



## Inspection Report on

**Sona Care**

**27 Hilton Avenue  
Milford Haven  
SA73 2PB**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

*27/06/2022*

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## About Sona Care

Type of care provided	Domiciliary Support Service
Registered Provider	Sona Care Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

### Summary

Overall, Sona Care Domiciliary Support services endeavours to support people to maintain their independence. The staff team are enthusiastic and want to make a positive difference to people's lives. Care workers focus on each person's needs, to positively impact on their well-being. Care workers feel supported by the management in most aspects. Good communication channels are evident throughout the service however, improvement is required to monitor the quality of care provided.

At this inspection regulatory breaches have been identified. The Responsible Individual is working with CIW to address these to ensure people's wellbeing and health goals can be fully met.

## Well-being

People are satisfied with the service they receive. People say care workers support them very well and they are always respectful and professional in their approaches. Personal plans reflect each person's support needs and care workers are aware of the importance of each person's well-being. However, care plans require further development to be person centred and clear. This is an area for improvement and will be followed up at the next inspection.

Personal care and support plans require further work to better inform care delivery and promote people's wellbeing. During this inspection we were unable to find evidence that people are involved in their assessments and personal plans/care plans. This is an area for improvement and will be followed up at the next inspection.

People say they feel safe with the care workers who support them in their homes every day, especially when the care workers are familiar to them. This gives each person reassurance that their needs and personal preferences are understood, this empowers people, and they are enabled to make choices. Each person's privacy, dignity and personal information is always protected.

Overall, people are safe and protected from abuse. However, the safeguarding policy and procedure is not in line with current legislation and local safeguarding procedures. There is no reference to the All Wales safeguarding procedure/App and the contact telephone numbers of relevant bodies. Care staff recognize their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure. However, the recruitment process is not consistently robust. This is a serious issue, and an area for improvement has been issued.

The provider does not offer the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it. Some staff members do speak Welsh.

## Care and Support

There are care plans in place for how care workers provide people's support, to achieve their best possible outcomes. These are up to date but not as clear as they could be, they are handwritten which makes it difficult to read some of them. Individuals care plans require improvement to be more person centred, and include the involvement of the person, their family/representative. Care workers told us *"They were not sure when care plans are reviewed, as they are a recent thing that have been implemented"*. We found no records of people's involvement in developing or reviewing of their care plans during the inspection. This was discussed with the responsible individual (RI)/Manager who assured us this would be implemented. This is an area for improvement which will be checked at the next inspection.

Staff attend team meetings where people's needs are discussed and updated, the meeting minutes were made available to us during the inspection. These showed that actions are followed up on and information is shared with the staff.

People are happy with the support they receive. The provider has regular questionnaires completed by people using the service and their representative, the feedback overall is very positive and complementary. People said that *"the staff are very good and don't rush"* and *"I am very happy"*.

The provider has policies and procedures in place to manage the risk of infection. There are good hygiene practices throughout the service. Measures are in place to ensure people are kept safe from infection as far as possible: use of personal protective equipment by all care workers and care staff testing regularly. However, not all care staff are aware of the policies available to them and have not got access to them. This is an area for improvement that will be followed up at the next inspection.

As far as possible, the service takes steps to safeguard people from neglect and abuse. Risks to people's health and well-being are recorded and minimised so people can maintain their independence as far as possible. Care workers recognise their personal responsibilities in keeping people safe. They say they would go to the manager initially but would be confident to go to external agencies such as the safeguarding team if they thought they needed to. The safeguarding policy does not contain all the required information such as details of the All Wales Safeguarding procedure and App and has no record of when it was last reviewed. This is an area for improvement that will be followed up at the next inspection.

## Leadership and Management

The service is committed to developing a culture which ensures the best possible outcomes are achieved for people. There are no systems in place designed to monitor peoples' well-being and the quality of support each person receives. The RI is not able to identify all actions needed to improve people's well-being as there has been no six-monthly quality of care reports completed. The RI does not evidence meeting with people and their relatives or members of the staff team to check on the overall quality of support being offered. We have issued an area for improvement; we expect the provider to act on this and will follow this up at the next inspection.

The provider ensures there are enough knowledgeable and skilled care workers to provide the right support for people. The provider does not have robust pre-employment checks in place - these include reference checks, photo identification and Disclosure and Barring Service (DBS) checks. The staff files held at the office do not contain the pre-employment checks, the only check we were able to see was individuals DBS checks, which are held on the computer. This was discussed with the provider who has assured that this will be actioned. We have issued an area for improvement; we expect the provider to act on this and will follow this up at the next inspection.

Policies and procedures are in place, but we found no record of these being reviewed. The policies that we checked during the inspection required reviewing and updating to ensure that they are in line with current legislation. These are also not assessable to all staff to access, and no system is in place to monitor staff's knowledge and understanding of the policies. We have issued an area for improvement; we expect the provider to act on this and will follow this up at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
80	The provider has not completed the required quality of care reports. Therefore, we could not be sure or evidence the provider gives due consideration to outcomes of any audit or completeness of records, no analysis of the data or safeguarding referrals, and	New

	<p>staff training, assessment of the overall care and support people receive from the service, provision of information to support peoples participation in assessments and reviews. People cannot be confident systems are in place to ensure they are provided with the opportunity to fully meet their wellbeing outcomes. Without a detailed review of the service, the RI cannot make meaningful recommendations and actions to help improve the service going forward.</p>	
73	- Failure to complete reg 73 visits and document them.	New
35	The provider has failed to carry out the necessary checks to ensure a robust recruitment process. The recruitment records we looked at did not all contain the required information, staff did not have two references and their applications where not in their files	New
23	The service provider does not ensure that individuals have the information they need to make or participate in assessments, plans and day to day decisions about the way care and support is provided to them and how they are supported to achieve their personal outcomes.	New
12	We did not see any evidence that the service provider ensure that the content of the policies and procedures which are required to be in place by virtue of paragraphs (1) to (3) are kept up to date, reviewed and inline with current legislation.	New
60	Failure to submit notifications in a timely manner in the required format. CIW have not received any notifications from the provider since it has been operating. When this was discussed with the provider they were not sure if they had activated their CIW online portal	New



**Date Published 08/08/2022**