

Chrismark Care Ltd

Chrismark Care

Inspection report

Pitsmoor Methodist Church
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South Yorkshire
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Tel: 01142738262

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19 June 2019
20 June 2019

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Chriskmark Care is a domiciliary care agency providing personal care to seven people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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

Staff were not recruited safely and were placed at risk because of this. Medicines were not administered safely and people were placed at risk because of this. People and their relatives told us they felt safe with the care from the service.

People had personalised care plans which were individual to them. People received individualised care. 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.

People told us they felt staff were well-trained however we found not all staff had received the required training. People were placed at risk because of this. Staff told us they had a thorough induction and got to know people well.

People and their relatives told us the staff were very caring and they got on with them well.

People and their relatives knew the registered manager very well and felt they were very responsive to their needs. There was no evidence of the registered manager undertaking any audits or checks on people's care records.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 July 2018) 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 not enough improvement had been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider has not yet taken any action to mitigate the risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Chrismark Care on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, good governance, safe recruitment of staff, and a failure to display ratings at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during this inspection is added to reports after any representations and appeals have been concluded. Since the last inspection we recognised that the provider had failed to display their ratings. This was a breach of regulation.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve their standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Chrismark Care

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 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.

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 announced. We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 19 June 2019 and ended on 2 July 2019. We visited the office location on 19 and 20 June 2019.

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, such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

We spoke with one person using the service and two relatives about their experience of the care provided. We also got the views from one professional involved with the service, and two staff members, as well as the registered manager.

We reviewed a range of records. This included three people's care records and two medication records. We looked at three 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.

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 deteriorated to inadequate.

This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- At the last inspection on 30 and 31 May 2018, inspectors found staff were not recruited safely. We found this concern persisted and full employment checks had not been completed.
- Staff were not recruited safely and people were placed at risk because of this. Appropriate pre-employment checks did not take place and the provider's recruitment policy was not followed.
- Staff had been employed without written documentation of references.
- Gaps in staff employment history had not been checked and there was no documentation to confirm their employment history.
- Staff had commenced employment without the provider checking their criminal records history with the disclosure and barring service (DBS).
- Staff had been employed with a criminal record and there was no documentary evidence that the registered manager had taken steps to manage the risk.

The above demonstrates a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

- People and staff told us staffing levels were good and staff had enough time to support people's needs.

Using medicines safely

- Medicines were not administered safely and people were placed at risk because of this.
- Systems for recording the application of prescribed creams and lotions was not in line with best practice. For example, topical creams were not recorded using a medicine administration record (MAR) and body maps (used to show staff where to apply medicines) were not in use.
- Recording systems for medicines administration were in use however these did not document fully the medicines prescribed. These were not in line with best practice and were not clear. For example, one MAR recorded the type of medicine only, not the name of the actual medicine.
- MARs did not show why people had not received their medicines. MARs did not always show the correct dose, type of medicine, or the time the medicine should be administered.
- Information on MARs did not always correspond with the information recorded on daily records of people's care and support. In many instances the daily records showed people had received medicine but this had not been recorded on the MAR.
- A staff member who had not been trained to administer medications was recorded on a person's MAR as

administering a medicine.

The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Learning lessons when things go wrong

- There had not been any accidents or incidents recorded since our last inspection.
- The registered manager did not undertake any actions to review care or establish where improvements could be made or lessons learnt.
- Staff understood their responsibilities to raise concerns and told us they would feel comfortable doing so.

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

- Relatives told us they felt their loved ones were cared for safely.
- Systems were in place to safeguard people from the risk of abuse and staff understood these and the signs of abuse. Staff said they knew how to report these.
- There had not been any safeguarding concerns since our last inspection.
- Procedures were in place to ensure people's money was handled and recorded correctly.

Assessing risk, safety monitoring and management

- Individual and environmental risk assessments were in place to reduce the risks to people.
- Staff were well-informed about how to reduce risks whilst supporting people to maintain their independence.
- The service had worked with other professionals to ensure risks were appropriately managed.

Preventing and controlling infection

- People and relatives told us staff were diligent about wearing personal protective equipment (PPE) when supporting people with their personal care needs.
- Staff told us they had good access to PPE, such as disposable gloves and aprons.

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 has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Information about people's protected characteristics were recorded and staff were aware of how to ensure any needs were dealt with sensitively, however one person told us they felt a staff member had breached professional boundaries by discussing their views with them.
- People's needs were assessed, however regular reviews of their care and support was not always undertaken.
- Brief aspects about some people's life history was recorded on care plans, this included information about people's choices and preferences. We discussed this with the registered manager who told us they had plans to improve these.

Staff support: induction, training, skills and experience

- Staff had access to regular training however not all staff had completed required training. The registered manager told us they had started to check this and remind staff that training needed completion, however this meant people were at risk from receiving care and support from staff who had not always been appropriately trained.
- Staff completed an induction before starting work and spent time shadowing a more experienced member of staff.
- Staff told us the induction was thorough and they got to know the people they were supporting well. Staff told us they felt very well supported.
- People and relatives told us they thought staff were well-trained.
- Staff received regular supervisions and the registered manager undertook spot checks to ensure the quality of the care.

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

- Care records contained information about people's dietary needs and how staff should support these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff confirmed they worked together as a team.
- Staff told us they communicated daily using telephone calls and daily notes, which a staff member said "were always right" to update each other about changes to people's care.
- The service maintained good communication with other professionals involved in people's care and support. People were supported to access health professionals when required.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and found they were.

- Assessments and care plans reflected the principles of the MCA.
- People signed a 'service consent record' however in one person's documents this had not been signed.

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 has now 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; respecting equality and diversity

- People and their relatives told us they were treated with kindness and compassion. Relatives told us, "It's a lovely family company...they're really friendly", "Yes, I know [name of person] is looked after", and, "I always hear them having a laugh with [name of person], which is nice".
- People's communication needs were recorded and staff knew how to communicate with people according to their needs.
- People and relatives told us staff knew people well, and staff were able to give examples of people's likes and dislikes. A staff member said, "they (people) can all tell me what they like." Another staff member told us, "We have time to get to know (people)."

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

- Daily records showed how people were offered choices in their care and support.
- The registered manager visited people personally to talk about their support needs. Assessments showed people had been involved in decisions about their support.
- A relative said, "They run everything by me...I'm really happy with it", and, "If [name of person] wasn't happy she'd tell me straight away, she knows what she likes".

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to respect people's privacy and dignity and gave examples of how they do this when supporting people.
- A relative told us, "They do treat [person's name] with respect."
- People's care plans described how to encourage people's independence.

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 requires improvement. At this inspection this key question has now improved to 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

- At the last inspection we found care plans held limited information about people's individual needs and were task-orientated. At this inspection we found people's care and support plans were individual to each person and the service had addressed the concerns found last time.
- Information about how people wished to live their lives was recorded. For example, one person's plan detailed their independent living skills so staff knew how to encourage this person to remain independent with certain tasks. This also contained details of their social interests so staff knew how to encourage the person to remain socially involved. Another person's plan detailed what colour blanket the person liked to be covered with for their naps.
- People received good continuity of care and were supported by the same staff wherever possible. A relative told us, "They (staff) are the same ones that come, unless they have little breaks or holidays."

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 registered manager was aware of the AIS and information about people's communication needs was recorded, identified on their care plans, and their needs were met. For example, one person's care plan documented how staff could support their communication dependent on their fluctuating health needs during the day.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure to respond and address to any complaints or concerns. The service had not received any complaints since the last inspection.
- People and relatives told us the registered manager was very accessible and quickly responded to any concerns or questions they had.

End of life care and support

- There was no one receiving end of life care and support at the time of our inspection.
- People's religious, spiritual and cultural needs were recorded, and contact information about people's next of kin was held.

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 deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- At the last inspection in May 2018, the provider failed to assess, monitor and improve the quality of the service, maintain appropriate and contemporaneous records and audit and governance systems were found to be ineffective. We found there had been no improvements in quality monitoring, records management and audit systems.
- The service did not undertake any checks and so was unable to identify any shortfalls in the quality of the service, for example, the concerns we found during inspection in relation to people's medicines.
- The service had not made improvements to their recruitment practices and failed to act on the action plan they had developed following our last inspection.

The above demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

- The office address from which the service is provided to undertake a regulated activity did not display the ratings from the last inspection. We brought this to the attention of the registered manager who said they did not receive people at the office but visited them in their own homes, suggesting that this did not impact on the information people received about the service. However, the service had recently developed a website which was "live" and the CQC rating of the service was not displayed via this website, as is required under CQC's registration regulations.

These examples are a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Requirement as to display of performance assessments.

- The service had not notified CQC about the change of their telephone number. Regulations required registered person(s) to ensure CQC have the correct contact details for them at all times and the service had not failed to ensure this.

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

- People, relatives, staff and professionals told us they thought the service was well run. A relative told us, "They're reliable...This is the best company we've had." A staff member said, "Managers are really experienced."
- The registered manager had an open-door policy and staff told us they felt well supported.
- The registered manager told us there had not been any accidents, incidents or safeguarding concerns which they were required to notify CQC about.

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

- People, relatives and staff all knew the registered manager very well.
- Staff had access to regular meetings and told us they were kept informed about the service. They described being able to talk to the registered manager and the senior carers easily.
- The registered manager told us they had planned to undertake surveys to find out what people, relatives and staff thought about the service.

Working in partnership with others

- The service engaged and worked with other organisations. The registered manager and staff had good working relationships with social workers and local healthcare services to co-ordinate support for people.
- People were supported to access the community, for example, church services, where they wished to do so.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were administered medicines from staff who were not trained to do so. People's medicine administration records (MARs) were not completed with enough details about their medicines. People were administered topical creams without enough details for staff to do this safely.</p>

The enforcement action we took:

We issued a warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager was not undertaking any care plan or medicine audits and as such had not identified any of the concerns we found during our inspection.</p> <p>The registered manager had not ensured actions from our previous inspection in relation to safe recruitment had taken place.</p>

The enforcement action we took:

We issued a warning notice

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment of staff was unsafe. References were not obtained and gaps in employment were not checked.</p>

The enforcement action we took:

We issued a warning notice.

Regulated activity	Regulation
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Personal care

Regulation 20A HSCA RA Regulations 2014
Requirement as to display of performance
assessments

The ratings from the last inspection were not
displayed in the registered office or on the
provider's website.

The enforcement action we took:

We issued a fixed penalty notice.