

N Mafu

Khaya Project 2

Inspection report

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Date of inspection visit:
07 November 2018
08 November 2018

Date of publication:
18 February 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 and 8 November 2018 and was announced. Khaya project – 2 provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection the service was providing care and support to four people.

At our last inspection of this service on 16 June 2016 the service was rated Good. At this inspection we found two breaches of the fundamental standards and regulations. The provider had not ensured there were risk assessment and management plans for people identified with a health condition and behaviour that challenged. The provider's quality assurance systems were not effective.

You can see what action we told the provider to take at the back of the full version of the report.

There was a system in place to manage accidents and incidents to reduce the possibility of reoccurrence. There were systems and processes in place to protect people from the risk of abuse.

The service had enough staff to support people. The service carried out satisfactory background checks of staff before they started working. Staff supported people so they took their medicine safely, however one member of staff's competency to administer medicines had not been assessed. The service had arrangements in place to deal with emergencies and staff were aware of the provider's infection control procedures.

Staff carried out an initial assessment of the needs of each person to ensure they could be met before they started to use the service. The service provided induction and training to staff to help them undertake their role. The service supported staff through supervision and annual appraisals.

People's consent was sought before care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service support this practice.

Staff supported people to eat and drink sufficient amounts to meet their needs. Staff supported people to access healthcare services they required.

Staff considered people's personal choices, general wellbeing and activities. Staff supported people to make day to day life choices and maintain relationships with their family. Staff supported people in a way which was kind, caring and respectful. Staff protected people's privacy and dignity.

The service had a clear policy and procedure about managing complaints. People knew how to complain. The provider had systems and processes in place to support people with end of life care in line with their

wishes. However, at the time of the inspection no one required end of life care support from the provider.

The provider had notified us of notifiable events. The service sought the views of people using the service. Staff felt supported by the manager. The service worked effectively in partnership with health and social care professionals and commissioners.

The last inspection rating of the service was displayed correctly on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not safe.

Senior staff completed risk assessments and risk management plans to reduce identified risks to people. However, not all risks had been assessed nor had plans to minimise the likelihood of reoccurrence.

The service had managed incidents to reduce the possibility of reoccurrence and had not reported them to relevant authorities.

The provider carried out satisfactory background checks for staff before they started working.

The service had enough staff to support people.

People received their prescribed medicines. The provider had arrangements to deal with emergencies. Staff followed infection control procedures.

Is the service effective?

Good 

The service was effective.

The service provided an induction and training for staff.

Staff were supported through regular supervision, appraisal and spot checks to help them undertake their role.

Staff carried out an initial assessment of needs for each person to ensure these could be met.

Staff sought consent from people when offering them support. The manager and staff understand the requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink enough to meet their nutritional needs.

People were supported to access the relevant health care services when required.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and treated them with dignity.

People told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Staff developed care plans with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

Staff supported people to follow their interests and take part in activities.

People knew how to complain and told us they would do so if necessary. The service had a policy and procedure for managing complaints.

The provider had systems and processes in place to support people with end of life care in line with their wishes.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

The provider did not have effective systems and processes to assess and monitor the quality of the care people received.

The manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions.

The provider worked in partnership with health and social care professionals.

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.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager would be in.

Inspection site visit activity started on 7 November and ended on 8 November 2018. The office location and the supported living scheme was on the same premises. One inspector and an expert by experience inspected the service on 7 November and the inspector returned to the service on 8 November 2018 to complete the inspection. The expert by experience made phone call to a relative and spoke with three people in the communal area of the premises. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. During our inspection we spent time observing the support being provided to people in the communal area of the premises. We also spoke with two members of staff and the manager. We looked at three people's care records and five staff records. We also looked at records related to the management of the service such as the medicines records, accidents and incidents reports, health and safety records, and the provider's policies and procedures.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the commissioners and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

Is the service safe?

Our findings

People told us they felt safe and that staff treated them well. One person told us, "Yes, I feel safe and supported." Another person said, "I feel safe, and if I need help there is always someone to listen."

However, we found that the provider did not always provide appropriate guidance for staff on how identified risks to people should be managed. For example, one person had scheduled, health condition specific appointments in November 2017, May 2018, and November 2018 and they also received medicines in relation to their health condition. However, there was no risk assessment or management plan in place to guide staff on to support them to manage their health condition. For another person, we found that the provider did not always provide appropriate guidance for staff on how identified risks to people should be managed. This person had moved into the service three weeks before the inspection. As part of the referral process the provider had been informed the person may display behaviour that could be challenging. There was no risk assessment in place or guidance for staff regarding how to manage this potential risk. Staff were working independently at night, without direct supervision and without clear guidance there was a risk people may receive inconsistent or unsafe care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought this to the attention of the manager, who told us that they would straight away consult and seek advice from health and social care professionals. After the inspection the provider informed us they had been unable to verify that the information given to them on referral regarding the person's behaviour was correct

We found some good practice in relation to the management of risks to people. The manager completed risk assessments with detailed guidance for staff to reduce risks in some areas. These included, harm to self and others, substance abuse, risk of poor financial management, anxiety, fire, and medicines management. Staff told us how they had followed these risk management guidelines so that people were safe. We also saw how staff supported people so that they took their medicines as prescribed in line with the guidance in place.

The service had a policy and procedure for safeguarding adults from abuse. The manager and staff understood what abuse was, the types of abuse that could occur, and the signs to look out for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager. Staff we spoke with told us, and records confirmed that they had completed safeguarding training. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to. The manager told us that they had no safeguarding concerns since their previous inspection in June 2016.

Staff completed accidents and incidents records, which included action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. Records we looked at showed examples of changes made after incidents occurred. For example, following an incident, forensic

mental health team advice was sought. Records showed that actions to reduce future risks were also discussed with people and in staff meetings.'

Staff supported people so they took their medicine safely. One person told us, "Staff give it [medicines] to me. They describe it to me and tell me what it is, before bedtime." The service trained and assessed the competency of staff authorised to administer medicines. However, one staff member had not had their competency assessed following their training in administration of medicines and this required improvement. The medicines administration records (MARs) were up to date and the medicines administered clearly recorded. The MARs and stocks showed that people received their medicines as prescribed. Medicines prescribed for people who used the service were kept securely. However, the medicines cupboard temperature checks were not carried out, we brought this to the attention of the manager. Following the inspection, the manager provided evidence of daily temperature checks for the medicines cabinet and they were in the acceptable range. The manager conducted regular checks to ensure people received their medicine safely.

The service had enough staff to support people. The manager told us they organised staffing levels according to the needs of the people who used the service. The staff rota we looked at showed that staff levels were consistently maintained. One person told us, "There are enough regular staff here." Another person said, "There are more than enough staff available." Staff told us there were enough staff to meet people's needs. We saw staff responding to people's needs at the service in a timely manner. The service had a 24 hour on call system to make sure staff had support outside the manager's working hours. Staff confirmed this.

The provider had carried out satisfactory background checks for staff. These checks included checks on their qualification and experience, employment history and any gaps in employment, character checks, criminal records checks, health declaration and proof of identification.

The provider had arrangements in place to deal with emergencies. This included contact numbers for emergency services and advice for staff on what to do in a range of possible emergency situations. Staff carried out regular fire safety checks. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Staff were aware of the provider's infection control procedures. Staff used personal protective equipment such as gloves, and aprons to prevent the spread of infection.

Is the service effective?

Our findings

People told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "I am happy with staff support. I believe they are well trained." Another person said, "I think staff are trained. I have someone to listen."

The service trained staff to support people. Staff told us they completed induction training when they started work. Staff also received training in areas that the provider considered essential. This training covered basic food safety, emergency first aid, equality and diversity, person centred care, safeguarding, health and safety, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff training records we looked at confirmed this. Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff. Records showed staff updated their training as and when this was needed.

The service supported staff through regular supervision and yearly appraisals. Staff records we saw confirmed this. These records referred to staff wellbeing, staff roles and responsibilities, performance and their training and development plans. Staff told us they worked as a team and could approach the manager at any time for support.

Staff carried out an initial assessment of the needs of each person to ensure they could be met before they started to use the service. The assessment considered the level of support they required, their choices and preferences, and any identified areas in which they needed support. The assessments covered medical conditions, physical and mental health and personal care needs. This information was used as the basis for developing personalised care plans to meet their individual 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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The service had systems to assess and record whether people had the capacity to consent to the care provided. Staff understood the importance of asking for consent before they supported people. A member of staff confirmed they sought verbal consent from people whenever they offered them support. Staff also recorded people's choices and preferences about their care and support needs. At the time of the inspection, the manager told us that all people using the service had capacity to make decisions about their own care and treatment. Records we saw further confirmed this.

Staff supported people with their nutritional needs. People told us they had enough to eat and drink. One person told us, "Staff have done a bit of teaching with cooking and I have choices with the food." Staff recorded people's dietary needs in their care plan to ensure all staff understood the right kind of diet in line with their preferences and needs. This included any assistance required to reduce risk whilst using kitchen appliances in people's home.

The service had links and worked with local healthcare professionals. People were supported to access the relevant health care services when required. One person told us, "The care coordinator makes appointments." Another person said, "I go every two weeks for my treatment." Staff supported people to attend healthcare appointments when needed. We saw contact details of local health services and GP's in people's care records.

Is the service caring?

Our findings

People told us they were happy with the service and that staff were caring. One person told us, "Staff are kind and caring." We observed staff had good rapport with people and were respectful of their choices. For example, a person preferred to sleep all day but said they prompt him to wake up.

Each person had a member of staff assigned as their key worker. The key workers primary responsibilities were arranging one to one sessions with people and managing people's appointments with external healthcare professionals. Staff considered people's personal choices, general wellbeing, healthcare needs and activities during key working sessions and a record of these sessions was maintained by staff.

People were treated with respect and kindness. One person told us, "Staff are kind and compassionate and treat me with dignity." We observed people appeared comfortable with staff and approached them when they needed something. We saw staff had good communication skills and were kind, caring and compassionate. They used enabling and positive language when talking with or supporting people. For example, this included when people where in the communal areas, and when people returned to the service from the community.

Staff showed an understanding of equality and diversity matters. For example, staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. One person told us, "I have a meeting every Friday [in a place of worship]. I go there myself for prayers." Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, religion, and gender.

Staff involved people and health and social care professionals where appropriate in the assessment, planning and review of their care. These described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends, medical conditions, physical and mental health and personal care needs. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service.

Staff encouraged people to maintain their independence. One person told us, "Staff respect my space but there is a room inspection every Friday. I need to tidy up." Another person said, "Staff help me with cooking, washing, and laundry." A third person commented, "I am trying to get independent living. Staff are getting me ready." Staff prompted and supported people where necessary to maintain their personal hygiene, keep their rooms clean, do cooking, and participate in washing and laundry.

The service had policies and procedures in place to help staff protect people's privacy and dignity. Records showed staff received training in maintaining people's privacy and dignity. We saw staff knock on doors before entering people's rooms and they kept people's information confidential by sharing with relevant health and social care professionals. Staff respected people's choice where they preferred to spend time, such as in their own rooms or in the communal area or go out into the community.

Is the service responsive?

Our findings

People told us they had care plans and knew what was in them. One person told us, "I have got a copy of the care plan. I got it updated."

Staff had developed care plans for people based upon their assessed needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves.

The provider identified and met the communication needs of people. For example, care plans contained information about people's communication needs and guidance for staff to gain consent prior to providing care in line with their preferences.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People were able to understand the information provided in the current standard and this met their needs.

Staff completed daily care records to show what support and care they provided to each person. Care records showed staff provided support to people in line with their care plan for example, in relation to their medicines, accessing the community, healthcare appointments and household chores. The service used a communication log to record key events such as health and safety and healthcare appointments for people.

Staff supported people to follow their interests and take part in activities. Each person had an activity planner, which included meeting family and friends, shopping, and household chores. One person told us, "I wash clothes, I cook rice, and I go out by myself." Another person said, "I like reading. I follow my bliss that's reading for peace of mind." Staff maintained a daily activity record for each person to demonstrate what activities they participated in. We saw an activity planner which was kept under review by staff. People could change their mind about their interests and choice of activity.

People told us they knew how to complain but had not needed to do so. One person told us, "I haven't needed to but I would write a letter to the care coordinator or I would call you [CQC]." The service had a clear policy and procedure to manage complaints. Information was available for people about how they could complain if they were unhappy or had any concerns. The manager told us that they had not received any complaints since their last inspection in June 2016. Records we saw confirmed this.

The provider had systems and processes in place to support people with end of life care in line with their wishes. However, at the time of the inspection no one required end of life care support from the provider.

Is the service well-led?

Our findings

The provider's quality assurance systems were not always effective. Although they had undertaken night visits and completed checks and audits on care plans, risk assessments, accidents and incidents and medicines management these had not identified the issues we found relating risk management and the provider had failed to ensure risk assessments and risk management plans were in place regarding one person's behaviour, which had been shared with the provider at the referral stage and for another person who was diagnosed with a health condition.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had submitted notifications to CQC as required, and in line with their registration.

The last inspection rating of the service was displayed correctly on their website.

People commented positively about staff and the manager. For example, one person told us, "It's been alright since I have been in the house. Nothing could be better." Another person said, "It has improved with the manager."

The manager knew the service well and demonstrated good knowledge of people's needs and the needs of the staffing team. There was an out of hours on call system in place that ensured management support and advice was available to staff when required.

The manager held regular staff meetings. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service. One member of staff told us, "We discuss people's needs, share learning from incidents and what is expected from staff at all levels."

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions. The manager told us the service used staff induction and training to explain their organisational values to staff. We saw the manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The Management is supportive, it doesn't matter day and night."

The manager encouraged and empowered people to be involved in service improvements through residents' meetings. Records of the meetings included discussions of house rules, medication, food, health and safety, key working sessions and activities.

A survey of people who used the service was completed in 2017 to obtain people's feedback. The areas covered in the survey included quality of the care provision and delivery, choice of food, and the quality of

staff interactions with people and the responses were positive without any recommendations for improvement. The manager informed us that they have sent out the questionnaires in September 2018 for people's feedback and were waiting to receive them.

The provider had worked effectively in partnership with health and social care professionals, commissioners, dieticians, GP, psychiatrist, and the community mental health team. Records we saw confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not include appropriate guidance for staff on how identified risks should be managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems to monitor the quality of the service being delivered was not effective.