

OFORI HAMMOND LTD

# OFH Care

## Inspection report

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### 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

OFH Care Ltd is a domiciliary care agency. It provides personal care to young people and/or adults with a range of needs living in their own homes. At the time of our inspection the service was providing care to 3 young people who had sustained brain injuries at birth and who were disabled.

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

There were systems in place to monitor the quality of the service and recognise when improvements were required and these were recorded.

A relative told us their family member was receiving safe care. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

People received their medicines in a safe way and there were systems in place to help safeguard them from abuse.

People's needs were assessed and planned for. Their health was monitored and they had access to other healthcare services. People were supported with their nutritional needs if this was part of their care plan.

The provider made sure there were enough regular staff to support people and staff arrived on time at people's homes. Staff received inductions, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

There were systems for dealing with complaints, accidents and incidents. The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 10 September 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# OFH 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 was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, executive assistant and quality assurance officer. We reviewed a range of records. This included the care records and medicines records for all 3 people who used the service. We looked at staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection, we continued to seek clarification from the provider to validate evidence found. We received written feedback about the service from 2 care workers, 2 external professionals and the relative of 1 person.

# 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 who used the service were safe with the care workers who supported them.
- The provider had a safeguarding policy and procedures in place and staff received training in this. There had not been any safeguarding concerns in the last year.

Assessing risk, safety monitoring and management

- The provider had appropriately identified and assessed risks to people's health and safety. For example, risks associated with skin integrity, falls, medicines and choking. Risk assessments were kept on an electronic system which the staff had access to. These were clear and included details of the person's background, medical conditions, risks identified and action plans. There were guidelines for staff to follow to help ensure they knew how to meet people's needs and reduce the risk of harm.
- People who used the service had complex needs and required 24 hour support. Some people required specialist equipment which the staff were trained to use. For example, one person was at risk of aspiration due to impaired swallow and cough reflex. Aspiration is when something enters the airway or lungs by accident.
- There were clear guidelines to explain to staff how to use equipment and prevent the person becoming at risk. This included how to communicate this to them, for example, 'gently stroke my cheek as you introduce the suction catheter'.
- There were risk assessments and management plans in relation to people's environment, for example, any trip hazard which may result in the person falling.

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity, such as Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff underwent training and were assessed as part of an induction, before they were able to work independently.
- There were enough staff deployed to meet the needs of the people who used the service. The registered manager told us they ensured people were supported by the same staff so they could build a trusted relationship with them. A social care professional confirmed this and said, "There is consistency of care workers and I get the sense they are committed to the care for [Person]."

### Using medicines safely

- People received their medicines safely and as prescribed. There was a policy and procedures for the safe administration of medicines and staff were aware of these. Staff received regular medicines training and refreshers and had their competency assessed.
- Two people received their medicines via a Percutaneous Endoscopic Gastrostomy (PEG). This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, to provide a means of feeding when oral intake is not adequate. We saw the staff had received training in the management of this.
- We viewed the medicines administration records (MARs) for people who required support with their medicines and found these were recorded appropriately and staff had signed when they had supported people.
- For one person, we saw their relative was also involved in administering medicines but did not always record when they had done this. This meant there were gaps in signatures on the MAR. The provider agreed to put in place a system to help assess and record when medicines were administered by the relative. We saw evidence the person had received their medicines appropriately.
- The senior staff carried out regular audits of people's medicines and these were recorded.

### Preventing and controlling infection

- There was an infection control policy and procedures and staff received training in these. Staff were provided with suitable personal protective equipment such as aprons, masks and gloves, and were able to obtain these as required.
- The registered manager told us that throughout the pandemic, they followed government guidelines and ensured their staff understood these and followed good practice.
- Some people were at high risk of infection because they received their nutrition via a PEG. We saw their care plans included guidelines for staff to follow about how to prevent infection at the sight of the feeding tube, for example observing the skin, and any signs of redness, discharge or swelling. There were instructions for staff to follow in the event of a blockage.

### Learning lessons when things go wrong

- The provider had a procedure for the management of accidents, incidents and complaints.
- Lessons were learned when things went wrong. The registered manager told us they learned and improved their systems daily using feedback from people who used the service and staff. They also liaised with colleagues and external professionals who provided advice.



# 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

- People's needs were assessed before they started using the service, to help ensure these could be met. Initial assessments were used to write care plans which were developed over time as staff became familiar with people's needs and wishes.
- We saw assessments were detailed and contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility.
- People's choices in all areas were considered and recorded, for example, their communication needs and how they wanted their care at each visit.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and regularly supervised.
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff also received training specific to the needs of people who used the service, such as PEG feeding and epilepsy. We saw evidence staff training was up to date and regularly refreshed.

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

- People's nutritional needs were sought, recorded and met. People did not require the staff to cook meals for them. One person's relatives were supporting them with their meals. Other people were receiving their nutrition via a PEG and the staff supported them with this.
- Care plans contained clear guidelines about the use of PEG and included the person's individual feeding plan. This included the time of the feed and how much water or nutrition the person required.

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

- People's healthcare needs were recorded and met. The care workers knew people well and were vigilant during visits. They communicated well with relatives and reported any concerns they had about people's

health conditions. We saw evidence care workers communicated well with the management team and reported any concerns promptly.

- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. The registered manager liaised with the relevant healthcare professionals to meet people's needs, such as the GP and district nurses.
- A social care professional told us people's needs were met and they had no concerns. They said, "[Registered manager] has [Person's] best interests at heart. [They are] responsive."

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.

- The provider understood their responsibility in relation to MCA and DoLS. Two of the people who used the service were under 18 and did not have the capacity to make decisions in relation to their care and support. We saw they were appropriately supported by family members.
- A person who has turned 18 was being involved in decision making. The provider was arranging for them to have their capacity re-assessed. The person was supported to use 'eye gaze' technology to express their needs and wishes verbally. The registered manager told us the person had been able to choose their preferred activities in this way and make decisions about their daily support.

# 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

- Relatives of people who used the service felt their family members were well cared for. One relative told us, "My [family member] has been receiving care and support from OFH Care Ltd for a while. In my experience, they have been the best agency for [them]."
- The provider ensured that staff inductions focused on each person's requirements, how their diverse needs could be met and their human rights promoted. The registered manager stated, "All staff have been enrolled on the equality and diversity training to aid their understanding and provision of care. Also, when a new member of staff joins the team, we discuss any religious, cultural and other needs of clients as part of the induction process."
- People's care plans contained details of their cultural needs and these were respected. The registered manager said, "We work with the parents/guardians of our clients to ensure any religious and cultural needs are borne into consideration during the delivery of care and met."

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

- People and their representatives were consulted and involved in decisions about the care and support they received. The provider ensured they communicated regularly with relatives to discuss the care their family members received. One relative told us, "I am amazed because my [family member] is not their only client and we liaise every day."
- Relatives were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated they were happy with the service and felt people's needs were being met.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as much as possible. Care plans reflected what people could do for themselves and how to support them. For example, one person's care plan stated, "Please encourage me to participate in my care by asking me to get/carry an item."
- People were treated with respect and dignity and liked the care workers who supported them. A social care professional told us, "I have also found the staff demonstrate appropriate levels of sensitivity and compassion when dealing with client issues."
- Care plans contained clear guidelines for staff so they could meet the person's needs effectively, for example, 'give me time and physical space', 'Offer distraction in a soft and positive manner' and 'give me a choice of two things as far as possible so I can feel in control and develop independence'.

# 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

- People's needs were recorded and met in line with their needs and preferences. Care plans were kept electronically and available to staff on handsets. This enabled them to access people's records anytime and record the support they gave people in real time. We saw care notes were written clearly and respectfully.
- We saw care plans were clear and detailed and included all aspects of the person's life and how they wanted their support to be delivered. They contained pictures and symbols so people would understand what each section was.
- Care plans included a 'who am I' section. This explained what was important to the person, how best to support them, and their likes and dislikes.
- People who used the service required support with transfers and were not able to mobilise unaided. One person required to be repositioned regularly. The registered manager explained the person had a special chair which repositioned the person as needed. The staff recorded when the person was repositioned and this was audited regularly.
- Where people required the use of hoist for mobilising, we saw two staff always supported the person to help ensure this was done safely and in line with instructions.
- Care plans contained people's life histories, this included what others liked and admired about them, people and places important to them, childhood memories, hobbies and medical history.
- There were detailed 'daily routine' schedules in place which highlighted precisely the level of care and support a person required in line with their wishes and choices.
- There were long term care plans in place which included how the person demonstrated their anxiety, distress and emotional needs and how to meet these. These documents stated the person's understanding, what made them feel better, what support they required and how they communicated this. It also stated if the person had a cognitive impairment and how this impacted on their moods.

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's communication needs were recorded in their care plans and met. All the people using the service had limited verbal communication. The provider worked with family members to help understand people's

needs and how they expressed their needs and emotions.

- Most people used sounds and gestures to communicate their various needs, for example, one person rubbed areas of their body when in pain. Some people had vision or sight impairment and required for staff to speak slowly and clearly using few words.
- The registered manager used a number of communication aids with people. For example, for one person, a lanyard with pictures had been implemented for staff to wear. This helped them to communicate their choices by selecting the picture that related to their need or choice at that particular time.
- They also had been working with the school for another person with a view to implementing the "Big Red Switch" as a means of the person learning to communicate 'yes' and 'no' responses.

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

- People were supported with activities of their choice, if this was part of their care plans. One person required support with a range of daily activities such as singing and dancing, listening to audio books, spending time in the sensory room and supporting the person to undertake small tasks. Some people attended school.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. They kept a log of minor complaints they received and ensured they took appropriate action. They had not received any serious complaints in the last year.

End of life care and support

- People who used the service were young and their end of life wishes had not been communicated. However, the registered manager informed us they sensitively brought up this subject during initial assessments, so they could gather some information from relatives about this. They told us, "A while ago, I did have a discussion with a parent about the life expectancy of their family member, and we provided counselling for them, which was beneficial." They added they were planning to seek specific training for staff, involving local hospices for children.

# 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

- There was a positive culture which was inclusive and person-centred. Relatives of the people who used the service spoke positively about the care workers and management team. They told us the registered manager was approachable and professional. One person said, "The team is wonderful! [Registered manager and care workers] have been a literal life saver for my [family member] and [their] complex needs. I cannot stress this enough but like clockwork, they all come together and solve any problems at hand."
- Staff told us they enjoyed their work, felt supported by the management and could contact them at any time. One care worker told us, "I do feel supported and I did receive a very good induction" and "I think the management are doing a good job so far."

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

- The registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as necessary. They told us, "I have a duty of let CQC know about any incident or injury a person may sustain, a near miss or death. Also, if we had a serious complaint, I would need to let people know."

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

- The provider had robust monitoring systems in place. These included audits about recruitment, care plans, accidents and incidents and medicines.
- The senior team undertook regular spot checks of the care workers, so they could help ensure people received the support they needed.
- The provider's electronic monitoring system was effective and the registered manager was able to monitor the care people received in real time, enabling them to address any concerns without delay.

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

- The provider sought people and relatives' views of the service so they could address any concerns and make improvement. At the time of our inspection, the provider was waiting for questionnaires to be

returned. We saw one which showed and overall satisfaction.

- The registered manager and senior team had developed meaningful relationships with people and relatives. They told us they had done this slowly and respectfully, giving them time to develop trust. The registered manager stated, "It's really important to us that we engage with the family and professionals, to understand the client's needs and meet their needs. As providers, we also need feedback from staff to make improvements."
- There were regular staff meetings where a range of subjects were discussed, such as people's needs, risk assessments and care plans and any important information. The staff had the opportunity to discuss any concerns and share communication.

#### Continuous learning and improving care

- The registered manager led a good team who always strived to improve people's lives by making changes as necessary to meet their needs. A relative told us, "OFH does everything well in my opinion. They are very hard working and diligent. From coordinating meetings, planning holidays, home visits, ordering supplies and more, OFH gets it all done and in a timely manner."
- The provider had a system where they recorded every aspects of communication about each person, for example with relatives or healthcare professionals involved in the person's care. This helped them keep information up to date and take appropriate action where needed.
- The registered manager said they did not want to grow the service too fast, and wanted to ensure they had the best systems in place for the benefit of people who used the service. They told us, "I want to ensure our clients get the best care possible. Before taking on more people, I will make sure we have enough staff ready to care for them."
- The registered manager was qualified and had experience of working in social care. They told us they ensured they kept up their knowledge and skills by undertaking relevant training whenever they could.

#### Working in partnership with others

- The provider had developed good working relationships with professionals involved in people's care and support. The registered manager told us, "We hold regular multidisciplinary team review meetings to address specific needs relating to each client."
- The registered manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They added they increased their knowledge by liaising with a range of healthcare professionals such as GPs, specialists, occupational therapists and physiotherapists. A social care professional told us, "I have found them to be a well organised service, who respond promptly and appropriately to issues which arise."