

Khaya Project Ltd

Khaya Project (Hillreach)

Inspection report

11 Hillreach
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Khaya Project (Hillreach) is a care home that provides accommodation and personal care for adults with mental health conditions with the aim of supporting people to live independent lives. At the time of the inspection, four people were using the service.

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

Care records were in place which contained information on the support people needed. However, some aspects of people's care records contained language which was not person centred.

We have made a recommendation about person centred care planning.

The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed when they moved into the service. Staff were supported through induction, training, regular supervision and annual appraisals of their work performance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them.

Staff were caring and people's independence was promoted. People's privacy and dignity was respected. People and their relatives [where appropriate] had been consulted about their care and support needs.

People received person centred care which met their needs and preferences. People were supported to maintain relationships and engage in activities they enjoyed. The service had a complaints procedure in place.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The service took the views of people into account through satisfaction surveys and meetings. There were systems in place to monitor the quality and safety of the service. Staff enjoyed working at the service and said they received good support from the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

This service was registered with us on 14 August 2019 and this is the first inspection.

The last rating for the service under the previous provider at the previous premises was requires improvement published on 16 February 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Khaya Project (Hillreach) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Khaya Project (Hillreach)

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

A single inspector carried out this inspection.

Service and service type

Khaya Project (Hillreach) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Khaya Project (Hillreach) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people to gain their views about the service. We spoke with a member of staff, deputy manager and the registered manager. We also spoke with one healthcare professional.

We reviewed a range of records. These included four people's care plans, risk assessments and medicines records. We looked at three staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of the provider's policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. There were safeguarding and whistleblowing policies in place and staff received training on safeguarding adults from abuse. Staff were aware of the different types of abuse and reporting procedures to follow if they had any concerns. A staff member told us "Our job is to protect people. If there are any safeguarding concerns, I will inform my managers, call the CQC, care coordinators, social worker and the Police. I can also whistleblow."
- Management staff understood their responsibility in relation to safeguarding and told us they would report any concerns immediately to the local authority safeguarding team and CQC as required.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments contained guidance for staff to ensure people were safe in areas such as behaviours, substance misuse, self neglect and COVID 19. Staff understood where people required support to reduce the risk of avoidable harm.
- However, some guidance did lack detail on how to minimise risk. For example, one risk assessment highlighted a risk in relation to damage to the property, however the actions to minimise the risk was 'staff on duty to monitor [a person] closely.' During the inspection, we discussed this with the deputy manager. They told us the service will be transferring all care records to an electronic recording system and risk assessments would be updated and consistent in content.
- Health and safety checks were completed, including gas and electrical systems to ensure the environment was safe for use. Fire drills had been carried out regularly. Fire alarm and emergency equipment were also tested. People had personal emergency evacuation plans (PEEP) in place in case of a fire or an emergency.
- The service also had a business contingency plan to ensure there were arrangements in place to keep people safe in the event of instances such as a power cut, adverse weather, loss of IT and information data or other types of emergency.

Staffing and recruitment

- There were sufficient numbers of staff on the day of the inspection. The atmosphere was calm, and staff were not rushed or under any pressure when supporting people. Staffing levels were flexible and determined based on people's needs, including consideration of any healthcare appointments and community activities. The deputy manager told us they have a small team of permanent staff and a low staff turnover which has ensured people have consistency with their care with regular staff.
- Staff told us there was enough staff to meet people's needs. A staff member told us "Yes there is enough staff. I know my shift and we get a rota. Staff are able to work together to cover shifts. It is quite consistent here. We have a small team and we are like a family here."
- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were

satisfactorily completed before they started work at the service.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MARs) showed people received their medicines as prescribed by healthcare professionals.
- There were appropriate systems in place to ensure that people's medicines were stored and kept safely. The service had a separate medicine storage facility in place. The facility was kept locked and was secure and safe.
- Medicines checks were carried out to ensure any discrepancies or gaps in recording on people's MARs were identified and followed up.
- Records showed staff had completed medicines training and their competency was checked to ensure they administered medicines safely.

Preventing and controlling infection

- The service was very clean, and people were protected from the risk of the spread of infection. There were infection prevention and control policies and procedures in place.
- Regular testing for people using the service and staff was conducted and social distancing rules were complied with. Visitors were asked to show results of recent COVID tests and temperature checks was also conducted for visitors
- Since the COVID-19 pandemic, the service has not experienced any outbreak of the virus due to the robust measures in place at the service. The deputy manager told us, "We are very pleased with that. We have kept on top of infection control and kept residents educated all the time and ensure everyone is being conscious about COVID 19 at all times." There was detailed guidance in people's care plans about the virus and preventative measures for people in the service and when out the community. A staff member told us by involving people using the service, they all took responsibility and even took their COVID 19 vaccinations together, so people remained safe.
- Staff received training on infection control, related COVID 19 training and the use of personal protective equipment (PPE). Staff wore appropriate PPE at all times during the inspection and kept to social distancing rules. A staff member told us, "We always get PPE and there is always extra. The local authority was also good and made sure we always had masks, aprons and regular testing."
- Cleaning products and other substances that could be potentially hazardous to people's health were safely locked away.

Learning lessons when things go wrong

- Systems were in place to respond to accidents and incidents. There had been no accidents and incidents at the service, however the deputy manager was aware of actions they needed to take including notifying relevant healthcare professionals and CQC if needed. Any lessons learnt would be used to improve the quality of service and embed good practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure their needs could be met appropriately.
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans.

Staff support: induction, training, skills and experience

- Staff spoke positively about working at the service and told us they felt supported by their colleagues and managers.
- Staff completed an induction which included a period of shadowing experienced staff members. Staff told us, and records showed staff received training relevant to their roles and had completed courses such as mental health, tailored to the needs of the people they cared for. A staff member told us "We have regular training. It is e-learning because of COVID 19 but they are looking for face to face training now and have even offered to support us undertake educational courses. They prompt staff for personal development and training especially in relation to mental health."
- Staff were supported through regular supervision. They went through an appraisal process which enabled them to discuss their personal development objectives and goals. A staff member told us, "We have regular supervision. We discuss things like training, talk about work and the people we support. We can offer suggestions about the service and can be really open and honest."

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

- People received the support they needed to eat and drink safely. Records showed people were involved in deciding what they wanted to eat.
- People had full access to kitchen and dining areas. Staff encouraged people to be involved in the preparation of freshly cooked meals of their choice.

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

- People were supported to access healthcare services when required. Care plans contained information about people's health and medical needs and the support they required with maintaining good health in accordance to their needs.
- The service worked in partnership with other services and a range of health and social care professionals to ensure people's health was maintained. Where required, GP's, dentists, psychiatrists, social workers and community mental health teams provided care and treatment to meet individual needs.

Adapting service, design, decoration to meet people's needs

- The service was suitably adapted to meet people's needs and was fully and openly accessible to people.
- People had en-suite bedrooms. They were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests. Bedrooms had been personalised with people's belongings, to assist them to feel at home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service did not support anyone currently who was subject to a DoLS authorisation. However, the deputy manager and staff demonstrated a good level of understanding in relation to the MCA, its principles and how this may affect a person that they supported.
- Records showed people had consented to their care and support. People were supported to make decisions about their care and how they wanted to lead their lives.
- We observed people went out and enjoyed various activities and community outings themselves without restriction including promoting people's independence and empowering them to take ownership of aspects of their lives including managing their own finances.
- The registered manager told us people were able to go out and do things independently. People had their own keys and mobile phones if they needed to call the service at any time.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection, we observed people were treated respectfully. People approached staff with ease and were able to express how they were feeling and what they wanted to do. Staff were patient with people and listened to and supported them appropriately when requested.
- People's equality and diversity needs were detailed in their care plans and accommodated for. For example, people were supported to attend places of worship to practice their faith when they wished.
- Staff received equality and diversity training and demonstrated a good understanding and respect for people's wishes.

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

- Records showed people, and relatives and healthcare professionals where required, were involved in decisions about their care.
- People were supported to make decisions and staff respected people's choices.
- Regular meetings and keyworker sessions were held with people which provided them opportunities to speak about the service and express what they wanted in relation to their care and daily lives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. They were able to spend time the way they wanted. All bedrooms were for single occupancy. People were able to spend time in private if they wished to and this was respected by staff.
- Staff knew how to maintain people's privacy and dignity. A staff member told us "We always knock the door and ask if it is okay to come in. I treat them the way I would like to be treated showing politeness and kindness and they [people] open up and have confidence. Building the rapport with them is very important."
- Care plans set out how people should be supported to promote their independence. During the inspection, we observed staff provided prompt assistance but also encouraged and prompted people to build and retain their independence where possible. Staff understood the importance of promoting people's independence. One staff member told us, "Our job is to make sure people can live independently and we find ways to prompt them and encourage them to do things for themselves but support them if they need it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. People told us they liked living at the home and spoke very positively about the service. A person told us "People here are brilliant, and they really care for me here." Another person told us "The staff here are very good and help me do what I want to do."
- People had care plans in place which contained information on the support they needed with various aspects of their daily life such as personal care, health, eating and drinking and oral health. The service used positive behaviour strategies to manage behaviours that challenged such as giving people space, reassurance or diverting their attention to something they liked and enjoyed.
- However, some aspects of people's care records contained language which was not person centred. For example, in one person's care plan it stated, 'Staff to model appropriate behaviour, monitor closely any interactions between him and others and reinforce boundaries.'
- We discussed this with the deputy manager during the inspection. They told us the service will be transferring all care records to an electronic recording system and all care records would be updated and consistent in content.

We recommend the provider seeks advice from a reputable source on care planning documentation which would reflect personalised and person-centred care.

- Records showed care plans were regularly reviewed and when a person's needs changed, their care records had been updated accordingly and measures put in place if additional support was required.
- Staff were very knowledgeable about people's personal and individual needs. Records showed there was a handover after each shift and daily records of people's progress were completed each day to ensure staff were aware of any changes to their conditions or support needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and maintain links with the wider community including day trips and educational opportunities in accordance with their choices. Records showed a person was supported to share their views by completing a government survey about adult social care in their community. During the inspection, we observed people accessed the community independently when they wanted to do so.
- We observed people together in communal areas, which they enjoyed as they were able to socially interact with each other.
- People were able to visit family and friends, receive visitors and were supported and encouraged to

maintain relationships with those who were important to them. People were supported to purchase mobile phones to maintain contact with their family, friends and healthcare professionals.

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

- People's care plans contained information which showed how they communicated and how staff should communicate with them.
- Information was available in a pictorial format for people who required this, but most people were able to understand information verbally and able to communicate their wishes.
- The deputy manager also told us they supported people, where English was not their first language with staff that also spoke and understood other languages spoken by people using the service.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. The deputy manager told us there had been no complaints about the service. A complaints policy and procedure were in place which provided guidance on actions the service would take if they received a complaint.

End of life care and support

- The deputy manager told us no one currently using the service required support with end of life care. However, they were aware and told us they would work with people, their family members and appropriate health professionals to make sure people were supported to have a dignified death if this need occurred.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager and deputy manager in place who knew of their regulatory responsibilities under the duty of candour and had notified the CQC of any significant events at the service.
- The provider had a system in place to assess and monitor the quality of the service. The registered manager and management team completed various audits and spot checks covering areas such as medicines, infection control, accidents and incidents and care planning. Where issues were identified action was taken to improve on the quality of the service. This included plans to implement a new electronic care planning system to improve record keeping.
- There was an organisational structure in place and staff felt supported and understood their individual roles, responsibilities and the contribution they made to the service. A staff member told us, "I feel very supported! I can walk in anytime and can talk with the managers. We get support from both managers and they are very open with us. They really care about the people here."

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

- The management team promoted an inclusive and open culture for people and staff. During the inspection, we observed people approached the deputy manager and staff with ease to discuss anything they wanted or needed support with. The deputy manager told us, "It's good here. It is a fulfilling role and I am well supported. Seeing the residents living their lives is very rewarding to see."
- The service gathered people's feedback about their care and support through surveys. Records showed positive feedback about the service had been received. Comments from people included, "I am very very pleased and happy with Khaya Project services here, all staff are brilliant, kind and supportive...I feel protected, respected and valued by staff."
- Team meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A staff member told us, "We have these meetings once a month. We talk about any issues at work, training, planning activities for people and work updates from the managers. We have a group whatsapp and we alerted straight away about things and are always kept up to date."

Working in partnership with others

- The service worked in partnership with key organisations including the local authority that commissioned the service and other health and social care professionals to provide effective joined up care. We received positive feedback from the local authority about the service and from the last quality monitoring visit conducted by them. They told us they were happy with the service and found the management team to be open and transparent.