

Nellsar Limited

# Sonya Lodge Dementia Residential Care Home

## 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 ●

# Summary of findings

## Overall summary

### About the service

Sonya Lodge Dementia Residential Care Home is registered to provide accommodation and personal care for up to 37 people. At the time of the inspection, 34 people were living at the service with a range of health and support needs. These included; diabetes, epilepsy and dementia.

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

Our observation showed people were safe at Sonya Lodge. People appeared well care for by staff. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Medicines were stored and managed safely by staff. There were policies and procedures in place for the safe administration of medicines, which staff followed. Staff training records confirmed staff had been trained in medicine administration and competency checks carried out.

People continued to receive care from staff who were well supported with induction and training. Staff received one to one supervision and annual appraisals. A member of staff said, "We have opportunity to bring up suggestions for improvement in the quality of care provided at supervisions. If it is a good idea, the registered manager makes changes."

Staff understood the importance of promoting people's choices and provided the support people required while promoting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life.

The staff were caring and knew people, their preferences, likes and dislikes well. We observed people's rights, their dignity and privacy were respected. Staff supported people with their lunch at a gentle pace whilst engaging with them. People continued to be supported to maintain a balanced diet and staff monitored their nutritional health.

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. We saw that people participated in activities, pursued their interests and maintained relationships with people that mattered to them.

People had end of life care plans which detailed what would make them felt well looked after and safe when they feel unwell.

The service was well led. Effective quality audits were in place and continuous improvement and learning were embedded in the service. The registered manager was open and transparent, and people, relatives, and staff felt involved in decisions about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (Report published on 15 January 2019) and there were two 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

This was a planned inspection based on the previous rating.

#### 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Sonya Lodge Dementia Residential Care Home

## **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.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Sonya Lodge Dementia Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 on the first day and announced on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We received no feedback. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection, not everyone in the service was able to express their views about the care they received. However, we spoke to two people who were able to speak with us. We spoke with three relatives, two healthcare assistants, one senior healthcare assistant, the cook, two activities coordinators, visiting wellbeing staff, deputy manager and two operations managers. The registered manager was absent during this inspection. We used the 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 reviewed a range of records based on the history of the service. This included three people's care records and medicines records. We also looked at six staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the training data and staff rota sent to us in a timely manner.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection the provider had started new staff without a DBS check. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made. Appropriate checks had been completed, which included disclosure and barring service (DBS) checks before new staff started working. The provider was no longer in breach of regulation 19.

- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There continued to be a sufficient number of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community.
- We observed that care was consistently delivered in line with how staff were allocated at staff handover and responded to people's requests throughout the day.
- One relative said, "Yes, there always seem to be plenty of staff."

### Systems and processes to safeguard people from the risk of abuse

- We observed that people felt safe and comfortable within the service. One person said, "I feel safe and secure here." One relative said, "It is 100% here. [X] is happy here, it took them a while to settle but they are ok now, I visit every other day and I feel [X] is safe, it gives me peace of mind."
- Safeguarding processes continued to be in place. The risks of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "If I felt the service user wasn't safe or was vulnerable I would discuss it with the manager. If I felt she couldn't resolve it, I would contact safeguarding or whistle blow. I wouldn't be afraid to take it further."
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. Staff were aware of the whistleblowing policy and told us how they could use it if their concerns were not acted on. They also knew about the companies' own internal whistleblowing contact telephone number, and which authorities outside the service to report any concerns to if required. For example, in December 2019, a member of staff whistle blew about a senior staff poor behaviour at work to the operations manager. This was thoroughly investigated and was upheld. The senior staff was disciplined, and a warning letter sent. This

showed that the provider understood whistleblowing and acted accordingly.

- The deputy manager and operations managers demonstrated a good understanding of their responsibilities in relation to safeguarding people.

#### Assessing risk, safety monitoring and management

- Risk assessments continued to be thorough, specific to each person and in place to guide staff on what to do to minimise each identified risk and help keep people safe. The care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. For example, one person who was at risk of falls as they developed reduced mobility due to arthritis, they required support from staff with moving and handling in the service, had a risk assessment for falls in place. They also had a moving and handling risk assessment.
- There were regular reviews to ensure any change in need was documented and correctly recorded in care plans. This enabled all staff to be aware of a person's complete up to date support and care needs.
- Detailed personal emergency evacuation plans continued to be in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency situation arose.
- People continued to be protected from risks from the environment. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks, had been carried out. There were maintenance staff who were responsible for ensuring people's safety in relation to carrying out checks on health and safety equipment.

#### Using medicines safely

- Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. Competency checks were in place to make sure they continued to practice safe medicines administration.
- Medicines were stored safely. We observed there were no gaps or omissions in the medicines administration record (MAR) charts, which demonstrated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

#### Preventing and controlling infection

- We observed that the environment was clean and odour free during our inspection.
- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- There was an infection control policy in place and staff were trained in infection control and food hygiene. This ensured people remained at the lowest risk of spread of infection as possible.

#### Learning lessons when things go wrong

- Accidents and incidents had been recorded in care plans by staff and monitored by senior managers to try to prevent similar incidents being repeated.
- Records showed that the registered manager was pro-active and used the opportunity to learn when things go wrong. Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment. For example, one person who had a fall, was referred to the falls clinic. As a result, the registered manager procured a walking aid for the person. They also implemented staff monitoring check which made sure the person was safe.
- When concerns had been identified, these were also discussed at handovers, staff meetings and one to

one supervision meetings to improve the service.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider continued to undertake an initial holistic assessment with people before they moved into the service.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support. In one person's care plan, it stated, 'I am Church of England but choose not to practice my religion. I would like to be offered to attend in-house church service and ask if I would like to attend coffee morning at the local Church.' We saw records that showed the person attended in-house church service.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people and relatives were involved in regular review of their support.
- One relative said, "We are very much involved. We asked if [X's] bedroom could be a bit closer to the lounge. The manager said it would happen when a room became available, and it did."

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

- One person said, "The food is good."
- A menu was in place so that people knew what meals to expect. We observed general chatter/conversation throughout the meal between the people and the staff. This made it a sociable event.
- People had control over what time they ate and any snacks and drinks they wished to have through the day. People were supported to be able to eat and drink sufficient amounts to meet their needs.
- The registered manager ensured that any special health or dietary requirements were taken into consideration, such as the need for soft foods or diets as recommended by healthcare professionals. The service had an in-house nutrition champion and organisation nutrition and wellness manager. Both supports the service with ensuring people received adequate nutrition each day. The nutrition and wellbeing manager carried out nutrition and hydration training for staff.

Staff support: induction, training, skills and experience

- Staff told us there was enough training and they did not feel they had any gaps in their knowledge. People told us that staff knew what they were doing. A relative said, "The staff are very good."
- Staff continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case.
- Staff had supervision meetings and an annual appraisal of their work performance with the registered

manager once a year. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. The deputy manager told us that they had daily contact with staff and they were able to discuss any development needs freely with them.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed. The GP told us, 'The staff communicate with us through a mix of fax, email and phone calls.'
- There was a close working relationship with the local GPs, occupational therapists, and physiotherapists. We observed the district nurse who attended to people whilst liaising with staff during our inspection.

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

- The service was designed and decorated to meet people's needs, including people with dementia. The environment was spacious and decorated with people's involvement. For example, signs for toilets and exits were clear. As people with dementia use "landmarks" to navigate their way around, people had their photographs and items they could identify with in their rooms.
- People had free access to the garden and all areas of the service. There was a quiet seating lounge for people who wanted privacy or needed a one to one support.
- People's rooms were personalised to suit their tastes and needs.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. Care plans gave clear direction and guidance for staff, so they knew if people had healthcare needs that may need quick attention from a healthcare professional such as a GP or district nurse.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. For example, we observed staff booking appointments with healthcare professionals during our inspection.
- Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. Staff supported people to be weighed every month to analyse whether any extra attention was needed to their diet or lifestyle.
- Staff continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP and the local district nurses.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.

- One person said, "Staff ask permission before doing anything with me."
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant authorising body. At the

time of our inspection, everyone in the service were subject to DoLS authorisation, which were either in progress or granted.

- Consent to care and treatment while living at Sonya Lodge was discussed with people. Photograph consent forms were sign by people or their relatives, which indicated consent for the use of their photographs. We saw that MCA process was followed when necessary. For example, one person required covert administration of medicine. MCA process, which included best interest meetings were held before this was put in place.
- Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices. They were aware of the need to gain consent and we observed that staff obtained consent from people before providing care and support throughout the day of our inspection. People were supported in the least restrictive way.

# 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 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; equality and diversity

- One person said, "I'm completely content, the staff are lovely, and I get all the help I need." Another person said, "Yes, I'm happy, the staff are great." A relative said, "The staff are very good they contact me if there is anything I need to know, it's a good home." Another relative said, "We visit regularly, and she always looks really well presented and seems as happy as she can be."
- The interactions between people and staff were positive, caring and inclusive. There was mutual respect and equality. We observed that members of staff spoke kindly, laughed and joked with people throughout the day, which showed they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their care plans.
- Staff helped people to stay in touch with their family and friends. We observed people receiving visitors during our inspection. A relative said, "Staff are very caring and approachable."

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

- We observed people were supported to express their views and they and their relatives were involved in making decisions about their care and support. For example, staff checked on people's well-being throughout the day, and knocked on bedroom doors before entering.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff, so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted. People held meetings monthly, which enabled people to express themselves. Menu was also discussed with people on a daily basis. This enabled people to make food choices.
- Staff understood the importance of respecting people's individual rights and choices.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and to be treated with dignity was respected. Staff did not enter people's rooms without first knocking to seek permission to enter. If people wished to speak with us, staff respected people's right to speak with us privately.
- Staff were seen to encourage independence throughout the day continually asking people to make decisions to meet their preferences. Examples of this, were staff asked people where they wanted to sit, whether they wanted to join in activities and how they wanted to spend their day.
- Staff continued to give people their full attention during conversations and spoke with people in a

considerate and respectful way. We observed staff listened attentively to what people had to say.

- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Care plans included what people could do for themselves and where they needed support.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were individualised, with a lot of personal information about people. The important people in their life, where they had lived before and worked, as well as their interests and hobbies were included. The things that helped to make people happy and the things that made them sad or anxious were also recorded. This meant staff had the information available to support people well.
- Daily records were kept by staff. Records included personal care given, well-being and activities they had been part of.
- Religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a place of worship. Either they did not choose to do this, or relatives helped them. Other people did not have specific religious beliefs.
- People could participate in group or one to one activity. An activity coordinator planned and facilitated a number of group and individual social activities. There was a plan of special events and activities and these were advertised on the service's notice board. People were offered individual support according to their needs and choices. The activities coordinator told us that activities are scheduled seven days a week, which included mini bus trips, arts and crafts, visits to the local church, rock painting, cinema and more themed events for example celebrating Elvis's birthday and making lanterns for Chinese New Year.

End of life care and support

- At the time we inspected the service was not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and people, who had chosen to, had written plans in place. The end of life care plan were detailed and reflected the person's personality and wishes.
- Staff had received end of life and palliative carer training. This would enable staff in meeting people's care and support needs.

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 provider has a procedure for accessible information standard (AIS) named 'The Accessible Information Standard (SCCI 1605 (Accessible Information))'. Staff ensured compliance with this and monitored by senior management.
- The complaints policy in place was also available to people in different formats such as large print.
- The registered manager had developed a pictorial form of complaint guide for people living in the service.

This guide asked people in a user-friendly format if they were happy or unhappy in the service and who to contact.

#### Improving care quality in response to complaints or concerns

- The complaints process was displayed in one of the communal areas in an easy to read format, so all people were aware of how to complain if they needed to. A relative said, "I am aware of how to make a complaint. We have no complaints."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- The service had received complaints since we last inspected. Records confirmed that these were acted upon immediately by the registered manager and the complainants were satisfied with the response received.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

At our last inspection the provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and failed to ensure records were accurate, complete and consistent. This was a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made. Quality assurance system had been reviewed and were found effective. Robust record keeping were in place and adequately maintained. The provider was no longer in breach of regulation 17.

- There were effective systems in place to monitor the quality of the service. The registered manager supported by the deputy manager completed a range of audits which monitored the quality of care provided. Any shortfalls were identified, and actions were taken quickly to resolve them. Audits included, staff files, supervision and appraisals, medicine, infection control and health and safety amongst others. These were carried out monthly and gave the registered manager an oversight of the service.
- The operations manager also carried out their audit with the registered manager. This was last carried out in November 2019. Actions from this visit had been carried out by the registered manager.
- Records were adequately maintained. Daily records were detailed with what happened each day for each person. For example, food and fluid charts were accurately maintained for each person. This enabled adequate monitoring in meeting people's nutritional needs.
- There continued to be a management team at Sonya Lodge. This included the registered manager, deputy manager and operations manager. Support was provided to the registered manager by the operations manager in order to support the service and the staff.
- The registered manager and staff understood their responsibilities to be open and honest when things went wrong. They listened to advice and acted to prevent the same or similar issues happening again. This ensured continued compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The provider understood the responsibilities of their registration. Registered persons are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to

us appropriately.

- It is a legal requirement the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative said, "The manager is superb. She always does what she says she is going to do." Another said, "The staff contact me if there is anything I need to know, it's a good home."
- Everyone was aware of who the registered manager was. One person said, "The manager is really good, we miss her and can't wait for her to come back to work."
- Staff members found the registered manager supportive and approachable. One staff said, "[X] is a good manager, you have access to her all the time. She encourages us to come to her". Another told us, "There have been continual improvements since [X] became the manager; in documentation, maintenance and staff training. We are building up the standards. We share knowledge."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- A member of staff said, "The manager is strict but fair. She managed to bring about lots of good changes to this service."
- Communication within the service continued to be facilitated through monthly meetings. These included, staff, resident's, relatives and managers meetings. We saw that staff took time to listen to people and brought a lot of positive energy to the meeting. All the people responded enthusiastically, were fully included in the meeting and spoke freely.
- The provider had systems in place to receive feedback about the service including an annual questionnaire. These were sent to people living at the service, relatives, staff, health and social care professionals in May 2019. All responses received showed that everyone was satisfied with the service provided. People and their relatives stated they were happy with the service. One relative said, "Sonya Lodge is a very happy home." Where relatives had raised an issue such as 'the home can occasionally smell of urine.', we saw records which showed that the registered manager had acted on this by recruiting an additional housekeeper. This had ensured that the service rarely smelt of bad odour as we had found during this inspection.

Continuous learning and improving care; Working in partnership with others

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. The registered manager used these to improve service provision for people. For example, staff had reviewed everyone's oral care plans following a recent report published on CQC's website.
- Staff were kept updated by the registered provider and manager about changes in policy and procedure that impacted on their delivery of care and support. Attention was paid to information and guidance produced by organisations that promote improvements in care and staff practice such as the National Institute for clinical excellence (NICE) Skills for Care.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as the district nurses to ensure people received joined up care.

