

Klair House Ltd

Klair House

Inspection report

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Date of inspection visit: 13 and 14 October 2015
Date of publication: 11/05/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Overall summary

This inspection was carried out on 13 and 14 October and was unannounced.

Klair House Limited owns two adjacent locations (Klair House and Callum House) that provide care, support and accommodation for people with mental health conditions and/or learning difficulties. Klair House is registered to accommodate twelve people with a mental health condition and has two self-contained units, in

addition to the main house. These units are intended as “transitional” accommodation for people preparing to move on into independent living in the community. At the time of our inspection Klair House was fully occupied.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were safe and lived in a safe environment because the premises were well maintained and any safety issues were rectified promptly. The management and staff ensured that identified risks to people's safety were recorded on an individual basis and all supporting staff had very good knowledge of how to support people safely and effectively.

Staff were supported by way of training that was specific and relevant for meeting people's needs appropriately. Staff also received regular supervisions and appraisals to deliver care effectively. On occasions, people using the service also attended certain training sessions at the same time as the staff. There were consistently enough staff to support people and ensure their needs were met and appropriate recruitment checks were carried out before staff began working in the home. New members of staff completed a comprehensive induction and all staff were very well supported by the manager and the organisation as a whole.

Medication was managed and administered safely in the home and people received their medication as prescribed. Some people administered their own medication and there were effective systems in place to ensure people were able to do this safely.

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). Nobody living in Klair House was currently subject to DoLS.

All the staff in the service were very caring and frequently went above and beyond the call of duty to provide outstanding care. People using the service decided what

meals they wanted on the menus and people living in the self-catering apartments were encouraged and supported to do their own food shopping, as well as prepare and cook their own meals. Friends and relatives visited regularly, were always welcome and sometimes joined their family members for meals. People were consistently treated with dignity and respect and were able to be as independent as possible. People lived very full and active lives and undertook pastimes, hobbies, education or employment of their choice.

A number of people told us that the service was outstanding in the way it was individually tailored and regularly reviewed, to ensure it remained responsive to people's needs. The staff and management worked very closely with a wide network of healthcare professionals and prompt guidance was sought, with timely referrals made when any needs or concerns were identified. Staff always followed the instructions and guidance provided by these professionals, to ensure people's ongoing health and wellbeing.

Comprehensive assessments were completed with people prior to their admission, to ensure their placement at the service would be appropriate for them and would meet their needs. People were fully involved in planning all aspects of their care and received care and support that was individual to their needs. Assessments of risk detailed what action was required or had been carried out to remove or minimise these risks for people.

People were able to voice their concerns or make a complaint if needed and had been made aware of the service's complaints procedure. People were listened to, received appropriate responses and action was taken, as needed.

People were genuinely at the heart of this well run service and people's needs were being met consistently and appropriately. The manager was very approachable and always open to discussion. Communication between the manager, other directors of the service and staff was also frequent and effective.

There were a number of effective systems in place in order to ensure the quality of the service provided was regularly monitored and maintained. Audits were also carried out regularly by the manager, directors, staff and people using the service, in order to identify and address any areas that needed improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Maintenance and health and safety checks were carried out regularly and any issues were addressed and resolved promptly.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Staffing levels were sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People were supported to safely take their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff were supported by way of training that was specific and relevant for meeting people's needs appropriately. Staff also received regular supervisions and appraisals to deliver care effectively.

People's consent was consistently sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home and prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Good



Is the service caring?

The service was consistently caring.

All the staff in the service were very caring and often went above and beyond to provide very good care. People were consistently treated with dignity and respect and staff frequently went the 'extra mile' for people.

Friends and relatives were welcome to visit as and when they wished and people were supported to be as independent as possible.

Good



Is the service responsive?

The service was very responsive.

A number of people told us that the service was outstanding in the way it was individually tailored and regularly reviewed, to ensure it remained responsive to people's needs.

Outstanding



Summary of findings

Comprehensive assessments were completed prior to admission, to ensure people's needs could be met and people were fully involved in planning their care and support.

People were completely able to choose what they wanted to do and where they wanted to spend their time.

People were able to voice their concerns or make a complaint if needed and had been made aware of the service's complaints procedure. People were listened to and received appropriate responses and action was taken, as needed.

Is the service well-led?

The service was well led.

People were genuinely at the heart of this well run service and people's needs were being met consistently and appropriately.

The registered manager was very approachable and always open to discussion. Communication between the manager, other directors, staff and people using the service was also frequent and effective.

There were a number of effective systems in place in order to ensure the quality of the service provided was regularly monitored and maintained.

Audits were also carried out regularly by the manager, other directors, staff and people using the service, to identify and address any areas that needed improvement.

Good



Klair House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector on 13 and 14 October 2015 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We also looked at other information we held about the service, including any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During this inspection we met and spoke with 10 people who were living in Klair House. We also met and spoke with the registered manager, two other directors, the home's care services manager and seven other members of staff. In addition, we directly received very positive comments and feedback from nine healthcare professionals.

We looked in detail at the support plans for three people and we looked at a selection of care records for other people using the service.

We also looked at the records for a new member of staff in respect of training and recruitment, as well as a selection of records that related to the management and day to day running of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and said that they could talk to any of the staff or the manager if they had any concerns. One person said, “They look after us extremely well; I can’t fault a thing.”

All of the staff we spoke with knew how to make sure people remained safe and how to protect them from the risk of abuse. Staff told us, and training records confirmed, that all staff had completed comprehensive training in safeguarding and understood the different types of abuse that could occur. Staff knew how to report any concerns and any identified issues were reported and investigated promptly.

All the staff working at the service were very knowledgeable about each person using the service and knew how to support them safely. Staff understood each person’s individual needs and were very aware of their vulnerability in specific areas.

People’s care plans contained individual risk assessments and for many people, these also included guidance for staff regarding ‘relapse prevention’. In many cases, risk assessments also highlighted important factors to be considered when a person was transitioning from a medical to social care environment. We noted that staff were always made aware of people’s specific ‘relapse indicators’ to ensure they could deliver safe and effective care and support that was personalised for each person.

The manager explained that some people living in the home were subject to a Community Treatment Order (CTO) or a conditional discharge. This meant it was imperative that those people adhered to their specified conditions, to ensure the safety of themselves and others. We noted that this was all taken into account with the risk assessing processes and that staff provided appropriate support and encouragement, to ensure people were able to live within the community setting, safely and appropriately.

The manager also told us how people were able to take risks that were appropriately managed by formulating a plan of action, which involved the person, care staff and included advice from the Community Psychiatric team.

We saw that risk management was completely person centred and empowering. The emphasis we saw was on supporting people ‘to do’ as safely as possible, rather than restricting their freedom because it was ‘too risky’.

For example, one person had passed their motorcycle test many years previously and decided that they would like to buy another motor bike and start riding again. This was a very important step for the person, with regard to their personal rehabilitation and independence. Staff and the manager told us that they had fully respected and supported the person’s choice but that they had also naturally been concerned for their safety. Rather than discourage the person from doing something that meant so much to them, they worked together on assessing and reducing the risks and encouraged the person to attend a ‘Rusty Riders’ course at a local driver training centre. The person understood that this would be beneficial in helping to keep them safe and proceeded to do this.

Another example was that, since moving back into a social care setting, one person wanted to start going out to night clubs again - something they really enjoyed. It was assessed that the person could enjoy their nights out, independently, as they wished. However, as a result of continual and ongoing risk assessing, staff became concerned, from a safety point of view, about not knowing whether this person had returned home safely in the early hours of the morning. This was because staff provided ‘sleep in’ night cover and the overall needs of the service did not require ‘waking night’ staff. As well as seeing documented records, a member of staff told us how the registered manager had discussed these concerns with the person and had asked them to think of a way of letting staff know that they were home safely, or allow staff to check their room when their daily shift started at 7am. The member of staff told us how this person had said that they preferred not to be disturbed too early, after a late night out, and that they now left a written note for staff, to confirm their safe return home.

After one person fell during the night, it was identified that they needed more support to be available during that time, to help keep them safe. After discussing the concerns with the person, the manager applied for additional funding so that this person could have a dedicated ‘waking night’

Is the service safe?

member of staff to support them as and when needed. The application was successful and the person told us that they were 'very happy' about this because it meant there was always someone there to help them if they needed it.

We saw that all areas of the environment were safe and very well maintained. The manager showed us that they had maintenance contracts in place to regularly check aspects such as the roofs, paths, electrical, emergency lighting and fire safety equipment. They also said that any issues were addressed immediately and usually rectified on the same day. All these measures helped ensure that people were able to live in a safe environment.

All the people we spoke with who were using the service told us that there were always enough staff on duty to meet their needs. They also told us that there were always staff available, when needed, to support them to live their lives as they chose. One person said, "The staff are really good here and they're always there to help when you need them."

There were consistently enough staff to support people and ensure their needs were met. As a family run home, the registered manager or other directors were in the home virtually every day and were available 'on-call' at all other times.

Staff told us that there was a really good team working at the service and that everyone was more than happy and willing to cover additional hours when needed. In some cases they said that this may be to provide support for someone to undertake a specific activity or 'outing' or it may be to cover for staff absences.

The registered manager told us that the staff turnover was extremely low and sickness levels were minimal. When staff were away from work on planned leave, these shifts were always covered by other members of the regular team. This meant that people using the service were continually supported by a stable team of staff, who they knew well. The manager confirmed that they had never once needed to use agency staff

For example, we noted from the minutes of a staff meeting that regular staff had been working extra shifts, in order to cover a colleague's absence due to illness. The registered manager had asked all the staff if they were able to cope

with the extra shifts until their colleague returned, or whether they would prefer it if another member of staff was recruited on a temporary basis. The staff response was that they were 'happy to continue with the extra shifts'.

A mental health nurse, who also provided accredited training for the staff at Klair House, told us that they had worked closely with the registered manager and the staff team for a long time. This person said that the registered manager selected and recruited their staff very carefully and had a very good calibre of staff, who were committed, knowledgeable and caring. They also told us that there was a very good skill mix among the whole staff team and very good staff retention.

The registered manager told us that when the number of 'transitional units' increased, a new member of staff was needed to support people specifically in this area. The manager explained that it had been vital to employ someone with a sound mental health and community services background and they had been successful in recruiting such a person. This meant that people would be supported safely by staff who were experienced and knowledgeable about their needs, during the transitional period.

The staff file we looked at for a new member of staff, and a discussion with the registered manager, confirmed that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people who lived in the home. All staff were checked for suitability with the Disclosure and Barring Service (DBS), previously known as the Criminal Records Bureau, and appropriate references were obtained before they started working in the home.

Medication was managed and administered safely to ensure people received their medication as prescribed. There were also excellent auditing processes in place. We saw that people's medication was appropriately stored and locked away when not in use. People's records, including the medicine administration records (MAR), were clear, up to date and completed appropriately. One of the directors ensured that every aspect of handling, managing and administering medication was clearly recorded, with a number of robust auditing systems in place. This ensured that the risk of errors was kept to an absolute minimum or if an error did occur, it would be identified and rectified very quickly and easily.

Is the service safe?

Some people administered their own medication and we saw that there were effective systems and risk assessments in place to ensure people were able to do this safely. We saw that staff worked particularly closely with people on a one-to-one basis when they were working towards totally independent living in the community.

The manager told us how, as a result of working closely with people and their relevant medical specialists, a number of people had successfully been able to reduce their antipsychotic medication. The manager explained how reductions in people's medication was managed very carefully, with close monitoring by staff and the multi-disciplinary team, to ensure the best possible

outcome for people regarding their mental health issues. This was not only a significant achievement for some people but it also meant that their personal wellbeing was sometimes greatly enhanced.

We observed staff giving some people their lunchtime medication and saw that this was done safely, in a professional but respectful way. People knew what their medication was for and why they needed to take it. Staff were vigilant in ensuring that people took their medication as prescribed, followed up any concerns appropriately and included relevant healthcare professionals promptly if necessary. People also had regular reviews of their medication, to ensure it remained appropriate for their general health, mental health and clinical needs.

Is the service effective?

Our findings

Staff were supported by way of excellent training that was specific and relevant for meeting people's needs appropriately. Staff also received regular supervisions and appraisals to deliver care effectively. Staff told us that they were 'very well' supported by the registered manager, other staff and the organisation as a whole. They also said that they could talk with any of the management team or directors at any time if they needed additional support or advice in respect of their work.

All new members of staff completed a comprehensive induction process, which included completing essential training courses that would be relevant to their roles. We noted that most staff already had significant experience of working in the care sector. However, these staff continued to be willing to undertake additional training to refresh and further enhance their knowledge and ability to effectively meet people's needs.

All the staff we spoke with told us that the registered manager and the care services manager were very proactive with regard to providing innovative training that would enhance staff's knowledge and skills as well as the quality of life for people using the service.

For example, the care services manager of the home had completed a 'Train the Trainer' course with Norfolk County Council to enable them to deliver in-house training on the Deprivation of Liberty Safeguards (DoLS). We also noted that the chef had undertaken training on diabetes management, in order to provide even better support for some people with specific dietary requirements.

The manager told us that they had chosen their external training provider very carefully and their mandatory training was subsequently delivered by a provider that had specific knowledge and experience of mental health care services.

The mental health nurse who delivered this external training told us, "I do their mandatory and refresher training every year and all the staff always engage fully in this and embrace both mandatory and refresher training. The manager often sends staff on 'open' courses, which means that a staff member may attend with people from other homes or services. These staff then share their learning back at the home with the other staff. The manager often attends these 'open' courses too."

In addition to basic training, we saw that staff had received enhanced training on the Care Act, the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), safeguarding adults and children and the Care Quality Commission's (CQC) Key Lines Of Enquiry. The care services manager regularly observed staff and tested their knowledge and understanding, to ensure they remained consistently competent and appropriately skilled in their roles. Our observations during this inspection confirmed that staff were very experienced, skilled and knowledgeable in their work.

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 found that the service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were met appropriately. Staff and management demonstrated a good working knowledge and understanding of the MCA including the DoLS and the mental health nurse who delivered the external training told us, "All the staff have a very thorough knowledge and understanding of the MCA and really know their 'clients' well". Staff we spoke with confirmed to us that everybody living at the service had capacity to make their own decisions. Discussions with people using the service confirmed that they fully understood any restrictions that may have been imposed, such as by way of conditional discharges or court orders.

People using the service chose what they wanted on the menus and one person, when asked about the food, said, "Brilliant! It always is." The chef and all support staff took great pride in ensuring people were provided with good quality, wholesome and nutritious meals. All staff also demonstrated their knowledge and understanding of people's individual dietary needs and preferences, as well as any allergies.

Is the service effective?

We joined some people during the lunchtime meal and noted that the main dining room was homely and comfortable. People were relaxed and enjoyed their meals in an unhurried fashion. One person had made themselves a sandwich for lunch and chose to eat this in the dining room, with other people. This person told us, "I only want a sandwich now because I'm going out for dinner with some friends tonight." This demonstrated to us that people were consistently able to make their own choices and decisions and that mealtimes could still be a social occasion, even if people prepared their own meals independently.

It was recorded in one person's support plan that they had a 'fairly good appetite', although they preferred to have 'little and often'. It also gave a good indication of what the person did and didn't like. It was written that this person would eat a small lunch but would have a double helping of dessert. During the lunch period, we observed this to be exactly as described and, although their initial main meal serving was small, they did choose to have a few extra potatoes when offered. This showed that people's individual choices were fully respected and that staff were very knowledgeable about each person.

We noted that the menus were regularly reviewed with the people using the service and, although people mostly made their meal choices a week in advance, they were able to have something different, if they changed their mind on the day. We saw that staff reiterated to people that there were always alternative choices available and that staff were happy to go through a list of suggestions for alternatives with people, to make sure they were able to have something they wanted.

We saw from the notes of a meeting that had been held with people that a few items had recently been reintroduced to the main menu and people confirmed that they were happy with these changes. However, we also noted that some people had asked if additional meal choices that they particularly enjoyed could also be re-introduced, such as the potato pie with sausages and baked apples with custard. Staff told us that people's choices were always highly valued and respected and, with support and guidance from staff to help promote 'healthy eating', the people using the service had genuine ownership in respect of creating the menus.

Some people living in the self-catering transitional units were supported to purchase their own food and prepare and cook some or all of their own meals. We saw that

excellent support was provided in respect of people's nutritional needs, both in the main houses, as well as for people who were self-catering. For example, people were supported with encouragement and education in order for them to understand the importance and health benefits of 'healthy eating'. Learning these daily life skills was also a very valuable factor in respect of people knowing how to sustain a healthy lifestyle when they moved on to independent living in the community.

On occasions, people's intake of food and drinks needed to be monitored and recorded and individual dietary requirements were consistently met. For example, one person's care records included information and guidance regarding their need to have a high calorific intake due to their excessive walking and exercise.

Another person had recently needed to get up frequently during the night and hadn't been sleeping very well, due to their high fluid intake. In order to support the person to improve their quality of life, a fluid chart had been introduced. This 'drinks' chart helped the person, with support from staff, to monitor the amounts they were drinking and encouraged them not to drink quite so much after 6pm. As a result, this person's nights had become much more settled and their overall health and wellbeing had improved.

We were told that people agreed to have their weights checked on a monthly basis. If any potential issues were identified at this point, such as someone gaining or losing more than five pounds, these would be followed up promptly and appropriate input sought from healthcare professionals, such as the dietician, diabetic nurse, multi-disciplinary team, or the GP. This prompt action and timely referrals helped ensure that people stayed healthy and well.

Staff consistently worked in accordance with guidance provided, to ensure people continued to be supported and cared for effectively. This was evidenced by way of observations, discussions, information in people's care records and direct feedback we received from a number of healthcare professionals,

Staff spent time with each person individually on a daily basis and everyone living in the transitional units had regular visits from their Forensic Community Psychiatric Nurse (FCPN) and their social worker. Meetings with multiple healthcare professionals were also routinely held,

Is the service effective?

to review people's physical health, mental health and overall wellbeing. Section 117 and CPA (Care Programme Approach) meetings were regularly held on site and we were told, "This creates a relaxed atmosphere which makes it easier for everyone to be open, honest and transparent with each other. It also makes the residents very relaxed as they are within their own environment".

The mental health nurse who provided training for the service told us that staff worked very well with people, knew them very well and quickly recognised signs and triggers that indicated when people were becoming unwell. They told us that staff sought advice and guidance promptly and followed this advice and guidance totally. They also added, "They are all very capable and confident when it comes to taking action or making decisions themselves when necessary."

A mental health clinician told us, "I am confident that my patients are well looked after there. The staff are competent and do not request our support unnecessarily, while on the other hand they do alert us in a timely manner when our input is required."

A senior social work practitioner told us, "My involvement is directly with a client placed at Klair house. I can say that all my observations regarding the provision and care at this placement have been most positive and productive. Client care is at the forefront of the provision and the client I have visited regularly there has benefitted greatly from all the input given. The client is stable and has not had any challenges whatsoever since their placement – which I believe is attributed to the quality of support given at Klair house."

This demonstrated to us that the whole staff team maintained excellent links with external health and social care services and consistently strived to improve upon the care and support they provided for people.

Is the service caring?

Our findings

People told us that the staff in the service were very caring and that they frequently went above and beyond to provide outstanding care.

One person told us, “There’s nothing they won’t do for you here.” This person went on to say, “[Manager] drives me to see my [relative] every couple of months. It’s a long way from here and it’s really complicated to do it by busses and trains and it would cost a lot too. [Manager] only charges [amount] to cover the petrol, which is really cheap. It would cost me a lot more than that for busses and trains and take a lot longer.” This person explained that it was really important for them to be able to see their relative and that, without the manager’s support, they probably wouldn’t be able to manage it.”

Another person said, “I get the help here that I need and that’s something I didn’t get before. The staff here put you first; they always make us residents a priority. They’ve [staff] always got time for us and all the staff are excellent. Even the new ones and the young ones, they’re all fantastic. They know what they’re doing and they’re professional but they always treat us with proper respect.”

We saw that staff interacted with people in a professional, yet natural, warm and friendly manner. We also observed a lot of joviality and light hearted ‘banter’ throughout our whole inspection.

People told us that they knew they mattered and this was evident throughout our visit. One person said, “This place is brilliant! They [staff and management] actually really do give a [care] about you here! They really respect us as people; we’re not just a job to them. I make mistakes but they talk to me about them and help me understand how not to get things wrong and keep out of trouble. They’ve helped me learn values and morals.”

Another person told us, “Do you know, they always give us a card and some money for our birthdays and they buy each of us a really nice present at Christmas. They [management and staff] really do care a lot about all of us here – and we care about them too, a lot!”

Other people made comments such as, “They [staff] are all really good and very caring. They keep an eye on me without being nasty with it.” And, “I have a really good quality of life here.”

The care records we looked at reflected people’s personal histories and preferences, which meant that staff could support them with their preferred lifestyles. We saw that people were comfortable in the presence of all members of staff and we noted that staff listened to people properly and gave their full attention, when being spoken to.

The entire staff team demonstrated that they had a very good knowledge and understanding of each person and their individual needs. We saw considerable evidence of all staff ‘going the extra mile’ without hesitation and going to exceptional lengths to provide person centred care.

For example, one person enjoyed Kung-Fu and James Bond films but didn’t like watching a lot of television. As a result, staff made a point of noting when any of these films were being shown on the television and would offer to record them, so the person could watch them at a time of their choosing.

A further example was demonstrated in another person’s support plan. We noted that this person was ‘extremely particular’ about the clothes they wore and that if they were not comfortable with what they were wearing, it had a detrimental impact on their wellbeing. As the person could not always manage a physical shopping trip, the service’s ‘purchasing manager’ spent considerable time with the person, in order to support them in purchasing appropriate clothing of their choice from the internet.

On occasions we noted that staff voluntarily provided additional cover if it could benefit people using the service. For example, we were told that the cleaner chose to book some of their annual leave each year to help support people and accompany them on their chosen holidays.

People were fully involved in planning their own care and support. This included being able to choose how and where they wished to spend their time and pursuing activities they wanted to. The whole staff team demonstrated a ‘can do’ attitude and we were told that when people expressed their wishes and needs, staff responded appropriately to support them. The manager told us, “Through the care planning process, we try to make our residents’ dreams and aspirations a reality.” This was evidenced by examples such as the person who had purchased and started riding a motor bike again, people who had successfully moved back into the community and a person who had written a song and had it recorded professionally on a CD.

Is the service caring?

All the comments we read from people in the residents' meetings were very positive and everyone had stated that they were 'happy with their service and felt well cared for' and that 'staff treated them with dignity and respect'. One person was recorded to have said that they thought the manager was 'absolutely brilliant' and that they wanted to 'enter him in for an award'. Another person was quoted as saying how great it was at the service and that all the staff cared about them. These statements echoed some of the direct comments we received from people using the service and observations during our inspection.

We noted that a member of staff had spent time talking with each of the people individually, who were living in the independent living units, and asked them if they wished to be involved in the 'resident led' group meetings. Everyone had declined, with two people adding that these meetings reminded them of the more institutionalised behaviour of the hospital environments. As these people were now living semi-independently, we saw that their preference to be one step removed from the residential home environment had been totally respected.

During a meeting held in December 2014, people living at the service had been asked whether they required any staff support with regard to buying cards or gifts for Christmas. We noted that one person had asked for help writing cards, whilst another person had asked for staff support to write addresses on envelopes. Both of these requests were recorded as having been done.

We saw some thank you and complimentary letters during our inspection of the service. One person who had previously used the service thanked the manager and staff for all that they had done for them. They also thanked them for 'giving them a chance when a lot of other people wouldn't have bothered'. They said that the manager and staff had shown that 'there were people who cared, that there were good people about and that life could be good.'

A thank you card from a person's relative said that 'words failed them' and that they couldn't thank the registered manager and their family enough for the way they had looked after their loved one and their needs.

The mental health nurse who provided external training for the service told us, "In my opinion, all the staff meet the 6 Cs – Care, Compassion, Competence, Communication, Commitment and Courage." (Nursing care standards.)

A mental health clinician said, "If I had a relative requiring residential care I would recommend Klair House as first choice. And, "...I believe Klair House deserves to be praised for their good work."

A deputy matron for mental health services told us, "Klair House and Callum House have always provided our clients with an outstanding service. Staff have been very supportive towards our clients and have worked alongside them to reach individual recovery pathways... They [staff and manager] play such an active role in reaching the best outcomes for the clients and absorb they themselves in the care planning approach with outside services. I would always recommend Klair House and Callum House and will continue to refer my clients there. The staff are so warm and welcoming to all and this is very important in enabling best practice to continue and recovery for each individual to be identified."

A forensic neuropsychiatrist had responded to the service's quality monitoring 'feedback request', which was carried out in February 2015. This person gave us permission to use some of their quotes in our report, which included: "Excellent combination of professional, person centred and, often well beyond the realms of contractual duties, service team." And, "Our patients are invariably disadvantaged and present with very significant past risk histories. They routinely report that they feel respected and welcome, as well as supported, by the service framework"

This person, when asked if they were pleased with the overall outcome of their client's placement with the service, responded, "Yes! In the words of [name] senior social worker: 'Klair House and the entire team has gone well beyond the realm of duty – I have never experienced anything like this before!' I could not put it better!" When asked for any other comments, their response was: "A placement with Klair House is a placement which fills my entire forensic community outreach team with confidence..." "...the diverse daytime on and off site activities are excellent."

People were also supported to access independent advocates if they wished. One such person, a solicitor and member of the Mental Health Review Tribunal Panel told us, "With years of experience of residential homes, in my opinion this is the best care home I have ever come across. They are so committed within a mental health/family type environment. I always advocate as strongly as I can for my

Is the service caring?

clients to be discharged there following hospital admission. All of my clients are full of praise for the place. In particular the staff know their clientele so well and meet all their needs. Quite simply it is the best.”

We saw that the service had signed up to the Harwood Care & Support Charter. The manager explained that this Charter was a user-led initiative which enabled people to be proactive about their care and support arrangements and not be passive recipients of care.

With regard to implementing the Harwood Care & Support Charter within the service, the manager told us that they had been involved with it from early on in its development. They also told us that it had been a significant step towards delivering a service that put people using it at the front and centre. A lead person for the ‘Harwood Care & Support Charter’ gave us permission to quote from an email that they had sent to the registered manager. This email stated that they wanted to, “Use Klair House Ltd as an example of successful implementation and use of the Charter and

Charter Card...” And, “...I thought that the key moment was the realisation that residents could actually teach new staff how to use the Charter Card checklist in the way that they wanted.”

People were consistently treated with dignity and respect and we saw that there was a natural, caring and professional approach by all staff and respect was seen to be a two way thing. Staff and management were seen to ‘lead by example’, with evidence of people using the service showing consideration for and caring about each other, as well as having pride and self-respect for themselves and their own private spaces.

People were supported to be as independent as possible and live their lives as they wanted. People maintained regular contact with relatives and friends and we were told that the manager regularly supported people personally to visit their relatives and had driven people as far away as Yorkshire on three occasions, Cambridge on a two to three monthly basis, London, Luton, Bungay and Lowestoft.



Is the service responsive?

Our findings

The manager told us that the entire staff team championed the ethos that 'personalised care through person-centred care planning was the most effective form of efficient care'. We saw that this was clearly demonstrated in every aspect of the service we inspected.

One person told us, "The best thing is they trust me and help me. Now I'm happy, I don't need to do that anymore [of things that used to cause problems or get them into trouble]. They believe in me here and have shown me that it's okay to make mistakes. They've given me another chance when I've made a mistake and not just kicked me out..."

People also told us how they had chosen to live in Klair House and said they were happy with their decisions. One person explained, "My psychiatrist suggested coming here because I wasn't coping where I was before. I live my life as I want to and it's amazing. I don't want to think about being anywhere else; this place is perfect. They [staff] know us all really well; we've all got our problems here but we all get proper support that's right for us."

Prior to admission, each person completed a comprehensive assessment with the manager, to ensure the service could effectively support them, in order that they achieved the best possible outcomes. The manager told us that on occasions a room had remained vacant for some considerable time because, although referrals had been made, they had not been deemed appropriate for the service or its existing mix of people. The manager explained how people already using the service were always consulted regarding a new placement, to make sure everyone was happy and subsequently help ensure the placement could be successful.

We saw that one of the staff teams' main priorities was to ensure that people were able to be as independent as possible. Care and support was clearly person centred and people were consistently empowered to live their lives as they wished. Where possible, people were also supported to move on to fully independent living in the community.

A number of people told us that the service was outstanding in the way it was individually tailored and regularly reviewed, to ensure it remained responsive to people's needs. The care services manager was very active in supporting a person with their involvement in 'disability

rights' and the concept of 'nothing about me without me' had been fully adopted by the service. This meant that people using the service were totally involved in all aspects of their care, support and decision making. We also saw that all the staff supported people naturally in an inclusive and person centred way. Comments we received from people we spoke with included: "I know what's happening in my life now..."

A lead person for the 'Harwood Care & Support Charter' told us, "[Care services manager] has been given thorough and effective training and has always been very comfortable with the person-centred approach. This approach permeates everything [registered manager] does..." And, "...I am hugely impressed by their professional, yet very human, approach and the fact that this has been maintained over time. I have met a number of people who reside at Klair House and Callum House at Equal Lives meetings over the years – so I can confirm that they are able and happy to participate in an independent life that is fully supported by [registered manager] and his staff."

People's care plans were personalised and gave a full description of need, relevant for each person. For example, we spoke with one person at length during the lunch period and, on later reading their support plan, we saw that their 'pen picture' accurately portrayed the person we had spoken with. This included their hobbies, interests and meal preferences, as well as an overview of their physical and mental health and guidance for helping ensure the person remained healthy and well.

This person told us how they used to enjoy working with a local farm group. They also told us that, although they no longer attended this group on a formal basis, the registered manager would take them to visit their old friends for a coffee and a chat when they wanted.

This person also told us that they liked to go to the local church, of their faith, each week and also enjoyed 'Songs of Praise'. We noted that it was recorded in this person's support plan that their faith was very important to them and described the person's preferences in the way the person had told us themselves.

All the people living at the service were noted to be able to follow lifestyles completely of their choosing and we



Is the service responsive?

observed that every person was respected as a unique individual. For example, we noted that another person had been supported by staff to access local churches until they found one that they were happy to attend.

One person told us how they regularly went to practice with the band at a local music group, which they enjoyed immensely. They gave us a copy of a CD to listen to, which was a professional recording of them singing a song that they had written. They spoke with great pride about their music and told us that they were 'really proud' of their achievements in this area.

We saw that the weekly day trips out were extremely varied and always chosen with complete input from the people using the service. Some of the excursions that we noted over the previous six months had included trips to seaside resorts around the county, fun fairs, museums, scenic railways, a sight-seeing bus tour around Norwich, animal sanctuaries and boat trips. We also noted that one person collected leaflets of places they had visited for ideas of places to go.

In addition to these days out, we saw that a number of people regularly went on a weekly health walk, led by a specific member of staff, which usually covered a distance of approximately five miles. We noted that this member of staff frequently researched suitable walks in their own time, to ensure safety and variety. The different locations around Norfolk that people had gone to for a health walk were, once again, varied and extensive.

Staff and some of the people using the service told us about one person who hadn't been too keen on the idea of the 'health walk' to begin with, but had agreed to 'give it a try'. We were told that this person had enjoyed it so much that as soon as they got home they bought themselves a pair of proper walking boots and had been a regular participant ever since. We met and spoke with the group of people who were going on the walk during our inspection. One person cheerily said, "We've got our flasks ready..." Another person said with a laugh, "Come rain or shine, we still go..."

The manager told us that they placed great importance on the peer group within the service participating in group events. They explained that this helped to build confidence, trust and community involvement. It also helped the supporting staff to engage with clients about their daily lives, aspirations and plans for the future.

The staff and management team were all very proactive in keeping people informed of internal and external opportunities in respect of activities, entertainment, hobbies, education and work. People were also provided with opportunities to enhance existing skills or learn new skills, with a 'skills workshop' in the grounds of the service. Some people chose to use this room regularly to undertake an individual activity and some chose to join the regular training and information workshops that were held by the staff and management. Some of the workshops included games, fire safety, food hygiene, dental hygiene, personal care, Information Technology (IT), health and safety and medication awareness. We also noted that there had been occasions when training courses were delivered equally to staff and people using the service at the same time.

People could attend financial planning workshops if they wished, which helped them with money management and enabled them to understand how save money for clothes, personal items, and holidays. The service also had excellent clerical support staff, who assisted people with matters such as benefit claims and queries, savings and opening bank accounts when required.

The manager told us about the 'community discharge procedure' they had developed. They explained that this meant that no client would move on from their care setting into the community without all paperwork, medication and care planning relevant to maintain their recovery plan. They stated, "No resident will be left unsupported." We noted that the manager had personally assisted a number of people when they moved into the community. This had included helping people with redecorating, shopping for fixtures and fittings, setting up medication arrangements and accessing the local pharmacy. We were told that once a person had moved, regular contact was maintained for as long as the person wished; to ensure their ongoing health and wellbeing.

For example, one person told us, "I'm going out with [previous service user] for a take away tomorrow. [Fellow service user] is coming as well. [Name] used to live here and we still meet up regularly. They've got their own place now but they still come here and do the health walks and trips out."

Whilst the service predominantly aimed to support people to move on to independent living in the community, we also noted examples of how the staff and management team had effectively supported people through times of



Is the service responsive?

illness or significant health problems. For example, one person told us how they were currently not very well and that the staff needed to help them with some of their personal care, such as showering. They said, “They’re all extremely good here you know; they look after me very well indeed. I also have someone with me at night now to make sure I’m alright, which is very good for me.”

The manager explained that this person had become prone to falling, particularly during the night if they got up and started walking around the house. They told us that they had arranged with social services for the person to have a ‘waking night sitter’ to support them as needed. The manager also went on to explain that there were concerns for the person’s long-term wellbeing and that discussions had taken place with the person themselves, staff and management from the service and social services, to try and find an alternative place to live that might be better suited for the person’s needs in the longer term.

However, the manager also explained how they were managing to provide appropriate support for the person in the meantime and told us that, if a more suitable placement could not be found, they had plans in mind to make adaptations to the premises, so that the person could remain in their current home, for as long as they wanted.

Staff we spoke with gave us further examples of how the service adapted according to people’s individual needs and told us that the ethos all round was of ‘empowering people and finding solutions’. One person cheerfully told us, “We always find a way of making sure people have the support they need...” and, “It’s really important that people are encouraged to be as independent as possible; we all have a great sense of pride and achievement – it’s brilliant!”

A forensic neuropsychiatrist told us, “This is my most trusted, and genuinely rather outstanding service. The means and way in which this team has been going out of their way (regularly) for their residents is of the best one would want one’s own relative to be supported, were this to arise. This service proves that things can be achieved. [Manager] has been working for some 20 years toward this, conveys the personal and professional pride and confidence to his staff and the person’s whose ongoing ‘healing’ and wellbeing is at the heart of everything they do...”

People were able to voice their concerns or make a complaint if needed and had been made aware of the service’s complaints procedure. This was appropriately explained according to each person’s individual needs. People were listened to and received appropriate responses and action was taken, as needed.

All the people we spoke with told us that all the staff were very approachable and ‘easy to talk to’. We also noted that people were regularly asked individually by the staff and management team, whether they had any concerns. In addition, people were able to raise any issues in the ‘residents’ meetings or satisfaction surveys.

A forensic psychiatrist told us, “We have a number of service users resident at Klair House and I believe they provide an excellent standard of care which is always highly personalised to an individual’s needs. We place people there regularly and have a very positive view of their service.”

Is the service well-led?

Our findings

People told us they were genuinely at the heart of this service and said that the service provided a ‘real home’ with a proper family atmosphere. “Absolutely amazing! [Manager], staff, all of them, they do a brilliant service – they work miracles here!”

People also told us that all the staff and the management team were approachable and open to discussion. The manager told us that the service had always employed the “Mum” test, long before it became one of the fundamental guidelines from the CQC. The “Mum” test is the approach used by the CQC inspectors to question whether services are good enough for their own Mum or any other member of their family.

People using the service, their family and friends, visitors and staff were all considered to be a vital factor in the way the home ran and any suggestions for improvements were clearly welcomed, listened to and action taken, where appropriate or necessary. People had regular opportunities to ‘have their say’ and were actively involved in the running and development of the service. Records we saw showed that where people had made suggestions or raised any issues, appropriate action had been taken.

Satisfaction surveys were carried out with all of the people using the service, in which people were asked if they were satisfied with a number of aspects. We noted that these surveys had been given a lot of thought in their preparation and had been designed to encourage detailed and specific responses from people. For example, questions about catering and food, included queries about people’s religious and cultural requirements. Personal care and support and daily living questions included enquiries into the efforts staff made to help people keep up with their personal interests and hobbies and, the premises and management section included questions regarding whether things got done when asked and whether the management’s efforts to create a good atmosphere were successful.

People told us that when a dead tree needed to be removed from the front of the premises, they had been asked what they would like to replace it with. We saw that

people had asked for a water feature, which had subsequently been installed. One person said, “The tree died for some reason and [manager] asked us what we wanted – we picked that fountain.”

Communication between the manager, directors and staff was frequent and effective and formal staff meetings were held on a regular basis. We noted that these meetings were well attended and covered aspects such as training, company policies, housekeeping and other service specific topics. In addition, staff held detailed handovers at the end of each shift, during which people’s overall health and wellbeing was discussed and any concerns, issues or requirements were highlighted, to ensure people had continuity of care.

There was evidence of an open and honest culture between management, staff, people living in the service, relatives, friends and healthcare professionals. Staff consistently demonstrated pride and competence in their work and we saw that all staff continually strived to provide the best for people and provide the best service possible.

The registered manager explained that they regularly reviewed articles that were published in the press and care magazines to identify new trends and innovations, before they became ‘mainstream’. They told us, “Some of the best care practices are passed on to staff in order that they are one step ahead in social care practice for the benefit of our clients.”

The manager and other directors of the service told us that the health and wellbeing of their staff team was equally as important to them as the people they supported. We were also told that none of the directors, nor the manager ever took holidays at the same time, to ensure there was always top level support available when needed. Staff confirmed that this was the case and told us how much they enjoyed working at the service and how much they felt valued and respected by the management team and other staff.

The manager also told us how a person had approached them for work experience linked to their degree in mental health practice. This student had applied on a voluntary basis but the manager insisted that they were paid, as they recognised that they would be working as an equal member of the care team. The manager said that they

Is the service well-led?

viewed this person as the 'next generation' of mental health professionals and, as such, was keen to share 'best practice' with them and support them with their coursework.

A forensic neuropsychiatrist told us in an email, "I will share with you that this service, under [manager]'s leadership and expertise, his shared approach to social, psychological, health and humanist, whole person support, with a level of clarity of communication, probably lie at the heart of this particular story!"

A mental health clinician told us, "...personally I would rate Klair House very highly, because the ambience is very relaxing and clean and from what I see the staff are dedicated and look after their clients very well. I have never heard any patient complain about anything there and it is clear that the manager has invested a lot in the care home to make it appealing and pleasant to live in."

We noted that the registered manager 'lead by example' and maintained a high profile. For example, this included attending all meetings with other healthcare professionals and overseeing care delivery and performance within the service.

There were a number of effective systems in place in order to ensure the quality of the service provided was regularly monitored and maintained. Audits were also carried out regularly by the manager, other directors and staff, in order to identify and address any areas that needed improvement. For example, care plans and people's

individual assessments in respect of risk, were audited, reviewed and updated with people regularly. People using the service were also involved in the on-going monitoring and auditing of the service and we noted that the entire staff team consistently acknowledged people's comments, thoughts and feelings and ensured action was taken appropriately, as needed.

When we asked about the on-going monitoring of quality and risk management, one member of staff told us, "It's a natural process; it's part of what we do all the time. I think we almost all do it without thinking..."

We saw that reviews of documentation and systems were routinely carried out for areas such as fire risk assessments, electrical safety, policies and procedures, the deep clean of the kitchen and 'service user' satisfaction surveys.

The forensic neuropsychiatrist had responded to the service's quality monitoring 'feedback request', which was carried out in February 2015. This person gave us permission to use some of their quotes in our report, which included: "A very respected, well led and shared responsibility, promoting and effectively implementing service partnership."

This demonstrated to us that the service was well-led and people's needs were being consistently and appropriately met. This was consistently evidenced by the organisation as a whole and echoed by people living in the home, their relatives, staff and external healthcare professionals.