

N Mafu

Khaya Project

Inspection report

71 Wellesley Road
Ilford
Essex
IG1 4LJ

Tel: 02085547902
Website: www.khayaproject.com

Date of inspection visit:
09 October 2018

Date of publication:
02 November 2018

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

We carried out an unannounced inspection of Khaya Project on 9 October 2018. Khaya Project is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Khaya Project is registered to provide accommodation and support with personal care for a maximum of five people with a mental health condition. There were three people living in the home at the time of the inspection.

At our last comprehensive inspection on 22 August 2017, the home was rated as 'Requires Improvement' as robust risk assessments were not in place for one person to ensure they were safe at all times. During this inspection we found improvements had been made and the home has now been rated 'Good'.

The home had a manager, who was the provider and registered with the Care Quality Commission as a provider. Like registered managers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

Risks had been identified and assessed, which provided information to staff on how to mitigate risks to keep people safe. Staff had been trained in safeguarding adults and knew how to keep people safe.

Medicines were managed safely. We found that people's Medicine Administration Records (MAR) had been completed accurately. Medicines were being administered as instructed on people's MAR, or in accordance with the provider's policy. Medicines were stored securely.

Systems were in place to reduce the risk and spread of infection. There was a daily cleaning schedule and people were encouraged to clean their own rooms.

There were sufficient staffing levels to support people and staff had time to provide person centred care. Pre-employment checks had been carried out to ensure staff were suitable to care for people. Premises safety checks had been carried out to ensure the premises was safe.

Staff had the knowledge, training and skills to care for people effectively. Staff felt supported to carry out their roles and received regular supervisions.

People had choices during meal times and were supported with cooking meals when required. People told us they enjoyed the food. People had access to healthcare services.

Staff were aware of the principles of the Mental Capacity Act 2005 and sought people's consent before supporting them.

People told us that staff were friendly and caring. Our observations confirmed this. People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights. People had been involved with making decisions about their care.

People received care that was shaped around their individual needs, interests and preferences. Care plans were person centred and staff knew how to provide personalised care to people.

People were aware of how to make complaints if they wanted to and staff knew how to manage complaints.

People had an activities schedule, which included accessing the community. Group activities were organised and people were encouraged to participate in these activities.

Staff felt well supported by the management team. People were complimentary about the management of the home. Quality assurance and monitoring systems were in place to make continuous improvements.

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 home was safe.

Risks had been identified and assessed to ensure people were safe at all times.

Staff were deployed effectively to ensure people received safe care and support when required.

Medicines were being managed safely.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Pre-employment checks had been carried out to ensure staff were suitable to care for people safely.

Appropriate infection control arrangements were in place.

Is the service effective?

Good 

The home was effective.

Staff had the knowledge and skills required to perform their roles effectively.

Staff sought people's consent before supporting them and were aware of the principles of the MCA.

Staff told us they were supported to carry out their roles.

People's nutritional needs were being met.

People had access to healthcare services.

Is the service caring?

Good 

The home was caring.

Staff had a good relationship with people and people told us that staff were caring.

People's privacy and dignity was respected.

People were involved with decision making on the care they received.

Is the service responsive?

Good ●

The home was responsive.

Care plans provided details on how to support people and information included on how to communicate with people.

There was an individual activity programme in place for people. This included accessing the community. Group activities were also organised.

People knew how to make complaints and staff knew how to manage complaints.

Is the service well-led?

Good ●

The home was well-led.

There were systems in place to monitor and improve the quality of care provided.

People and staff were positive about the management team.

Staff meetings and residents meeting were taking place for feedback.

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 9 October 2018 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed relevant information that we had about the provider such as the findings of our last inspection. We also received a provider information return (PIR) from the home. A PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with three people who lived at the home. We also spoke with the manager and a care staff member.

We reviewed documents and records that related to people's care and the management of the home. We reviewed three people's care plans, which included risk assessments and four staff files which included pre-employment checks. We looked at other documents held at the home such as medicine, training, supervision and quality assurance records.

After the inspection, we spoke with one care staff member.

Is the service safe?

Our findings

At our last inspection the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risk assessments for one person who had identified risks had not been completed. During this inspection we found improvements had been made.

People living at the home had a risk assessment in place. Risk assessments included self-harm, finance, alcohol and drugs, absconding and people mental health diagnoses. Risk assessments included the evidence and events that lead to the risk being identified, warning signs and management strategies to reduce the risk to ensure people were safe. There were contingency plans that gave details of people's usual patterns of behaviour and any action or interventions that were needed. These included warning signs where people's mental health may be deteriorating. Where people's mental health may deteriorate, strategies were in place such as giving people time and space if they experienced hallucinations and encouraging people to reduce alcohol intake. A staff member told us, "Because of the risk assessments, you feel safe working at the home. The risk assessments are very robust like the care plans."

People told us that they were safe. One person told us, "Everything is fine. Things are going well." Another person told us, "I feel safe." Staff had been trained in safeguarding people. Staff were able to explain how to recognise abuse and would report abuse to the manager or the Care Quality Commission (CQC) and local authority. A staff member told us, "Abuse can be from anyone. When someone's right is being trampled. There is so many forms like financial, physical, verbal, and emotional. If this happens, I will raise an alert to my manager. If nothing is done then I will report to social services."

With the agreement of people, the home kept their money for safe keeping. Financial income and outgoings were recorded on people's individual finance sheet. An overall balance was listed. The manager also audited the finance sheet to ensure records and balance was accurate. We checked two people's finance sheets on outgoings and incomes for the last two weeks and found the records and balances were accurate.

Pre-employment checks had been carried out to ensure staff that were recruited were suitable to provide care and support to people safely. We checked four staff records, which included one staff member that had been recruited since the last inspection. Relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out as part of the recruitment process.

There were suitable staffing arrangements. Staff told us that they were not rushed in their duties and had time to provide person centred care and support people when needed. A staff member told us, "Staffing is well managed and the manager is always here. We have a lot of time like go out with the residents." Another staff member commented, "The staffing level is good." People we spoke with had no concerns with staffing levels. The staff rota confirmed planned staffing levels were maintained throughout the day and nights. Bank staff were available should staff phone in sick or not be able to cover shifts. These were regular staff that worked at the home to ensure people received continuity of care.

People told us they received their medicines on time. One person told us, "They give my medicines on time."

Another person commented, "They make sure we get our medicines on time." Medicines were stored securely in medicine cupboards. Arrangements were in place for the collection and disposal of unused medicines. MAR charts included any allergies and a picture of the person. We found that the MAR charts we reviewed had been accurately completed. Staff had been trained on medicine management and were confident with managing medicines. Medicines were audited daily and balanced checked after each administration. We checked the medicine records and found this tallied with the medicines in stock. A medicine policy was in place and staff had to sign to ensure they read and understood the contents of the policy.

We saw evidence that demonstrated appropriate gas, portable appliance and electrical checks were undertaken by qualified professionals. Regular fire tests were carried out and a fire risk assessment was in place. Staff were trained in fire safety and were able to tell us what to do in an emergency. This ensured people were kept safe in the event of an emergency.

The manager told us that there had been no incidents or accidents since the last inspection. There were incident and accident forms available to record incidents. The manager told us that if there was any incident, they would analyse this to ensure lessons were learnt and to minimise the risk of re-occurrence.

Staff were knowledgeable about their role in preventing the spread of infection. The home carried out daily infection control audits to ensure the home was clean and minimise the risk of infections. There was a kitchen and general cleaning schedule in place to ensure the home was cleaned daily. We observed the home and rooms were clean. The manager told us that people's rooms were cleaned daily and people were encouraged to lead on the cleaning with the support of staff.

Is the service effective?

Our findings

People told us staff were skilled, knowledgeable and able to provide care and support. A person told us, "They do a good job." Another person said, "They look after me well."

One staff member told us, "I have done my courses. Training is good. It is very helpful." We were informed one staff member had been recruited since our last inspection. Records showed that the staff member had completed an induction. Induction involved looking at care plans and shadowing experienced members of staff. Records showed that staff had completed training on safeguarding, food hygiene, infection control, medicines management and health and safety and this was in accordance with Care Certificate training. The Care Certificate is a set of standards that care staff have to adhere by, to ensure people receive safe and effective care.

Staff told us that training was helpful and they were able to approach the manager with any additional training requests if needed. A staff member told us, "[Manager] is always happy to put you with training you need. Training is good." Records showed that staff had also completed specialist training in challenging behaviour, mental health and drugs and alcohol. This meant that staff were trained to perform their roles effectively.

Records showed that regular supervision had been carried out. Supervisions included discussing responsibilities, work performance, training and development, personal matters and targets. Staff told us that they were supported in their role. A staff member told us, "[Manager] is very supportive. That is one of the things I like. If there is any problems with training, he is helpful." Another staff member told us, "When you go for supervision, [Manager] looks at your competence and giving you training. Training is 100% good." For staff that had been working at the project for more than 12 months, records showed an appraisal had been completed that focused on staff performance for the last 12 months and the objectives for the next 12 months.

Pre-admission assessments had been completed prior to people receiving support and care from staff. Information was obtained on people's health conditions and backgrounds. Assessments were also carried out on the level of support people would require. Care plans were developed using this information.

The home reviewed people's needs and choices through regular key worker meetings. A key worker is a care staff member that is allocated to regularly review people's support and care. During these meetings people discussed their mental health, physical health, finance and daily activities. Changes were then reflected in the care plans. Where reviews identified that people's support needs had changed, then care plans were updated to reflect this. For one key worker meeting, notes included that a person wanted to move to independent accommodation and the goals included signing up to courses and gaining employment to be able to be self-sufficient. The manager told us that the person was supported to apply for course and would be starting soon. We spoke to the person, who was very excited with starting their course. The person told us, "I am planning on going to college. I went to do a test." A staff member told us, "[Person] is going to college. It has really boosted [person] morale." This meant that people's current circumstances were being

reviewed effectively to achieve effective outcomes.

The staff team worked together to deliver effective care and support. Staff told us there was a system of communicating people's change in needs with each other. There was a daily log sheet, which recorded information about people's daily activities, the support provided by staff. There was a daily staff handover. Handovers included checking medicines had been administered correctly and financial outgoings and incomes were logged accurately. This was used to communicate information between shifts on the overall care people received. This meant that staff could summarise the care needs of people on each shift and respond to any changing or immediate needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA.

Staff were able to tell us the principles of the MCA and the best interest decision process. People living at the home had capacity to make decisions about their care and support. Staff asked people for consent before doing anything. A staff member told us, "Anything that you do, you have to ask for consent." We observed that the manager sought the consent of people to find out if they wanted to speak to us.

DoLS authorisations are put in place to protect people's liberty where the home was required to restrict people's movement both in and outside the home. Staff told us people were able to go outside by themselves and our observations confirmed this. Therefore, a DoLS authorisation was not needed. However, the manager and staff were aware of when to make a referral to the relevant local authority for a DoLS authorisation.

People enjoyed the food and told us they had a choice with meals. One person told us, "They give me a choice like rice and soup today." Another person commented, "Food is good like today we are getting chicken kiev. They give choices, sometimes we get take-away." There was a weekly menu that included information on the meals that would be served throughout each day of the week. The menu was varied and balanced, consisting of healthy food. We observed one person did not prefer meals on the menu and wanted to get a takeaway and were supported by staff to get this. A staff member told us, "We ask people what they want, like today everyone wanted different things so we try to accommodate this. They are all happy." Another staff member commented, "We have a weekly menu. We ask the residents what they would like to have on the menu." We observed that the kitchen was clean and tidy. The kitchen had been awarded an environmental hygiene rating of five stars, which is the highest rating.

Records showed that the home held healthy cooking sessions with people to ensure they had a healthy diet. Staff told us this also enabled people to be able to cook without assistance should they move onto independent accommodation. A person told us, "I have cooking sessions so I can cook alone." Another person commented, "I do cooking. I cook fish and beans. They help me with cooking and health and safety." A staff member told us, "We have got cooking sessions. We plan this with residents, like what they want to cook every week. We let them go and shop for the ingredients so they would know how to shop. We

encourage healthy cooking." The manager also told us that by focusing on making simple meals it meant that people would drink less alcohol ensuring they had a balanced diet and have good health.

Records showed that people had access to a GP and hospitals. For one person, who was suspected to have a particular condition, they were supported to attend hospitals. As a result of the visits, the person was not diagnosed with the condition. For a person that moved to the home recently, records showed that they had been registered with the GP. A staff member told us, "We escort the residents to the GP and hospitals if they want us to. We also regularly speak to them [people], this also allows us to see their mental state and if they are well." Staff had awareness of when people did not feel well and what to do if they were not well such as book an appointment with the GP or in emergencies call the ambulance.

The manager told us that a person had attended a drug and alcohol programme, which resulted in the person's health improving. The manager informed that people were always encouraged to attend this service to ensure they were in the best of health. Records confirmed that people should be encouraged to attend the service. This meant that people were being supported to ensure they were in the best of health.

Is the service caring?

Our findings

People told us staff were caring. One person told us, "I like the staff." Another person commented, "The staff are good to me."

We observed that staff had positive relationships with people. A staff member told us, "I do this by interacting with them. Having an interest in what they like to do. It helps build trust." Comments from a survey result from one person living at the home included, 'The staff is friendly, good atmosphere here, good entertainment 10 out of 10 mate.'

As people had capacity they had been included in making decisions about how best to support them. People we spoke to confirmed that they had been involved in decision making on the care they received. There was a section where people could sign to evidence that they agreed with the contents of their care plan. As people were independent, they required limited support, however staff always encouraged people to support themselves. It was the person's decision if they wanted staff support. We observed staff ask people if they wanted to take their medicines and encouraging one person to ensure they did not consume too much alcohol. This was acknowledged by the person. The person told us, "They always tell me not to have too much drink as it will be bad for me."

Staff ensured people's privacy and dignity were respected. As people were independent they needed encouragement with personal care. People told us that their privacy was respected. A person told us, "I have privacy." People had their own rooms and we observed people could go freely into their rooms without being disturbed and encouraged to clean their rooms. A staff member told us, "We cannot just go into people's rooms. We always have to knock before we do so." We observed that staff sought the consent of people before going inside their rooms and ensured people were with them when they went inside people's room. Another staff member commented, "If we go to resident's room, we knock on their door and wait for the person to ask you to come inside and if we do anything, we ask them."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others. We saw that confidential information such as people's care plans and medicines records were stored securely.

People were protected from discrimination within the home. People's religious and cultural beliefs were recorded on their care plan. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs, such as talking to people respectfully and in a polite way. People we spoke with confirmed that they were treated equally and had no concerns about the way staff approached them.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A staff member gave us an example of a person, whose well-being had improved following the responsiveness of staff. The staff member told us, "[Person] was very shy before but coming here [person] has really improved and interacting with others. We did this by trying to make [person] more involved like doing gardening and coming to trips with us. [Person] likes gardening. It makes [person] feels better."

Each person had an individual care plan which contained information about the support they needed from staff. One staff member told us, "Care plans are helpful. It is very informative." Another staff member commented, "Care plans is very robust. It covers every aspect of people's lives." Care plans were personalised and included people's GP details, key workers, mental health condition and the date people moved to the home. Care plans detailed the support people would require to ensure they were at best of health. In one person's care plan, information included a person self-neglected and for staff to encourage person to change their clothes and do the laundry. Information on another person's care plan included that a person may want to buy drinks for staff and for this to be refused to ensure the person spent their finance on themselves. During the inspection this person also offered to buy us a drink, which was politely refused. This meant that care plans were accurate and person centred to ensure people received personalised care.

Care plans also included that people consumed a limited amount of alcohol and a set budget was set for this. This was agreed with people. The manager told us as a result of this people's health had improved. This ensured that people were at the best of health.

All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand. People living at the home were able to communicate well. Care plans included how to communicate with people effectively. For example, information in one care plan included that a person does not like to be kept in pro-longed conversations and could become restless. In addition to any changes in routines should be discussed with the person first.

Care plans included people's social networks where possible. There was an activity timetable for each person. This included going for a walk, going to the library and visiting town centres. We observed people could go out themselves during the day. Group activities were organised with the providers other home. This included trips to the seaside, going for a meal in a restaurant and BBQ's. There were pictures displayed in the house of people participating in activities. One staff member told us, "We engage in so many things with them. We went to the park and to the seaside. Last year we went to the seaside and we planned to go again this year but the day we were supposed to go, it rained. But we would still try to go." Another staff member commented, "[People] do activities. We planned a trip but it rained. We do BBQs, trips to seaside, to cafes and restaurants."

Records showed that no formal complaints had been received by the home. There was a complaints policy

in place. People told us they had no concerns but knew how to make complaints and were confident this would be addressed. Staff were aware of how to manage complaints. A staff member told us, "I will first listen to the complaint and record this on a complaint form and then let the manager know of the complaint."

Is the service well-led?

Our findings

At our last inspection, we found that the quality assurance systems in place did not identify shortfalls we found with risk assessments to ensure prompt action can be taken. At this inspection, we found improvements had been made.

There were systems in place for quality assurance. Medicines audit were carried out daily to ensure medicines were being managed safely. There was an external audit carried out on medicine management by a pharmacist. Financial audits were carried out by the manager on people's outgoings and incomes to ensure the balance tallied. Health and safety checks were carried out around the home such as kitchen, bathrooms and windows to ensure the premises was safe. There was a monthly audit on medicine management and room checks. The manager also reviewed care plans to ensure they were up to date and accurate.

Staff told us that they were supported in their role, the home was well-led and they enjoyed working at the home. One staff member told us, "I do enjoy working here. [Manager] is a good manager." Another staff member told us, "Too much, I enjoy it. [Manager] is a very good manager. He is always there for staff. The management is ready to help and support you, if you need it. We have a good relationship with them."

People told us they liked the manager. One person told us, "He is good." Another person told us, "Yeah, I like him." We observed that the manager had a good relationship with people.

Quality monitoring systems were in place. People's feedback was sought through resident's meetings and key worker meetings. During resident's meetings, people discussed menus, activities, trips and cooking sessions. The manager told us that they had a good relationship with the local neighbourhood police and they would also attend meetings or come to the home to check on people's well-being.

The service also requested feedback from people in the form of a survey. The survey focused on quality of care, rights and choices, privacy and meals. The results of the recent feedback were positive. The results of the surveys were analysed to make potential improvements to the home. This meant that people were involved in the management of the home and their views were sought to make improvements to the quality of the care and support they received.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the home and allowed them to discuss any issues. At these meetings staff discussed any issues facing people, information on care plans and organising activities. This meant that staff were able to discuss any ideas or areas of improvements as a team to ensure people always received high quality support and care.