

Sublime Care UK Ltd

Sublime Care

Inspection report

Access Self Storage, Office 210
160 Bromley Road
London
SE6 2NZ

Tel: 02038295941

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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

We conducted an inspection of Sublime Care on 22 May 2018. This was our first inspection of the service since it was registered in June 2017.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. It provides a service to people of all ages. At the time of the inspection they were supporting eight people. Not everyone using Sublime Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service. A registered manager is a person who has registered with the Care 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.

People's care records contained a good level of information about their medical histories. People were supported with their nutritional needs where this formed part of their package of care.

The provider's quality assurance systems supported the delivery of good care. The registered manager sought people's feedback in relation to the care they were receiving and conducted regular, unannounced spot checks of service delivery.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). Care records were signed by people using the service to demonstrate that they consented to their care.

The provider had an appropriate safeguarding policy and procedure in place. Care staff had a good understanding of how to meet their responsibilities to safeguard people from abuse.

People and their relatives gave good feedback about care workers. Care workers supported people to live as independently as they wanted and ensured that their privacy and dignity was respected.

Risk assessments and support plans contained enough information for care workers to mitigate known risks and provide safe care.

Care staff knew the needs and preferences of people they supported. They developed good relationships and supported them to meet their social needs when possible.

People and their relatives were involved in the creation and implementation of their care plan.

The provider practiced safer recruitment procedures to help ensure that staff were suitable to work with

people. The registered manager ensured there were sufficient numbers of suitably qualified staff to meet people's needs.

The provider had an appropriate complaints procedure in place. Care staff were given appropriate support through training and supervisions to meet people's needs. The provider had an appropriate induction process for new care staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people's safety were managed appropriately and risk management guidelines were in place.

The provider had an appropriate safeguarding policy and procedure in place and care workers had a good understanding of their responsibilities.

The provider had appropriate systems in place to investigate incidents and to safely administer medicines to people and care workers were aware of this.

The provider operated safer recruitment practices to help ensure care workers were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

People were provided with the appropriate assistance with their health and nutritional needs.

Care was provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA).

Care workers had the appropriate skills to conduct their roles and were provided with ongoing support.

Care was delivered in line with current legislation and guidance.

Is the service caring?

Good ●

The service was caring.

People gave good feedback about their care workers and we found care workers had developed good relationships with them and their families. Care staff understood the needs of the people they were supporting and demonstrated they knew them well.

People were supported to be as independent as possible to

maintain their daily living skills and remain at home.

Is the service responsive?

Good ●

The service was responsive. The provider had an appropriate complaints procedure in place.

People were involved in the development of their care plans and these were personalised to people's individual needs.

Care workers had a good understanding of people's recreational needs and supported people with these.

Is the service well-led?

Good ●

The service was well led.

The provider sought people's views and conducted regular quality monitoring checks to ensure that people's needs were met.

Care workers gave good feedback about the registered manager and enjoyed working at the service.

Sublime Care

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 was planned to check 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

We visited the office location on 22 May 2018 to see the registered manager, office staff and to review care records and policies and procedures. The provider was given 48 hours' notice as we needed to be sure that the registered manager was available. After the site visit was complete we then made calls to people who used the service, their relatives and care workers who were not present at the site visit.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the Care Quality Commission (CQC).

At the time of our inspection there were eight people using the service, four of whom were receiving personal care. We spoke with one person and five of their relatives on the telephone. We spoke with two care workers in person during our inspection. We also spoke with the registered manager, a newly appointed manager for the service and an administrative assistant. We looked at a sample of three people's care records, four staff records and records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe with their care workers. One person told us, "I definitely feel safe with the carers" and another person said, "I think they treat me properly."

The provider had an effective safeguarding policy and procedure which was communicated to care staff through the initial induction process. The safeguarding policy contained examples of different types of abuse that care workers were expected to report and included information about how care workers should report concerns. Care workers had a good knowledge of the procedure to follow and had a good understanding of the signs of abuse they were required to be aware of. Care workers confirmed they did not have any concerns about the people they were supporting, but told us they would report any concerns to the registered manager if they had any. Care workers confirmed there was a whistle blowing policy in place and that they would use this if they felt this was required. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

Records indicated that care workers had received safeguarding training within the last two years. There had not been any safeguarding concerns at the service at the time of our inspection.

The provider had systems in place to help prevent discrimination. We saw the provider had an equality and diversity policy in place which stipulated that people were to be treated fairly and their choices met regardless of their race, gender, sexual orientation and other protected characteristics as defined by the Equality Act. Care workers had received equality and diversity training and spoke passionately about the need to promote people's choices without discrimination. One care worker told us "We don't let our personal opinions interfere with the service we are providing."

The provider had effective arrangements in place to manage risks to people's safety. People's care records included specific risk assessments in moving and handling and falls. The registered manager explained that she conducted risk assessments in areas of known risks for people using the service. For example, we saw one person's falls risk assessment included specific questions related to their risk of falls which included whether they had experienced a fall in the last year, whether they were taking multiple medicines and whether they had a medical condition that exacerbated that risk. At the conclusion of this person's risk assessment we saw written risk management guidelines were in place for care workers to help mitigate the risk. For example, care workers were required to make environmental modifications and to follow advice that had been given by the Occupational Therapist.

Care workers had a good understanding of the types of risks that people experienced. For example, one care worker told us, "A few of the people who use the service are at risk of falls. We need to follow correct manual handling procedures... We would [also] check the environment and make sure it's clutter free... we carry out mini risk assessments on the spot." Another care worker told us, "You have to be careful about hazards inside the house to make sure that people don't trip up."

The provider conducted appropriate risk assessments of people's homes to ensure they were managing environmental risks. Each person's care record included an environmental risk assessment of both the inside and outside of the person's property. This included a check of matters such as the grounds and entrances, security and fire risk among other matters. The risk assessments we saw did not identify any issues.

Care workers also confirmed that they assessed the safety of people's equipment before they used this. Care workers had received manual handling training and some people used mobility equipment such as wheelchairs and zimmer frames. Care workers confirmed they checked equipment before using it on each occasion and would report any faults to the office. One care worker told us, "We would report any issues to [the registered manager] and she would contact the OT if there was a problem" and another care worker said, "When the client is new you have to check the equipment carefully first. If it is not safe, you have to record this and report it. You also have to check it every time before you use it because there could be a fault."

The provider ensured that care staff had the appropriate training in managing accidents and incidents. There was an accident and incident policy and procedure in place. This stipulated that these matters needed to be reported and investigated with appropriate actions taken to manage any issues and to mitigate future risk. Care workers had a good understanding about what they were expected to do to manage accidents and incidents. One care worker told us, "It depends on the situation. If someone had a fall I would call the ambulance first and then report it afterwards. If something a little less serious happened, then I would report it to the office straight away."

There were appropriate procedures in place for investigating accidents or other types of incidents such as safeguarding matters. Records indicated that one incident had occurred during the course of service delivery over the last year. We saw that this matter was investigated and dealt with appropriately. The registered manager told us that she monitored service delivery closely and would analyse any incidents that occurred to develop action plans and ensure further learning was developed.

People's care records were stored securely and available to relevant staff. We saw that care records were stored within a locked cupboard at the provider's office and only authorised staff had access to these. Care workers also confirmed that records were stored within people's homes so they had access to these when needed and could make daily notes as required.

The provider operated safer recruitment practices to help ensure that care staff were suitable to support people. We saw four staff files and they all contained details of criminal record checks, passport checks including details of the person's right to work in the UK as well as references from the person's most recent employers. We saw one record included the details of one applicant who had not yet been offered work due to not having provided adequate references. The registered manager explained that the applicant's status with the service was 'dormant' pending receipt of adequate references. They told us that if the applicant was unable to provide adequate references they would be unable to work for them.

The provider had an appropriate medicines administration policy and procedure in place. This highlighted best practice guidelines and procedures care workers were required to follow when administering medicines to people including keeping accurate records. The registered manager confirmed that at the time of our inspection no people using the service were in receipt of assistance with their medicines and care workers confirmed this. One care worker told us, "Our clients prefer to manage their own medicines. Some [people] aren't on any [medicines]." However, care workers had received training in administering medicines to people and were clear about their responsibilities. One care worker told us, "We

have to record all medicines we give people and if they refuse, we have to record this and report it to the office." People's care records included consent forms that had been signed by people to confirm that they did not require assistance with their medicines.

The provider ensured there were sufficient numbers of care workers with the right skills assisting people with their needs. The registered manager confirmed she assessed people's needs and ensured she had enough care staff available with the right skills before committing to providing care. At the time of our inspection, all care workers had received appropriate mandatory training in areas such as moving and handling and safeguarding training which was appropriate to the needs of all people they were supporting.

Care staff had a good understanding of their responsibilities in relation to infection control and maintaining good hygiene. Care workers received infection control and food hygiene training and care records confirmed this. Care workers gave us good examples of how they provided hygienically safe care. One care worker told us, "I will wash my hands, use gloves, wear an apron... I wouldn't give [the person] a shower in the same gloves as I made breakfast with, stuff like that" and a relative told us care workers, "do first class cleaning."

There was an infection control policy in place and the provider conducted infection control risk assessments within people's homes every six months. This included various questions such as the cleanliness of the water facilities and the cleanliness of the premises. The registered manager told us that if issues were identified, these would be followed up. The audits we saw did not identify any issues.

Is the service effective?

Our findings

People's care was assessed in line with current legislation and guidance. The registered manager confirmed that the service was registered with various commercial organisations that provided training and written guidance in relation to various matters that affected service provision. For example, the provider had received recent training and guidance from one organisation in relation to new data protection legislation which had recently come into force.

Policies and procedures were reviewed by the registered manager to ensure they were up to date. We saw the registered manager's audit document which demonstrated that all policies had recently been reviewed and updated to ensure they met current guidelines. The registered manager confirmed that where standards or legislation changed, she ensured that she provided care staff with updated training.

People were supported to make their own decisions in line with current legislation. The Mental Capacity Act 2005 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.

At the time of our inspection no person using the service had fluctuating capacity. All people using the service had signed their care records to demonstrate they consented to their care. Initial assessments included questions to establish whether or not the person required a full mental capacity assessment. This was to determine whether the person was able to make decisions about specific areas of their care or whether they required any support to make particular decisions.

Care workers had a good level of knowledge about the MCA and understood the importance of assessing whether people had capacity to make decisions. Care workers commented, "It's really important because not getting consent could be a type of abuse" and another care worker stated, "We make sure people are making their own decisions... If we do make decisions for people it has to be done properly."

The registered manager had a good understanding of the procedures to follow in assessing people's capacity and understood the need to conduct a mental capacity assessment if this was needed.

People were provided with the appropriate support to meet their healthcare needs. Care records contained details of people's health conditions as well as their medical histories. For example, one person's care records contained details of how a past medical issue impacted on their current physical health needs. Care workers were aware of people's medical conditions and knew how to support them with these. One care worker told us, "Even though we don't help anyone with their meds [medicines], we still need to know what their needs are and why they have these conditions."

The registered manager confirmed that if people attended hospital, she would be able to provide appropriate information to hospital staff on the person's healthcare needs. She told us, "All the information

about our clients is recorded, so I would be able to provide this." Care workers were clear that they were required to report any changes to people's health so referrals could be made to health professionals when needed.

People were given appropriate support with their nutritional needs. People's care records included a section where their nutrition and hydration needs were specified. At the time of our inspection, the provider was only providing people with limited support with their meals. One person required assistance with cooking their meals, but instructed care workers about what to do on each visit. This included tasks such as stirring food within a pot of boiling water. Another person required food to be reheated after their family member had prepared this for them. Care workers confirmed they only had limited involvement with people's nutritional needs, but said they were prepared to provide more in-depth support if this was needed in the future. One care worker told us, "At the moment we only reheat food, but I could prepare meals if someone needed this at some point... I've had food hygiene training and feel comfortable in a kitchen."

The registered manager also confirmed that they were able to give healthy eating advice to people if this was requested. She explained that they had recently offered advice to one person in relation to their diet and the person had made a choice about what they wanted to eat.

The provider ensured care staff had the appropriate skills through providing regular training. Records indicated that care workers received mandatory training and this was intended to be provided on an annual basis. Mandatory subjects included safeguarding adults, infection control and equality and diversity training. Care workers confirmed they had the training they needed and people told us care workers had the skills needed to perform their roles. One relative told us, "The carers are really good. They know what they're doing."

Care staff received appropriate support to perform their roles. Care workers received an induction prior to working with people. The induction included mandatory training as well as a copy of the employee handbook which included details of applicable policies and procedures. Care workers were also expected to complete the Care Certificate as part of their induction. The Care Certificate is a set of minimum standards that social care and health workers meet in their daily working life. Care workers confirmed they found the training useful and thought it was beneficial to their roles.

Care workers told us they received ongoing support through supervisions and appraisals and records confirmed this. Supervision meetings were held with care staff every, one to two months and these involved a discussion about care workers training and development needs as well as an update about how they were doing in their roles. Care workers told us they found these useful and one care worker commented, "We discuss what we have learned and what we should change. ... I can talk to [my supervisor] about anything."

We also saw records to indicate that care workers had received recent appraisals of their performance. This was a further in-depth discussion about their performance over the course of the year as well as their training and development needs and targets for the future. Care workers confirmed they found these meetings helpful and one care worker commented that this set the tone for their future within the organisation. They told us, "I can see where I'm going after this meeting."

Is the service caring?

Our findings

People gave good feedback about their care workers and told us they were treated with kindness and respect. People's comments included, "They are very caring" and "They are very nice to me."

People and their relatives told us care staff valued their opinions and listened to them. We saw in one person's care record that although they could speak English, they preferred to have a care worker who spoke in their native language so they could develop a relationship and have meaningful conversations. We spoke with this person's relative and they told us, "It means so much to [my family member] that they have carers who speak to them in [their native language]. [Family member] gets on really well with them and feels happy that they have friends again."

The provider had good relationships with family members involved in people's care. One care worker told us, "We spend so much time with people's families. They are so lovely and we get on really well. When you come into a person's home and they are really welcoming, we really cherish this. It doesn't feel like work anymore." Another care worker told us, "We get on well with people's families. It's very important because we see them as much as the clients." Relatives confirmed they had a good relationship and felt they could rely on staff. One relative told us, "I get on very well with them. They're really good." Care records included the details of people's relative and any other pertinent details that care staff needed to be aware of in relation to people's families. This included whether the person had any children and what sort of support people needed with their parenting responsibilities.

The provider ensured that people's privacy and dignity was respected. Care staff gave us good examples of how they supported people in a dignified way particularly during personal care. One care worker told us, "When you're giving personal care... We cover people with a towel and help them under a towel. We try not to embarrass people. I try to show people that I'm not judging them and ... that anyone could need this help, maybe me." Another care worker said, "We close doors, make sure no one's in the room that they're not comfortable being around."

Care workers received training in supporting people in a dignified manner through a specific 'dignity and respect' training course. Care workers told us they found this course useful and that it prompted them to consider the care they were providing from people's perspectives. One care worker told us, "It was a good course. It got you thinking about what it feels like to need care and how you would want to be treated yourself."

Care staff had a good understanding of the people they were caring for and gave us examples of people's personal preferences in relation to how they liked to have their care delivered as well as their personal histories. For example, one care worker told us the types of food one person liked and another care worker explained the specific circumstances that caused one person to need care, how this affected their abilities in performing activities of daily living and how they supported them.

People told us care staff took the time they needed to get to know them well. One relative told us, "The

carers stay past their time. They often stay an extra 20 minutes and don't charge for this."

We saw care records included details such as people's former occupations, where they were originally from and other details relevant to them such as their family circumstances. We also saw details of people's personal likes and dislikes. For example, one person's care records stated they did not like loud noises.

The provider supported people to express their views and be actively involved in making decisions about their care. The registered manager told us three monthly reviews were conducted in people's homes. The registered manager used this opportunity to speak to people directly, seek their feedback and act on any feedback given. The registered manager also confirmed that if a person required further support from independent advocacy services, the details of organisations were available and could be provided. However, at the time of our inspection none of the people using the service required the support of advocacy services.

Care workers supported people to be as independent as they wanted to be. People's care records emphasised the importance of supporting people to live as independently as possible and included examples for care workers in how they could do so. One care record stated that the person was supposed to be asked for his/her choices in relation to specific tasks he/she required support with on each visit. For example, the person could perform many activities such as cooking and taking care of their own children, but required particular support with tasks that required additional strength, such as lifting heavy pans and they gave instructions to care workers about exactly what they needed on each visit.

Care workers were passionate about supporting people to be independent and where possible, to develop their ability to perform tasks on their own. One care worker told us, "We encourage independence by encouraging people to do the little things they can do themselves. If I knew someone could drink for themselves, I would encourage them to do this." Another care worker told us, "I help people to do what they can for themselves."

Care records included details about people's ethnicity and whether they had any cultural or religious needs. When we spoke with care workers, they had a good understanding of the cultures and religions of the people they were supporting.

Is the service responsive?

Our findings

People and their relatives confirmed they were involved in planning the care and support they received. People told us, "They visited me before the carers started coming and asked me questions" and another person said, "They wrote down what I wanted... and I've got a copy."

Care plans included personalised details about the care that people requested. For example, one person had given specific instructions about how they wanted some of their personal care delivered. This was included in their care plan and care workers were aware of the person's wishes. Care records took account of people's dependency needs and included instructions for care workers depending on the level of support people required. For example, one person's care record included a reminder for care staff to ask the person for specific instructions when visiting them as depending on the day, the person would request different types of assistance with their care. This was dependent on the tasks the person was trying to complete within their home on the particular day including cooking, cleaning, tidying or taking care of their child.

People's care plans covered different areas of their needs including their physical, mental and social needs. People's care records included a section entitled 'About me' and this included personalised details about the person's life, including how they liked to be addressed, where they were from, their native language and any other details personal to them. In one person's care record we saw details of their relationship to their family as well as information of the type of support they provided and how care workers would fit into this and support them. People's care records also included details of the emotional support that people received and where they received this from. The care records that we saw detailed the family members that currently provided care and emotional support to people using the service. People's records consisted of 14 separate care plans that covered areas such as moving and handling, nutritional needs and people's healthcare needs.

Care workers confirmed they were given the opportunity to read people's care plans before providing care to people and told us they thought they were easy to understand. One care worker told us, "We always read the care plan before we do anything. They're well written... but if I had any questions I would speak to the manager."

People were supported with their social needs to avoid social isolation. People's care records included a section entitled 'Social, cultural and leisure activities' and this specified the help people needed in this area of their lives. For example, one person's record stated that they needed stimulating conversation from their care workers and another person's care record stated what the person's interests were, including computer games and sports teams. One person was supported to access the community as well as attend culturally appropriate social events when these happened. The provider ensured that the person's care worker was from the same ethnic background so the person felt comfortable attending and enjoying these social events with their care worker. The person's relative told us, "They take him/her outside...and have a chat. It's very nice."

Care workers demonstrated a good understanding of people's recreational interests and told us they took

an interest in these when conversing with people. One care worker told us about the particular interests of one person they supported and told us they had researched this in their spare time.

The provider identified and met the communication needs of people with a disability. People's care records included a communication section and this specified what people's communication needs were and whether they used any aids or required any particular support. For example, we saw one person's care record specified that they required extra time to express themselves and that care workers should be patient when speaking with the person. Instructions for care workers confirmed that it was important for them to give the person their full attention, face them and to speak clearly to facilitate communication. Care workers had a good understanding of people's communication needs. One care worker gave us examples of people with hearing loss and gave us examples of how they communicated with them. They told us, "I face them when I'm speaking and talk loudly and clearly."

People knew how to make a complaint and told us they felt comfortable doing so. One person told us, "I have no complaints, but I would speak to the manager." The registered manager confirmed they had not received any complaints about service delivery, but had received a complaint about a matter not related to the service. We saw the records of the person's complaint and saw the provider had made efforts to manage their complaint and taken action to support them.

The provider had an effective complaints policy and procedure in place. This stipulated the timeframes for responding to a complaint as well as the contact details of organisations in the event of continued dissatisfaction with the results of the complaints resolution process.

Is the service well-led?

Our findings

Care workers told us they felt proud to work for the organisation and felt supported. One care worker told us, "I love working here... the morale is good. We have a good work ethic and a good work environment." Another care worker told us, "It is a very nice place to work... They give me feedback and encourage me to do better." This care worker told us about an internal employee of the month scheme where care workers were rewarded for excellence in their role every month and their hard work was therefore incentivised by being given a gift and thanked for their work. The registered manager told us, "We try to reward our staff for a job well done and want to show our appreciation as this is not an easy job." The care worker added, "The encouragement made me feel really proud."

The registered manager had the skills and developed her knowledge to lead effectively. She had completed a degree in health and social care and had experience of working as a care worker. The registered manager explained that she worked to develop her own knowledge through training and had sought advice and professional development through the help of a professional mentor who was the registered manager of another large care service in London. We spoke with the mentor on the day of our inspection and they told us they worked with the registered manager to discuss scenarios, share knowledge and offer industry specific guidance. The mentor told us, "This is not about competition, this is about providing the best possible care for everyone whether or not they are your client. We need to support each other in this industry."

The provider sought to improve the care provided through quality monitoring and obtaining people's feedback. The provider gave quality assurance questionnaires to people on a regular basis and acted on the responses received. We saw copies of the most recent questionnaires completed and saw that the results of these were positive. The registered manager also completed regular spot checks and reviews of the service provided to assess the delivery of care and to obtain people's feedback in person. The registered manager told us that if issues were identified by people, she would respond to these directly.

The registered manager also reviewed care records and daily notes of the care provided at spot check visits. Although there had been no issues to date, the registered manager told us she would address any problems with the care workers involved.

The provider had detailed job descriptions which specified what care workers roles were and care workers were aware of this. Care staff demonstrated a good understanding of what their roles were and gave us examples of what they felt their responsibilities included. One care worker told us, "We support people to live their lives as independently as possible" and another care worker said, "We help people to live in their own homes."

The provider worked with other agencies where necessary. We saw evidence of joint working with other care agencies where responsibility for care work was shared as well as evidence of communications with people's social workers and other multi-disciplinary teams.