

Ms Sonia (Sonal) Solanki

SONACare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

SONACare is a residential care home providing personal care to 12 people aged 65 and over at the time of the inspection. The service can support up to 15 people in one adapted building.

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

People told us they felt safe and they were supported by staff who helped them quickly if required. Checks were completed to help ensure prospective staff were suitable to work with vulnerable people. Risk assessments were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for in a safe, clean environment by staff who were caring, competent and knowledgeable about people's needs. Some areas of the home required redecoration and the registered manager said the provider was aware of this.

Staff told us training and supervision was arranged to ensure they had the skills to carry out their role. People told us they were happy at the home and they felt cared for. They explained the food was good, activities were arranged, and they were supported to access medical advice.

People were treated with dignity and respect and staff we spoke with us told us how they respected people and ensured their privacy and dignity was maintained. Care was person centred, met people's needs and achieved good outcomes. People were cared for at the end of their life in line with their wishes.

Staff told us they felt supported by the management team and they were able to approach them if they needed support and guidance. People told us the management team were approachable and part of the team at the service.

People were consulted and asked their views on the service provided. Surveys had been completed by people who lived at the home. People told us they were happy at the home and were confident any comments or complaints they made would be listened to. Audits and checks were completed and actioned to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 April 2021) and there were multiple

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook a comprehensive inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about staffing, the provision of meals, and care provided. A decision was made for us to inspect and examine those risks. We also checked to see improvements had been made since our last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was effective.

Good ●

Is the service well-led?

The service was well-led.

Good ●

SONACare

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service. The provider was in the process of completing the provider information when we inspected. This is information we require providers to send us to give us key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report. We

sought feedback from the local authority commissioners of the service to help us plan the inspection effectively and reviewed information we hold about the service. We used all this information to plan our inspection.

During the inspection

During the inspection We spoke with four people who used the service and four relatives shared their views of the service. We spoke with three members of staff and the registered manager. During the inspection we reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We looked at three records linked to people's care. We reviewed two staff files in relation to recruitment and supervisions and also looked at records relating to the management of the service. Following the inspection, we requested additional information including policies and equipment certification.

After the inspection

We continued to communicate with the provider and manager, and further information was sent to us in response to the feedback provided during the inspection visit.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to ensure staff followed risk assessments and care plans in place to support people safely. Cupboards that were required to be locked to minimise the risk of fire were not secure and not all staff knew how to open safety doors on stairs. People were not always offered support with personal care and areas of the home were cluttered and presented a risk of falls. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Nutritional risk assessments were in place to guide staff on how to support people to meet their nutritional and hydration needs. We observed staff followed the risk assessments in place. For example, if people needed gentle prompting or observation when they were eating or drinking, this was carried out to help maintain their safety and well-being.
- Staff offered people support with personal care and if this was declined, staff offered people further support at a later time to help ensure their comfort.
- Staff could explain the process they would follow in the event of a fire and could explain how to open safety doors in an emergency. Fire equipment was serviced and checked to ensure it was working and combustible materials were stored securely.
- Staff ensured the rear of the lounge was uncluttered and items were safely stored.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were effectively deployed and people did not always receive support when required. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The registered manager ensured sufficient staff were deployed to support people. A dependency tool was used to help inform the number of staff required to meet people's needs. People raised no concerns regarding the availability of staff to help them and said if they asked for help, this was provided.
- Staff who worked at the home told us that they were happy with the staffing arrangements. Staff confirmed they had sufficient time to sit and chat with people, help people when this was needed and had time to take their breaks.
- The registered manager was advertising for a cook and a housekeeper. They explained this would support staff to concentrate on their caring duties. Freshly prepared meals were provided by a cook at another of the provider's homes to help minimize the time staff spent cooking.
- The provider followed procedures to help ensure prospective employees were suitable to work with people who may be vulnerable. References and criminal record checks were carried out prior to prospective employees starting to work at the home. Interview records were kept to help assess prospective employees' suitability to work at the service.

Using medicines safely

- Staff administered medicines to people when they needed them.
- Arrangements were in place to ensure medicines that required refrigeration were stored safely.
- People were supported to take their medicines in a person centred way. Staff consulted with people to ensure they were ready to receive their medicines.
- The provider ensured staff received training and their competency to administer medicines was assessed.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date. The policy in place contained information regarding the practices and processes at the home. National information was available with the policy.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured staff were trained in safeguarding. Staff could explain examples of abuse and said they would raise any concerns with the provider, registered manager or the local safeguarding authority to ensure people were protected.
- People told us they felt safe and they trusted staff. People said they felt comfortable at the home and they would speak to staff or the management team if they wanted.
- Contact details for the local safeguarding authorities were available within the home for people to access if they wished to raise concerns.

Learning lessons when things go wrong

- Reviews of incidents and accidents took place and action was taken to minimise the risk of reoccurrence. For example, equipment to help people mobilise safely was introduced and reviewed regularly to ensure it continued to meet people's needs
- Staff referred people to health professionals if analysis of risk indicated specialist advice was required.

We could not improve the rating for safe from inadequate to good because to do so requires consistent good practice over time. Therefore, we have rated this key question as requires improvement.

Improvements have been made, these need to be consistently embedded. We will check this at our next inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has /remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The provider had displayed appropriate signage to support people to maintain their independence when moving around the home. We observed people using this and saw the signage was helpful to them.
- People could personalise their rooms with their own belongings.
- Staff offered people choices of where they wanted to spend their time and eat their meals. This supported people to follow their own personal preferences.
- Some areas of the home appeared tired and worn. Relatives consistently told us the home would benefit from redecoration. One relative said they considered the home required "updating" and "a spruce up." The registered manager told us the provider was aware of this and an improvement plan was in place.

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

- Risk assessments and care plans contained details of how people should be supported and their likes and dislikes. In two records we considered, further information would be beneficial. We discussed this with the registered manager who amended the records prior to the inspection concluding.
- Information was available to share with other agencies and records of health professionals' involvement were up to date and accessible.
- People told us they considered the care to be good. One person commented, "I'm helped when I want and I'm treated well."

Staff support: induction, training, skills and experience

- The provider ensured staff undertook sufficient training to help them deliver person-centred and effective care. Staff completed an induction and shadowing before working unsupervised.
- Staff told us they received training to enable them to maintain their skills and competence and the registered manager told us they were in the process of booking further practical training. They explained this had been delayed due to the impact of COVID-19.
- Staff told us they had supervisions and were able to discuss any concerns, training needs or seek clarity on anything they wished. Records of supervision showed staff were supported to undertake further training to increase their knowledge.

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

- Staff supported people to choose what they wanted to eat and this was provided for them. People told us they were happy with the food and they could ask for an alternative if they wanted.
- Staff helped people to eat and drink if required. Staff focused on the person they were helping and gave

gentle encouragement and support.

- People were assessed for the risk of malnutrition and the outcome was recorded within care records.
- Staff offered people regular drinks and snacks throughout the day. Hot and cold drinks, biscuits and snacks were available between meals.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Assessments of people's mental capacity were undertaken for specific decisions and records of these were kept.
- Staff had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- People told us and we saw staff asked for their consent before providing support.
- There was a system in place to ensure if changes were made to people's restrictions, this information was shared with other relevant agencies.

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

- Staff referred people to specialist professionals for support and guidance. If people had specific nutritional needs these were known by staff and accommodated.
- In the case of an emergency, person centred records were in place which were provided to health professionals to support decision making.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff supported people with dignity and respect and had a caring approach. Staff initiated appropriate contact and conversation with people and were gentle in their manner.
- People told us staff were caring. One person said of staff, "I like them all, they're lovely."
- Staff said they supported people's rights to live individual lives and people told us they were supported to follow their own preferred routines.
- Care records recorded people's preferences and wishes and guidance for staff on how wishes and needs could be met.

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

- People were supported to decide their care needs and when appropriate, relatives were engaged in the care planning process.
- Staff asked people their opinions and views. We saw staff ask people to make day to day decisions such as where they wanted to sit at lunchtime, what drink they wanted and what they wanted to do.
- Documentation evidenced the involvement of local advocacy services if people needed support to express their views or make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on doors before they entered people's private rooms and we noted conversations were discreet when people's needs, and wishes were being discussed.
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, people were given choices and encouraged to make their own decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's individual needs were assessed, and care records reflected people's preferences and wishes.
- Staff followed care plans to deliver person centred care.

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

- The service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs and preferences. People were supported to use their aids if they had sensory loss and staff interacted with people in a way that met their individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to engage in meaningful activities. There was an events programme at the home and art people had completed was displayed within the home.
- Staff supported people to maintain and develop relationships that were important to them. Arrangements were in place to enable people to have visitors and maintain contact.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly.
- The registered manager told us they had received no complaints since the last inspection.

End of life care and support

- The service supported people to have a dignified and pain-free death. People's wishes were discussed with them and documentation was available to record these. Documentation we viewed evidenced that people, and their relatives when appropriate, were involved in this area of care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care, Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure audit systems drove improvement, that care records were accurate and stored securely. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager completed audits and took action to drive improvement. For example, an audit of falls within the home had resulted in a referral to health professional and specific equipment to support a person's safety was being purchased by the provider. Medicine audits identified where improvements were needed and staff confirmed this was discussed with them to reduce the risk of reoccurrence.
- Records contained sufficient information to guide staff to meet people's needs and preferences. We discussed with the registered manager the benefit of including more information within two records and this was carried out prior to the inspection concluding.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked openly and transparently, and supported people and staff to raise compliments, concerns and their views. A relative we spoke with said they found the registered manager accessible and responsive to their feedback.
- Staff spoke with pride of the culture at the home. They said the service had improved since the last inspection, there was teamwork and the registered manager was supportive, approachable and open.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf. This enabled them to influence the service provided. For example, meetings were held with people who used the service to gain their views. As a result of this the current menu was being reviewed to reflect people's feedback.
- The registered manager spoke positively of their experiences of interagency working. They told us and

documentation showed information was shared with other agencies to help people achieve their best outcomes.

- The registered manager responded to external advice. An external audit had been carried out and the registered manager was acting on guidance given. For example, the registered manager was taking action following an audit by an external pharmacist.