

OFIY Healthcare Ltd.

266 High Road

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

266 High Road is a domiciliary care service, providing personal care to people living in London.

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. On the day of the site visit, two people were receiving the regulated activity of personal care.

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

People and a relative told us they felt the service was safe. Staff understood what action to take if they suspected somebody was being harmed or abused. Staff knew how to report accidents and incidents. People had risk assessments to keep them safe from the risks they may face. These were updated as needed and used to inform reviews of people's care.

People were supported by enough staff who had been recruited safely. People were supported safely with medicines.

The provider ensured there was infection control guidance in place. Staff confirmed they were provided with enough personal protective equipment such as masks and gloves.

People's healthcare-associated risks were identified and assessed. People's needs were assessed before they received care from the service. People's dietary needs were met effectively. People's needs were met by staff who were well trained and received regular support and supervision. We found supervision recording was not always consistent. We have made a recommendation about recording formal supervision.

People and a relative told us staff were caring and were treated with respect and dignity. People and their relatives were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, and person centred. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people and relatives knew how to make a complaint.

People, a relative, and staff told us the management of the service were supportive. Staff told us they felt well supported by the registered manager. The service had quality assurance processes in place. The service worked with other organisations to improve people's experiences.

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

Rating at last inspection

This service was registered with us on 29 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration and when the service had begun to provide care to people.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

266 High Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because 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

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 also sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the director and two care workers. We also spoke to one person who used the service and one relative. We reviewed a range of records. These included two people's care records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to

the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed documentation provided.

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 for 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

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People and a relative told us they felt the service was safe. One person said, "Yes [feel safe]." A relative told us, "Yes [safe], [staff] are doing a good job. They are doing their job perfectly."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I have to tell my manager. I would whistle blow to the CQC [if nothing was followed up]."
- The registered manager was able to describe the actions they would take when incidents would occur which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. People's care records included assessments for example, on medicines, mobility, environment, pressure sores, Epilepsy, and personal care. Care plans included information for staff about action to be taken to keep people safe and minimise the chance of accidents or incidents occurring.
- Staff knew about people's individual risks in detail. One staff member said, "I would speak to my manager [if person's needs changes] and if they can contact a social worker. See if [registered manager] could come and re-assess [person]." Another staff member told us. "[Registered manager] [does] the risk assessments."

Using medicines safely

- The service provided medicines support to one person. The person told us they felt their medicines were managed safely.
- Medicines records (MAR) showed the service was not recording the person's medicines individually but instead recording a group of medicines as one administration. The National Institute for Health and Care Excellence (NICE) guidelines state, "Care workers must record the medicines support given to a person for each individual medicine on every occasion." We spoke to the director and registered manager about how they recorded medicines. The director advised us they would immediately start recording individual medicines administration on the MAR records. We received confirmation after the inspection they had started to record medicines more accurately.
- Staff had received medicine administration training and competency assessments.

Staffing and recruitment

- The service followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised

at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records. The provider completed an employment gap analysis for new staff members.

- Through our discussions with the registered manager, staff, people and a relative we found that there were enough staff. People and a relative told us staff were punctual. A person said, "Yes, [staff] come on time." A relative told us, "[Staff] not late at all. They are punctual."
- Staff told us they had enough time to support people without being rushed.

Preventing and controlling infection

- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed. The provider ensured an adequate supply of personal protective equipment (PPE) was available to staff. One person told us, "Yes, [staff] wear masks and gloves." A relative said, "[Staff] wear gloves, apron and all the protective clothes. Also, the mask as well."
- Staff had received training on infection control, and they told us they had access to PPE.
- The provider was accessing testing for staff. Staff had all been double vaccinated.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.

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. 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

- The service carried out an initial assessment before the service began. This included the person who was going to use the service and relatives being involved. A relative told us, "[Registered manager] came over to do some assessments and check the [relative's home]. They were able to understand the environment."
- People and a relative told us staff knew the needs and provided individualised care. A staff member told us, "I got to know the [person]. [Registered manager] took me there to meet [person]. I looked at the care plan."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member said, "Yes I got induction as well as shadowing."
- Staff training was offered on a regular basis. Records confirmed this. A staff member said, "The training is provided. Most training is classroom but since COVID-19 we do online." Another staff member told us, "The training is very helpful and is up to date. Sometimes [senior management] ask if we need any training."
- Staff were provided with opportunities to discuss their individual work and development needs. Staff told us supervision took place, where staff could discuss any concerns and share ideas. However, notes of supervision discussions were not always recorded.

We recommend that the service seeks advice and guidance from a reputable source about providing written documentation in regard to supervision.

- A staff member told us, "Both [registered manager and the director] do supervision. They rotate it. They support me if I am lacking in anything. They ask me what support I need." Another staff member said, "If something changes or updates, they do supervision. They ask me if understand things. I do feel supported. They support me if I have some difficulties. When I lost my [relative], I got very good support and I appreciated that."

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

- Staff supported people with their meals when needed. One person said, "[Staff] help me with my food." A relative told us, "[Staff] heat up food for [person]. They prepare dinner for [person]."
- People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely. Care plan's recorded people's food including culturally specific food, and likes and dislikes.
- Records confirmed staff had received training in food hygiene.

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service.
- Peoples had access to health and social care professionals for support with their needs. One person told us, "[Staff] help me with doctor appointments."
- People's care records showed relevant health care professionals contact details.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There were systems in place to assess people's mental capacity to consent to care. Capacity and consent forms were available when appropriate.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. One person said, "[Staff] ask me if I want anything. They will ask me before they do anything." A relative told us, "[Staff] do ask [person] and [they] will tell them if they want help."

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

- The service had staff that supported and treated people with kindness. One person said, "[Staff] are very nice. I love the service."
- Staff we spoke with showed they knew people well and had built good relationships with people. One staff member said, "[Person] is a lovely. I keep [them] company. We are very cordial." Another staff member told us, "[Our] relationship is very good. I always listen and care about [them] like my [relative]. We have built a good relationship and [they] trust me."
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "I would not judge them." Another staff member said, "If a person is [LGBT] I have to respect their sexuality. I never discriminate. I respect them as a human being." The registered manager said, "Everyone should be treated equal and no discrimination."
- Staff had a good understanding of protecting and respecting people's human rights. Care records documented people's preferences and information about their backgrounds.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. People and a relative told us staff respected people's dignity. One relative said, "[Staff] make sure when they bath [person], they don't expose [their] body too much. They do the necessary things without disrespecting [them] in any way."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "I asked them what they want. I respect their privacy. If [they] want a shower I will ask if [they] want me to help." Another staff member said, "I ask [person] and I respect whatever [they] want. I never push [person] to do whatever [person] doesn't want to do."
- Staff helped maintain people's independence as much as possible. One staff member commented, "Sometimes with [person], when [person] is changing I will leave [them] to do it for [themselves]. [Person] is able to do most things. I don't want to take [their] independence away from [person] so I encourage [them]." Another staff member said, "Depends on the risk assessment. If too dangerous I would advise it is not safe. If it is safe, I will always support. We want our [people] to be independent."

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. 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 were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- People and a relative told us they had been involved with and agreed the support and care being carried out by staff.
- Staff supported people with individualised care and support that met their requirements. Staff knew the people they assisted well. One person told us, "[Staff] are very nice to me." A relative said, "[Staff] know what they are doing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded in their care plans. Staff were aware of people's communication needs and communicated to people respectfully and sensitively.
- Care plans contained pictures to help guide people with information about the service being provided.
- The director told us the service could translate care documents and policies to a specific language if this was requested.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place to record and investigate complaints.
- People and a relative knew how to make a complaint. They felt comfortable to raise any concerns with the provider. One person said, "Yes would call [registered manager]. I don't complain as they are good." A relative told us, "I would complain to the manager."
- The registered manager told us they had not received any formal complaints since being registered.

End of life care and support

- The service had an end of life care planning policy in place. The service was not providing end of life care at the time of the inspection however, the director told us appropriate plans including working with relevant professionals would be put in place should the need arise.

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 service was providing person-centred care to people and this was evident from care records and from speaking with a person who used the service and a relative.
- The registered manager and director had good oversight of the service and understood the needs of the people they supported. They knew the people and their needs well which helped ensure their needs were met by the staff team.
- People and a relative were positive about the registered manager. One person told us, "[Registered manager] is ok. She is fine." A relative said, "[Registered manager] is nice. She knows her job."
- People and a relative were complimentary about the running of the service.
- Staff told us they enjoyed working for the service. One staff member said, "They are a brilliant company. I have never regretted working for the company." Another staff member told us, "The company is very supportive."
- Staff spoke positively of the registered manager. One staff member said, "[Registered manager] is very good and hard working. She is always willing to help and give support to the staff." Another staff member commented, "[Registered manager] is a good lady. Good communicator and knows what she is doing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Spots checks on staff were completed and helped to monitor their performance. A staff member told us, "They do spot checks." Another staff member said, "They do [spot checks]. I never expect them. They check how I communicate with [person] and how I am doing on medication."
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Senior management stayed in regular contact with staff to share information. One staff member said, "If anything comes up [senior management] send an email or give us a call."
- People and their relatives were asked for their views with regular telephone monitoring. Records confirmed this. One person told us, "Yes, they do ring me." A relative said, "Yes they have called several times [and ask] if the carers are doing their job properly."
- The service worked in partnership with the local authority and health and social care professionals.