



## 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**

04/07/2023

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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	<a href="#">[Manual Insert]</a> 27 <sup>th</sup> June 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language. This means being proactive in providing a service in Welsh without people having to ask for it.

### Summary

People are happy with the care and support they receive and describe staff as “excellent”. There is a stable team of dedicated care staff who are respectful in their approach. Personal plans are in place but would benefit from being more detailed and person centred to include people’s outcomes and preferences. They are not always kept up to date in line with Local Authority reviews. Staff are kept informed of changes to people’s care needs by the manager verbally and through team meetings.

Staff feel supported and describe the manager/Responsible Individual (RI) as approachable and someone that takes time to listen to them. The RI is in the process of delegating some managerial tasks to other senior staff to expand the business and be more efficient. We found improvements are needed to some of the documents used. Most of the key policies have been updated but we found two have not been reviewed as required. The recruitment process requires a more robust system as full checks are not always undertaken prior to care staff commencing.

## Well-being

People told us they feel safe and respected when care staff visit their homes and one person said, "*I feel very lucky*". Thorough risk assessments of the home environment are undertaken and reviewed regularly to ensure that people and staff are kept as safe as possible. Training on Safeguarding procedures is provided to staff, and they are aware of the procedure to follow if they have any concerns. Senior staff undertake spot checks on care staff to ensure they remain competent in their role. This ensures that people are supported appropriately with high standards of care and their wellbeing is promoted. One person told us they were nervous to begin with following a previous poor experience of receiving care, but they "*needn't have worried*".

People receive support from those who are familiar to them and whom they have built positive relationships with. There is a good retention of staff and continuity of care. Good communication systems are in place and people are informed if care staff are running late so that they do not become anxious.

People cannot be confident they are always safe as improvements are required with the recruitment of new staff. We found some gaps on staff files. Not all staff have application forms and gaps in employment history is not always explored fully to ensure there is a valid reason for it.

People's voices are not being fully heard and Personal outcomes are not clearly stated therefore people may not be able to achieve their outcomes. However, one person told us that their calls were reduced at their request as they felt they did not need as much support.

The service is working towards providing the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it. At present although there is not a need for exclusive Welsh speaking support, one person's preference is Welsh. People are respected as individuals as the manager recognises the importance of people's culture and language and ensures staff who can speak Welsh attend the calls as much as possible. The provider plans to translate some key documents into Welsh. People have an opportunity to receive care and support from staff who can converse with them in the language of their choice.

## Care and Support

People receive care and support from a small team of experienced care staff in their own homes enabling them to remain independent for as long as possible.

Support is provided with Personal care, meal preparation, medication, and general household duties. Personal plans provide details on people's needs and the level of support required at each call but do not include people's outcomes and preferences.

Some care packages are commissioned by the Local Authority whilst others are privately arranged. We found that not all personal plans are kept up to date and some have not been updated with changes in needs following a review by the Local Authority. This is an Area for Improvement and whilst no immediate action is required, we expect the provider to make improvements by the next inspection.

There is evidence that people are consulted with and a questionnaire is provided to give people a chance to comment on the care and support they receive. People are happy with the care they receive and told us they are "very lucky", and the care staff are "excellent". Some people spoken with told us that they are involved in the review process. But this is not recorded on individual care files. We did not see copies of reviews therefore are unsure if all personal plans are reviewed and how often reviews take place. We cannot be sure that reviews are being undertaken every three months as required. Risk assessments are undertaken but some were not printed out clearly and some of the typing was missing thus making it hard for staff to read.

Care staff are kept up to date with people's support needs by attending staff meetings where each person's needs are discussed. Minutes of these meetings were made available during the inspection and demonstrate that timely referrals to other health and social care professionals are made as and when required to ensure people receive appropriate support.

## Leadership and Management

The RI/Manager knows people well and is made aware of changes to people's needs by care staff and family members. It is evident that people and their representatives can speak to the RI and are confident that they will be listened to. The RI does not have systems in place to effectively assess, monitor and improve the quality and safety of the service and more thorough audits and systems would ensure best possible outcomes for people. Whilst the RI has written a report this is not detailed and six-monthly reports are not being undertaken. This is an area for Improvement and whilst no immediate action is required, we expect to see this being undertaken by the next inspection.

Staff spoken with are very positive about the RI and feel supported. One staff member told us, "*No matter what, I feel I can go to them (the RI)*". The recruitment process requires improvements and we found gaps in staff files. The required checks such as Disclosure and Barring Service (DBS) are being undertaken however Photo Identification and full employment history details were not on all files. This is an Area for Improvement and whilst no immediate action is required, we expect the provider to take action to ensure the safety and wellbeing of people receiving care and support. We will check this at the next inspection.

Staff told us they undertake the relevant training, but we did not see evidence for this. Supervision is undertaken and care staff are able to have informal supervision at any time with a senior. Supervision records do not evidence that meaningful discussions are taking place, and this has been discussed with the RI. One to one supervision is an opportunity for staff to reflect on their practice and identify areas for support and training therefore is an important aspect of the manager's role.

The relevant policies and procedures are in place, and most have been reviewed since the previous inspection. We found two key policies that still require updating. We have been assured by the RI that this will be addressed by the next inspection and has been identified as an Area for Improvement.

The RI protects people from harm and abuse as much as possible. Spot checks are undertaken during calls to ensure care staff are providing a high standard of care and meeting people's needs. Staff are aware of the procedures to follow if they have any concerns and staff meeting minutes demonstrate that referrals are made to other health and social care professionals in a timely manner.

### 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
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16	The personal plan must be reviewed as and when required but at least every 3 months. We looked at care files and there is no record of reviews on the files.	New
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 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.	Not Achieved
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 were not in their files	Not Achieved
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.	Not Achieved
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.	Not Achieved
73	- Failure to complete reg 73 visits and document them.	Achieved
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	Achieved



	their CIW online portal	
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