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# SONACare

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection visit took place over two days on 2nd and 7th April 2015 and was unannounced.

At the last inspection on 13th May 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Sonacare is a detached property situated in a residential area close to the centre of Cleveleys. The home is registered to accommodate for up to fifteen people assessed who do not require nursing care. Accommodation is located on the ground and first floor

of the building that can be accessed by a passenger lift. There is a communal dining room as well as a lounge area for people to sit and engage in activities. At the time of our visit there was thirteen people who lived there.

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

There was a registered manager in place. A registered manager is a person who has registered with the Care

# Summary of findings

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 had arrangements in place to protect people from abuse and unsafe care. The registered manager and her staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with said they were receiving safe and appropriate care which was meeting their needs. One person said, "I like it here and I get good care and good food. The staff are very kind to me and I do feel safe here."

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required.

We looked at how the home was staffed. We found sufficient staffing levels were in place to provide the support people required. We saw staff members were responsive when people required assistance. Call bells were answered quickly and people requesting help were responded to in a timely manner.

Equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

Suitable cleanliness standards were in place for keeping the service clean and hygienic to facilitate the prevention and control of infections. The people we spoke with said they were happy with the standard of hygiene in place.

We found medication procedures in place were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and

skills required. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

We found people experienced care and support that met their needs and protected their rights. This was because plans and procedures were in place for dealing with changes in people's care and how best to support and protect people. We also found that the planning and delivery of care took account of how best to meet people's individual needs.

The services recruitment procedures were safe with appropriate checks undertaken before new staff members could commence their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager and her staff had been trained to understand when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection three applications had needed to be submitted. Appropriate procedures had been followed and the service was waiting for the applications to be dealt with.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, resident meetings, care reviews and audits. We found people were satisfied with the service they were receiving. The registered manager and staff members spoken with were clear about their role and responsibilities. They told us they were committed to providing a high standard of care and support to people who lived at the home.

# 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 safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Recruitment records for staff were thorough with all checks in place prior to anyone commencing work for the service.

People we spoke with including visitors told us the service was safe. People who lived at the home said they felt secure and protected by the way the service was run.

People were protected against the risks associated with unsafe use and management of medicines.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs. People who required help at mealtimes were supported by appropriately deployed staff in a sensitive manner.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and the knowledge of the process to follow.

People's healthcare needs were monitored and continuity of care was maintained.

Good



### Is the service caring?

The service was caring.

We observed staff assisted people by using a caring and supportive approach. People told us they felt staff protected their dignity and confidential information at all times.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People and their families had been involved in developing their care plans. Relatives reported they were involved in reviews of care and the home responded appropriately to meet people's changing needs.

The service provided activities and social events to keep people occupied.

People knew their comments and complaints would be listened to and responded to.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving. The registered manager consulted with stakeholders, people who lived at the home and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Good



# 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 checked 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 visit took place on 2nd and 7th April 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors 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 service. The expert by experience for the inspection at Sonacare had experience of services who supported older people.

Before our inspection on 2nd April 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about

incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the registered manager, five members of staff, eight people who lived at the home and three visiting family members. We also spoke to the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people, recruitment records of two recently employed staff members, the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of five people.

# Is the service safe?

## Our findings

People we spoke with us told they felt comfortable and safe when supported with their care. One person said, “I like it here and I get good care and good food. The staff are very kind to me and I do feel safe here.” One person visiting the home said, “My [relative] is safe and very well looked after here. The staff are very good. If my [relative] was a little less confused they would realise it.”

The service had safeguarding policies and procedures in place to minimise the potential risk of abuse or unsafe care. The registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. Staff were knowledgeable about the actions they would take if they witnessed any abuse taking place. One staff member said, “I have never witnessed any poor care or anything that has caused me concern whilst I have been working here.” Another staff member said, “I wouldn’t hesitate to report any concerns I may have to the manager. I understand I have a duty of care to protect people in my care.”

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. Call bells were answered quickly and people requesting help were responded to in a timely manner. Although one person told us they thought the service should employ more staff we saw no evidence that people’s needs were not being met.

We observed staff supporting people were kind and patient. Two staff members transferring one person from their armchair to a wheelchair used appropriate moving and handling techniques. The staff were patient and took care to ensure the person being supported was assisted safely.

Following a risk assessment of the environment the registered provider was in the process of replacing the window restrictors the service had in place. They told us this was because they wanted to ensure they were suitably robust to withstand damage (either deliberate or from general wear). Window restrictors are required where vulnerable people have access to windows large enough to allow them to fall out and be harmed.

We looked around the building and found it was clean and tidy and no offensive odours were observed. One person

visiting the service said, “I don’t have any concerns with hygiene at the home. My [relatives] room is always clean and I have never noticed any unpleasant smells when I visit. I think the cleaner does a good job.”

We found equipment in use by the service 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. Moving and handling equipment including hoists had been serviced to ensure people could be supported safely. We saw wheelchairs were well maintained and had foot guards in place for the protection of people being transferred around the home.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medication procedures. This meant systems were in place to ensure that people had received their medication as prescribed. The audits also confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication. Staff designated to be involved in the administration of medicines had received training to ensure they were competent and safe.

We observed the administration of medicines at lunch time. We saw that medicines were given safely and recorded after each person received their medicines. Staff informed people they were being given their medication and where required prompts were given.

We looked at the recruitment procedures the service had in place. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks are required to identify if people have a criminal record and are safe to work with vulnerable people. The application form completed by new employees had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We spoke with one member of staff who had recently been appointed to work for the service and had completed their

## Is the service safe?

induction training. The member of staff told us their recruitment had been thorough and confirmed they had waited for their checks to be completed before commencing their employment. The member of staff said,

“It was frustrating waiting for my clearances to come through as I was anxious to start working once I had been offered the job. I understand the checks are important as the people we support are so vulnerable.”

# Is the service effective?

## Our findings

People we spoke with including visitors told us the care and support was good and people were happy. Our observations confirmed that the atmosphere was relaxed and people had freedom of movement. Staff spoken with showed they had a good understanding of the care needs of people they supported. One staff member said, “We always have up to date information about the people we support. If a person's needs change the care plan is amended and we are made aware of the changes we need to implement to the person's care delivery.”

During our inspection we looked at four care plan records. We found these described the assessed needs and support people required. The records had written confirmation that people and their relatives had been involved in the assessment and had consented to the care being provided. One person visiting told us they had been fully involved in their relative's assessment and the development of their care plan. The visitor said, “I am involved in making decisions on behalf of my [relative] as they have dementia. Another person visiting the home said, “I am kept fully informed if there are any changes that need to be made to my [relative's] care plan and I am always told if they have needed the doctor.”

We found the staff team understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. We also saw people in the lounge had access to jugs of juice or water which were available on side tables.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. All the meals were plated up to look attractive and different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and helped to feed or prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

We spoke with the cook who demonstrated he understood the nutrition needs of the people who lived at the home. When we undertook this inspection there were four people having their diabetes controlled through their diet. One person was on a vegetarian diet and another person required a soft diet as they experienced swallowing difficulties. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook informed us he was informed about people's dietary needs when they moved into the home and if any changes occurred.

People spoken with after lunch told us the meals provided by the service were very good. One person said, “I have no complaints about the food. The meals are really nutritious and we get plenty to eat. We also get lots of snacks in between meals.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). She had in the last twelve months completed training and instructions with her staff around the legislation. Discussion with the registered manager informed us she was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated an awareness of the MCA and DoLS and understood the procedures that needed to be followed if people's liberty needed to be restricted for their safety. When we undertook this inspection the registered manager had submitted three DoLS applications for people whose liberty she felt needed to be restricted for their safety. We observed procedures had been followed. We did not see any restrictive practices during our visit.

We spoke with staff members, looked at individual training records and the home's training matrix. The staff told us they were happy with the training they received and they



## Is the service effective?

felt competent to undertake their work. One staff member said, “I have not been with the service very long but I have been happy with the training I have received. I received a good induction which included shadowing an experienced colleague until I felt comfortable working unsupervised.” Another staff member said, “I have received mandatory training required by legislation and medication and diabetes training. I also have a care qualification. I do feel competent and well trained to support the people in my care.”

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people’s medicines had received medication training. Training to support people living with dementia was also being provided. Discussion with staff members and reviewing training records confirmed staff were provided with opportunities to access training to develop their skills and help provide a better service for people they supported. Most had achieved or were working national care qualifications. People visiting the home told us they had no concerns about the competency of staff supporting their relatives.

Staff received regular supervision and annual appraisal. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern. One member of staff said, “I find the manager very supportive.”

People’s healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other 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.

# Is the service caring?

## Our findings

During our visit we spent time observing staff interactions with people in their care. This helped us assess and understand whether people using the service were receiving care that was meeting their individual needs. We saw staff were caring, patient and respectful when people needed support or help with personal care needs. We observed staff assisting people to the bathroom and dining room at lunch time. They displayed a warm and caring attitude towards the people they were supporting. People were comfortable in the company of the staff and engaged in conversation.

People being supported told us staff were kind and compassionate when dealing with them, treated them with respect and listened to them. One person said, "I have lived here for one year and I would say it is better than most. The staff are good and really do care for us. They are great with me and I think there is a good family atmosphere." One person visiting the service said, "The staff here do very well for my [relative] and are really kind and compassionate. I can tell they know who they are caring for and that they know what they are doing". Another visitor said, "They do listen to us and are very patient when I want to discuss any queries I have about the care they provide. I can visit just about anytime I want and don't feel restricted in any way."

People who were able to make decisions for themselves and be involved in planning their own care told us they were encouraged to retain their independence. One person we spoke with said they were encouraged to make decisions for themselves and retain their independence. The person said, "I am still relatively fit and able and want to do as much for myself as I can. The staff respect my wishes and just provide me with some personal care support when I ask for it."

We observed a staff handover during a change of shift at lunch time. Information was given about people who had visited their relatives and what health professional visits had been undertaken in the morning. The information was shared appropriately and effectively.

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly.

During a tour of the building we spoke with a number of people in their rooms. One person being cared for in bed had been provided with a hospital bed and pressure relief mattress. The person looked comfortable and cared for. The room was warm, clean and there was a jug of juice and a drinking beaker within reach. Whilst speaking with the person a member of staff arrived to provide personal care support. The staff member knocked on the door and asked if they could enter. The person told us the staff were very polite and respectful. The person said, "I am being looked after really well. The staff are caring, friendly and attentive."

We looked at care records of four people to ensure people and families were involved in care planning and continuous development of the support each individual required. We found records were consistent, involved the person and were comprehensive. The care plans were up to date and kept under review to ensure they reflected the support and care people required.

Before our visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they were pleased with the care people received and had no concerns.

# Is the service responsive?

## Our findings

People who lived at the home and their relatives told us the service provided a personalised care service which was responsive to people's care needs. One person said, "I am very happy here and the carers are very good. They do usually respond well if there is something you are not happy about so I have no real complaints about this place or about the staff."

We looked at care records of four people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process because they lived with dementia had been represented by a family member or advocate. A visiting relative said, "I am very close to my [relative] so it is important to me that I am involved in decision making about their care. The service has involved me from day one." Another person visiting said, "I was able to discuss my [relatives] needs before they moved into the home. I am always pleased to see them looking so well when I visit. I am invited to reviews of their care and attend when I can."

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. The care plans had been signed by staff confirming they had read the care plan and understood the support people required. We found the care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly.

The daily notes of one person showed how the staff had responded to a change in the person's health needs. The person's health had deteriorated and had received intervention from the district nurse service following an initial visit from the person's General Practitioner (GP). From the daily notes we were able to identify that the service staff had worked with and followed instruction from the district nurse team. The support provided was clearly documented and showed the person's health was improving.

The people we spoke with had mixed responses about the level of activities organised by the service. Some people said there wasn't much going on and other people said they were satisfied with the activities organised by the service. One person said, "We do have entertainers come in to the home which I enjoy. We also organise activities amongst ourselves." Another person said, "The staff do organise activities for us."

The service had a complaints procedure which was made available to people they supported and their family members. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to the staff or the management when necessary. They told us their complaints were usually minor and soon acted upon. One person said, "The manager responds well if there is something you are not happy about. I have no real complaints about this place or about the staff".

# Is the service well-led?

## Our findings

Comments received from staff, people who lived at the home and visiting relatives were positive about the registered managers leadership. Two staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. One person visiting the home said, "I have no concerns about how the service is run. The staff seem to know what they are doing and I find the manager is available if you need to see them."

The registered manager and staff team worked closely together on a daily basis. This meant quality of care could be monitored as part of their day-to-day duties. Any performance issues could be addressed as they arose.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and all staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the home was well led and that they got along well as a staff team and supported each other. One staff member said, "I really like working here. The home has a relaxed atmosphere. As a staff team we are committed to provide the best possible service for the people in our care."

The registered manager had procedures in place to monitor the quality of the service being provided. Regular

audits were being completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records, medication procedures and staff training. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward. For example when we visited the service they had identified that the window restrictors in use needed to be replaced. This was because the service had identified they were not suitably robust to withstand damage.

We found the registered manager had sought the views of people who lived at the home about their service by a variety of methods. These included resident and relative surveys. We looked at a sample of surveys recently completed by people supported by the service. The feedback provided was positive with comments about the care provided, friendliness of staff and quality of food. One person said, "I feel the management and staff are to be commended with regards to the running of the home."

Staff and resident meetings were being held to discuss the service being provided. We saw documented evidence that these had been held and the people being supported had attended. One staff member on said, "I attend the staff meetings. It's a good opportunity to sit down with the manager as a team and discuss the service we provide and anything we think we can improve on."