

Chrismark Care Ltd

Chrismark Care

Inspection report

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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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
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 six people at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Systems and practices were not in place to safeguard people from abuse. Staff had not received safeguarding training. The service had failed to safeguard people from abuse of their privacy and liberty. Risks to people were not assessed and so their safety was not managed and monitored, for example, people had not had risks assessed and their care plans did not contain risk assessments. People did not always receive their care from consistent and regular staff. Medicine administration records were well-organised however people did not always receive their medicines as prescribed. Staff had good access to personal protective equipment and daily support plans contained details of cleaning. There was no record staff had been trained in the prevention and control of infection and the registered manager confirmed this.

Consent to care was not recorded. 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. There was no evidence people had been involved in their care planning or in reviews of their care. Training records were not consistent and staff had not received all of the training they should to support people with their needs. Daily support plans contained information about people's preferences, for example, what they liked to eat and drink. Records showed people were supported to eat and drink where needed. The service worked closely with District Nurses, pharmacies and GPs. Records showed how staff monitored people's health and mood at each call, and that appropriate support was facilitated where needed.

Daily support notes gave information about people's needs which were person-centred. However, more information about people's life history and social needs could be included. People's concerns and complaints were responded to but not always fully resolved. Records of these were not kept. There was no one receiving end of life care during our inspection visit, however these needs were captured as part of people's daily support records. Records showed people were treated with dignity and respect.

The provider's governance framework was not fully operational. Risks and regulatory requirements were not fully understood or managed. The service did not use any governance tools to learn or improve the service. The service had worked with a consultant following the last inspection and was part of an electronic network which provided health and social care updates.

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 inadequate (19 August 2019) and there were multiple 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 enough improvement had not 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 demonstrated that improvements have not been made. The service remains rated as inadequate overall.

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to consent, safety, safeguarding, audits and risks, registered manager responsibility, staff training and recruitment and non-notification of incidents 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.

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 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 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?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always 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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 and the provider are the same person.

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.

Inspection activity started on 19 February 2020 and ended on 26 February 2020. We visited the office location on 19 and 25 February 2020. We made telephone calls to people, relatives and staff on 19 and 26 February 2020. We visited two people in their homes on 20 February 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 including 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 five people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care workers. We reviewed a range of records. This includes five people's care records and medication records. We looked at nine 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. We looked at training certificates and call rotas.

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 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.

- Required recruitment checks were not undertaken and potentially unsuitable staff had been recruited as a result without risk assessments being undertaken.

We found systems were not in place to make sure staff were recruited safely. 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.

- People were not always cared for by consistent staff. Comments from people and relatives included, "No, I don't trust them to turn up on time and at weekends it is even worse", "You don't get the same people (staff)", and "You very rarely get the same people (staff)".

We found systems were not in place to ensure people received consistent care from appropriately trained staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- Care plans did not contain a medicine support plan so it was not clear whether the medication administration records (MARs) were accurate.
- The administration of non-prescribed creams was not managed in line with current guidance.

We found systems were not in place to make sure medicines were managed safely. 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.

- People generally received their medicines as prescribed, although we found two instances where this was not the case. We discussed with the registered manager who agreed to investigate.

Systems and processes to safeguard people from the risk of abuse

- People were placed at significant risk of avoidable harm because clear and robust systems to protect them were not in place. There was no evidence of concerns being reported promptly to relevant authorities. For example, in one instance a person was being restrained without the appropriate authority to do so and the registered manager had not identified this as abuse.
- Staff were not up to date with safeguarding training, although some staff confirmed they had received reminders about safeguarding at team meetings.
- Staff said they felt the people they supported were safe. A relative said, "Everything is OK, our loved one's safe."

We found evidence people were at risk of harm, and systems were either not in place or robust enough to protect people from abuse and improper treatment. This placed people at risk of harm. 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.

Assessing risk, safety monitoring and management

- Risks to people were not assessed or monitored. Most people's care plans did not contain risk assessments and where risk assessments had been undertaken these were not updated.
- People were not involved in managing risks to their safety and well-being. People had their freedom restricted.
- Poor management practices placed people at risk of harm because risks were not recorded to ensure staff supported people safely.

We found evidence that people were at risk of harm because systems were either not in place or robust enough to assess, monitor and improve the quality and safety of people. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff had not been trained on the prevention and control of infection. The registered manager started a programme of training after the inspection.
- Care plans contained information about infection control.
- Staff confirmed they had good access to gloves and aprons and these were used when supporting people with personal care.

Learning lessons when things go wrong

- Systems to record safety concerns were not used. When things went wrong the registered manager described the action they took and two incident records had been completed. There was no evidence of

how the registered manager or staff learnt from these.

- Staff confirmed they reported safety concerns to the registered manager and were confident they would deal with these.

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 remained the same.

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

Staff support: induction, training, skills and experience

- Staff were not adequately trained, some staff had not received any training, and their skills, knowledge and competence were not assessed. Staff had not completed an induction.
- Staff performance was not monitored. Staff did not receive support through supervisions or appraisals. Staff did not receive an induction and did not have their competence checked.
- Staff were not supported or encouraged to keep up to date with guidance.

We found evidence people were at risk of harm because the provider had failed to ensure staff were suitably trained. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff confirmed they shadowed more experienced staff before they started working on their own. There was no evidence of this and no evidence their competency had been checked. A relative said, "They (staff) seem well trained".

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.

- Care plans did not record whether people had consented to their care and support. Service agreements had not been signed by people.
- The registered manager had communicated with a relative about a sensitive issue without the consent of the person.

- The registered manager had agreed actions to potentially restrict someone without an appropriate best interest decision.

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.

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

- Care plans did not always contain an assessment of people's needs. Where these were held for people there was no evidence these had been reviewed.
- Information about people's protected characteristics were recorded and staff were aware of how to ensure any needs were dealt with sensitively.
- Brief aspects about some people's life history was recorded on care plans, which sometimes included information about some of people's choices and preferences.

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

- People's care plans were detailed about their food and drink preferences. People's daily notes about the support they received showed how these preferences had been met.

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 recorded. The registered manager knew people very well and described how other services were involved in people's care and support.
- Staff described what they would do if they felt someone was unwell, however there was no record of their actions.

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 deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and staff gave mixed feedback about the caring nature of the service. Comments from people included, "They (staff) are kind and respectful and always have time to chat", and, "They (staff) are respectful, they're nice". However, one person said, "I don't trust them to turn up on time and at weekends it is even worse." Another relative said the service in general was "a bit hit and miss".
- The registered manager and senior staff had developed good working relationships with people and their families and knew them well. A relative said, "Staff are good, very caring and there is not anything I would change."
- Care plans contained information about people's religious requirements regarding staffing and these were respected.

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

- People and relatives were unable to confirm they were involved in making decisions about their care and support. However, some relatives confirmed that day to day choices about care were sometimes made. A relative said, "They (staff) ask how we want things to be done, like bathing. They don't rush."
- Care plans recorded some details of people's likes and dislikes, and details of any protected characteristics. However, these weren't in place for everyone the service supported.
- Daily notes recorded how people's views and choices had been considered when staff were delivering care and support.

Respecting and promoting people's privacy, dignity and independence

- A relative said, "They (staff) always ask permission before attending to our loved one." Another said, "They (staff) are respectful and they are nice."
- Staff described the actions they took to ensure people's dignity was maintained when delivering personal care.
- Systems and processes were secure to ensure people's privacy was respected. For example, electronic systems were encrypted, and documentation was kept in locked cabinets.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

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

- Care plans were personalised but these did not show how the service responded promptly to changes to people's care needs. For example, the registered manager described how one person had changes made to how their personal care was delivered but this had not been documented on their care plan. This put people at risk of harm.
- Staff understood people's daily routines and rotas were planned to accommodate these, for example, to ensure they were supported in time for social engagements. Records did not document these needs.
- Most people said they were involved in care and review plans however records did not document their involvement. Comments from relatives included, "We, as a family, have been involved in the last three months with our loved one's care plan", and, "We are fully involved in [the] review of [the] care plan".

We found systems were not in place to ensure good record keeping. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Complaints, compliments and concerns were not recorded. The registered manager said there had not been any complaints. However, a person told us, "I have made a complaint but it was resolved and, yes, I would complain again."
- The complaints process and details of how to complain was documented in the handbook people received when they started with the service. A person confirmed, "I would know how to make a complaint or raise a concern."
- People and relatives confirmed they were confident their concerns would be responded to. A relative said, "They (staff) always do everything we need and ask us all the time 'is there anything else we need to be done?', for example, [the] time when to get up we changed that with no issues."

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 service recorded people's communication needs, for example, if English was not their first language or if they needed glasses or hearing aids. Staff were aware of these.

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 registered manager was aware of people's social needs and described how one person was supported to attend church. Records did not always document these needs, and it wasn't clear how staff should support these. For example, a relative said, "Support to socialise is supposed to happen, no one encourages [name of person] well."

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- The service had worked with a variety of agencies previously to support people at their end of life.
- Some people were asked about their end of life wishes and these were recorded, although details were often minimal. We discussed this with the registered manager who said they would consider this during reviews of care plans.

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 did not have a clear understanding of their responsibilities.
- The registered manager had not established a clear and robust quality performance process.
- The registered manager did not have any clear oversight about risk within the service and had not taken action to lessen the impact of this. Their failure to take action had led to ongoing breaches and shortfalls.
- The registered manager did not have a clear understanding of their regulatory requirements. For example, they had not made statutory notifications of events they needed to tell us about. The registered manager did not have a copy of the regulations.

We found effective management systems were not in place. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 relatives were generally positive about the open communication with the service. One person told us, "The manager comes out." However, another person said, "I don't think it's well-led as staff would be managed properly and never late, I don't know what time they are coming"; this person said they had complained but it hadn't made any difference.
- The registered manager had an open-door policy. One staff member said, "[Name of registered manager]

talks to us and listens to what we say." Another said, "It's a good company to work for."

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

- People, relatives and staff told us they knew the registered manager very well.
- People told us they saw the registered manager regularly and were asked for the feedback about the service. One person's care record contained a survey they had completed about the service they received, and these comments were positive, however there was no date on the survey. There was no evidence any other surveys had been completed or analysis had been taken by the provider.
- Staff confirmed they had regular team meetings with the registered manager where they discussed people's care and suggested improvements. However, we could not find any improvements had been implemented as a result of these suggestions.

Working in partnership with others

- The service engaged and worked with other organisations. The registered manager and staff had developed good working relationships with social workers and local healthcare services to co-ordinate support for people.
- The service had worked with voluntary organisations.