. The WIN team is a team made up of health care professionals offering advice, support and guidance to care homes in the Wyre neighbourhood. The registered provider said people were regularly assessed to monitor their health and noted when health deteriorated so this could be mapped on an end of life continuum. The registered provider said they also worked with the local hospice to ensure end of life care needs were met. This showed us the registered provider was committed to ensuring people had a comfortable and dignified death.

At the inspection carried out in May 2017, we recommended the registered provider reviewed and implemented a complaints procedure in which people's voice was encouraged, heard and acted upon. We made this recommendation as people sometimes told us their views were not listened to.

At this inspection visit in January 2018 we found the required improvements had been made. People and relatives we spoke with told us they had no complaints about the service provided. One person said, "I have no complaints. The care is great. They really care for you here." During the inspection process we observed one person complaining their cup of tea had gone cold. Staff were courteous and kindly offered to bring the person a fresh cup of tea. The person thanked the staff for doing this. This showed us staff responded appropriately to minor concerns.

The registered provider told us since the last inspection visit they had increased their presence at the home. They told us they had regular conversations with people who lived at the home and their relatives. The registered provider said they made sure people were provided with information about their rights to complain and who to report complaints to. We spoke with a relative they told us they were always asked for comments whenever they visited the home. They said, "[Registered Provider] always asks if we have any complaints- they always seek feedback." Another relative said, "[Relative] is very particular. They will tell staff if they have any concerns. More often than not staff will have picked up on these concerns before. We are happy with everything and have no complaints what so ever."

We reviewed residents meeting minutes which took part on a monthly basis. Residents meetings are internal meetings for people who live at the home to voice their opinion and have a say in which the home was organised. People were offered the opportunity to discuss any complaints they may have as well as any suggestions. We saw no complaints had been raised during these meetings.



## Is the service well-led?

### Our findings

At the inspection carried out in May 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Good governance) as the registered provider had failed to ensure records maintained were accurate and up to date.

At this inspection we found some but not all improvements had made. The registered provider had reviewed paperwork in order for paperwork to be readily accessible. An improvement in filing systems enabled documents to be available as requested during the inspection process. Good practice guidance had been considered and MAR records for creams and ointments had been implemented to ensure they were suitably administered. Care records had been reviewed and gaps and anomalies in care records had been reviewed so information relating to people who lived at the home was accurate and up to date. In addition, the registered provider had commenced documenting all conversations that had been held with relatives and people involved in the care and treatment of people who lived at SONAcare.

Although we saw an improvement in record keeping we noted changes were not consistently embedded. For example, the times of administering a person's transdermal patch had not been recorded on the MAR record. One person's care record had not been updated to show their care needs had been reviewed and a different piece of equipment was to be used to support them with their mobility.

We spoke with the registered provider about improvements to ensure good governance at the home. The registered provider acknowledged they still had some work to do to ensure the paperwork was fully accurate. They explained there had been a delay in this happening due to them having to take time away from their management role at the home due to personal circumstances. The registered provider said they were in communication with a consultant advisor and the local authority and planned to continue to make the changes as a matter of priority.

At the inspection carried out in May 2017, we identified a breach of Regulation 17 of the Health and Social Care Act 2008, (Regulated Activities) 2014 (Good governance) as effective auditing systems were not consistently carried out to ensure care delivered was safe and effective. At this inspection we found improvements had been made but not fully embedded into service delivery.

Following the last inspection visit, the registered provider had reviewed auditing systems and amended auditing schedules. The registered provider oversaw audits carried out by senior managers. In addition the registered provider had employed a consultant to support them to carry out audits. The registered provider said the consultant acted as a "third eye" helping them to identify any failings and areas for improvement. Auditing systems now reviewed medicines, infection prevention and control, the environment and statutory notifications to the Commission. Although audits were in place, they were not consistently embedded. For example, the weekly infection prevention and control audit had failed to identify there was gaps in recordings from night staff. As part of our feedback process we relayed this to the registered provider so action could be taken to ensure oversight of audits was consistent and effective.



During the inspection visit carried out in May 2017, we identified a breach of Regulation 18 of the Care Quality Commission Registration Regulations as the registered provider failed to make all statutory notifications within a timely manner. At this inspection visit we found the required improvements had been made. The registered provider had implemented a system to ensure any reportable incidents were reported to the Commission as required. All notifications were stored in one file for easy access. The registered provider said they now had oversight at the home to ensure they were aware of all incidents that occurred. As part of the inspection process we reviewed accidents and incidents and cross referenced these to information we held upon our database. We found no information of concern and noted the registered provider had submitted notifications in a timely manner.

At the inspection visit carried out in May 2017, we identified a breach of Regulation 20A of the Health and Social Care Act (2008) Regulated Activities 2014. This was because the registered provider had failed to clearly display their performance rating upon their website. At this inspection visit we found the required improvements had been made. We observed the rating certificate was on show in the communal entrance to the home and the performance rating was now clearly displayed upon the website.

At the time of the inspection carried out in January 2018, there was no registered manager in post. The registered manager had terminated their employment contract with the registered provider and de-registered with the Commission in January 2018. We spoke with the registered provider about their plans to recruit a new registered manager. They told us they had made a decision to have two registered managers at the home and had identified two staff who already worked at the home to undertake these roles. Following our inspection visit we reviewed our database and noted no applications had yet been received.

We asked people and relatives if they considered SONACare to be well-led. We received positive feedback about the management of the home. Feedback included, "It's all improved." And, "I feel the home is managed well."

We spoke to the registered provider about their role, responsibilities and regulatory requirements. Following the failings at the last inspection visit the registered provider had sought assistance from an independent consultant. They told us, "(Since the last inspection visit,) I've had a crash course in CQC, DoLS and Regulations. It has been a learning curve but we are improving, seeing signs earlier and taking action."

In addition to improving their knowledge in relation to regulatory responsibilities the registered provider had increased their networking and had started to attend local forums where good practice guidelines are discussed and shared. We saw evidence information received within forums had been implemented within service delivery. For example, good practice guidelines were used for ensuring mattress audits were carried out correctly. This showed us the registered provider was committed to continuous learning and driving up standards.

Staff were aware of their roles and responsibilities and lines of accountability. They praised the support available from the management team and said they were accessible at all times. Staff told us they were happy with the improvements made within the service by the management team. They spoke proudly of their achievements and how this had positively impacted on care delivery. One staff member said, "No concerns. Everything is perfect." Staff told us the registered provider was hands on at the home and had a good oversight of what was occurring. They told us they were provided with feedback on their performance and given support when changes were required. Staff spoke positively about the managers at the home. Feedback included, "[Manager] is good. One of the best." And, "We can approach [registered provider] for anything."

The registered provider said since the last inspection visit they had introduced 'ten at ten' meetings every weekday. They explained these meetings were a ten minute meeting every day at 10am. They took place with the senior on duty and were used to discuss each person who lived at the home and any changes to their health or care needs. This allowed the registered provider to be up to date with everything that was occurring at the home. On the second day of our inspection visit we saw the registered provider and senior spending time reviewing care needs of people who lived at the home.

We reviewed minutes of team meetings. We saw evidence team meetings occurred on a regular basis. Team meetings were used to highlight changes within service delivery and also to remind staff when improvements were required. Staff told us they were happy with the frequency and structure of the team meetings.

Feedback was sought from people who lived at the home and relatives. One relative told us they were asked at every visit if they were happy with everything. In addition, we saw people were encouraged to give feedback through annual service reviews. The registered provider said they had introduced a system to ensure everyone received an annual review. In addition, since the last inspection visit, the registered provider had sought feedback from people who lived at the home and relatives. We reviewed the information documented within questionnaires and noted this was consistently positive. Comments included, "Home from home. I wouldn't like to be anywhere else." And, "No complaints, excellent care, excellent care home."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to ensure Recruitment procedures were established and information was available in relation to each such person employed as specified in schedule 3.</p> <p>19 (1) (2) (3) (a)</p>