



## 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**

02/07/2024

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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	29 June 2023
Does this service promote Welsh language and culture?	The service is working towards providing an Active Offer of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People say they feel very happy and safe with their care workers who visit them in their homes every day. People and their families/representatives say they are invited to be involved in discussions about their care and support, but there is some lack of documentation to support this currently.

The staff team approach each person with dignity and respect and ensure their welfare is at the heart of everything they do. Not all care workers have attended training relevant to their roles but they say they feel well supported by the management team. Prompt referrals are made to healthcare professionals where necessary, and the manager, who is also the Responsible Individual (RI), regularly makes themselves available to people, relatives and the staff team.

## Well-being

Care workers take time to listen to people about their support arrangements. They are sensitive to the importance of each person's overall well-being. One relative told us, *"The carers are lovely, they go above and beyond."* Another person said, *"They're always on time for me, which is important."* People and relatives say they are asked about their lives when they first come to the service and are encouraged to take part in reviewing their support plans where they wish to do so. One person told us, *"Oh yes, they ask us what we think of the carers, if everything is going as it should be."*

The service is working towards providing an Active Offer of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. While there is no demand currently for exclusively Welsh speaking support, the RI agrees with the necessity of providing an Active Offer in the event they support anyone who does prefer to communicate in Welsh. The deputy manager is fluent in Welsh and would be available where the person wished conversations to be conducted in Welsh.

## Care and Support

The manager/RI considers a range of information to ensure they can meet people's needs before support is put in place. For example, information from external healthcare and social care professionals such as occupational therapists and social workers. From this, senior staff develop care records that accurately describe people's support requirements and make prompt referrals to healthcare professionals when necessary. Regular care plan reviews evaluate what is working and what if anything needs to be altered for the future.

The staff team ensure they can provide the best possible care for people - they have access to up to date care records and risk assessments to ensure people are supported as they should be. People and relatives agree with this and tell us they are very happy with the staff team who visit them every day. One person said, *"They are just wonderful, can't do enough for you. They often stay on for a chat when they can and my dog adores them."*

People are safe and protected from abuse. Care workers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They have regular safeguarding training updates and tell us senior staff members support them well and are always available for advice if necessary. They would approach the manager/RI but would contact external agencies such as the local safeguarding office if they thought they needed to. In addition, the manager/RI has up to date policies and procedures to support people and the staff team.

The provider ensures there are knowledgeable, caring and skilled care workers to provide the right support for people. Pre-employment checks take place before new employees start work: these include reference checks, explanation of any gaps in peoples' employment history and Disclosure and Barring Service (DBS) checks.

## Leadership and Management

Overall, the provider has a clear vision of the service people should receive. There is a positive culture throughout the service, steered by a manager/RI who wants to maintain the quality of peoples' lives. The manager/RI is well-known to everyone and they monitor the quality of the service offered to people in regular checks and quality of care reports. People say their care workers are never late and that they have good contact with the office when they have questions. One person said, *"They always let me know what's going on."* We saw records of how everyone's care packages are monitored to ensure people get their calls on time. In addition, people and relatives confirmed to us that the manager/RI asks them for feedback about the service they provide, but there is no evidence of this happening in any of the care records we viewed. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Employees can discuss any issues they wish to raise in three-monthly confidential supervision meetings. However, from records seen, not all care workers are up to date with their mandatory training. This is an issue that has been identified by the manager/RI on quality monitoring visits and there are plans to adapt future training sessions to include more face-to-face training because online sessions are currently difficult to arrange. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

As far as possible, the provider takes appropriate steps to safeguard people from neglect and abuse. The staff team ensure they protect all private and personal information. Care workers have been through the provider's rigorous recruitment process. All employees can access policies and procedures to understand their responsibility to protect vulnerable people. The home's safeguarding policy and procedure is in line with current legislation and local safeguarding procedures. Senior staff ensure all care records clearly state any risks to people's well-being and detailed risk management plans help to keep people safe and as independent as possible.

### 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
16	Care records are being reviewed but there is no evidence of people/representatives' involvement (review sheets, sigs etc), But people told us they do feel involved, so it's a documentation issue. RI will introduce documentation to evidence this is happening.	New
36	Records show staff have not all completed their mandatory training. RI has identified this issue in QA reports and is planning more sessions	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.	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	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.	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.	Achieved
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.	Achieved

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