N Mafu

Khaya Project

Inspection report

71 Wellesley Road
Ilford
Essex
IG1 4LJ
Tel: 020 8554 7902
Website:

Date of inspection visit: 22 April 2015
Date of publication: 22/06/2015

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

Overall summary

This unannounced inspection took place on 22 April 2015.

Khaya project is a five bed service providing support and accommodation to people with mental health difficulties. At the time of the inspection four people were living there. It is a large house in a residential area close to public transport and other services. The house does not have any special adaptations. People lived in a clean, safe environment which was suitable for their needs.

The service has a registered manager. 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. The registered manager is also the registered provider.

People were safe at the service. They were supported by caring staff who treated them with respect. Systems were in place to minimise risk and to ensure that people were supported as safely as possible.

Summary of findings

During this inspection, we found that the arrangements for managing medicines were good and that people received their prescribed medicines appropriately.

People were cared for by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective and responsive service. Staff also received the support and training they needed to carry out their role.

The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed.

Staff supported people to make choices about their care. Systems were in place to ensure that their human rights were protected and that they were not unlawfully deprived of their liberty.

People were happy with the food provided and this met their cultural needs.

People were asked for their feedback about the service and about what they wanted. They were actively involved in developing their care plans and in agreeing how they should be supported.

The manager closely monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were enough staff available to support people safely.

Systems were in place to support people to receive their medicines appropriately and safely.

Risks were clearly identified and systems were in place to minimise these and to keep people as safe as possible.

Is the service effective?

Good

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people safely and competently.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

Is the service caring?

Good

The service was caring. We saw that staff supported people appropriately responded to them in a friendly way.

People received care and support from staff who knew about their needs, likes and preferences.

People were encouraged to be as independent as possible and to participate in the day to day running of the service.

Is the service responsive?

Good

The service was responsive. People's healthcare needs were identified and responded to. The signs that a person's mental health might be deteriorating were identified. The action needed in response to this was clear.

People were encouraged to be involved in activities of their choice in the community.

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these. Detailed and individualised care plans were in place and gave clear information about how to respond to people's very complex needs.

Is the service well-led?

Good

The service was well-led. People used a service that actively sought and valued their opinions which were listened to and acted on to improve and develop the service.

The manager monitored the quality of the service provided to ensure that people's needs were being met and that they were receiving a safe and effective service.

The manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

Khaya Project

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 22 April 2015 and was carried out by one inspector.

At the last inspection on 10 May 2013 the service met the regulations we inspected.

Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we met all of people who used the service and observed the care and support provided by the staff. We spoke with one member of staff and the manager. We looked at three people's care records and other records relating to the management of the home. This included two sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records.

After the inspection we received feedback from three people's care coordinators.

Good

Is the service safe?

Our findings

People who used the service were safe. Staff had all received safeguarding vulnerable adults training and were clear about their responsibility to ensure that people were safe. One person told us, “They [staff] stop me from being exploited. They make sure that no shady visitors come in.”

Staff told us of some of the ways that they supported people to remain safe but also to be as independent as possible. For example, a member of staff said, “People all go out independently when they want but we ask them to telephone if they are going to be late or not coming back.”

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. There was a small consistent staff team and any absences were covered by the staff as far as possible. Regular staff from another of the provider’s services were used, if needed. This meant that people received consistent support from staff they knew.

We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. Their care plans covered areas where a potential risk might occur and how to manage it. Risk assessments were up to date and were relevant to each person’s individual needs. Risk assessments included warning signs that their mental health might be deteriorating. Contingency plans gave details of people’s usual pattern of behaviour and any action or interventions that were needed.

Medicines were ordered, stored and administered by staff who had received medicines training. Their competency was assessed and monitored by the manager to ensure that medicines were being administered safely and appropriately. We saw that medicines competency formed part of both the supervision (one to one meetings with the manager) and the annual appraisal process.

Systems were in place to monitor medicines administration. The manager checked medicines records and that medicines had been given. The pharmacist carried out an annual review of the medicines storage and administration.

Medicines were stored in an appropriate metal cabinet in a designated room. Keys for medicines were kept securely by staff to ensure that unauthorised people did not have access to medicines. Therefore medicines were securely and safely stored.

We saw that the medicines administration records (MAR) were detailed and had been appropriately completed and were up to date. They included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff administering it. If a person only took their medicine on one day each week this was clearly marked on the record to minimise the risk of error.

The above systems ensured that people received their prescribed medicines safely and appropriately.

People were supported in a safe, clean environment. None of the people who used the service required any special equipment. Records showed that other equipment such as fire safety equipment was available, was serviced and checked in line with the manufacturer’s guidance to ensure that they were safe to use. As an added safety feature each room was fitted with a smoke detector. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use.

There was a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files for two members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom. The manager told us that if they were uncertain about a person’s documents they called the Home Office to check. People were protected by the recruitment process which ensured that staff were suitable to work with people who need support.

Good

Is the service safe?

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

People told us staff were always available when they needed them. Staff told us that they felt staffing levels were right to assist and support people safely. There were times during the week when only one member of staff was on duty. However this was risk assessed and changed if the need arose. A member of staff told us, “The manager will only let you be on shift on your own when he is satisfied that you are able to do it.” From our observations and discussions we found that staffing levels were sufficient to meet people’s needs.

The provider had appropriate systems in place in the event of an emergency and there was an on call system for additional support or advice. Staff had received fire safety and first aid training and were aware of the procedure to follow in an emergency. This meant that systems were in place to keep people as safe as possible in the event of an emergency arising.

Good

Is the service effective?

Our findings

The service provided was effective. One care manager told us that they had placed their 'client' at the service as they had worked very well with another 'client'. They also said that there was good and open communication between themselves and the service. They added that it was a robust placement that gave people clear boundaries and good support.

People were supported by a small consistent staff team who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. Staff told us that training was "very good" and enabled them to support people's complex needs. Training included mental health awareness, health & safety, safeguarding vulnerable adults, person centred care and working with behaviour that challenges. Staff also received training specific to the needs of people who used the service and all of the staff had obtained an appropriate qualification in health and social care to level three or were working towards this.

Staff told us that they received good support from the manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said supervision was monthly and included discussions on training and development needs. Systems were in place to share information with staff including staff meetings and handovers. Therefore people were cared for by staff who received effective support and guidance to enable them to meet their assessed needs.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and were aware of people's rights to make decisions about their lives. The MCA is legislation to protect people who are unable to make decisions for themselves. DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. All of the people who used the service were able to go out without staff support. They had the capacity to make decisions about their care and were encouraged and supported to do this. A member of staff told us that people could say "exactly what they wanted". They told us that people had choice about what they did, where they went and what they ate. They added that people were not forced to do anything but staff explained why some things were important and encouraged people to do them. The manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit this was not needed for any of the people who used the service.

We found that people were supported to maintain good health and had access to healthcare services. People saw professionals such as GPs, dentists, community psychiatric nurses (CPN), social workers and psychiatrists as and when needed. They were encouraged to attend appointments and meetings with healthcare professionals. A care manager confirmed that their 'client' had been attending meetings and going for blood tests which they said was a positive thing.

Care plans were reviewed three monthly or more frequently if needed. People were involved in developing and reviewing their plans. One person told us, "I know the outline of my care plan and I have to abide by it." The care plans we looked at were up to date, detailed and gave a clear picture of what was needed and how this was to be achieved. Therefore staff had the necessary information to enable them to provide effective support to people in line with their needs and wishes.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat and the menu included fresh food, fruit and vegetables. They had access to drinks and snacks when they wanted. One person said, "The food is really good."

We saw that the Khaya project was based in a terraced house in a residential area. This was close to local services and transport links. The service was clean and adequately maintained. In addition to individual bedrooms there was a choice of communal areas. There were not any environmental adaptations as people did not require this. The environment met the needs of people who used the service.

Good

Is the service caring?

Our findings

The service was caring. Throughout the inspection we observed staff speaking to people in a polite and professional manner. We saw that people were treated with dignity and respect and their privacy was maintained. One person told us, “The staff always knock on the door.” The manager said that staff did not go into people’s rooms without their permission unless it was an emergency. Staff spent time talking to people and discussing what they wanted to do or any issues and worries they might have. One person had been absent from the service overnight and returned during our visit. Staff checked that the person was okay and immediately offered them food and drink.

Some people had only been using the service for a short while and staff were still building relationships with them. There was clear information about people’s needs, likes and wishes and staff told us about these. They knew people’s individual patterns and routines and therefore were able to identify if a person was unhappy or unwell. A member of staff told us, “You can see by the symptoms if it is not a good day for the person. If the signs are not looking good we liaise with healthcare for support.”

People were encouraged to express their views and advocacy information was clearly displayed so that people could make contact if they wished. The manager told us that they would also contact the advocacy service on people’s behalf if they felt it was needed. People told us that staff encouraged them to maintain relationships with their friends and family. One person told us that they could have visitors when they wanted.

Staff were aware of people’s individual cultural needs and supported people to meet these. One person told us that one of the staff cooked a “really good curried goat”. A care manager told us that the service met their ‘clients’ cultural needs.

People were encouraged to be as independent as possible and to participate in the day-to-day running of the service. People were encouraged to help with food preparation and to develop their cooking skills as part of increasing their independence. A member of staff told us that initially one person could ‘not do anything’ for themselves. Now they helped with cleaning and did their own laundry.

The service had not provided end of life care so far. The manager told us that there was an end of life care policy and if the need arose they would support people.

Good

Is the service responsive?

Our findings

The service was responsive. People received individualised care and support. Prior to people using the service detailed information was obtained from relevant health and social care professionals. The manager also carried out an assessment of their needs and identified risks. From this information, personalised and comprehensive care plans and risk assessments were developed.

People who used the service were involved in developing and reviewing their care plans and they had signed these in acknowledgment and agreement with the contents. We saw that they also contained signed agreements that had been made with the person and the consequences of breaking the agreement. For one person the agreement was about their finances and for another about health and cleanliness. There was an agreement about aggression and violence. One person said, "I have to abide by the care plan. I know the outline."

Care plans were 'working' documents that were reviewed and updated when needed. They contained contingency plans which detailed 'early warning' signs that people's mental health was deteriorating. For example one plan said, "May be restless, unmotivated and experience auditory hallucinations." A member of staff told us, "Care plans are very useful. They are key and are in place so that we can meet people's needs and measure progress. People are very complex and we need to know how to work with them." We saw that the manager checked staff knowledge and understanding of people's care plans. Staff meeting minutes were detailed and any important points that were discussed and agreed were clearly highlighted to ensure that they were noted by staff. This meant that staff had current and comprehensive information about people's needs and how best to meet these.

People chose what they wanted to do each day and were all independent enough to go out and do what they had chosen. On the day of the visit we saw that people went out and came back at different times of the day. One person told us, "I go out when I want. I go to socialise in Ilford. I go to Asian shops and restaurants." They also said that they enjoyed watching television with the staff and other people in the house. They were very pleased that they had sky sports. The manager told us that they work with people to encourage them to do things that they enjoy and also would be of benefit to them. This included going to college, using the gym and voluntary work.

We saw that the service's complaints procedure was displayed on a notice board in a communal area. People said they knew how to complain and who to complain to. One person told us, "I can talk to the staff, the manager or my solicitor." The manager told us that they dealt with complaints but that there had not been any recently. However, we saw that when people raised issues they were listened to. For example, speakers had been purchased for the computer in response to people's request. People were supported and encouraged to raise any issues that they were not happy about.

Good

Is the service well-led?

Our findings

The service was well-led. The provider was also the registered manager of the service. There were clear reporting structures in place to ensure that the manager had a good oversight of what was happening in the service. Staff told us that the manager was accessible and approachable and provided clear guidance about how they should carry out their duties. They said that they felt supported. We saw guidance in staff meeting minutes and also in the communication book. A care manager told us that there was open communication and the service was "receptive to the expectations placed on them".

People were involved in the development of the service. They were asked for their opinions and ideas through 'resident' meetings, meetings with their keyworker and at review. People were listened to and their views were taken into account when changes to the service were being considered.

We found that the manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service and staff. Formal systems included audits and spot checks of medicines, records and finances. The manager also monitored staff competency through observation and by discussion with them. We saw evidence of this in both staff records and staff meeting minutes. Therefore, people were provided with a service that was robustly monitored by the manager to ensure that it was safe and met their needs.

The provider also sought feedback from people who used the service and stakeholders by means of an annual quality assurance questionnaire. Responses from this were analysed and an action plan put in place to respond to any issues that had arisen. We saw that changes had been made as a result of this. For example, a summer barbecue was planned, and a games console had been purchased. Therefore, people used a service which actively sought and valued their opinions which were listened to and acted on to improve and develop the service.