

Sublime Care Solution Limited

# Sublime Care Solution

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Sublime Care Solution is a care at home service providing personal care to younger and older adults who may live with dementia, a learning disability, mental health needs, physical disabilities or a sensory impairment. At the time of our inspection the service was supporting 12 people.

Not everyone who uses the service may receive 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

Quality monitoring systems were in place although improvements were required to be made in respect of record keeping related to people's care and risk assessment records.

The provider was open and honest and readily discussed steps they were taking to address any issues we raised. Whilst the service had a registered manager people did not know who they were as the provider and seniors had managed on going contact with people. The registered manager had received an extended period of close support from the provider since the agency commenced business. They said they were now going to take a more active role on the day to day management of the agency.

People were protected from potential risks as staff had a good awareness of what these were and how to mitigate them. However, people's risk assessments did not always include the information staff required to care for people safely.

Overall, people were satisfied with the arrangements for management of their medicines. However, we have made a recommendation about the recording on medication administration records.

People told us they were supported to have choice and control of their lives and staff supported them where possible in the least restrictive way possible and in their best interests; whilst the policies and systems in the service supported this practice there was room to improve people's individual records related to what specific decisions they could make .

People were supported by enough staff, who were caring and had developed good relationships with them. Staff showed respect for their rights, privacy, dignity and independence.

Checks of staff when employed were completed they were safe to work with people who used the service, although there was some scope to improve some aspects of record keeping.

People felt able to share their views with the provider and staff and people felt if they raise any concerns the provider would do what they could to put things right. People told us staff were aware of their needs and

preferences. People told us they had good relationships with all staff.

People were supported by care staff who had the training in areas related to people's needs. Staff understood their role, and they felt well supported with access to regular supervision.

People's health was supported as staff worked with other health care providers to ensure their health needs were met.

People were supported by staff to have choice, and the provider's policies supported this practice.

People could raise concerns and the provider had systems in place to investigate, monitor and respond to these.

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

This service was registered with us on 09/01/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

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

#### Notice of inspection

We gave the service 48 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. 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.

Inspection activity started on 06/01/2020 when we visited the location and ended on 29/01/2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided by telephone. We spoke with the nominated individual (as the registered manager was not available on the day of our site visit) and three staff including a senior care co-ordinator and two care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three health and social care professionals about their views of the agency. We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found through discussion with the nominated individual and registered manager. We also spoke with the registered manager after our inspection.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as requires improvement.

This meant the service, whilst safe based on people's feedback was not supported by complete and clear records that would provide assurance all staff were aware of the range of risk presented to people.

### Using medicines safely

- We recommend the provider consider current guidance on the safe management of medicines for community social care services as published by NICE (National Institute for Health and Social Care Excellence) guidance Managing medicines for adults receiving social care in the community (NG 67).
- People's medicine administration records (MARs) contained detail of medicines people were prescribed. The directions for administration of these medicines were on occasion handwritten. When handwritten two staff signatures to confirm the accuracy of this information in accordance with the prescriber's directions is advisable to ensure there are no errors. The provider's spot checks had included checks of printed medicine records (for example on the box of medicines) against MARs.
- People's MARs showed the times medicines should be administered. The MARs showed at least a four-hour gap between times of administration. A commissioner told us one person's call times had not allowed four hours between administration of their medicines. The nominated individual confirmed there may have been very limited occasions where this may have occurred, but it was picked up by a manager's spot check. Changes were then made to ensure there was no repeat of this issue.
- People told us they were confident in the way staff assisted them with their medicines. One person said, "They help me with medicines as I can't always hold them, but I know what medicines I take, and staff assist with the practical. I'm happy with how this is done".
- Staff had all received training in administration of medicines and had their competency checked by a senior member of staff.

### Assessing risk, safety monitoring and management

- We found areas of risk to people were not fully captured in assessments.
- Senior staff told us when they completed initial assessments, they would consider risks to the person. These risk assessments were not always comprehensive however. For example, for example, risks from the environment, and specific risks due to a person's wellbeing i.e. are they at risk due to poor diet, fluids, fragile skin, medicines etc. The nominated individual assured us documentation of all known risks to people they cared for would be completed. They had forwarded some examples of updated risk assessments after our visit to their office that were more accurate in respect of use of hoists.
- A social care professional told us they had observed a member of staff using underarm lifting to support a person. This was discussed with the nominated individual who evidenced all staff were trained in safe moving and handling and said they had investigated this incident which they assured us was not reflective

of usual staff practices, this was supported by what people told us. All staff had received training in moving and handling people.

- People told us they felt safe with staff however. One person said, "I have used a hoist for years and I'm quite comfortable. Staff use the correct loops (for the lifting sling) and talk me through it all the time". A member of staff we spoke with also knew which loops to use.

#### Staffing and recruitment

- Staff were recruited safely, although improvements were required in the documentation of some of the pre-employment checks. For example, gaps in employment history were not always documented and clarity obtained as to why a staff member's last employer references were not available. The nominated individual verbally explained what they had done but confirmed they should have recorded this information.

- All staff were subject to a Disclosure and Barring Service (DBS) check before employment and action was taken to assess any positive disclosures and decide on the applicant's suitability to work with the agency.

- People told us they received their care calls usually at the times expected. One person told us "Call times, they [staff] arrive there or about on time".

- One relative told us, "The call times are okay, we have discussed these and now have set times. They [staff] will arrive usually within 15 minutes of this but if running late will phone which is fine".

- Staff we spoke with expressed no concerns in respect of the time they had to travel between calls and told us there was enough staff available. One told us, "Yes, I'm happy with the time to travel and time allocated at the service user's home to provide the care they need. I also get to the service user home the appropriate time as agreed. However, if there is a delay we will look to move staff about to help or cover calls. We will ring people if there is a delay".

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

- People told us they felt safe with staff and knew who to talk to if they had any concerns about their safety. One person told us, "I feel safe with staff, usually get the same people and they are all very nice".

- Staff told us what abuse may look like and what action to take if they were concerned about people's safety. Information and training on local safeguarding procedures was available to staff.

- The nominated individual understood where there were allegations of abuse these were to be reported to the local safeguarding authority. They understood what their responsibilities were in working with the safeguarding authority to investigate allegations of abuse when requested.

#### Preventing and controlling infection

- People said staff used personal protective equipment (PPE) when providing care. One person said, "Staff will always wear gloves when needed and coveralls".

- Staff told us they were aware of how to work with people to support them with their personal hygiene to minimise the risk of cross infection. One member of staff told us, "We wear gloves, aprons, washing hands properly".

- A commissioner said they had seen a member of staff who had not used PPE. We discussed this with the nominated individual who said they would discuss this with the staff. Spot checks completed by seniors documented occasions where staff had been challenged when not using PPE. Staff had also been reminded of the importance of ensuring they had enough stocks of PPE available to them at a recent staff meeting.

#### Learning lessons when things go wrong

- The nominated individual shared information with us about when they had investigated occasions where they had received information of concern and what they had done in response to their findings.

- Minutes of staff meetings showed the provider discussed where things could be improved based on learning from feedback.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were good, and people's feedback confirmed this.

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

- People told us an initial assessment was completed with them to ensure care was planned and reflected their individual needs and preferences. One person told us a senior staff member, "Has been out and discussed assessment and care planning with me". A relative told us, "Initial assessment involved looking at equipment, they took photos and there is lots of information in my home".
- Information we saw in people's assessments at the provider's office varied in respect of the information they contained, some more detailed than others. A senior member of staff told us they always completed an initial assessment with people prior to completion of a care plan although formats for these records were seen to be under revision. Commissioners were seen to have provided copies of their assessments to inform the service about people's needs.
- There was evidence in some people's records as to how protected characteristics were covered by equality legislation, for example people's disability and whether this impacted on how care was provided. People told us these characteristics were catered for by the staff.

Staff support: induction, training, skills and experience

- Most people and relatives told us staff were well trained. A relative told us, "There is possibly some scope to improve with little things that are unique to [the person] but they are safe with the carers and happy. The staff do really well".
- Staff told us they received regular training. Staff comments included, "I have all the training needed" and, "I'm happy with the training have received so far".
- There was a system in place to monitor training to help ensure this was updated so staff skills and knowledge were current. The majority of staff had received a range of training as part of their induction and updates where planned for many in the near future.
- Staff told us they received an induction when they started work at the agency and this included the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the social care sector.
- Staff told us they received one to one supervision and they were well supported. One member of staff told us, " My supervisions are one to one. I do not have a written record of the supervision however; my supervisor has assured me I can access this anytime. I am happy with support I am given".

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

- People told us they were supported when they needed assistance with food and drink in a way that reflected their personal choices and assessed needs.

- One person told us. "I have no special dietary requirements and happy with how staff prepare my food". A relative told us, ""If we need them to get food they will get".
- Staff were aware of what action to take for people who may be at risk of poor nutrition and knew how they monitored these risks to ensure people had enough nourishment.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health and social care professionals to ensure healthcare support was available.
- Staff supported people to access healthcare services in agreement with their choices but were aware of when access to healthcare services was needed in unforeseen or emergency circumstances. A social care professional told us how staff had supported a person to access emergency care when needed.
- Where people required help with oral healthcare there was some information as to what this support may include.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Even though people's records had not always clearly documented where people did or did not have capacity in respect of whether they had the capacity to make specific decisions, the provider and seniors understood that whilst a person may not have capacity this did not mean they were unable to make some day to day decisions about their care.
- People told us they were asked for their consent before they received any care and staff acted in accordance with their wishes.
- Staff we spoke with told us how they would promote people's consent and ensure their wishes were observed when providing personal care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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; respecting equality and diversity

- People told us they were well treated by staff and their diverse needs were considered. People's comments included, "All the staff that come in are polite and respectful. I have one of each gender. If I need personal care the male carer will stop in the other room" and "I'm really happy with carers as they have all tried to help".
- Some people did say they did not have a choice of what gender their carer was. We discussed this with the provider who told us they had made it clear to commissioner's and people before they accepted some people's package of care they would only be able to provide male carers at that time and this had been agreed. The provider told us they were looking to employ more female staff, but wherever possible would provide female staff where there was a preference.
- Relatives also told us people were well supported. Relative's comments included, "Staff are always polite, respectful and all the basic tasks are done. They do spend time talking to [the person]".

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

- People told us they were involved in their care and staff gave them choice.
- People and relatives told us they were able to discuss planned care with the provider or senior when needed and they told us about changes made because of their choices. A relative told us, "Staff are very good and approachable. They will listen to whatever you have to say".
- Staff understood the importance of offering people choice. A member of staff told us, "You make sure you give people choice and give people explanations and allow them to know what's happening so can make choice".

Respecting and promoting people's privacy, dignity and independence

- People told us care staff treated them with respect whilst promoting their dignity, privacy and independence. One relative said, "Staff are very friendly, professional, courteous and will for example draw curtains when providing care and shut doors".
- One person told us, "Staff are wonderful, they are polite and respectful".
- Relatives told us staff had good relationships with people helped by the provision of carers they usually knew. People said if a new member of staff visited they would come with a member of staff that was known to them.
- Staff understood what was important to promote people's privacy and dignity. One member of staff told us, "When you are giving people a wash you maintain their dignity, make sure they are not fully exposed, for

example if you are washing the top half of their body keep their bottom half covered with a towel or blanket".

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were involved in planning their care, and relatives also confirmed they were able to share their views. Not everyone recalled what was in their records, but people said their care was delivered as planned and expected.
- One person told us, "I am fully involved and [senior carer's name] always checks in respect of any changes as well".
- A relative told us, "[The person] had an assessment at time of service starting and care plan was drawn up. They have been out recently to review and are going to send out an updated care plan. They have spoken with [the person] and involved me".
- Staff were aware of people's needs and preferences and said they had access to people's electronic records so could check what people's needs were. A member of staff said they knew people's needs, "Through their care plans, through conversation with them, their health care professional and their families".
- The documented evidence of people's involvement in care plans was not consistently available at the agency's office. The provider was advised all these records needed to be accessible at this location, whether in electronic or paper format. A relative did tell us however that a person, "Has full care plans and staff do complete notes and jobs they are to do, times are all listed and are accurate".

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.

- People told us they were able to access information about the service as they told us they had records at their homes, although said they were not always interested as they were satisfied with the care they received. They told us they were able to discuss matter with managers or staff if needed as well.
- Some relatives told us there were occasions where they had some difficulty understanding staff due to their accents, but they also commented on a positive staff approach. One relative told us when the provider was on a visit with a member of staff they had noted these difficulties and had positively advised the member of staff how to better communicate with the person by speaking slower, using simple and less words.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The service was not contracted to provide anyone with support with their interests or activities beyond personal care, but some relatives did tell us staff at times provided important support that relieved people's social isolation, for example spending time during their calls to talk to people.

Improving care quality in response to complaints or concerns

- People told us they knew how and were able to complain, and their views were listened to by senior staff and the provider.
- One person told us, "I have no complaints but feel able to complain if needed. [Senior's name] is approachable and I have the phone numbers".
- A relative told us, "I feel able to complain, it's never a problem. The staff are very good and approachable".
- The provider was able to demonstrate complaints received were followed up and action was taken to address any concerns raised.

End of life care and support

- At the time of our inspection the service was not catering for any one on end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement.

This meant the management and leadership was still developing. The leadership team and the culture they created was still at a formative stage although there was a clear aim of ensuring the delivery of high-quality, person-centred care.

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

- People and relatives told us they were able to access the provider easily to discuss the service they received but none were aware of who the registered manager was. The provider told us they made a commitment at the time of registration with CQC to providing the registered manager with on-going support. However, as the registered manager has a shared legal responsibility with the provider they need to be known to people that use the service.
- The provider had several systems in place to monitor the governance of the service. This included spot checks on staff, visits by the provider/seniors to people to check on their satisfaction with the service, and various audits. However, improvements were required in the effectiveness of some audits, for example in respect of checks on care records.
- The availability of people's care records at the provider's office was limited with a lack of information in respect of, for example assessments and risk assessments. At the time of our visit to the agency office risk assessments were not always available, or robust. People we spoke with have told us their records were sufficient, although some have said they don't check them as their care was delivered as expected. The provider has supplied some specific information to us since our visit and has committed to ensure these are always available at the agency's office, and at people's homes.
- The provider understood about the need to notify us of events as required by the law. Relevant notifications had been submitted to us prior to our inspection.

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

- People and relatives we spoke with were positive about the service they received and felt fully involved in any decisions about their care. People's comments included, "Sublime are very good, have used four care companies before and let them go but have kept Sublime on".
- A relative told us a senior carer "Is always accessible and will answer phone or get back to me if I have a query".

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

- The registered manager understood their duty of candour and said they would uphold this when dealing with people.
- Relatives told us the provider had been honest and open with them when they had raised complaints, and had informed them of what their response was to manage any issues raised.

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

- People and relatives told us the provider and senior staff were approachable and they were able to talk to them. One relative told us, "Managers are very approachable, understanding and they will get back to me - they are all very nice".
- In addition to the provider and seniors visiting people on a regular basis to check on staff and canvas people's views, the provider used surveys to obtain feedback on how well the service was performing. We saw all the feedback from people completed late 2019, this showing overall positive feedback.
- Staff were positive about the support they received and said they could share their views. Staff comments included, "I am able to make suggestions and they are listened too. I also get feedback" and "The seniors and provider are fair and approachable".

Continuous learning and improving care

- The provider had identified learning from analysis of individual incidents, and this learning had been shared with the staff team.

Working in partnership with others

- The provider told us how they worked in conjunction with allied services and other professionals to offer better opportunities for people. One professional told us, "I have found Sublime very helpful and accommodating and they are being creative in how they approach [the person's] care".