

N Mafu

# Khaya Project 2

## Inspection report

11 Hillreach  
Woolwich  
London  
SE18 4AJ

Tel: 02083164051  
Website: [www.khayaproject.com](http://www.khayaproject.com)

Date of inspection visit:  
16 June 2016

Date of publication:  
25 July 2016

### 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

This unannounced inspection took place on 16 June 2016. Our previous inspection took place on 13 September 2013 when we found all of the regulations we inspected were met.

Khaya project 2 is a service registered to provide personal care for up to four people with mental health needs who live together in a supported living house in Woolwich. There were four people using the service at the time of the inspection.

There was a registered manager in place at the time of our visit. 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 2008 and associated Regulations about how the service is run.

We found that staff provided person centred support for people living in the house and were committed to promoting a positive culture. They actively promoted independence and supported people to maximise their potential in all aspects of their lives.

The deputy manager and staff were aware of what constitutes abuse and the action they should take if such an incident occurred. They received regular safeguarding training and policies and procedures were in place for them to follow.

There were enough staff to support people safely and to meet their individual needs.

Assessments were undertaken to assess any risks to people using the service and steps were taken to minimise potential risks and to safeguard people from harm.

Safe recruitment procedures were used that ensured staff were suitable to work with people as staff had undergone the required checks before working at the service.

Staff completed an induction programme and mandatory training in areas such as, safeguarding, mental health awareness, first aid, health and safety and safe handling of medicines.

Staff had a good understanding of the principles of the Mental Capacity Act. They always presumed that people were able to make decisions about their support and if they felt someone may lack capacity to make a decision they would always discuss this with the appropriate health or social care professional. This was in order for the best interest process to be followed.

Records showed that staff had received regular one to one supervision and this was seen by staff as useful and supportive. There was also evidence of regular annual appraisals.

Equality and diversity was an integral part of peoples care plans and staff were aware of how to ensure peoples differences were respected, valued and upheld.

Staff were aware of how to protect privacy and dignity. They always knocked on people's doors and waited for a response before entering their rooms. They promoted independence and maximised people's ability by encouraging people to do as much as possible for themselves and offered support where needed.

Staff knew how to support people to make a formal complaint. There were effective systems in place to manage complaints as well as mechanisms to ensure learning from complaints was shared across the service.

Audits and quality monitoring checks took place regularly and annual service user satisfaction surveys were undertaken to ensure the service was delivering a high quality, person centred service.

## 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. Staff knew how to report concerns or allegations of abuse and appropriate procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There was sufficient staff available to meet people's needs.

Medicines were managed safely. Processes were in place to review the storage in line with guidance for supported living premises as well as take any relevant action.

### Is the service effective?

Good ●

The service was effective. Staff received induction training and relevant mandatory training to help provide people with effective support.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Staff supported people to maintain a balanced diet and they had a choice in what food and drink was available.

### Is the service caring?

Good ●

The service was caring. Staff understood people's individual needs and ensured dignity and respect was upheld.

Staff promoted independence and maximised people's ability by encouraging them to do as much as possible for themselves and offered support where needed.

Staff were trained to ensure they supported people appropriately in relation to equality and diversity.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care that met their needs.

People were involved in planning their support and decisions around how their support was delivered.

The service had a complaints policy in place. People told us they knew how to make a complaint and staff knew how to support them if the need arose.

**Is the service well-led?**

**Good** ●

The service was well-led. The service promoted a positive culture which was person centred.

There were regular audits and surveys taking place to ensure high quality care was being delivered.

There were appropriate policies and procedures in place to support and guide staff about areas related to their work.

# Khaya Project 2

## **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 inspection took place on 16 June 2016 and was unannounced. A single inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

During the inspection we spoke with two staff including the deputy manager. We spoke also spoke with two people who used the service, an occupational therapist and a care coordinator. We also gained feedback from the local authority commissioners.

We reviewed four care records, three staff files as well as policies and procedures relating to the service. We observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at the house. One person said, "It's a very good home and the staff are very good." We saw people coming and going between the communal areas and their rooms and staff assisting them if they required the support. People understood the needed to tell staff when they were leaving the house and that it was to ensure their safety.

The deputy manager and staff were aware of what constitutes abuse and the action they should take if such an incident occurred. One staff member said that they would report any concerns to a manager and if they felt that it wasn't being taken seriously they would report it to local authority or the police. Staff had received safeguarding adults training and people we spoke with understood what abuse meant and how to report any concerns to staff. The service had safeguarding policies and procedures in place and staff had access to them.

One person we spoke with about safeguarding told us that they could always discuss issues of safety with their care coordinator, but they had never had any need as safety had never been issues. We saw from the minutes of the last house meeting that bullying and intimidation were included on the agenda. People were made aware of how to raise concerns with staff as well as other people outside of the house, for example the mental health teams and local authority.

We looked at records relating to accidents and incidents and there was policy guidance relating to this for staff to follow. We saw that forms were completed when incidents occurred including when people went missing or other accident /behaviour type events.

People told us there was enough staff to support and assist them and this was confirmed on the rotas we saw. There was always two staff on duty during the day and one member of staff awake at night.

We saw evidence that appropriate recruitment checks took place before staff started work. This included obtaining two references, proof of eligibility to work in the UK and evidence of an enhanced Disclosure and Barring Service certificate (DBS).

We found assessments were undertaken to assess any risks to people using the service. These were person centred and included assessments relating to their individual needs. They included areas such as, behaviour, mental health and physical health. Risk assessments also included information about warning signs and where the risk occurred. They were reviewed regularly and when there had been a change in a person's condition or circumstances.

Staff knew what to do in the event of a fire and we saw that regular fire testing and drills were carried out. We saw that a fire risk assessment of the house had taken place in November 2015 and servicing of the alarm system.

Arrangements for administering and storing medicines were safe. During this inspection we observed that

medicines were being administered correctly to people by the care worker. The staff member demonstrated appropriate checks of the medicines against the Medicine Administration Record (MAR) charts, and checked the people by name.



# Is the service effective?

## Our findings

Staff had the knowledge and skills they needed to perform their roles effectively. People we spoke with told us that staff supported them well and understood their needs. One person we spoke with said, "They [staff] are well trained, they are doing a good job." Staff told us that they received training from an external provider and it was discussed with the manager in supervision before and after the course.

Staff told us that they had received an induction and this was confirmed in the records we saw. It included shadowing more experienced staff as well as covering training topics such as safeguarding, mental health awareness, first aid, health and safety and safe handling of medicines. Staff felt that they were well prepared for their role. All staff that had been working at the service had either completed a National Vocational Qualification (NVQ) 2 or 3 in Health and Social Care or was working towards the new diploma in care. The registered manager confirmed that all new staff would work towards the new care certificate. The care certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support.

We spoke with staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Records showed that staff had received one to one supervision on a monthly basis. We saw that the content of supervision sessions recorded were relevant to individual's roles and included topics such as training and development needs, agreed actions and timescales. Staff told us and records confirmed that they received an annual appraisal and this was an overview of the year covering personal objectives, performance and personal development. One staff member said, "We have supervision once a month and discuss training, improvements, performance and any concerns and we may have."

People told us they were able to make choices and included in any decisions about how they were supported. Staff worked closely with people to enable them to reach their individual goals and expectations. We saw that one person was being supported to sign up for courses at a local recovery college and others were working towards achieving independent living. Each care record had a consent form, which was signed by the person, to agree any support that was being provided.

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.

The deputy manager and the staff we spoke with had a good understanding of the principles of the MCA. They told us they always presumed that people were able to make decisions about their day to day support. If they felt someone may lack capacity to make a decision they would always discuss this with the appropriate health or social care professional in order for a best interest decision to be made.

People were receiving a balanced diet. People were supported to plan and make meals for themselves

individually. We saw people preparing and making snacks and lunch with the support of staff and were happy with the choices they had. Staff prepared meals for people at weekends and on Fridays people were invited to go out to a local restaurant for a meal. One person we spoke with said, "I cook meals for myself, staff help me sometimes but at weekends they make it. I eat what I won't, usually pizza, fish and chips and curry."

Health care records were in place and we saw input and visits recorded from health care and mental health professionals. There was also evidence of appointments with GP's and dentists.

## Is the service caring?

### Our findings

People we spoke with told us that staff were helpful and we saw by their interactions that they were trusting of staff and happy with their support. Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. One person using the service said, "The staff are great and they really care. They help me a lot and I have no complaints."

It was evident that staff had a good understanding of people's individual's needs and preferences and were respectful of them. For example, some people clearly liked to do their own thing and come and go as they wanted and talked of visiting friends and family. Others liked to spend more time at the house and use the communal spaces to watch television or use the computer. Whatever their preference, staff maintained a good relationship with them and offered support and advice where it was needed.

Staff sat with people and engaged in meaningful conversations. Care plans gave specific information on people's chosen activities and engagement in the community, for example one person made weekly visits to their family home and assisted with jobs around the house as well as having a family meal. This type of interaction was encouraged by staff.

People had keys to their rooms and staff were aware of how to protect privacy and dignity. They always knocked on people's doors and waited for a response before entering their room. Staff told us how they promoted independence and maximised people's ability by encouraging them to do as much as possible for themselves and offered support where needed.

Equality and diversity was an integral part of people's care plans and staff were aware of how to ensure people's differences were respected, valued and upheld. One person told us they ate Halal food and that staff always assisted them with buying their food and cooking meals. We heard from the deputy manager that a member of staff of the same culture had been matched to this person in order to ensure their cultural and communication needs were met.

Staff were aware that homophobia, racism, ageism and other forms of discrimination against specific groups of people were forms of abuse. They confirmed that if they had concerns regarding this it would be reported immediately to the appropriate manager. They had received equality and diversity training and policies and procedures were in place for staff to follow.

Health and social care professionals we spoke with told us they felt that staff were kind and compassionate and nothing was too much trouble. They added that staff would always go beyond the call of duty to ensure people had the right support to promote independence and enhance their wellbeing.

## Is the service responsive?

### Our findings

People were involved in planning their support as well as decisions about how it was delivered. We saw evidence of this in care records, notes from monthly key working meetings and from discussions with people and staff at the service. One person we spoke with told us, "If I need anything, I talk to my keyworker". Another person said, "My keyworker speaks the same language so she understands me". Keyworkers are members of staff who have specific responsibility around supporting a person and act as a focal point for them and their relatives/visitors and will try and ensure that the person's personal requirements are not overlooked. We saw that key working meetings were held monthly and written notes were made by the keyworker.

People using the service were receiving support that met their needs. Care records we looked at contained pre-admission information from the placing agency. We saw evidence of assessments carried out and detailed reports written by the provider regarding the suitability of the service for people being referred. The reports were completed after people had spent some time at the service and were presented by a care coordinator from the mental health teams at a panel before the placement was agreed.

There was evidence to show that people, their keyworkers and appropriate professionals had been involved in the care planning process. We saw evidence of regular Care Programme Approach (CPA) reviews being carried out and reports compiled by staff as well as people using the service that feed into the review. The CPA is a way that services are assessed, planned, coordinated and reviewed for someone with mental health conditions or a range of related complex needs. Reviews were also undertaken if there was a change in a person's condition or circumstances.

The care plan detailed the person's aspirations over the long and short term as well as actions to be taken to support the person to achieve them. One person's care plan we looked at stated that their aspirations were to 'secure appropriate accommodation in the community and live as independent a life as possible in a safe environment'. We saw that actions in terms of promoting independence were on-going, for example assisting with money management, shopping and cleaning.

As well as group activities, like indoor board games, barbeques and visits to restaurants, people had personalised activity plans. These were focused on the individual's preferences and ideas about how they wished to spend their time. They included visiting local places, preparing and cooking food in the home and spending time with friends and family. Some people liked to read and others watched the television and staff actively encouraged people to pursue their interests. We saw that people had also signed up to the local 'Recovery College' and one person had chosen an IT course as well as pursuing other interests. The Recovery College provides a collaborative, educational learning environment and aims to convey messages of hope, empowerment and opportunity for all. It also celebrates strengths and successes rather than highlighting deficits or problems.

A copy of the complaints procedure had been made available to people and those we spoke with told us they knew how to make a complaint and staff knew how to support them if the need arose. One person said,

"There's no need to make a complaint, I'm very happy with the service". The deputy manager showed us a complaints file and it included the complaint's policy and a log of complaints and compliments.

There were no complaints raised in the past 12 months. The compliments policy indicated the nature of the complaint should be logged, how it should be investigated and whether there was a satisfactory outcome for the complainant. There were mechanisms in place to ensure learning from complaints was shared across the service.

# Is the service well-led?

## Our findings

People we spoke with told us they were happy at the home. One person said, "It's a very positive place."

The managers and staff provided person centred support and were committed to promoting a positive culture that put people using the service at the centre. The deputy manager told us they actively promoted independence and very much saw their role as supporting people to maximise their potential in all aspects of their lives. We saw evidence of this in action during our inspection.

There were various ways that people were able to communicate and feedback to staff. These included weekly house meetings and monthly meetings with key workers which was another opportunity for people to use as a channel for communication and feedback.

Staff spoke highly of the managers and staff and told us they felt well supported to carry out their roles. One staff member said, "We have very good managers, they go above and beyond to support staff." Regular team meetings were held and areas covered included, service user issues, activities and health and safety matters. Staff told us they found the meetings valuable as they provided an opportunity for staff to come together and discuss issues as well as agreeing ways to improve the service provided. There were also appropriate policies and procedures in place to support and guide staff with areas related to their work which they could access in folders stored in the office.

A service user survey had been undertaken in December 2015 and the responses from people showed they were very happy with the service. Most scores came within the range of very satisfied and extremely satisfied. There were some comments that people or health and care professionals had made, for example one stated that that there didn't seem to be enough activities happening. The response from management was to ensure that the staff member responsible for activities explored interests with people in order to maximise the options for pursuing activities that met people's individual needs. We saw from people's care records and heard from people themselves that this had been addressed and people were actively pursuing individual interests.

Records showed that regular audits were being carried out at the home to ensure the service was delivering a high quality service. These included food safety, health and safety medicines, and fire safety.

Health and care professionals we spoke with told us they thought staff were well trained and skilled to support people and that communication between them and the staff team was good. They spoke of a good working relationship and that staff were always proactive in ensuring people had regular reviews and any changing needs were related to the appropriate team for consideration. They also spoke about the person centred approach that was fostered by staff as well as their openness and honesty.