

Sonia Heway Care Agency Ltd

# Sonia Heway Care Agency Ltd

## Inspection report

Unit 6B, 1a Pickford Road  
Bexleyheath  
Kent  
DA7 4AT  
Tel: 020 8301 4565  
Website: [www.soniaheway.co.uk](http://www.soniaheway.co.uk)

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

This inspection took place on 30 and 31 March 2015 and was announced. At our previous inspection on 5 February 2014, we found the provider was meeting the regulations in relation to the outcomes we inspected.

Sonia Heway Care Agency Ltd is registered to provide personal care for people in their homes. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as

does the provider. 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.

At the time of the inspection the agency was providing personal care services to six people in their homes. People and their relatives told us they were happy with the service provided. However we identified several concerns at the inspection.

We found that people using the service were not protected from abuse and improper treatment, because

# Summary of findings

their care needs were not reviewed and risk assessment was not carried out. The provider had not responded appropriately to allegations of abuse in line with the provider's policy.

We found there was no evidence of consideration regarding the Mental Capacity Act 2005 and people's capacity to make decisions about their care and treatment.

Staff received regular supervision and appraisal. However, two senior staff supervised each other, instead of receiving supervision from their line manager and we found that staff training needs were not identified and behaviour which challenged the service was not managed in line with the Mental Capacity Act. These issues had not been identified or addressed within the supervision sessions.

People and their relatives, where appropriate, were not involved in the care planning and review process. People's preferences for care delivery were not identified.

The agency did not have care workers who could communicate in the only language known to a service user, and there was no care plan around supporting people with their communication needs.

The care plans were not person centred and individual needs were not regularly assessed and reviewed. Daily communication logs were maintained by care workers. However, care workers did not comment on personal wellbeing and any change of needs for people.

People and their relatives told us they would be confident to raise any concerns they might have with the provider so they could be addressed. There were sufficient staff employed by the service and safe recruitment procedures were followed.

The provider did not have an effective system in place to regularly assess and monitor the quality of the service people received or the improvements required. The provider did not follow their own quality assurance policies and procedures. The provider had not sent us a Provider Information Return (PIR) when the Care Quality Commission (CQC) requested this. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We found number of breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010 in good governance, dignity and respect, need for consent and safeguarding service users from abuse and improper treatment. You can see what action we took at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

People were not protected from improper treatment as care needs were not reviewed and risk assessments were not carried out.

The provider had not responded appropriately to allegations of abuse in line with the provider's policy.

There were sufficient numbers of staff available to keep people safe. There were suitable recruitment procedures and required checks were undertaken before staff began to work.

Inadequate



### Is the service effective?

The service was not always effective.

There were no processes in place to assess and consider people's capacity and rights to make decisions about their care and treatment where appropriate, and to establish best interests in line with the Mental Capacity Act 2005 (MCA 2005).

However, two senior staff supervised each other, instead of receiving supervision from their line manager. Staff's on-going concerns and training needs were not considered.

Requires improvement



### Is the service caring?

The service was not always caring.

People or their relatives where appropriate were not involved in care planning and review process. People's preferences regarding gender of care worker were not taken in to account. Staff did not work in line with provider's policy about choice of carer gender.

Requires improvement



### Is the service responsive?

The service was not always responsive.

The care plans were task oriented and not person centred and individual needs were not regularly assessed and reviewed.

We found people and their relatives were satisfied with the service and said they would be confident to raise any concerns they might have so they could be addressed.

Daily communication logs maintained by care workers did not comment on personal wellbeing and any change of needs to people.

Requires improvement



### Is the service well-led?

The service was not well-led.

Inadequate



# Summary of findings

We found the provider did not have an effective system in place to regularly assess and monitor the quality of the service people received or the improvements required or actioned as a result of the people's feedback.

The provider had not sent a Provider Information Return (PIR) when the Care Quality Commission (CQC) requested this.

There was a registered manager in post.

# Sonia Heway Care Agency Ltd

## 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 inspection took place on 30 and 31 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team comprised of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care.

Before the inspection we looked at the information we held about the service including notifications they had sent us about significant events such as safeguarding concerns. We also spoke with the local authority commissioning and safeguarding teams about their views of the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report

During the inspection we looked at five care plans, staff communication logs, staff attendance records, staff supervision and appraisal records, staff spot check forms, correspondence with people who use services, and policies and procedures. We spoke with the nominated individual for the Sonia Heway Care Agency Ltd and the registered manager. We also spoke to five members of staff, four people using the service and five relatives.

# Is the service safe?

## Our findings

There were mixed views regarding people's safety. People and their relatives told us they felt safe with the care workers. They trusted the care workers. The care workers respected them and their preferences and their possessions. However, a relative of a person said "One of us is always here. I would not leave them alone."

We found that people using the service were not protected from the risk of abuse. People's care needs were not reviewed and risk assessment was not carried out. We found that there were no preventative strategies in place to help guide care workers whilst delivering care to people who may display behaviours that challenge. For example, when there were incidents of behaviour that challenges involving one person the agency had not put appropriate measures in place to reduce the level of risk to the person or the care workers. This person did not receive appropriate support from care staff and was treated in a way which was not a proportionate response to the harm their behaviour posed to themselves or any other individual. These actions were not in line with the provider's own challenging behaviour policy and procedures. Following our inspection we reported this as a safeguarding referral to the local authority.

Staff training records included safeguarding training and staff confirmed that they received this; however, staff were not able to recognise possible signs of abuse. They were not clear how to identify and report any suspicions of abuse to the registered manager and if necessary take action to keep people safe.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 13 (1) and (4) (b) (c) and (d) of the Regulated Activities Regulations 2014.

At the time of the inspection an allegation against a member of staff was being investigated by the police. The provider failed to take appropriate action, in line with their own policy, to ensure an internal investigation took place and suitable risk assessments were in place or that the member of staff did not work until the investigation outcome had been reached.

This was further evidence of a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 13(3) of the Regulated Activities Regulations 2014.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. For example, some people required two care workers to support them, whereas others required one care worker. People told us that care workers turned up at the appointed time or if they did not the office would arrange for a replacement care worker to attend. They also said that sometimes the care manager would attend to offer support if another care worker was not available so that people received the support they required.

There were suitable recruitment procedures and required checks undertaken before staff began to work for the agency. All new staff had completed application forms, references, criminal records checks and checks to show their eligibility to work in the United Kingdom. However, three staff members' references were not in their file because these records were being assessed by another organisation. Therefore, we were unable to check the references of these staff members at the time of our inspection.

The agency had a policy and procedure for safe administration of medicines. Care workers authorised to administer medicines had been trained. Where people's needs assessments identified they required prompting to take medicines or their family carer gave them medicine, this was recorded in their care plans. For most people, their family carers administered medicines and for some people who were able to manage their own medicines, care workers prompted them. A care worker told us "I prompt them to take medicine during the scheduled home visit and when I am not around, I dispense 6 am medicine in a timer for them to take." Care workers told us people took medicines as prescribed by their GP's.

# Is the service effective?

## Our findings

People and their relatives told us they were happy with the care they were receiving from the care workers. One person told us they were, “Very satisfied with the agency” and that staff were, “Doing a really good job. They came on time, on the dot.” Another person said their care worker was “Very good, the care worker will do any tidying I need done; they will cook if I want something hot.” However we found some people’s rights were not always upheld.

Staff had not received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had poor knowledge about MCA and DoLS. The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty.

Care files seen did not include capacity assessments documenting the person’s ability to understand, remember, weigh and communicate the information provided to them and look at what was in their best interests. For example, some people’s care service contracts were signed by their relatives and there was no evidence whether the person receiving care had the capacity to agree to the care plans themselves. We also found care workers recorded a standard statement in the communication log to say that people had consented prior to receiving personal care. However, there was no information in people’s care plan to show whether each person had capacity to consent and what steps would be taken to make decisions in their best interests if not. It was not clear how care workers had obtained consent from people prior to delivery of care and treatment. For example, care workers were not able to communicate with someone due to a language barrier and consent forms were blank.

We asked the registered manager why MCA training was not provided to staff and how they ensured people’s rights under the MCA were considered. The manager was unable to answer our questions. We asked for, but were not provided with, a copy of the provider’s policy on MCA and DoLS at the time of inspection.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11 of the Regulated Activities Regulations 2014.

People told us that the care workers were, “Learning on the job”. Although they also said the care workers were, “Lovely” and were Willing to learn”. One person told us, “Care workers memory is excellent and they learn quickly.” Another person told us, “They know what they have to do.” Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required before providing care and support on their own. Care workers we spoke with said they had undertaken the required training to keep their knowledge and skills up to date. Staff training records showed that staff received training in areas such as administration of medicine, safeguarding adults, health and safety, infection control, food safety awareness, moving and handling, challenging behaviour and emergency first aid.

Staff received regular supervision and there were appraisals in place for those who completed one year in service. Supervision meetings provided an opportunity for staff to discuss people’s needs and any concerns and identify further training needs. However, we found two senior staff supervised each other, instead of receiving supervision from their line manager. Therefore there was a risk that training and development needs would not be identified or acted upon.

Where people’s needs assessments identified they required support with cooking meals this was recorded in their care plans. For example, preparation of breakfast and lunch. Care workers told us they received food hygiene and safety training, staff training records we looked at confirmed this. Care workers told us people decided what they wanted to eat and drink and they cooked meals and served them.

Staff had not taken action to address people’s mental health needs where necessary. When there were concerns people were not referred to appropriate healthcare professionals for advice and support. For example, in the case of one person with behaviour that challenged the service staff had not sought advice or guidance from appropriate health care professionals in order to support this person more effectively. We have referred to this concern in the safe domain of this report.

# Is the service caring?

## Our findings

People and their relatives told us care workers met their individual needs. One relative said, “Care workers are lovely; my parents like them and are very happy.” Another relative told us “They had used several agencies in the past, which had not been able to cope with their relatives needs and this agency had continued to work with their relative.” However we found that improvement was required.

People were not always consulted about their preferences to allow their views to be taken in to account. The provider had a policy about choice which stated that, “People will be asked to express any preference they have for a care worker of a particular gender. Where it is not possible, family/relevant advocate preferences will be followed or care will always be provided by care worker of the same gender as the service user.” However, people or their relatives, where appropriate, were not involved in the development and review of care plans, to show that they have agreed with the contents of the care plan. For example, care plans were not signed by people or their relatives, but only by the care workers. People’s preferences regarding the gender of care worker were not recorded. For example, female care workers provided personal care to male service users, and the agency did not have a male care worker to provide personal care services to male service users.

People were not supported to express their views. Where appropriate, people were not supported to access relevant

advocates when they did not speak English as their first language. For example, the agency did not have care workers who could communicate with a service user, in the only language known to them. Also, there was no evidence that other measures were put in place to aid communication such as pictures or symbols.

Information about the agency was available to people. However, we found that some care workers had signed both on behalf of the agency and on behalf of people who use the service to show that the people had received copies of the provider’s policies and procedures. For example, a staff member had signed a receipt to say the person had received a copy of the service user guide, safeguarding adults from abuse policy and, complaints policy and procedure. The receipt also stated that the agency had explained and talked people through each of the above pamphlets’ which were located in people’s homes. The provider told us they had a policy on “Respecting and involving people who use services” at the time of inspection. We asked for, but were not provided with a copy of this policy and could not identify if staff followed agency procedures in signing for information on behalf of people using the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Regulated Activities Regulations 2014.



# Is the service responsive?

## Our findings

People and their relatives told us they were happy that they had the help they had asked for and they found the care workers responsive and helpful. For example, one person said, “Care workers will cook if I ask them. They did me a lovely fried egg.”

People’s care plans were task oriented and not person centred. Assessments were undertaken to identify people’s support needs. The assessments covered areas such as personal care, communication, mobility and administration of medicine. The findings from these assessments were used to develop a care plan. However, the care plans used were not centred on people as individuals, but stated what tasks to be completed without further details to guide the care worker. For example, care plans included instructions about how to deliver personal care and assist with transfer to bed or chair. There was no practical information to guide staff on maintaining a person’s health or ways to meet their communication needs. There was no information about their personal history, individual preferences, religious beliefs, or choices. It was not clear how care workers that were new to working with a person using the service would be able to respond fully to the person’s individual needs and preferences.

There were no arrangements in place for people to have their individual needs regularly assessed and reviewed. We saw that information in people’s care records was not reviewed on a regular basis by the provider, to include detailed information and guidance for staff. For example,

when someone had behaviour that may challenge, their needs and risk assessments were not reviewed and behaviour support plans were not in place to enable care workers to understand the person’s condition. There was no preventative strategy to help guide the care workers whilst delivering care for service users. As a result, the person was not supported by care workers appropriately.

Care was not delivered in a person centred way. For example, daily communication logs were maintained by care workers to reflect what tasks had been carried out during their visit. For example, they noted personal care given, hoisted into bed and food given. However, they did not comment on personal wellbeing and any change in the needs of people.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Regulated Activities Regulations 2014.

People and their relatives told us they were satisfied with the service and said they would be confident to raise any concerns they might have with the provider so they could be addressed. For example, when care workers were late, the office ensured people received their care by sending a replacement care worker. The agency had a complaints policy and procedure for recording and responding to complaints. The registered manager told us that since July 2014, they had not received any formal complaints. The complaint record we saw at the office further confirmed this.

# Is the service well-led?

## Our findings

People and their relatives commented positively about care workers and office staff. They said, when they phoned the office they got a polite and helpful response. However, one person said they did not think the administration was very good although the regular care they had received was “Lovely” and they got on well with care workers.

There was a registered manager in post at the service. However the manager did not follow the providers quality assurance policies and procedures. Care plans and risk assessment audits were not carried out to check the quality of these records and ensure they reflected any changes to people’s needs and risks. The manager had not followed the policy on safeguarding.

The provider did not follow their own policies and procedures in relation to keeping people safe, and the provider had not identified this in any quality assurance checks, for example with regards to safely managing a person’s behaviour that challenged the service. The provider had not identified that people’s mental capacity to consent was not being assessed, and had not put measures in place to address this.

The care manager for the service undertook monthly unannounced spot checks and made phone calls to some people’s homes to see if appropriate care was delivered to meet their needs. However, this was not supported by what people told us during our inspection. Four out of the six people using the service and their relatives told us they had

not received phone calls or visits from the office to check the quality of care they received. The provider had failed to identify the issues we found regarding the way care was provided for people through their quality monitoring spot checks.

Staff felt the care manager was available if they had any concerns. They said the manager was approachable and nice, and felt they were well supported. However, we found staff supervision meetings had not identified the issues of communication and care worker gender preferences, to meet the needs of the people who use services and action had not been taken to address these.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR. The manager was unable to give us a reason for this.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Regulated Activities Regulations 2014.

The provider carried out surveys to obtain the views of people using the service. We found people’s satisfaction survey forms were completed in February and March 2015 which showed all questions were answered good / very good /excellent although there was no record to show who completed these satisfaction survey forms.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>We found that the registered person had not protected people against the risk of regularly assessing and monitoring the quality of the service provided.</p> <p>Regulation 17 (1) (2) (a) (b) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p>We found that the registered person had not protected people against the risk of dignity and respect of people who use services.</p> <p>Regulation 10 (1) (2) (a) (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>We found that the registered person had not protected people against the risk of need for consent.</p> <p>Regulation 11 (1) (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Personal care

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

We found that the registered person had not protected people against the risk of person-centred care.

Regulation 9 (3) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p><b>We found that the registered person had not protected people against the risk of safeguarding service users from abuse and improper treatment.</b></p> <p>Regulation 13 (1) (3) and (4) (b) (c) and (d) of the Regulated Activities Regulations 2014.</p>

**The enforcement action we took:**

We issued a warning notice to the provider requiring them to be compliant with Regulation 13 (1) (3) and (4) (b), (c) and (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 by 6 May 2015.