

# Chrismark Care Ltd

# Chrismark Care

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
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Is the service safe?	Inadequate ●
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Is the service effective?	Inadequate ●
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Is the service well-led?	Inadequate ●
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# Summary of findings

## Overall summary

### About the service

Chriskmark Care is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes. At the time of this inspection the service was supporting eleven people.

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

The provider did not have effective recruitment procedures in place to make sure staff were of suitable character and background to work with people using the service. Staff did not fully understand what it meant to protect people from abuse. The systems in place to ensure people received their medicines as prescribed were not effective. Accidents and incidents were not consistently recorded or analysed, which meant staff could not learn from these events.

Staff were not provided with relevant training and ongoing support to make sure they had the right skills and knowledge to support people. Staff did not fully understand the requirements of the Mental Capacity Act 2005. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Care records were not fully completed and risks to people were not always assessed and monitored.

The provider's policies and procedures were out of date, which meant they didn't reflect current legislation and good practice guidance. Where there were systems and processes in place to monitor and improve the quality of the service provided these were ineffective. The registered manager did not have a clear understanding of their regulatory responsibilities. Their continued failure to take action in response to previous inspections had led to ongoing breaches and shortfalls.

People who used the service and their relatives spoke highly of the care and support they received. Staff told us they felt supported by the registered manager (who was also the provider). However, the lack of effective systems and processes in all areas of service delivery left people at risk of harm.

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 and update

The last rating for this service was inadequate (published 18 May 2020) and there were multiple breaches of regulations. As a result of the COVID-19 pandemic we did not take enforcement action. Instead, we met with the registered manager and they provided evidence to show what they had done to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

This service has been in special measures since 19 August 2019. During this inspection the provider was unable to demonstrate that improvements had been made. The service remains rated as inadequate overall.

## Why we inspected

We carried out an announced comprehensive inspection of this service on 19 and 25 February 2020. Breaches of legal requirements were found in relation to fit and proper persons employed, good governance, safe care and treatment, safeguarding service users from abuse and improper treatment, staffing, and need for consent.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion (caring and responsive) were used in calculating the overall rating at this inspection. The overall rating for the service has remained as inadequate. This is based on the findings at this inspection.

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](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to fit and proper persons employed, good governance, safe care and treatment, safeguarding service users from abuse and improper treatment, staffing, and need for consent at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Special Measures

The overall rating for this service is inadequate and the service remains 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?

**Inadequate** ●

The service was not effective.

Details are in our effective 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 team was made up of two inspectors.

#### 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. The registered manager was also the provider.

#### 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 registered manager would be in the office to support the inspection.

Inspection activity started on 7 January 2021 and ended on 12 January 2021. We visited the office location on 7 January 2021 and 12 January 2021.

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

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 two people who used the service and five of their relatives about their experience of the care provided. We met with the registered manager. We spoke with four members of care staff.

We looked at written records, which included four people's care records and three staff files. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. This included reviewing people's care records, and policies and procedures.

# 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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure the recruitment of staff was safe. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The process of recruiting staff was not safe. The registered manager had not sought enough information to help ensure people employed were of good character. For example, one care worker had been recruited since the last inspection and neither of their references had been contacted. During this inspection the registered manager did contact both referees. However, this should have been done without our input.

We found no evidence that people had been harmed however, safe recruitment procedures had not been established and operated effectively. This placed people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff employed. Staff confirmed they usually had enough time to provide the care and support required at every visit. They told us they had enough time to travel so they weren't late to their next visit.

- People who used the service and their relatives told us they usually saw the same staff. Comments included, "[Registered manager] has started sending regular carers in, so this has made a big difference. They [staff] know [relative] quite well now and my [relative] has got used to them" and "The staff are consistent. It does vary a bit, but I've seen the same carers when I've visited."

- Staff told us they would contact the registered manager if they thought more or less time was needed to meet the person's care and support needs.

### Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- It was not clear whether people received their medicines as prescribed. Staff should complete the person's electronic medication administration record (EMAR) to confirm they have given the person their medicines or record a reason why it had been declined. People's EMARs contained gaps. The registered manager did not undertake audits of individual EMARs. This meant the gaps were not explained or rectified.
- We were not assured of care staff's competency in medicines management. The registered manager was unable to evidence care staff had their competency regularly checked. For example, competency checks were not always dated or fully completed. However, feedback was positive. A relative told us, "They [staff] make sure [relative] gets their tablets. They re-order them for [relative]. They keep them out of [relative's] reach. When I've gone up to see [relative], I've seen that everything is written down about what they've given [relative] and when."
- Care staff were not always given guidance on how to safely administer people's medicines. For example, people's care records did not contain guidance as to when a person may need their 'as required' (PRN) medicines. There was not always guidance for staff on where to apply topical medicines, such as creams and lotions.

We found systems were not in place to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to ensure systems and processes had been established effectively to investigate allegations of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13

- Staff were not aware of safeguarding or whistleblowing policies and procedures. Staff told us they had received training in safeguarding adults from abuse. However, none of the staff we spoke with were able to describe different types of abuse. Nor were they able to tell us what whistleblowing was. Staff were able to tell us they would contact the registered manager if they had any concerns. They were confident the registered manager would respond appropriately.
- We were not assured the registered manager understood their safeguarding responsibilities. They were unaware of what type of incidents needed reporting to other bodies.

People were at risk of harm as systems and processes had not been established and operated effectively to investigate any allegation or evidence of abuse. This was a continued breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt safe with staff. A relative told us, "Without a doubt, [relative] is safe. [Relative] speaks very highly of them [staff] too. It got to a point where [relative] was very 'anti-care' but since [relative's] used this service there's been a big change."

## Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure any risks associated with people's care were identified or managed appropriately. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Risks to people were not always assessed or monitored. The registered manager had switched to electronic care records in December 2020. Staff could access this information via a secure link on their mobile phones. These care records did not contain risk assessments or any guidance for staff on how to mitigate any risks.
- There was no analysis of accidents or incidents to help keep people safe. This meant any lessons learnt were not recorded or shared with staff. The registered manager told us they could now create incident reports from the electronic care recording system, which includes analysis. The registered manager told us they planned to start producing these reports.

People were at risk of harm because systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- There were some systems in place to reduce the risk of the spread of infections. Staff had access to personal protective equipment (PPE), such as plastic aprons and gloves.
- People and their relatives confirmed staff wore PPE when supporting them with personal care. One relative told us, "They [staff] are always wearing PPE. I've not seen anyone without gloves and a mask on. I do keep hand gel in [relative's] home for them, but they bring their own too."
- Staff had not received any additional training on the use of PPE since the start of the COVID-19 pandemic. However, staff did confirm they had undertaken mandatory online training in this area.
- Staff were not regularly tested for Covid-19. The registered manager was unaware of how to access regular testing, which is available to home care staff. We signposted the registered manager to government guidance on the COVID-19 pandemic.

# 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 requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were suitably trained. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff did not receive a thorough induction to their jobs. Staff told us they did shadow the registered manager or a more experienced member of staff before working on their own. There was a comprehensive induction booklet on staff recruitment files. These has not been completed.
- Staff were not adequately trained. Staff told us they completed online training and we saw certificates on staff files to confirm this. However, from our conversations with staff it was clear they did not always fully understand what they had learnt. The registered manager did not keep a training matrix to track when mandatory training was next due for completion.
- Staff did not receive ongoing support through regular supervisions or appraisals. Staff told us they felt supported by the registered manager and there were records on some staff files of supervision meetings taking place. These were not consistently undertaken in line with the provider's policy of every four months. There was no evidence of any member of staff completing an annual appraisal of their performance.

People were at risk of harm because staff did not receive appropriate support, training, supervision and appraisal to enable them to carry out the duties they are employed to perform. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At our last inspection the provider had failed to ensure people had consented to their care and treatment. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- Staff did not fully understand their responsibilities under the MCA, despite undertaking online training in this area. Staff were unable to tell us how they gave people choices or what it meant to act in the person's best interest.
- It was not clear whether people had capacity to consent to their care and support. It was not recorded on people's care records. For example, staff were able to tell us some of the people they supported did lack capacity. On checking the person's care record there was no reference to this.
- There were no records of best interest meetings taking place with the person's representative where decisions about potentially restrictive practices needed to be made.

We found evidence care and treatment of service users was not always provided with the consent of the relevant person. This was a continued breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection we found systems were not in place to ensure good record keeping. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Care records did not contain an accurate assessment of all of people's care and support needs. The registered manager was able to tell us in detail about each person's needs and preferences. However, this information was in no way reflected in the person's care records.
- Care records were not person-centred. They contained little, if any information about the person's life history, their strengths or preferences. Care records were task orientated focusing on what care staff needed to do. For example, 'strip wash every morning'. However, people told us the care and support they received was person-centred. A relative told us, "They [staff] are person-centred. They've encouraged my [relative] to improve their personal care. They've made [relative] feel better about themselves."
- There was no evidence of any reviews taking place with the person and/or their representative. However, people told us the registered manager and staff kept in regular contact with them. A relative said, "They [registered manager and staff] are easy to communicate with. They always reply if I text or call. I do think they go above and beyond actually."

The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's needs were assessed before they were provided with a care and support package. The registered manager visited people at home to assess their needs to ensure they could provide an appropriate service. A relative told us, "Yes, they [registered manager] spoke to me about what [my relative] needed, and they spoke to [my relative]. Then we had a joint meeting with them. We sorted out what they [staff] would do and when."

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

- People's care records did not contain any details about their food and drink preferences. For example, one person's care record stated, 'allow [person] to have meals of their choice as supplied'. There were no further details for staff as to what these meals might consist of.
- It was not clear from people's care records if they were nutritionally at risk. However, staff did know people's dietary needs and people confirmed this. A person using the service told us, "They [staff] make sure I've eaten. At breakfast they put cereal in a bowl for me and make a cup of tea. If I've not prepared my own tea [evening meal] later, they do this for me too." A relative said, "They are very encouraging to my [relative]. They prompt and encourage [relative] to eat a meal, which [relative] now does most days."

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

- Information sharing and communication with other services was not always recorded on people's care records. However, the registered manager knew people very well and described how other services were involved in people's care and support. A relative told us, "[Relative] has regular chiropody appointments to take care of their feet. The care workers take [relative] to this. They also make sure [relative] gets their eyes tested."
- Daily logs were completed to reflect the person's current health and wellbeing. Care staff did record any medical interventions, if these took place during their visit with the person.

# 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 inadequate. At this inspection this key question has remained the same. 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 our last inspection the provider had failed to ensure systems and processes were established and operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager had not taken enough action to resolve the issues raised from previous inspections. At this inspection they have remained in breach of the same six regulations from our last inspection. The provider has been in breach of regulations relating to fit and proper persons employed, and good governance at all four of their inspections to date.
- The registered manager had not established effective quality assurance processes. They had implemented some audits since the last inspection, however these had not identified the issues we found during this inspection. For example, the now defunct paper care records had been regularly audited. However, where actions had been identified these were comments about the person's care and support needs rather than the actual format and content of the care record itself.
- The registered manager had not established quality performance checks. For example, observations of staff practice were not undertaken.
- The registered manager had purchased a comprehensive set of policies and procedures covering all aspects of service delivery. However, these had not been reviewed since 2017 and therefore did not reflect current legislation and good practice guidance.
- The registered manager remained unaware of their obligation to submit notifications to CQC in line with the Health and Social Care Act 2008. When asked, the registered manager was not able to tell us all the situations when a notification should be submitted.
- The registered manager had not notified CQC about the change of their provider address. Regulations require registered person(s) to ensure CQC have the correct contact details for them at all times. The registered manager agreed to notify CQC of this change.

We found systems and processes had not been established and operated effectively. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care

At our inspection on 19 and 20 June 2019 we found the provider had failed to display their current rating in the registered office or on their website. This was a breach of regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider accepted a fixed penalty and paid this in full.

- At this inspection the provider was not displaying their most recent rating in the office or on their website. The registered manager agreed to update 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 and their relatives told us the registered manager was accessible and approachable. Comments included, "Definitely, I would raise any concerns with [Names of registered manager and senior support worker] if I had to. We have a good relationship. If there's anything of concern they will ring me" and "It's fantastic [the service]. {Registered manager and staff} go over and above for my [relative]."
- Staff told us they enjoyed their jobs and there was a positive culture. Staff told us they would ask the registered manager or colleagues if they had queries. One member of staff said, "Yes, [registered manager] is supportive and we [staff] support each other all the time. I can ask anyone if I don't know something. We are a close team."

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

- There were no formal processes established to gain feedback from people about the service they received. The registered manager told us they had undertaken a customer satisfaction survey, however this was not dated and the results had not been analysed. People did tell us they would contact the registered manager if they had any concerns.
- Staff confirmed they had regular team meetings with the registered manager. There were no records of these meetings which meant staff unable to attend would not know what was discussed. In addition, if any actions were agreed there was no way of tracking them through to conclusion.
- The registered manager had produced a newsletter for staff since the last inspection, detailing the issues raised.

Working in partnership with others

- The registered manager told us they had tried to develop links with other local care providers and a local community centre with limited success. This was possibly due to services responding to the COVID-19 pandemic. The registered manager told us they intended to try again.
- People were supported to access the community prior to the COVID-19 pandemic. For example, to attend church services.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent  11 (1) Care and treatment of service users was not always provided with the consent of the relevant person.

### The enforcement action we took:

Issue NoP

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  12 (2g) Systems were not in place to ensure the proper and safe management of medicines.

### The enforcement action we took:

Issue NoP

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  13 (3) Systems and processes had not been established and operated effectively to investigate any allegation or evidence of abuse.

### The enforcement action we took:

Issue NoP

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17 (2a,2b,2c) Systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. The provider had failed to maintain an accurate, complete and contemporaneous record in respect

of each service user.  
Systems and processes had not been established and operated effectively.

**The enforcement action we took:**

Issue NoP

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  19 (2a) Safe recruitment procedures had not been established and operated effectively.

**The enforcement action we took:**

Issue NoP

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  18 (2a) Staff did not receive appropriate support, training, supervision and appraisal to enable them to carry out the duties they are employed to perform.

**The enforcement action we took:**

Issue NoP