

Chrismark Care Ltd

Chrismark Care

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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Chrismark Care is a domiciliary care agency. It is registered to provide personal care to people living in their own houses and flats in the community. The services office is based in the S3 area of Sheffield, close to local amenities and transport links.

At the time of this inspection, three people were receiving support and two care workers were employed. The registered manager also undertook some care worker duties.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Chrismark Care was registered with CQC on 30 July 2017. The service began operating in January 2018. This is the services first inspection.

This inspection took place on 30 and 31 May 2018 and we gave the registered provider short notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

Staff recruitment records were not robust and did not promote people's safety.

Risk assessments, to identify and minimise risks, had not been completed for all people receiving support.

Detailed care plans were not in place to ensure an accurate and up to date record was available.

We found limited systems were in place to monitor service delivery.

People receiving support and their relatives spoke very positively about the support provided to them. People told us they felt safe and their care workers were respectful and kind. They said they received a consistent and reliable service that met their needs.

Systems were in place to ensure people received their medicines safely.

Staff were undertaking training relevant to their role. Staff were provided with supervision for development and support.

People were supported to maintain a healthy diet, which took into account their culture, needs and preferences, so their health was promoted and choices could be respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People said they could speak with their care workers or the registered manager if they had any worries or concerns and they would be listened to.

At this inspection, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 17, Good governance and Regulation 19, Fit and proper persons employed. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff recruitment records were not robust and did not promote people's safety.

Risk assessments, to identify and minimise risks, had not been completed for all people receiving support.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration of medicines.

Is the service effective?

Good ●

The service was effective.

People told us they received a reliable and consistent service.

Staff were undertaking relevant training to ensure they had the skills needed to support people.

Staff were provided with supervision for development and support.

People had consented to the support provided by Chrismark Care.

Is the service caring?

Good ●

The service was caring.

People told us their care workers were caring and kind.

People were treated with dignity and felt respected.

Staff knew the people they supported well.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Detailed care plans were not in place to ensure an accurate and up to date record was available.

People were confident in reporting concerns to their care worker and registered manager and felt they would be listened to.

Records of complaints required improvement.

Staff understood people's preferences and support needs.

Is the service well-led?

The service was not always well led.

The systems to monitor service delivery were limited.

The service had a full range of policies and procedures available for staff so they had access to important information.

People receiving support and staff said the registered manager was approachable and supportive.

Requires Improvement 

Chrismark Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 May 2018 and was announced. We gave the service short notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

At the time of this inspection, 3 people were receiving support and 2 care workers were employed. The registered manager also undertook some care visits to people's homes.

On 30 May 2018, we visited two people who received support at their homes to ask their opinions of the service and to check their care files. We also spoke with a relative of a person receiving support during these visits. We telephoned one further relative of a person receiving support to obtain their views.

On 30 May 2018, we visited the service's office on to see the registered manager, both staff employed and to review records, policies and procedures.

On 31 May 2018, we reviewed further records relating to the management of the service.

The inspection team consisted of one adult social care inspector.

Prior to the inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

We spoke with the registered manager and both care workers employed to obtain their views.

We reviewed a range of records, which included care records for the three people receiving support, two staff training, support, and employment records and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

We looked at the procedures for recruiting staff.

We checked two staff recruitment records and found neither contained all of the documents required by regulation, to ensure safe recruitment practices. Neither contained an application form detailing employment history or any evidence references were obtained. One file did not contain any proof of identity. The registered manager informed us an application form and references had been obtained for one care worker, but this had not been placed in their file. The registered manager sent us a copy of the application form the week following this inspection. One file evidenced a Disclosure and Barring Service (DBS) check had been undertaken. The second file showed a DBS had been applied for, but not received. A DBS check provides information about any criminal convictions a person may have. These help to ensure people employed were of good character and had been assessed as suitable to work at the service.

This showed the registered provider had failed to ensure recruitment procedures were established and operated effectively. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 19, Fit and proper persons employed.

We checked to see how risks to people were managed. We found limited information in the care files regarding the assessment and management of risk. One person's file held some assessment of risk relating to basic care needs, and the staff actions required to minimise risk. One file checked held some assessment of risk, but these had been undertaken by the person's previous care provider and there was no evidence that this had been checked to make sure the information was relevant and up to date. The third file checked held information from the person's social worker relating to the tasks identified as needed. This file did not contain any written risk assessments to promote safe practice.

The registered manager gave assurances that risk assessments would be fully completed the week following this inspection. We received copies of the written risk assessments to evidence they had been undertaken. Whilst these included some relevant information, they were basic and would benefit from further detail. For example, one risk assessment stated the person used moving and handling 'aids', but the risk assessment did not specify what these were. It is important that risk assessments are completed as soon as possible for every person who starts receiving support, so that their safety is promoted.

This showed the registered provider had failed to ensure systems were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 17, Good governance.

People using the service said they felt safe with their care workers. Comments included, "Yes I feel very safe with both of them [care workers]" and "Very safe."

We saw a policy on safeguarding vulnerable adults was available. Staff had access to important information

to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We found that whilst staff had been provided with uniforms, none had been provided with an identity badge to promote safe procedures. The registered manager gave assurances he would provide identity badges to staff.

We checked to see if people's money was safeguarded and handled safely.

The registered manager informed us that, at the time of this inspection, the service did not support people with shopping and did not handle the money of any person receiving support. However, one person told us the registered manager had once made a purchase on their behalf and at their request. They confirmed the registered manager had provided them with a receipt and change. The person was very happy with this, as they had needed the purchase urgently. The registered manager informed us he had logged the transaction in the daily notes section of the care plan, but this could not be located. We recommend that separate and clear records of any financial transactions are kept to safeguard people from potential financial abuse. The registered manager confirmed financial transaction records would be kept in the future.

The staff said they would be happy for a relative or friend to be supported by Chrismark Care and felt they would be safe.

We checked to see if medicines were being safely administered. We found that at the time of this inspection, one person was supported with their medicines. We visited this person in their home and spoke with them and their relative. Both were happy with the support they were provided with. They commented, "They [care workers] help with my tablets. I have to have them every four hours and they are always on time, never missed" and "[Family member's] tablets change a lot, and I'm really happy knowing they get them [tablets] safely."

We looked at the medicines administration record (MAR) and found it had been fully completed. The medicines listed on the MAR corresponded with the medicines held.

We found the service had a policy on medicines administration so that staff had access to important information. The registered manager and one care worker had undertaken safe handling of medicines training. The registered manager confirmed that the second care worker did not support people with their medicines.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, three people received a service and two care workers were employed. In addition, the registered manager undertook care work. Staff told us they had regular schedules. People receiving support told us they had regular care workers and always knew who would be visiting them. They told us staff always stayed for the agreed length of time. This showed that enough staff were provided to deliver the service as agreed.

We found a policy and procedures were in place for infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people in line with infection control procedures. People receiving support and their relatives we spoke with did not have any concerns about infection control. They confirmed care workers always used gloves and other appropriate protective wear.

Is the service effective?

Our findings

People receiving support and their relatives told us they thought staff had the skills they needed for their role. Comments included, "The care workers are marvellous. They are really kind people. My [family member] likes them. They know what [family member] needs and they give that. I can't fault them. We have had other companies and these are much better," "They [care workers] started in March and they have been very good. They feed me, talk to me and I've no complaints. I like [name of regular care worker]. She is very good, she does her job and will do anything for you" and "All my family know them [care workers.] I would recommend them. He [registered manager] is great; a bit cheeky [laughs]. But seriously, you tell him what you want and he has given it."

People told us the service was reliable and staff stayed as long as they should. People told us they had regular staff and had never had a missed visit. This showed the service provided good continuity of care because people saw the same staff. Comments included, "They [care workers] come every day between 9.30 and 10am. They are on the ball. Never missed a visit apart from once in really bad weather and they rang me and came later," "They [care workers] come four times a day and they are always on time. I've never had a missed call. I can't ask for anything more" and "They [the service] are very reliable. They [care workers] come when they should. I have recommended them."

We found staff completed a record at each person's visit. This detailed the arrival and departure times. We checked some visit records and found these showed all staff stayed for the full length of time identified as needed.

Staff spoken with told us they were provided with a 'fixed' schedule so that they got to know the people they were supporting. Staff also said their schedule allowed for travel time between visits so they did not run late.

People told us communication was good and they could always ring the office and speak with staff if they needed to. Comments included, "They [registered manager] always keep in touch" and "I've got their number and I can ring if I need to."

We checked the staff training files. We found staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

The registered manager informed us staff training was provided by an external training company and the training certificates seen verified this.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are

meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The registered manager informed us supervisions would be held with staff every three months. Both staff files contained a completed three monthly review/ supervision record for development and support. The registered manager confirmed once staff had been working at the service for one year, they would receive their annual appraisal. Care workers said they could approach the registered manager at any time for informal discussions if needed. This showed staff were appropriately supported.

We asked people about support with their healthcare. People told us the service was flexible and accommodated their visits to healthcare professionals so that their health was maintained.

People told us they were provided with the support they needed to maintain a healthy diet.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA so that staff had access to important information. We found the service was working within the principles of the MCA.

People receiving support told us they felt consulted and staff always asked for consent. Relatives also said their family member's consent was always sought from staff. One care plan checked contained a signed consent to care and treatment record to evidence the person had been consulted and had agreed to their plan. The registered manager informed us he had not yet completed the consent documentation for the other two people supported, but gave assurances that this would be undertaken. We found the service had a policy on consent so that staff had access to important information.

Is the service caring?

Our findings

Every person receiving support that we spoke with made positive comments regarding staff. Their comments included, "They [care workers] are smashing," "I can't fault them [care workers] and I can't ask for anything more" and "All very nice people [care workers]."

Relatives of people supported were equally complimentary and positive about the staff. Their comments included, "We are extremely happy with the service. The staff are always professional. I would definitely recommend this company. Keep up the good work" and "[My parent] is really happy [with the service,] so that makes me happy."

People receiving support told us staff were always respectful and maintained their privacy. Relatives of people receiving support also told us they found care workers respectful. They told us, "They are very respectful. I would tell them if they weren't" and "[Name of care worker] is very good. I like her; she does anything for you and treats you with respect."

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All of the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support and their relatives told us the care workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the appropriate people and only limited information regarding visit times and people they would be visiting was sent to staff. This promoted people's privacy.

Staff we spoke with were motivated about their work. They could describe how they promoted dignity and respect and were caring and compassionate in their approach.

People told us the registered manager had visited them to talk about their support needs. They told us they felt involved in all decisions about their support. One person told us, "[Name of registered manager] talked to me about what I needed. We went through it all." Both relatives spoken with confirmed they had been consulted and involved in agreeing the support needed.

Is the service responsive?

Our findings

People receiving support and their relatives we spoke with felt they were involved with their care and support. They told us they received a responsive service from staff that knew them well.

Whilst we acknowledge that staff knew people well, and were aware of their needs, the care plans seen held limited information. We checked all three care plans. One had been completed by the registered manager and held detail of the person's identified needs, likes and dislikes, and how the staff were to support these. One file checked held a care plan written by the person's social worker when the service began supporting the person a few months prior to this inspection. The care plan listed the support and tasks to be completed, and the duration of each visit. There was limited information on the person's history, likes and dislikes. The third file seen held the care plan compiled by the previous care provider, which Chrismark Care staff followed.

The registered manager acknowledged care plans required some update and gave assurances these would be completed as a matter of urgency. The week following this inspection, we received copies of the care plans compiled by the registered manager to evidence these had been undertaken. The plans held a range of information, but were task orientated and would benefit from further detail about the persons history, likes, dislikes and what was important to them. This would support the provision of person centred care. It is important that care plans are completed as soon as possible for every person who starts receiving support, so that people's needs are identified and important information is available to staff.

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

The registered manager and staff spoken with clearly knew the people they supported well and could describe in detail their support needs. Staff were aware of people's preferences and interests, as well as their health needs, which enabled them to provide a personalised service. One person described some family history that impacted on them. They told us the registered manager "knows everything" and they could talk to them about their current family situation. The registered manager demonstrated an in depth knowledge of the person.

People receiving support and their relatives we spoke with all said they could talk to the registered manager and staff at any time. No one had any complaints about the service. People told us they knew who to speak to if they needed to raise any concerns or a complaint. Comments included, "I can talk to them [staff]. [Name of registered manager] knows near enough it all [current family situation and family history,]" "I don't stand for any messing about. They are very good. I've no complaints" and "We have their number and [registered manager] always rings us back. We've no complaints at all."

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service. We found copies of the 'Service User Guide' in the care files kept at people's homes. This showed people were provided with important information to promote their rights.

At the time of this inspection, there were no complaints about the service. The service had received one complaint since they began operating. The registered manager described the action taken in response to the complaint and the outcome of the complaint. However, records of this had been detailed in the person's daily log, which the registered manager provided to us. A separate complaints log had not been started to record all complaints received. The registered manager confirmed any complaints received would be logged, alongside the actions taken and the outcome of the complaint. This would ensure complaints could be monitored.

People we spoke with said the service was flexible to suit their needs. They told us if they had health care appointments, the visit times would be changed to accommodate this. One person told us, "If I have doctors they [care workers] can come later. They fit round me." Another person told us, "They [care workers] take things at my pace. They aren't too slow. They feed me, help with my tablets and talk to me. Everything I need" and "They [care workers] do what's needed and always ask if there is anything else, any help I need."

During one home visit a person receiving support asked the registered manager to read a letter they had received from a hospital. The registered manager did this and, at the person's request, then made an appointment for them to attend a hospital clinic. The person was reassured. This showed a responsive approach.

Staff also confirmed the service was flexible to suit people's needs. They gave an example of one person's visits being extended to better meet their identified needs.

At the time of the inspection, no one was being cared for at the end of their life. The registered manager told us if they were approached to care for a person who was at the end of their life they would involve a multi-disciplinary team of healthcare professionals and work together to plan care and support in line with the person's personal wishes.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place to inform staff. However, we found systems had not been established to monitor the service. For example, whilst the MAR charts we checked had been fully completed, there was no evidence to show these had been checked by the registered manager. Staff told us spot checks took place and the registered manager confirmed this. However, no records were kept of the spot checks undertaken. There were no records of any systems being checked or monitored. Whilst we acknowledge the service was very small and had only been operating a number of months, it is important to ensure systems to monitor service delivery are embedded in practice. This will support people's health and safety.

As part of the quality assurance systems, the registered provider had sent questionnaires to two people receiving support, which we saw. The returned questionnaires were very positive about the service. There was no evidence the registered manager had audited the returned questionnaires to identify any issues that required a response.

This showed the registered provider had failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service were effective in practice. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 17, Good governance.

The manager was registered with CQC.

People receiving support and their relatives spoke positively about the registered manager. They told us the registered manager was approachable and supportive.

Without exception, people receiving support, their relatives and staff said they would recommend Chrismark Care to their friends and family.

We saw an inclusive culture at the service. All staff said they were part of a good team and could contribute and felt listened to. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always informed about any changes and new information they needed to know. However, we found no staff meetings had been held since the service began operating in January 2018. The registered manager gave assurances that staff meetings would commence in June 2018.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to

read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider failed to ensure systems were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The registered provider had failed to ensure an accurate, complete and contemporaneous record in respect of each service user was maintained.</p> <p>The registered provider failed to ensure the audit and governance systems were effective. Limited audits had been undertaken.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to ensure recruitment procedures were established and operated effectively. Information as set out in Schedule 3 of the regulations had not been confirmed before a person was employed.</p>