

Klair House Ltd

Klair House

Inspection report

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Date of inspection visit:
03 January 2019

Date of publication:
21 March 2019

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 ● |

Summary of findings

Overall summary

What life is like for people using this service:

- The service provided exceptionally person-centred support to people and enabled them to live as full a life as possible through understanding, encouragement, positive behaviour support, and working effectively with guidelines from healthcare professionals. Changes in people's needs were responded to immediately and staff went beyond the call of duty to ensure people had additional support. People were made to feel cared for and treated as valued individuals.
- The service supported people coming from different areas, for example from acute hospital services, to work through and manage their symptoms, become more independent and in some cases, go on to live independently. This was supported by a thorough preassessment process. The service worked closely with involved healthcare professionals to ensure people received holistic care which took into account all areas of their lives. This enhanced people's health and wellbeing.
- Staff had access to a wide range of training which in turn supported them to meet people's needs effectively. They sought advice from a wide range of healthcare professionals, and took initiative to support people according to their needs at the time. This included working with people to manage their symptoms with minimal negative impact wherever possible. Staff knew people extremely well, and what approaches were effective with them, which added to the effectiveness of the service.
- People were supported by a positive, proactive staff team who were accountable for their actions and knew what was expected of them. The ethos and values of the service was evident throughout the home. Staff supported people with a wide range of activities, hobbies and interests, and were there to listen to people when they needed. People had privacy and their own space, which staff respected.
- There was exceptionally good leadership in place, and the registered manager worked closely with staff and was always visible, regularly talking with people living in the home and participating in supporting people. There were highly effective systems in place to gain feedback and ensure the service was running well. The registered manager sought and shared knowledge and ideas, which contributed to improving the service and ensuring up to date best practice was followed. People and staff feel respected, valued, highly supported and listened to.
- People were truly placed at the centre of the service and were consulted on every level. Respect for privacy and dignity, and supporting people to feel truly, 'at home', was at the heart of the provider's culture and values.

Rating at last inspection: Good, with Outstanding in responsive (published 11 May 2016)

About the service:

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.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service has increased its' rating to Outstanding.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Outstanding.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

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 checked 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.

Inspection team:

The inspection team consisted of one inspector and one assistant inspector.

Service and service type:

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. Staff worked across both homes, which had the same manager who is registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the services are run and for the quality and safety of the care provided.

Klair House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection:

This inspection was unannounced and took place on 3 January 2019.

What we did when preparing for and carrying out this inspection:

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 three people who were living in Klair House and two relatives. We spent time with people living at Klair House to see how staff supported them. We spoke with the registered manager and three members of care staff. In addition, we directly received very positive comments and feedback from three healthcare professionals.

We looked in detail at the support plans for one person living in Klair House. We also discussed records relating to the management of the home. These included systems for managing any complaints, and minutes of meetings with staff, and the registered manager's checks on the quality of care provided.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training in these areas. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People consistently told us they felt safe living in the service.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and were safely managed. People's needs and abilities had been assessed prior to using the service and there were personalised risk assessments which guided staff on how to keep people safe. The potential risks to each person's health, safety and welfare had been identified. Staff told us about risks to individuals which affected their daily lives, such as mobility, skin integrity, behaviour which some people may find challenging, and nutrition. They demonstrated that they had good knowledge of risks to people and how to mitigate these.
- Risks relating to the environment continued to be monitored and managed safely. This included regular fire drills and checking of fire and electrical equipment, as well as the water system.

Staffing levels

- Staffing levels were appropriate to meet the needs of the people using the service. There was a long-standing staff team which provided continuity of care to people.
- All staff and people spoken with said there were sufficient staff on duty.
- Recruitment practices continued to be safe and only suitable staff were employed. The registered manager explained how, in addition to their essential checks prior to offering employment, they gained the views of people about potential new staff members.

Using medicines safely

- Medicines continued to be safely managed. There were known systems for ordering, administering and monitoring medicines for those people whose medicines administered by staff. Staff were trained and deemed competent before they administered medicines. Medicines were kept securely and records reflected they were administered as prescribed.
- People's independence to manage their own medicines was maintained as long as they were assessed as doing so safely.

Preventing and controlling infection

- Staff were supplied with personal protective equipment for their use to prevent the spread of infections. The service was clean throughout, and staff supported people with keeping their rooms clean.

Learning lessons when things go wrong

- The staff team were keen to develop and learn from events. There were ongoing systems in place to monitor the service and learn from incidents and accidents. The registered manager sought advice from others appropriately and acted on any incidents to take preventative actions to minimise future risks.

Is the service effective?

Our findings

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

Good: □ People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed. Staff proactively supported people to transfer between services with continuous care in place, liaising effectively with involved parties.
- Staff supported people positively, including with any behaviours which others could find challenging, which led to good outcomes for people and supported a good quality of life. This meant that people could live more independently, and have more control over their lives than they had before.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. Without exception, staff told us they had access to a wide range of effective face to face training. A healthcare professional who had delivered training to staff confirmed staff were keen to learn. They told us staff always updated their practice in line with training, reflected upon their practice and implemented training to improve outcomes for people.
- There was a thorough induction, which a senior member of care staff and the registered manager told us about. This included shadowing more experienced staff, supervision and training. This prepared new staff to meet people's needs and understand them.
- Staff had received specialist training in mental health, and the provider had organised further training specific to people's needs, for example in diabetes, in response to one person's specific needs.
- Staff told us they received regular supervision, and without exception, spoke highly of the support they received from the registered manager. One staff member told us, "[The management team] is very approachable, for any reason you can go to them."

Supporting people to eat and drink enough with choice in a balanced diet

- Some people received support to maintain independence and participate in preparing some of their own meals. There was a choice of meals available and people were encouraged to follow a healthy eating plan.
- Staff explained what action they took if they were concerned that someone was not drinking enough. They told us they monitored how much people had to drink and, encouraged people to drink more when there was a risk they were not drinking enough to maintain their health.

Supporting healthier lives and access to healthcare

- People confirmed staff supported them to see other healthcare professionals when they needed to. A relative told us how staff had sourced additional support for their family member to optimise their quality of life and mobility. They said over the last 18 months the provider had organised an occupational therapist, psychologist and psychiatrist to assess their family member's needs. Two healthcare professionals told us

staff followed any recommendations about people's care, leading to positive outcomes for people.

- People confirmed they were supported to maintain good health and were referred to appropriate health professionals as required.

Staff providing consistent, effective, timely care

- All the people we spoke with said staff were available when needed, and we saw that staff were available throughout the service. The people we spoke with said that staff always provided assistance when needed.
- There was a low staff turnover which meant staff provided consistent care to people and knew them well.

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

- The service had nicely decorated and furnished communal areas, such as kitchen and lounge with even flooring. People had their own rooms or flats, depending on their circumstances, and were encouraged and supported by staff to keep their living environment clean and tidy. People had personalised rooms with their own choice of décor and their own items around them.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider worked in the least restrictive way possible, and there were no DoLS authorisations required.
- Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves and there was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The registered manager led from the top, instilling in staff the values and ethos of the service. They had exceptionally caring approach towards people who used, or had used, the service. For example, they had offered one person the opportunity to stay in one of their services after their funding had finished, whilst they waited for their flat to be ready and fully furnished. The registered manager had also visited people in their own time who had left the provider's service, in addition to any of their funded hours, to provide additional moral and practical support. For example, the registered manager had visited one person after they had left the service and found they were having difficulties managing their home. They had supported the person to mow the garden and clean their kitchen.
- Staff were exceptionally caring, and treated people with the utmost kindness and compassion and people were positive about the staff's caring attitude. We received feedback from people and relatives which supported this, one person saying, "Staff go out of their way to help." They explained, and staff confirmed, how they supported the person to feel safe. A healthcare professional informed us that the service reached beyond providing accommodation for people, but rather a safe and therapeutic community where many people felt motivated and empowered to move out and live independently.
- One person we spoke with was making plans to move elsewhere in the future due to their improving health and wellbeing. Their relative told us they felt confident the registered manager would not let their family member move unless they were happy with the new proposed home. Another relative told us how much they trusted the service, and said that on Christmas Day their family member chose to stay at the home as there was so much going on. They felt this showed how settled the person was in the home. A healthcare professional told us that staff treated people like family members. This demonstrated the provider's ethos of being consistently caring towards people across their services.
- Staff gave us examples of going above and beyond their duties in caring for people. This included after people moved out of the home and started receiving the outreach service. An example of this was that a staff member made one person a Christmas pudding and took it to them on Christmas Day. A visiting healthcare professional gave an example of a person whose family member was in a care home near Cambridge. They said that the registered manager used to take the person there to visit their relative regularly.
- The service also arranged people's transport for medical appointments, which supported them to make their appointments in a timely manner. We saw that staff and people had built positive, trusting and therapeutic relationships.
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked, and gave examples of this. Staff confirmed how they supported people according to their preferences, and demonstrated thorough knowledge of people.

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

- The management team continued to consult with people about their care and about the service. The views of people using the service were at the core of quality monitoring and assurance arrangements. The feedback we received was overwhelmingly positive and therefore confirmed that the service provided was tailored to people's needs. People and staff were empowered to voice their opinions and be fully involved. The registered manager continued to have an open-door policy and regularly chatted with people using the service. For example, they took people to their GP appointments and took their newspapers to them.
- All the relatives and people we spoke with confirmed they were involved in people's care planning. They worked with the staff and discussed the best approach to support a person and shared ideas. People we spoke with told us they felt they could talk through anything with staff, and have their support. A relative explained how staff involved them with their family member's care. For example, they said if staff were thinking of trying a different approach regarding something, they would discuss it with them first. People were afforded choice and control in their day to day lives. Staff ensured that people had opportunities to spend time as they chose and where they wanted. Two people in Klair House told us they preferred to spend time in their room, one because they liked to read the paper. We saw that others preferred spending time in communal areas. Staff adapted their communication to ensure people understood choices and could tell them how they felt. They gave examples of how they supported people emotionally, with understanding and compassion. For example, if people presented with behaviours that some people could find challenging, they understood how to work with them. One staff member explained how they did this, saying, "With kindness and understanding. Sometimes people just need their own space." The registered manager explained how they worked with people so that the staff team were able to recognise any emotional distress as early as possible, and this had resulted in better emotional health and healthy behaviours for people, which meant they could achieve their goals. A healthcare professional also explained how they felt the service supported people where they had made no progress in previous settings, to feel more emotionally balanced and content.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in their rights to equality by promoting independence, privacy and dignity. People told us how staff supported them to increase their independence. One person we spoke with confirmed that staff always knocked on their door if they wanted to visit them in their bedroom. We saw staff knocked and waited for a response before going into people's rooms.
- The people we spoke with told us how staff supported them to increase their independence. One person explained how staff encouraged them to run a bath and wash their own hair, and supported them only with areas of personal care they needed help with. This supported them to maintain as much privacy and dignity as possible. Another person's relative explained how staff supported their family member to maintain their mobility as much as possible. Staff explained how they supported people to manage their symptoms as independently as possible, which increased their confidence and ability to do things on their own. One healthcare professional explained how the provider focussed on developing people's independent living skills through a rehabilitation approach. They said this included using public transport, managing their own finances and supporting people to take their own medicines.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

How people's needs are met

- Without exception, people received a highly personalised package of care which not only met their needs and preferences, it meant they were able to live as full and independent a life as possible. The service empowered people to follow new and existing interests and work towards goals and achievements they wished to pursue, enhancing and developing their quality of life. The provider ensured continuity of support by providing an outreach service to those who the staff had supported to move out and live in their own flats in the community. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Personalised care

- At our last inspection, the registered 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. This was now embedded and the service had improved their provision to further support people moving out of their care into the community, with their outreach service. This meant that staff maintained contact and were able to support people, especially in times of crisis. The registered manager gave us examples of when this had meant people avoided going into another service or hospital, and they were able to stay in their own flats in the community due to support from staff they knew and trusted.
- The registered manager and staff planned and promoted person-centred, high-quality care and good outcomes for people. This took into account the physical, mental, emotional and social aspects of a person's life, by providing opportunities for people to enhance their social lives, their physical ability through exercise, and addressing their health needs promptly. The registered manager told us the provider's values included the importance of the service being people's own home, and people having the opportunity and support to live the best life they could. A healthcare professional we spoke with explained that the home's values such as respect, safety and being part of a community were evident throughout the service when they visited. Another reflected the home's dedication to supporting people to achieve what they could through a rehabilitation approach.
- People continued to have outstandingly responsive support when they required it and received care according to their own preferences. A healthcare professional we spoke with said the service provided exceptionally individualised care and staff were very sensitive to people's individual needs. They said if a person's mental health deteriorated, they did not need to do anything as staff always responded appropriately and quickly. They added that this was the best home to support people with mental health difficulties as they did not have to advise staff often on how best to support people. They told us that as a result of the staff knowledge and understanding, people's mental health remained as stable as possible.

- The service continued to demonstrate that it was outstanding in the way it was individually tailored and regularly reviewed, to ensure it remained responsive to people's needs. Many of the people using the service had come through a pathway of needing full support in services such as secure mental health units. They were empowered to move on from this in a sustainable way, through the support of this service.
- There continued to be an abundance of life enhancing and interesting events and activities for people to become involved with. On the day of our inspection visit some people were going to visit a horse sanctuary. People and staff told us of many trips out which had enhanced their wellbeing, including weekly 'health walks', which some people chose to go on. This greatly enhanced their physical fitness as well as providing new places to explore every week. One relative told us how the service had changed their family member's life for the better. They explained how staff empowered their family member to do more, and the positive effect it had on their life. The relative added that when their family was struggling with symptoms associated with their mental health, "[Staff] can bring [relative] back". They said that staff responded in a way that supported the person to recover quickly, communicating and supporting them effectively according to their particular needs at the time. The relative said that other services in the past had not been able to support their relative in this way and that they had, "Come on in leaps and bounds", since living at Klair House.
- A healthcare professional supported the latter view and told us the service provided very individualised care and staff were very sensitive to people's individual needs. They said if a person's mental health deteriorated, they did not need to act on this as staff always responded appropriately and quickly. They said that this was the best home to support people with mental health difficulties as they did not have to advise staff often on how best to support people. They told us that, as a result of the staff knowledge and understanding, people's mental health remained as stable as possible.
- The Mental Health Act (1983) Code of Practice sets out the importance that services 'promote recovery after a person leaves hospital, including opportunities for meaningful daytime activity and employment opportunities.' The service supported people to maximise their mental health and wellbeing, which enabled them to increase their ability to engage in hobbies and access the local community. The service was working to a mental health recovery model to support people to progress from previous high dependency care with increased levels of support, to living independently with the possibility of moving on from the service to living in the community. The service's 'transitional units' were used to support people's changing support needs and empower people to gain further independence. Staff we spoke with fully understood the needs of different people and groups of people, and delivered support in a way that met these needs and promoted equality.
- One healthcare professional explained how the service had improved outcomes for people with complex needs through rehabilitation, and by offering a range of choices and options for people around how to live their lives. They told us that two people had been re-located to Klair House from other services and had thrived there, after previously making very little progress. A staff member gave us an example of supporting one person with breathing exercises to reduce their anxiety, in line with advice from a healthcare professional. The staff member told us, "It helped a lot that we could do it with [person] rather than just tell them to do it, for them to have a 'good place' to think of, that helped [person] a lot." This meant the person was able to achieve what they wanted to do, and recover from their anxiety attacks with support from staff.
- Staff responded to people's changing needs in a timely manner, for example, when one person had problems getting in and out of the building, staff built a ramp for them.
- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People and relatives told us that they had no reason to complain and matters were always dealt with when they made suggestions or had discussions about any concerns with the registered manager or other staff.

- All the people we spoke with said they felt comfortable to talk with staff about anything or raise any concerns if they had any.

End of life care and support

- The service did not deliver end of life care, however staff had a thorough understanding of people's needs and were able to source additional training when required. They also involved people and their families in care planning and delivery when appropriate, so they would be able to plan for people's end of life care effectively if needed.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- The registered manager and staff clearly demonstrated, at all times, the caring values and ethos of their service, which people were at the heart of. Without exception, people, relatives and staff told us the registered manager was visible throughout the provider's two services, and approachable to everybody. We saw them to be kind, caring and that they knew everyone extremely well including people's relatives. A relative told us the home was, "Far better than a lot of others."
- Staff consistently told us of the positive management structure in place that was open, transparent and supportive. They said they felt rewarded in their jobs and worked extremely well as a team, communicating effectively and supporting each other. One staff member said, "Management are on top of everything. They are on top of training and adhere to the needs of [people]. Very much family run". Another said, "There is good communication within the staff team, it's an excellent team. If you've got good management you get good staff. You feel valued and you get training when you ask for it. We are all aware that when things happen outside of work, we offer each other support. It's about understanding, it's a family run business and it is like a family, an extension. I enjoy coming to work." The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people extremely well and always put the provider's values into practice. This was consistently achieved and seen through our observations, feedback received by the service, and records.
- The service fully respected people's diversity, and ensured that people had equal opportunities to engage with the community and utilise services irrespective of their disability or other protected characteristics, in adherence to the Equality Act 2010. This included staff adapting their approach to support people to access healthcare, transport and local groups.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- In addition to the regular informal and formal discussions and one to one support sessions, there were meetings for people living in the provider's services. One staff member told us about the meetings for people living in the service, as well as the provider's other service next door, which were held every six months to a year, when people chose. They gave us an example of the last meeting when people had asked if they could go to a local coffee shop. They told us a member of staff came in on their own time so they could go after they had been to the garden centre with people. Other examples of items discussed at the meetings included activities, any changes to the service, and the cleanliness of the home.
- The staff team worked productively and collaboratively with other involved persons such as family members or healthcare professionals.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory

requirements

- The registered manager continued to have highly effective oversight of what was happening in the service, and we saw this from the audits as well as from feedback we received from people and staff. They had a positive relationship with external parties such as the safeguarding team, and sent any notifications to CQC as required.

Continuous learning and improving care

- The service was striving to improve, having developed the outreach service to ensure people received consistent support from people they knew. The registered manager had embarked on a number of training courses to improve their practice and remain up to date, such as NHS training and outreach training. This meant they were better equipped to assess and manage risks to people, and continue providing support to people in their own homes after moving out of the service. They said they would disseminate this further knowledge to staff to ensure they were all working with the same improved approach, for example to risk management. The registered manager had a good understanding of duty of candour and involved families in the running of the service.

Working in partnership with others

- The service and all staff worked closely with other health and social care professionals to ensure people received consistent care, as well as training providers.
- The registered manager attended meetings with other mental health providers, and shared views and ideas, and kept up to date with best practice through the care times.