

Efficiency-For Care Limited

Efficiency-For Care

Inspection report

Unit 5, Clacton Enterprise Centre
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10 October 2023

25 October 2023

26 October 2023

31 October 2023

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13 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Efficiency for Care is a domiciliary care service that provides care and support to people living in their own homes. This includes supported living schemes. They can provide a service to people with learning disabilities, autistic people, people with a physical or sensory need and people living with dementia. At the time of our inspection 2 people, who lived in supported living schemes, were using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The service was able to demonstrate how they were meeting the underpinning principles of 'Right support, right care, right culture.'

Right Support:

Staff were recruited for their personal values and skills and 'matched' to the people they would be supporting.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were encouraged to play an active role in maintaining their own health and wellbeing and supported to have access to specialist health and social care support in the community. Staff had built up good relations with health and care professionals, to ensure good outcomes for people.

Right Care:

People received kind and compassionate care by staff who knew them well. Staff understood and responded to people's individual needs.

Staff promoted people's equality and diversity they had a good understanding of people's individual communication needs, to ensure their voice was heard. People received kind and compassionate care from

motivated staff who protected and respected people's privacy and dignity.

People's support plans provided staff detailed guidance on the level of support they wanted, which was kept under review and updated to meet the person's changing needs and aspirations. Staff received an induction and on-going training, which supported them to get to know the people they were supporting and meet their changing needs.

Right Culture:

People's quality of life was enhanced by the service's culture of improvement and inclusivity. The management had a strong visible presence within the service and placed people's wishes, needs and rights at the heart of everything they did.

Staff told us they enjoyed their work and felt supported by the management who they described as approachable. We observed people at ease with staff, with staff demonstrating the provider's values, of supporting people to be as independent as possible and have a good quality life.

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

Rating at last inspection

This service was registered with us on 3 September 2021, and this is the first inspection. The last rating for the service at a previous premises was good, published on 11 June 2018 [since that inspection the provider has changed premises twice].

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Efficiency-For 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 10 October 2023 and ended on 31 October 2023. We visited the location's office on 10 and 25 October 2023.

What we did before the inspection

We reviewed information we had received about the service since they registered in September 2021. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and 2 staff: support worker and key worker. We visited a supported living service and spoke with a person using the service, we also spoke with another person's relative, and 2 social care professionals to gain their views of the service. We reviewed a range of records. This included 2 people's care records, medicines records, risk assessments and safeguarding investigation reports. We also reviewed 3 staff recruitment records, staff rosters, staff training records and records relating to the quality assurance of the service, including internal audits, policies, and minutes of meetings.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to keep people safe from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us, to ensure a person's safety, they would make a safeguarding referral if they witnessed, or have abuse reported to them.
- Records showed staff meetings and individual supervision sessions were used by the registered manager to discuss safeguarding concerns and check staff's knowledge in this area.
- Staff had been trained in the use of restrictive interventions; the training was certified as complying with the Restraint Reduction Network Training standards. This reduced the risks of the use of inappropriate restraint.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Care records showed a person-centred approach to risk management, with the involvement of people in taking decisions on how to keep safe. This included supporting people to take positive risk without taking away their independence.
- People's care plans included risk assessments, which provided staff with guidance on how to minimise risk, to ensure the person's safety. These included risks associated with their environment, accessing the community including unfamiliar places, physical and mental health conditions.
- A person's relative felt their family member was receiving safe care and spoke about the importance of trusting the staff that supported their family member.

Staffing and recruitment

- The service had enough staff to meet people's hours as given in their support plan and ensure people were supported by a consistent staff team, which enabled them to get to know the person well.
- Rotas were developed to match people with suitable staff, considering factors such as staff training, competencies, experience, and personality. The registered manager told us how they ensured staff had the right values, personability, age, gender, and life skills to support the person.
- Records and discussion with people using the service and staff, showed people's preferences on which staff supported them going out socially, to those who would support them in learning to cook.
- The provider had safe recruitment systems in place. However, where overseas staff were recruited via a recruitment agency, they also needed to undertake their own right to work checks on the government website. This was to ensure there had been no changes to their sponsorship since they had been recruited.

Using medicines safely

- The support given to people to take their medicines as prescribed, was tailored to the person and risk assessed. Records showed this ranged from people who looked after their own medicines, to people who required full support from staff.
- People's records showed their medicines were kept under review. Only staff who had completed their training and had their competency checked could administer people's medicines.
- Records showed staff had recently received training in administering a specialist epilepsy medicine. A staff member spoke positively about the training, saying the external trainer, "Wouldn't sign off," staff until they could demonstrate they could safely administer the rescue medicine, "It was really good."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- Staff completed mandatory infection prevention and control training and food hygiene training.
- People were encouraged and/or supported to wash their hands regularly and keep their home clean. Where staff provided support, cleaning schedules were in place. We observed in a supported housing complex, a small amount of limescale build-up around some taps and the shower tray. Staff took action to address this at the time.
- Staff had received training in the use of personal protective equipment (PPE) and staff confirmed they had access to PPE supplies. The July 2023 staff meeting minutes showed staff had confirmed they had enough PPE and knew what action to take if they run low.

Learning lessons when things go wrong

- Systems were in place to record any accidents, incidents, concerns and safeguarding to look for learning, and take action to reduce the risk of a recurrence. Care plans were updated where required in response to incidents.
- Team meetings and handover meetings included sharing information about any concerns and actions taken with staff.
- There was a culture of learning from mistakes and the management team had an open approach and were keen to provide a good consistent service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff had tailored people's needs assessments to meet the person's individual circumstances. This included staff visiting the person in their previous accommodation and talking to their carers. This supported staff to get to know the person.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff who received an induction and relevant training in evidence-based practice. This included training in autistic spectrum disorders, attention-deficit and hyperactivity disorder awareness, and learning disability, and disability awareness. Training was constantly monitored to ensure it reflected people's initial, changing and/or specialist needs.
- Staff told us they had ongoing access to training, both face to face and eLearning. This ensured staff kept up to date to continuously apply best practice.
- Regular staff supervisions and team meetings were held. Staff said they were able to voice any ideas or concerns and they felt listened to.
- The management team had oversight of staff competency and performance to ensure training was effective. A staff member told us, "I am currently doing medicines training and train the trainer training," which would enable them to deliver in-house training to the staff.

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

- Staff supported people with their nutritional and hydration needs where this was an agreed part of their care and support.
- Where people needed support with eating and drinking, the level of support required was clearly set out in the person's care records, along with their preferences. This meant staff could provide them with personalised care.
- Staff told us each person had their own meal plan. A person said they ordered their food shopping on-line and showed us the foods and snacks they had purchased. Staff were also supporting them to improve their cooking skills.

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

- The provider worked alongside other agencies to ensure people's health needs were met in a timely manner. Multi-disciplinary team (MDT) professionals were involved in/ made aware of support plans to

improve the person's care.

- A relative confirmed they attended MDT meetings, which enabled them to advocate on their family member's behalf. They said staff were good at keeping them updated on any health and welfare issues, through regular weekly contact, "Which I really appreciate."
- Staff supported people to make and attend healthcare appointments which included hospital and GP appointments. Staff recorded any contact made with health professionals in people's daily notes to ensure all staff were kept updated.
- In an emergency, such as admission to hospital, a paper record of the person's care plan was printed off to take with them. Where the person had given consent, appropriate health professionals were given a code to directly access the person's electronic care plan. This was to support them to gain a 'live' update on what had been happening, leading up to the admission.

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 MCA 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., whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood their roles and responsibilities in relation to the MCA 2005 framework. At the time of the inspection, where a restrictive practice was in place to ensure safety and wellbeing, an application was in the process of being submitted and assessed.
- Staff empowered people to make their own decisions about their care and support. We observed this happening when we visited a supported living service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff members showed warmth and respect when interacting with people. A relative described staff as being, "Patient," and, "Compassionate." A professional spoke about the, "Really caring staff," who really tried to meet the person's needs.
- The service aimed to ensure people were well matched with their regular team of staff to ensure people were at ease, happy, engaged and stimulated. We observed a good rapport between staff and people using the service, as they chatted and laughed about different topics.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. Where attending a GP surgery could cause a person distress through sensory overload, home visits had been arranged.
- Staff were trained in equality and diversity to enable them to support people appropriately. This included ensuring records were written in a respectful manner.

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

- Care records showed staff empowered people to make their own decisions about their care and support. We heard examples of this during the inspection and saw staff listened to people and responded. Staff respected people's choices and wherever possible, accommodated their wishes.
- People had access to their electronic care records and could see in 'real time' what had been written to ensure it reflected their views and preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. Staff supported people to maintain links with those who are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. This included work placements and attending college.
- Staff described supporting people to maintain their independence which was well documented in their care records. A person said since they started using the service, their independence had grown, and they required very little support from staff.
- Staff knew when people needed their space and privacy and respected this. A person told us if staff thought they could be upset, they would knock on their bedroom door and ask if they wanted someone to talk to, and act on their response.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided person-centred support with self-care and everyday living skills to people. People were supported to understand their rights and explore meaningful relationships.
- A relative told us, "I can't fault," the staff and felt their family member's welfare would keep improving under the service's care.
- People's care records matched the level of support which the person, or their relative told us they were receiving. A person told us they had been fully consulted. They were aware they could access and read their care plan at any time.
- The new electronic care planning system enabled staff to update the care and support in 'real time' and provided flexibility in updating information to reflect any changes. With the person's consent, significant people involved in their care could access the system to gain up to date information as part of monitoring the person's needs and preferences were being met.
- Staff were committed to encouraging people to develop and maintain social and life skills which included access to community learning opportunities. For example, a person told us about their work placement and their attendance at college. They told us about the friends they had made which formed part of their social life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- For 1 person, staff were building up a 'communication dictionary,' which was continually growing as the person's vocabulary increased since using the supported living service. This supported good communication and reduced the risk of the person becoming frustrated.
- The registered manager told us, "All our information can be provided in versions of easy reads, braille, large print or audio where required. We can also have information provided in different languages," to support people's individual needs.
- The provider's website contained no information in easy read, or informed people the information could

be made available in different formats. The registered manager said they would be working with the provider to address this.

Improving care quality in response to complaints or concerns

- People, and those important to them were provided with information on how to raise concerns and complaints easily and staff supported them to do so. The complaints procedure was available in an easy read and/or pictorial format to ensure it was accessible to the people using the service.
- The service had not received any formal complaints. However, the registered manager said they would treat all concerns and complaints seriously, investigate them and learned lessons from the results, sharing the learning with the whole team.
- The registered manager provided examples of where they received texts and emails direct from people using the service, which was more related to domestic, than care issues, which had been addressed.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, systems were in place, if the need occurred, to ensure a personalised end of life care plan. This would be completed using feedback from the person, staff and significant people in the person's life, along with support from specialist health professionals and palliative care team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish.
- A completed relative quality assurance questionnaire had rated the overall quality of the service as, 'Excellent.'
- Staff told us they felt listened to by the management team and the registered manager had a visible presence and good oversight of what was happening in the service. This was further evidenced whilst meeting people during the inspection, who all knew the registered manager and said they saw them regularly. A person told us, "I like [registered manager]."
- Records of team meetings identified as well as being used as a forum to share information, it also enabled staff to raise any ideas or concerns which were acted on.
- Staff were supported to go for internal promotion and given extra training and support to carry out their new role.

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; Continuous learning and improving care

- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.
- The provider's office shared a small office space with a recruitment business, which the provider was also director for, and was not regulated by the CQC. The space did not ensure confidentiality. Also with the same telephone number, during our discussion with the registered manager, it was interrupted as they took calls relating to the recruitment side. After we fed back our concerns, the provider acted to relocate the recruitment business to another office and were taking action to have a separate telephone number for this service.
- The provider was registered for the activity of providing, 'Treatment of disease, disorder or injury [TDDI]' However, they do not employ any nurses to provide this care. The provider was going to review, along with their Statement of Purpose, if they still wished to provide TDDI.

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

- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs/ oversight of the service they managed.

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. This included carrying out 'spot checks', to observe staff practice and gain feedback from the people they were supporting.
- Management and staff were able to clearly tell us about their role and shared the provider's values of maximising people's independence and supporting people to have a good quality life.
- Staff felt the new electronic care planning software system, was supporting them in their role in reducing risk and providing safe quality care. This included care and support 'task lists' which could not be closed down until they had been completed.

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

- The provider sought feedback from people and those important to them and used it to develop the service. This was undertaken through a range of forums: quality assurance surveys, meetings, care reviews, management visits, telephone calls, emails, and texts.
- The registered manager was proactive in visiting people's homes, talking with people and observing staff's practice as part of gaining people's views and experiences.
- Staff had regular team meetings and supervision and felt supported and listened to. They told us they enjoyed working at the service. A staff member said the registered manager was, "A phone call away, if we need any help."

Working in partnership with others

- The registered manager told us how they worked with or alongside various professionals and people from other agencies to enable them to provide a joined-up service. People's care records and feedback from relatives and staff evidenced what we were told.
- Health and social care professionals had remote access to a person's 'real time' electronic care records. The registered manager told us, "Allows such good transparency...makes good clarity between all the agencies working."
- As part of keeping their knowledge updated on best practice, the registered manager received email alerts and reminders from reputable sources to update them on any guidance changes so they could read the updates.