

Efficiency-For Care Limited

Fortis House

Inspection report

160 London Road
Barking
Essex
IG11 8BB

Tel: 02082141059
Website: www.efficiencyforcare.co.uk

Date of inspection visit:
28 September 2016
06 October 2016

Date of publication:
13 January 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Efficiency-For Care Limited on 28 September & 6 October 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of the service since it was registered with the Care Quality Commission. The service was providing support with personal care to 20 adults living in their own homes at the time of our inspection.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

There were some arrangements to manage medicines safely and appropriately. Records showed care workers had received medicines training and medicines policies and procedures were in place. However, we found the service was not completing Medication Administration Records (MARs) when administering medicines to people effectively. People were therefore at risk of not receiving their medicines safely.

Recruitment and selection procedures were not always safe. Staff records showed interview records were not fully completed for some staff members. Recruitment and selection procedures were not always carried out in line with the provider's policy and procedure and may place people using the service at risk of harm by unsafe recruitment and selection practices. The provider's induction policy stated staff should have their induction checklist completed and signed off during the three month probationary period of employment and that staff should be monitored through regular supervision. Staff files did not show that this was taking place.

Staff understood their responsibility to provide care in the way people wished and worked well as a team. They were encouraged to maintain and develop their skills through relevant training. There were sufficient staff deployed to provide care and staff were supported in their roles with training and supervision. However two staff had not received formal supervision.

The service did not have effective quality assurance and monitoring systems in place. Records were not always complete and up to date.

Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. Updated risk assessments were in place which provided information about how to support people in a safe manner. Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people and their relatives were involved in making

decisions about their care.

Staff told us they felt supported by the registered manager and the senior management team. Staff, people who used the service and relatives felt able to speak with the senior management team.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked 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?

Inadequate ●

The service was not safe. The administration and prompting of medicines to show people had received their prescribed medicines was not always recorded clearly.

The service did not have a robust recruitment process.

People who used the service and their relatives told us they felt the service was safe. Staff had a good understanding of their responsibilities with regard to safeguarding adults.

Risk assessments were in place to help ensure people were supported in a safe manner.

There were enough staff to meet people's assessed needs in a safe manner.

Is the service effective?

Requires Improvement ●

The service was not always effective. The service did not have a robust induction process. Staff undertook regular training. However not all staff received formal supervision.

The service worked within the Mental Capacity Act 2005 and people were able to make choices about their daily lives.

Staff had a good understanding about the current medical and health conditions of the people they supported.

Systems were in place to support people with their nutritional needs.

Is the service caring?

Good ●

The service was caring. People who used the service and their relatives told us that staff treated them with dignity and respect.

People and their relatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People and their relatives were involved in planning their own care.

People who used the service and their relatives said that the service responded to any concerns or complaints.

Is the service well-led?

The service was not always well-led. Various quality assurance and monitoring systems were in place but these were not always effective.

There was an established registered manager that ran the service. Staff felt the registered manager and the senior management team was open and supportive.

Requires Improvement 

Fortis House

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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team.

During our inspection we went to the provider's office. The inspection team consisted of two inspectors. We spoke with the registered manager, the operations director, the recruitment manager, and one administration assistant. After the inspection we spoke to three people who used the service, three relatives, four care workers and one field team leader. We looked at five care files, daily records of care provided, complaint records, four staff recruitment files including supervision and training records, minutes for various meetings, medicine records, and policies and procedures for the service.

Is the service safe?

Our findings

People were at risk of not receiving their medicines safely. The administration and prompting of medicines to show people had received their prescribed medicines was not always recorded clearly. Medicines administration record (MAR) charts were not always clear when medicine should be given, what dose and any special information, such as giving the medicines with food. The provider's policy on the administration of medicines was not being followed. The provider's policy on medicine recording stated, "The medication administration record for an individual service user will include the name of the service user, date of birth, weight, name of the drug, the dose, and time to be given, and any special requirements, e.g. with food only."

We also found that MAR charts contained several instances of unexplained gaps where staff should have signed them. Records showed a MAR sheet for one person for July 2016 showed a gap for Lansoprazole for 17 July 2016 for the morning dosage with no explanation. Also for the same person the MAR sheet for August 2016 had gaps for all doses for Lansoprazole for 13 August 2016. The medicine record sheets for July 2016 and August 2016 list medicines however, they did not show dosage, special information or specific time for administration other than AM or PM. This meant when dosage times are not clearly recorded people may receive their medicine at the wrong times which may cause serious harm.

Another MAR sheet we looked at showed a list of medicines with the dosages. However, it was not clear if all medicines had been recorded as taken or refused. Staff had signed at the top of the medicine sheet that all medicines had been taken however they had not signed for individual medicines. This meant it was unclear which medicines had been taken or refused.

The medicines policy stated, "following the assessment the information will be used to formulate a medication care plan which will stipulate medication names, doses, times of administration, route of medication, and any special requirements the service user has in relation to individual medications and their safe management." The medicines policy was not being followed by staff. For example, we saw the MAR sheet for one person who received medicines twice a day. However the person's medicines care plan stated that they needed prompting but did not provide sufficient information about the person's medicines.

The lack of effective systems for the management and administration of medicines meant that people were being put at risk of not receiving their medicines correctly. When we spoke to the senior management team they offered assurances that this would be immediately addressed. After the inspection the provider sent us an updated MAR sheet which covered medicine to be given, dosage, time of administration and any special requirements.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment and selection procedures were not always safe. Staff records showed interview records were not fully completed for some staff members. The provider's policy stated that two professional references and one character reference should be sought prior to employment. We did not see records of this in some

staff files. We noted that one staff file contained no records of references sought. Another staff file contained two character references and no professional reference although the staff member had a history of employment. Both references had been validated by the management team. We spoke with the management team about these findings. They told us the procedure had changed and they now obtained one professional and one character reference prior to employment of new staff. However, this procedure had not been followed. This meant recruitment and selection procedures were not always carried out in line with the provider's policy and procedure and may place people using the service at risk of harm by unsafe recruitment and selection practices.

We spoke the management team about our findings. They told us there were planning to review recruitment practices and had identified some records were not up to date. They were in the process of advertising but had not recruited new staff and were unable to show us improvements made.

The above issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff records showed they had been subject to checks prior to being employed by the service including criminal record checks. We saw copies of proof of identity, their application form, which included their employment history, were kept on file.

People who used the service and relatives we spoke with told us that they felt the service was safe. One person when asked if the service being provided was safe replied, "Of course I do." Another person told us, "Very much so" when asked about the safety of the service. One relative said, "Oh yes, safe."

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. Staff we spoke with knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to senior management. One staff member told us, "Report immediately to the manager." Another staff member said, "I would contact my manager and explain the client is vulnerable and being abused." All staff had received up to date training in safeguarding vulnerable adults.

Senior management were able to describe the actions they would take when reporting an incident which included reporting to the local authority safeguarding team and the Care Quality Commission (CQC). This meant the service reported safeguarding concerns appropriately so CQC was able to monitor safeguarding issues effectively.

The local authority that had placements with the service had visited the provider's office in September 2016. The local authority found that the provider did not identify all potential risks and how these would be managed. The provider told us they had an action plan with the local authority which stated they were to review all risk assessments for people who used the service by November 30 2016. The operations director told us this would be done before the due date. We looked at the updated risk assessments for people. People's needs were assessed and risks identified. Risk assessments were put in place to manage these risks and prevent avoidable harm. Care plans contained risks assessments to manage the risks associated with manual handling, medicines, mobility, communication and the environmental risk associated with working in people's homes. Risk assessments showed us that risks were identified and then steps taken to reduce the risk. For example, one risk assessment identified a person at risk of falling. The provider had requested a referral to the falls clinic. Care workers we spoke with showed an understanding of people's needs and the risks associated with providing their care and support.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. One person told us, "[Staff member] has a plastic apron and gloves." Another person said "The carer has gloves and a uniform."

Through our discussions with staff and management, we found there was enough staff to meet the needs of people who used the service. The operations director explained that they tried to ensure that people had the same care workers as much as possible to ensure consistency for people who used the service which was an important aspect of the care provided. Relatives told us they had concerns about the consistency of the carers. However, after they spoke with the senior management team and it had been addressed. One relative told us, "We had a rocky period. Different people with different competencies. We had a number of conversations with [operations director]. She made a huge effort." Another relative said, "Communication has definitely improved after meeting with [operations director]." The same relative told us, "Now getting continuity."

We spoke with people who used the service and their relatives about care workers punctuality. The majority of people told us that generally care workers were on time. One person told us, "Sometimes late, will ring me." Another person said, "Once [staff member] he had a problem and his car broke down but [operations director] rang to tell me." One relative told us, "[Staff member] has my number. If running late will let me know."

Is the service effective?

Our findings

The provider's induction policy stated staff should have their induction checklist completed and signed off during the three month probationary period of employment and that staff should be monitored through regular supervision. The policy stated that "an induction programme will be drawn up for use during the early part of the employee's employment covering local environmental matters, employment information, and job specific knowledge." Staff files did not show that this was taking place. Of the four staff files we looked at we did not see induction documents for two staff.

We noted for one staff member the induction for the first months review was completed within 16 days of starting at the service. The three month review was signed but not dated. For both staff members there were no details recorded of the content of the review meeting. We saw that staff induction was not completed in line with the provider's policy and that their competency was not assessed during the induction period.

The provider had a supervision policy which stated all staff would have formal supervision sessions at least four times a year. Staff we spoke with told us they received regular formal supervision and we saw records to confirm this. Records showed topics on training, safeguarding, staff rota, timekeeping and any other issues. One staff member said, "I get supervision." Another staff member told us, "Supervision is once a month and they will say if we need more training." However the operations director told us two staff members had not attended supervision as they had not been able to organise a suitable time to meet.

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their relatives told us they were supported by staff who had the skills to meet their needs. One person told us, "He [staff member] does a damn good job." A relative said, "They [staff] certainly do a good job." Another person said, "[Staff member] knows what to do." A relative told us, "They [staff] are very good."

Records showed staff had completed training specific to their role. Training included basic life support, moving and handling of people, safeguarding of vulnerable adults, infection prevention and control, health and safety, fire safety, food safety and first aid. We found staff were up to date with required training and there was a system in place to monitor when staff were due to refresh their training. One staff member told us, "They [provider] provide training like medication. It's in a classroom. For me training is good because it reminds you." Another staff member said, "I do monthly training online." A third staff member told us, "They offer us training. I did some online training."

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.

We checked whether the service was working within the principles of the MCA. Care plans provided information about people's memory/cognition and recorded whether people might struggle to make decisions. We saw that people using the service or their representative had signed their care plans to give their consent to the care and support provided. Consent was also sought where care workers supported people using the service to take prescribed medication. This showed that people's ability to make decisions and consent to the care and support provided was considered.

The senior management team and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. Staff also told us they spoke with people who used the service and family members to get an understanding of people they supported and their likes and dislikes. One relative told us, "[Staff] ask him, like to help him stand up." One staff member told us, "At breakfast I will ask what [person] wants."

People who required assistance at meals times had a care plan for this. The plans described the support people needed for example with the preparation of meals and with eating and drinking. People and their relatives told us they were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. One person told us, "I do my own food." A relative said, "Carers will phone me when food is running out." Another relative told us, "[Relative] has pureed food so they have to watch her eat so she doesn't choke." One staff member said, "Sometimes we provide food. Some food we heat up."

Care records in people's homes included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health than they called for an ambulance to support the person and support their healthcare needs. One staff member told us, "If unwell I would tell family and manager. Call the ambulance or the GP." A relative told us, "They [staff] were very helpful getting a doctor." A person said, "[Staff member] will ask me if I have seen the doctor or dentist. He prompts me."

Is the service caring?

Our findings

People and their relatives told us that they felt the service was caring. One person said of their carers, "I'm so pleased to see the carer. He spends time with me and talks to me." The same person told us, "He [staff member] is very kind. We've become friends." Another person said, "They [staff] are caring." A relative told us, "When [staff member] walks in my [relative] spirits lift." Another relative said, "I know they [staff] are caring."

Staff members told us they enjoyed working with the people they provided care to. They said that they shadowed care workers to help build a relationship with people who used the service and to get to know them better. One staff member told us, "I interact with them [people]. You have to get their trust." Another staff member said, "I see them [people] regularly so you get to know them. We went through the care plan and risk assessment when I shadowed."

The operations director explained to us that staff were matched with people who came from the same culture where possible so that they could better understand the needs of people. For example, one person who used the service spoke a specific language was matched with a staff member who spoke that language. Also people who used the service told us they were matched to staff from their own spiritual background. One person told us about their carer, "We have a lot in common." Records showed that people could request a care worker of a specific gender. Staff, people who used the service and relatives confirmed this was the case.

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us, "I will close the door when giving personal care." The same staff member said, "My relationship is very positive. When they see me they smile." A third staff member told us, "I explain what I will do so they know what's coming up." One person said, "Yes they [staff] respect privacy."

Records showed that people using the service and their relatives, where applicable, were involved in making decisions about care, treatment and support. People and their relatives had signed to say they were in agreement with their care plans and risk assessments. One relative told us, "I did sign the assessment." Another relative said, "I have a copy of the support plan. I signed the support plan."

People were encouraged to maintain their independence and undertake their own personal care where possible. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. Staff gave us examples of how they helped people to be independent. One staff member told us, "Sometimes they can't wash themselves but they can wash their face."

Is the service responsive?

Our findings

People using the service and their relatives told us they felt the service was responsive to their needs. One person told us, "[Staff member] does listen and does what I want." One relative told us, "Carers have been calling me saying when tablets need ordering". Another relative said, "Does whatever [relative] wants."

The operations director told us that they met with prospective people who wanted to use the service to carry out an assessment of their needs after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. The initial assessment included a section which covered social networks, major life events and life history. The operations director told us the purpose of the assessment was to determine if the service was able to meet the person's needs and if the service was suitable for them. One person told us, "They [staff members] came out and asked me questions." A relative told us, "It was quite a thorough assessment." Another relative said, "[Operations director] came to hospital to do an assessment. They asked about mobility. I volunteered a lot."

The local authority that had placements with the service had visited the provider's office in September 2016. The local authority found that the care plans were not person centred. The provider told us they had an action plan with the local authority to update all care plans for people who used the service by November 30 2016. The provider told us this would be done before the due date. We looked at the updated care plans for people.

The updated care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including personal care, oral hygiene, meals and nutrition, mobility, moving and handling, social activities, cultural needs, communication, skin care, medication, night care, physical condition and mental capacity. The updated care plans were written in a person centred way that reflected people's individual preferences. For example, care plans detailed people's medication conditions with a clear understanding of the symptoms. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. However, the care plans we looked at included a section called "sexuality and gender care" which did not address outcomes and how needs would be met. For example, one care plan stated for the outcome "staff to respect her privacy and dignity" and how to meet the need was "Staff to knock on door of her room."

We recommend that the service seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their sexuality and gender care needs.

The service had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. People and their relatives were given a copy of the complaints procedure included in the service user guide. One person told us if they needed to make a complaint they would, "Speak to [operations director]." One relative told us, "Most probably speak to [operations director]. She did do something about it when I've complained before." The

senior management team told us there had been three complaints since the service was registered. Records showed the complaints were followed using the service's complaint procedure.

Is the service well-led?

Our findings

The service had failed to effectively check various aspects of the care provided and had failed to identify their own failings. The service had a quality assurance policy. The registered manager showed us various audits they had completed such as the medicine audit, personnel audit and care records audit. However the audits were poorly completed. For example, the personnel audit looked at recruitment records. The template had recorded three staff files were checked however there was no date that the audit was completed. The registered manager told us this audit had been completed 30 August 2016 however concerns that had been identified had an action by date for the same date. We asked the registered manager if this date was the date of completion or the due date for this audit. However he was not sure. Concerns found had actions to be completed however we saw no records that this has been completed. Another example, a care plan audit was completed for a person who used the service and the date completed was 29 September 2016 however "action by dates" were the same date as the audit. This meant records were not clear when audits were completed and the date the action was to be completed.

Also the service had only completed one medicine audit since the service started providing care in February 2016. The medicine audit was dated August 2016 so it was not clear if the audit was looking at July or August 2016. The medicine audit looked at medicine records for two people who used the service. The auditor had written "yes" for the heading "All medication administered during calls signed for." However when we looked at medicine records for the same two people over that period we found gaps in the recording of medicines administered.

We asked the operations director how the service monitored care worker's timekeeping and whether they turned up in time or were late. The operations director told us the service used an electronic homecare monitoring system which would flag up if staff had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, the operations director told us the field team leader would be notified through the electronic homecare monitoring system. The field team leader would then take action to find out the issue and take action. The field team leader confirmed this procedure was correct. However we saw no documented evidence that the service reviewed call logs to help identify areas in which they can improve any timekeeping issues.

We discussed this with the registered manager and operations director and they confirmed that the service would immediately implement more robust audits and checks in relation to the care provided. The recognised the quality assurance has been poorly completed. We saw the service had done spot checks for all service users. Also the local authority recently completed a monitoring visit and the provider is required to send the local authority completed actions such as updated care plans.

The provider had failed to ensure that records were accurate and complete and the lack of effective quality assurance and monitoring systems. This increased the risk that the service would not be run effectively and that areas of poor practice will not be identified and address. The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People and their relatives told us the management of the service had improved with communication. One relative told us, "I do feel more confident. Things have improved." One person said, "I don't know who the manager is. [Operations director] is quite nice."

Staff told us they found the registered manager to be helpful and supportive. One staff member said, "[Registered manager] is very supportive. He is very active. Working relationship has been good" Another staff member said, "He knows his staff. You can talk to him about anything work related. He gives his time to staff." A third staff member said, "He is a professional manager." Staff were also positive about the operations director. One staff member said, "More communication with [operations director]. She is very quick to solve situations. I like working with her."

Staff told us the service had regular staff meetings. One staff member said, "Staff meetings we discuss any problems we have. See how we are coping." Another staff member said, "We have staff meetings every month with different issues to raise like problems with clients. If you don't understand you can ask." Records confirmed that staff meetings took place regularly. Agenda items at staff meetings included safeguarding, health and safety, spot checks, training and awareness of care plans.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People who used the service were not protected against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems and records, designed to enable the registered provider to regularly assess and monitor the quality of the service provided. Regulation 17 (1) (2) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider did not always check if staff had the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19 (1) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider did not make sure new staff are supported, skilled and assessed as competent to carry out their roles. Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not administered appropriately which meant that people did not always receive their medication safely and as prescribed. Regulation 12 (1) (2) (g)

The enforcement action we took:

warning notice