

Sublime Care Solution Limited

# Sublime Care Solution

## Inspection report

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09 August 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sublime Care Solutions Limited provides personal care to people living in their own homes, this includes adults and children. There was one person using the service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received safe care based on their individual needs. There were enough staff to support them. Infection control procedures were in place and followed. Medicines were also managed in a safe way.

Quality checks were completed to ensure concerns were identified. We were notified about events that occurred in the service, as needed. Staff felt supported and relatives were happy with the support provided.

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 (published 10 March 2020). The service has been dormant for a period since our last inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service following its dormancy.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Sublime Care Solution

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 August 2022 and ended on 10 August 2022. We visited the location's office on 9 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with us, including notification the provider had sent to us.

The provider was not asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the provider and a consultant who worked with the provider. One family member and one staff member. We reviewed a range of records. This included one person's care records. We also looked at records relating to the management of the service, including procedures and governance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Relatives felt their family members were safe when supported by staff.
- Risks to people's individual needs were assessed, monitored, and reviewed to ensure staff had the information available to support people in a safe way.

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

- There were procedures in place to ensure people were protected from potential harm, when needed incidents had been reported.
- Staff had received training and understood when people may be at risk of harm. Staff were able to demonstrate an understanding of this to us.

### Using medicines safely

- Records we reviewed confirmed people received their medicines as prescribed. No concerns about medicine management were raised with us.
- Staff received training and a competency check to ensure they were safe to administer medicines to people.

### Staffing and recruitment

- There were enough staff available to support people.
- We saw staff had received the relevant pre employment checks before they could start working in people's homes, to ensure they were safe to support people.

### Preventing and controlling infection

- Staff had received training in relation to infection control procedures so they knew how to work safely.
- No concerns were raised around staff practice in relation to infection control. Relatives confirmed staff wore personal protective equipment (PPE).
- Staff told us equipment such as masks and gloves were freely available for them and knew when this should be worn.
- Staff confirmed they completed COVID 19 testing in line with government guidance to ensure they were safe to work with people.

### Learning lessons when things go wrong

- The provider was able to demonstrate lessons had been learnt when things went wrong. They were able to evidence how they had used our last inspection to make improvements in the service.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has changed 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. Continuous learning and improving care

- Quality checks were completed to identify any areas of risk and ensure people received the support they needed. These included audits of medicines management. Due to the size of the service we did not see that any errors had occurred.
- Staff understood their roles and felt supported by the provider. They felt any concerns would be listened to and had the opportunity to discuss issues related to the service during regular supervision meetings.
- We received notifications about important events so that we could check that appropriate action had been taken and risks had been managed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Working in partnership with others

- Relatives and staff spoke positively about the staff team and the service and the support they received.
- Staff worked closely with people and their relatives to ensure people received care and support in ways they preferred and good outcomes were achieved.

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

- Duty of candour requirements were understood and met by the provider.

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

- Due to the size of the service feedback was constantly verbally sought from the families. The feedback received was positive.