

N Mafu

Khaya Project

Inspection report

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Date of inspection visit:
22 August 2017
12 September 2017

Date of publication:
03 October 2017

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

We carried out an unannounced inspection of Khaya Project on 22 August 2017 and 12 September 2017. Khaya Project is registered to provide accommodation and support with personal care for a maximum of five people with a mental health condition. On the first day of the inspection there were five people living in the home. On the second day of the inspection there were four people living in the home, as one person had moved out.

At our last comprehensive inspection on 22 April 2015, the home was rated as Good. During this inspection we changed the rating to Requires Improvement.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, 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 were not always robustly managed. We saw that some people had risk assessments in place. However, one person had not been risk assessed, which placed them at greater risk of harm.

Quality assurance systems were in place but were not always effective. For example, the audits had not identified the shortfalls we found during the inspection with risk assessments.

Staff were aware of how to identify abuse and knew who to report abuse to within the organisation and outside the organisation.

Premises safety checks had been carried out by qualified professionals. These checks did not highlight concerns.

Medicines were managed safely. People received their medicines as prescribed. Medicine records were completed accurately and were stored securely. Staff had been trained with medicines and competency assessed to check their understanding of medicines.

Pre-employment checks had been carried out to ensure staff were fit and suitable to provide care and support to people safely.

There were appropriate staffing levels. Staff told us they had time to provide person centred care and had enough staff to support people.

Staff had received training required to perform their roles effectively. People were being cared for by staff who felt supported.

Staff had been trained on the Mental Capacity Act 2005 and knew the principles of the act. People had capacity to make their own choices and were independent.

People had the level of support needed to eat and drink enough and were supported with cooking healthy meals.

People had access to a range of health care professionals, which included services that supported people with drug and alcohol problems.

People had a positive relationship with staff. We observed staff were caring.

People's privacy and dignity were respected by staff.

People were able to participate in activities if they wanted to. There was a weekly activities timetable for each person.

Care plans were person centred and detailed people's preferences, interests and support needs. People were involved with making decisions on their care.

Staff told us the culture within the home was like being part a family and told us the home was well-led. People's feedback was sought from resident meetings and key worker meetings.

We identified a breach of regulation relating to risk assessments. You can see what action we have asked the provider to take at the back of the full version of this report.

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 

One aspect of the home was not safe.

Risks assessments had not been completed for one person with identified risks. This is to ensure people were kept safe at all times.

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

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

Medicines were being managed safely.

Premises safety checks had been carried out by qualified professionals. These checks did not highlight any concerns.

Is the service effective?

Good 

The home was effective.

Staff had the knowledge, training and skills to care for people effectively.

Staff received regular supervision and support to carry out their roles.

People were supported with making healthy meals. People enjoyed the food at the home.

People had access to healthcare services.

Is the service caring?

Good 

The home was caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People were involved with making decisions of the care and support they received.

Is the service responsive?

Good ●

The home was responsive.

Care plans were person centred and had been regularly reviewed.

Staff had a good understanding of people's needs and preferences.

People were involved with activities.

Staff knew how to manage complaints and people were confident with raising concerns if required.

Is the service well-led?

Requires Improvement ●

One aspect of the home was not well-led.

Audits had not identified the shortfalls we found with risk assessments.

Staff told us the home was well-led and were positive about the management.

People's feedback was obtained from residents meetings and monthly meetings with a staff member.

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 22 August 2017 and 12 September 2017 and was unannounced. The inspection was undertaken by one inspector. The registered manager was unavailable on the first day of the inspection. We returned to inspect the home on 12 September 2017 as we were unable to review the staff files on the first day of the inspection because only the registered manager had access to these files.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. 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 four people who lived at the home. We also spoke with two care staff.

We reviewed documents and records that related to people's care and the management of the home. We reviewed five people's care plans, which included risk assessments and five 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.

Is the service safe?

Our findings

People told us they were safe. A person told us, "Yeah, I feel safe." Another person told us, "I am ok here." Despite these positive comments, one aspect of the home was not always safe.

Assessments were carried out with most people to identify risks. Risk assessments that had been completed provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. Risk assessments were specific to individual circumstances. Risks had been identified and assessments included the risk, why this was a risk, warning signs and strategies to mitigate the risks. There was also a section, which summarised the risks for most people.

However, we found risk assessments had not been completed at all for one person by the home. The person moved into the home on June 2017. Records showed that the person had a history of using illicit substances and could demonstrate behaviour that challenges. In addition, we found the person could pose a fire risk and there was a further risk of causing damage to the property. A staff member told us the person had keys to the home. However, they told us that this had not been risk assessed to ensure people were safe because there was also a risk they could give the keys to someone not living in the home. We spoke to the registered manager on the second day of the inspection, who informed us that the keys had been temporarily withheld from the person prior to our inspection, as the person had displayed behaviours that may put themselves and other people at risk. However a risk assessment had not been completed. By not completing the risk assessments, people may not be protected from risks and kept safe at all times. Following the first day of the inspection, we were sent the risk assessments that included information on how to mitigate identified risks.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

For most people, there were risk assessments associated with mental health conditions, suicide, abuse, fire safety and alcohol misuse and illicit substances. 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 included notifying relevant professionals. However, there were no de-escalation techniques that could be used to calm people down. Both care staff we spoke with were aware of how to calm people should they demonstrate behaviours that may challenge. We asked staff how they would use de-escalation techniques to do this. One staff member told us, "If he is challenging, I will talk to the person slowly and offer to take him for walks to the library or the shopping centre. He likes going there." Another staff member told us, "I will be there for him and offer to take him to McDonalds or make food for him. I know what he likes. This will make him good."

The home had systems and appointeeships in place to manage two people's finances. Financial outgoings were logged and recorded on people's individual finance sheet. An overall balance was listed. We checked two finance sheets on outgoings for the last two weeks and found the records and balances were accurate.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. There was a safeguarding and whistleblowing policy available, which had been displayed on the registered manager's office and staff had been trained in safeguarding.

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 five staff records, which included two staff members 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. Staff confirmed that these checks had been carried out. One staff member told us, "I had to wait as they had to do all the checks on me to see if I can work with them."

None of the staff we spoke with had concerns with staffing levels. They 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, "People here are very much independent, so they do not need much support. We mainly encourage them to look after themselves." Our observations confirmed this. The staff rota confirmed planned staffing levels were maintained throughout the day and nights. People we spoke with had no concerns with staffing levels.

People were receiving their medicines as prescribed. Medicines records were completed accurately and were stored securely. Records showed that as required medicines (PRN) were administered to people as appropriate. People we spoke with confirmed this. One person told us, "I get all my medicines." Staff received appropriate training in medicine management. Records showed staff had been competency assessed with medicine. Staff confirmed that they were confident with managing medicines. Medicines were audited daily. One staff member told us, "We check medicine records every day during each shift and ensure the balances matches the medicines we have." We checked the medicine records and found this tallied with the medicines in stock.

Regular fire and evacuation tests were carried out. Staff told us that people were mobile and could evacuate in the event of an emergency. There were records on how to safely evacuate people. Staff were trained in fire safety and were able to tell us what to do in an emergency such as evacuating people, moving them to the assembly point and ensuring everyone was there and calling the emergency services. Records were kept when people went outside and when they came back to ensure the staff were aware of where people were. For people that smoked, checks were made in their rooms to ensure people did not smoke in their rooms and risk assessments showed that people were encouraged to smoke outside. It was the home's policy to ensure people did not smoke inside the home. There were fire safety procedures displayed throughout the home and smoke alarms were installed throughout the home, which included in people's rooms to keep them safe.

We saw evidence that demonstrated appropriate gas, electrical, fire safety and water safety checks were undertaken by qualified professionals. The checks did not highlight any concerns.

The home carried out daily infection control audits that focused on cleanliness, odour, laundry and ensuring chemical substances were stored securely. There was a cleaning schedule in place to ensure the home was cleaned daily. One staff member told us, "We have to follow this schedule every time. We always help people to clean their rooms daily." We observed the home was clean.

Is the service effective?

Our findings

People told us staff were skilled, knowledgeable and able to provide care and support. A person told us, "Staff know what to do with me." Another person said, "Staff are good."

One experienced staff member told us, "I have a staff that is in training, who is working with me to learn." This staff member who had started employment with the home recently confirmed this and told us, "I am working with experienced staff, which helps me to learn." Records showed new staff that had started employment had received an induction. We were informed two staff members had been recruited since our last inspection. Records showed that these staff members had completed an induction. Induction involved looking at care plans and shadowing experienced members of staff. Records showed that new staff members received introductory training required to perform their roles effectively such as safeguarding, infection control, food hygiene, challenging behaviours and medicines.

Staff participated in training and refresher courses that reflected the needs of the people living at the home. Staff told us that training was helpful and they were able to approach the registered manager with any additional training requests if needed. A staff member told us, "He [registered manager] is always putting you on training." Records showed that staff had also completed specialist training in challenging behaviour and alcohol misuse. Staff had also completed a qualification in health and social care to level three. This meant that staff were trained to perform their roles effectively.

Records showed that regular supervision and appraisals had been carried out. Supervision meetings took place regularly. They included discussions on staff performance, team work and training needs. Staff told us that they were supported in their role. A staff member told us, "[Registered manager] is a manager, who is really supportive. You can come to him for anything." Another staff member told us, "He is very supportive."

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.

The registered manager and staff had been trained on MCA and were able to tell us the principles of the MCA and the best interest decision process. A staff member told us, "This is to assess them to see if they have capacity to do things. You cannot just do things for them. If they do not have capacity, then I will let my manager know and we will let their family know to make a decision." People living at the home had capacity to make decisions about their care and support. Staff told us that they only encouraged people to support

themselves to ensure they were in the best of health. Staff asked people for consent before doing anything. We observed that a staff member asked a person if they could carry out room checks of their room and once consent was provided this was carried out with the presence of the person. A staff member told us, "Everything we do, we always have to ask for consent."

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 registered manager and staff were aware of when to make a referral to the relevant local authority for a DoLS authorisation.

People had no concerns about the food. One person told us, "The food is good here." Another person told us, "Food is alright." 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. A staff member told us, "If they wanted something else that is not on the menu, I will make it always." One staff member told us the menu was created with people during residents meetings and records confirmed this. We were informed that if people did not prefer anything on the menu, then alternatives could be requested and where possible, made for people. People did not have any specific diets. One staff member told us, "We help them cook to ensure they have healthy food and can cook for themselves if they get their own place." 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.

We observed that the kitchen was clean and tidy. Cooked and uncooked meat was kept separately. Food items had been labelled on the date they were opened to ensure people did not consume food that had expired. The kitchen had been awarded an environmental hygiene rating of five stars, which is the highest rating.

People had access to healthcare services. Records showed that people had access to a GP, podiatrist, nurses, opticians and other health professionals. For one person, who had recently moved in, records showed referrals had been made to register them with the local GP. Another person with history of using illegal substances had been referred to an alcohol and drug service. A staff member told us, "When he came here, he used to use [illegal substance] a lot but now by going to the drug service, he has improved a lot. We always encourage everyone to go there but it is up to them if they want to go." Staff had awareness of when people did not feel well. A staff member gave us an example when they knew a person was not well and told us, "He was just sleeping and looked weak. So I called the GP with his consent and they found a virus and gave him antibiotics." Records confirmed that people were supported to attend routine health appointments and check-ups as part of the care and support provided. 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, "Staff are good to me." A staff member said, "I personally have a passion for helping them. I feel rewarded when I help them. I have been helping [name of person] for eight years and [name of person] for five years now."

Staff had positive relationships with people. A staff member told us, "I will just go and spend time with them and get to know them, talking about what they like doing and how we can help them." We saw staff having regular conversation with people in a caring way such as speaking in a soft tone, maintaining eye contact and being attentive. We observed a staff member encouraging a person to have a shower, explaining the benefits of this in a reassuring way. The staff also offered to provide support to the person, should they need it when showering. As a result of this, the person agreed to have a shower.

People had been included in making decisions about how best to support them. Records showed that people had signed their care plans to indicate that they were involved with the care plans and had agreed with the contents of the support and care. Independence was encouraged and records showed that staff should encourage people to support themselves. Staff told us they supported people to make choices in their day-to-day lives with personal hygiene and care. We observed a staff member reminding a person that they had to collect their medicines and to get ready. We observed that people were independent and went out by themselves. For example, they went to the local shops and to the chemist and ate and dressed independently.

Staff ensured people's privacy and dignity were respected. They told us that when providing particular support or treatment, it was done in private. A staff member told us, "People do not need much support. If they do, we make sure when we help, we respect their dignity. We will close the doors and curtains so they have privacy." We did not observe treatment or specific support being provided in front of people that would have negatively impacted on a person's dignity. We observed that staff knocked on people's doors regularly before going inside. A staff member told us, "We will always knock on their door before we go in."

People were protected from discrimination within the home. 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.

Staff told us all the people living at the home communicated well and our observations confirmed this. Care plans included how people communicated. For one person, information included that the person did not like to hold long conversations and would divert the conversations to avoid this. We observed that staff communicated well with people and were able to engage in conversations with 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 told us, "We take him to the library regularly, he likes going there." People we spoke with confirmed that staff were responsive.

Pre-admission assessments had been completed prior to people receiving support and care from the home. Information were obtained on people's health condition and background from relevant health and social professionals. Assessments were also carried out on the level of support people would require. Using this information, detailed and person centred care plans were developed. This meant that assessments were being carried out to ensure that the home was able to respond to people's needs.

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 useful. It is a guide to help us to help people. I think it is very helpful." Care plans were individualised and included details of people's family members, medical conditions and details of health professionals. Care plans detailed the support people would require to ensure people were at best of health. In one person's care plan, information included that the person would consume two cans of alcohol per day and they received an allocated daily budget for this. This was done with the person's consent and a staff member told us this had encouraged the person from consuming alcohol excessively. These plans provided staff with information so they could respond to people positively and in accordance with their needs. Care plans were up to date and had been reviewed regularly.

There were signed agreements between people and the home on the provider's policy with illegal substances and violence. Records showed that this had been enforced for one person and the person had been warned about their conduct to ensure people were kept safe.

Key worker meetings were held monthly with people. 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 condition, future plans, support needs, their daily activities and provided feedback on their preferences with meals, activities and their health. Changes were then reflected in the care plans. There was a daily log sheet which recorded information about people's daily routines such as their behaviours and daily activities.

People told us that they were able to do activities independently. One person told us, "I do what I want." Another person commented, "I go to the library." One care staff member told us, "We recently went to Southend with them [people], it was fun. We will organise group activities as much as we can. We had a BBQ with everyone as well." There were pictures of the BBQ displayed at the home. We observed throughout the day people went outside independently. There was an activities programme in place for people. This included going to the library, park, shopping and cleaning rooms. Staff told us even though people were independent; there was an activities programme to ensure people did not consume drugs and alcohol and it was people's choice if they wanted to participate in activities.

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. The registered manager and staff were aware of how to manage complaints. A staff member told us, "All complaints are taken seriously. If we receive complaints, I will report to the manager immediately. We will investigate fully and keep them [complainant] updated on our actions. When we complete the investigation, we will let them know of the outcome."

Is the service well-led?

Our findings

There were systems in place for quality assurance. Medicines audit were carried out daily to ensure medicines were being managed safely. Health and safety checks were carried out around the home such as kitchen, bathrooms and windows to ensure the premises was safe. The registered manager also carried out spot checks on staff and provided feedback to staff on the outcome of these checks.

However, the audits had not identified the shortfalls we found with risk assessments especially not carrying out risk assessments for one person, which may impact on people's safety. Although this was completed following our inspection, this should have been completed upon the person moving to the home to ensure people were safe at all times. The registered manager told us that audit processes would be made more robust to ensure this does not happen again.

Staff told us that they were supported in their role, the home was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. We observed the relationship between staff and the registered manager to be professional and respectful. One staff member told us about the registered manager, "He is a very good manager." Another staff member told us, "He is very good, he comes to everyone's level. I can go to him for anything." The provider was also the registered manager of the home. There were reporting structures in place to ensure the registered manager always had oversight of the home.

People we spoke with had no concerns about the management of the home. One person told us, "I like him, he is there when I need him." Another person told us, "Yeah, I get along with him." We observed that the registered manager had a positive relationship with people. We observed that the registered manager asked people how they were feeling and what their plans were for the day.

People's feedback was sought through residents meetings and key worker meetings. Records showed residents meetings had been held regularly to obtain people's feedback on the management of the home. People discussed meal choices, activities, fire safety, areas for improvement with the home and room cleaning. Records showed the local police had attended meetings to discuss the repercussions of crime and violence. A staff member told us, "We have good contacts with the local police and they come here to talk to people about crime. It helps them to stop doing anything bad." 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. Minutes showed staff held discussions on fire safety, medicines, staffing and updates on key workers meetings. A staff member told us, "These meetings are good because we can come together and support each other." 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.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider was not doing all that was reasonably practicable to mitigate risks to service users to ensure people were safe at all times. Regulation 12(2)(b).