

# Klair House Ltd







# Callum House

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Outstanding	
Is the service well-led?	Good	

### Overall summary

This inspection was carried out on 13 and 14 October 2015 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. Callum House is registered to accommodate ten people and provides accommodation for five people in the main house and a further five people in self-contained units. 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 Callum 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.

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 regularly went the 'extra mile' for them.

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.

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.

Outstanding



# Summary of findings

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**



# Callum 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.

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 seven people who were living in Callum 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, “Definitely, they know us really well and they soon pick up on stuff if they think something’s not right.”

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, when one person’s day centre moved, the manager went with them to help them learn a safe route to get to the new premises. This included using the underpass rather than crossing a busy road. Staff also told us that, as part of the risk assessing process, they always physically showed new people the local community environment, such as pedestrian crossings and safe routes for walking to the local shops, churches or supermarket.

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.

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.

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 told us, “Staff sometimes come in on their day off to help, if we’re doing something special, like a party or a barbecue.”

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

The registered manager told us that the staff turnover was extremely low and sickness levels were minimal. When staff

## Is the service safe?

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.

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. One person told us that it was good that the staff checked their medication with them because they needed to do it properly for themselves and they were hoping to move into a home of their own next year. They also told us that they were managing their medication really well. Staff we spoke with also confirmed that this person was managing well and explained that they would continue to work with the person, at their own pace, to make sure they were totally ready for their transition.

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 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. The only exception being currently for one person who lacked capacity to manage their finances but we noted that Norfolk County Council had been awarded 'appointeeship' for this person and that they were able to make decisions for themselves in all other areas. 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.



## Is the service effective?

People using the service chose what they wanted on the menus and one person told us, “The food is always nice and we choose what we want. We don’t have to have anything we don’t want to.”

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.

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. We noted from discussions and meetings held with people using the service, that one person had asked if they could have crackers in the evening. It was recorded that these were bought immediately and that the person had enjoyed them for supper that same evening. This demonstrated to us mealtimes were a social occasion and people’s individual choices were consistently respected.

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.

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, 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.”

## Is the service effective?

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."

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 caring and that they frequently went above and beyond to provide outstanding care. One person told us, “It is excellent here. They [staff] take care of us and genuinely care about us. It’s not just about making money, they [staff] really do care.”

This person went on to say, “I’ll give you an example of what I mean... My [relative] has just moved into a new flat; I stay with them and I’m hoping to move in with them soon. The problem was my [relative] got a washing machine but had trouble getting it plumbed in and working. [Manager] came over with me and got it all up and running properly. He didn’t want anything for doing it. See, that’s sort of one step removed from me; [manager] didn’t have to help my [relative] but that’s what they’re like here - all the time.”

Another person told us, “All the staff are excellent because they go over and above to make sure you’re ok. The staff are very supportive and I don’t have to worry about anything; any problems get sorted out straight away. I was a bit worried about my job because they [workplace] started having people with dementia and it worried me. I told [staff] about my concerns and she phoned them [workplace] up and explained what was bothering me and got it sorted. It’s really good because I can still do my job now.”

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 we spoke with told us, “...I’ve been on conditional discharge and needed to live here for two years. It’s been really good here and I’ve kept to my conditions. They’re all really good here; they really do care about us and they care about what happens to us.”

Another person told us, “I think it’s a brilliant place. The staff are all very supportive, without being intrusive. Nothing’s ever too much trouble. I got quite worried when I had to sort my benefits out because it’s all so complicated. They [benefits office] don’t seem to understand that it’s so

confusing. [Manager] said he would come with me to sort it if I wanted, which he did and we got it all sorted out. [Manager] and [staff] always explain things clearly to me so I understand them and know what’s going on.”

A third person said, explained, “I’ve been here a long time now. I haven’t been very good [physical health] but I’m getting there. They [staff] have helped me a lot. I don’t go out as much at the moment – I need to get a bit better first...” When we asked about the staff this person replied, “Brilliant! Lovely!”

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 told us, “My [relative]’s just died; the funeral’s next week. It was a real shock and I still can’t believe it. All the staff have been brilliant - really supportive and kind, helping me to get through it all...”

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. One person also told us, “[Staff] goes out with her husband at the weekends to find new places for us to go on the health walks. [Staff] does that to make sure they’re interesting and safe; they’re always good and never boring.”

We were told how the registered manager had personally escorted an acutely ill person to a secure unit in another county, as the crisis team were involved in emergencies elsewhere. When this client had made progress in recovery, but had plateaued after a three month stay, the manager and care team thought it would be more beneficial for this person to make a full recovery within their own environment, with their peer group to support them. With the agreement of the individual and relevant healthcare professionals, they were therefore discharged back to the service earlier than expected, with a very positive outcome.

## Is the service caring?

People were fully involved in planning their own care and support and were able to choose how and where they wished to spend their time and undertake 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 one person who had wanted to join a music group and had been supported to successfully apply for a 'personal budget' in order to undertake this. This person told us, "I go to [Name] Studios twice a week and play the drums; I like it a lot. Yes, very happy."

Another person told us, "The best thing for me here is being able to pursue my hobby. I've always enjoyed cooking and cook my own meals but my real love is baking and making cakes. I wasn't able to do that before I came here but now I bake all sorts of cakes; in fact I've just bought myself a multi cake tray. I bake cakes to take to work each week as well, for the people who live there."

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 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,

## Is the service caring?

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 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 about here is having my independence but support when I need it.”

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.

For example, one person told us, “I’m moving out soon, I’m just waiting for a flat to come up in [town]. Everything’s sorted and I’m ready to go. I used to have three meals a week in the house but I’ve been doing all my own shopping and cooking for six weeks now. All my medication is fine, [staff] helped me a lot so it’s all absolutely fine and I can manage all that myself. [Staff] have helped me with budgeting as well, so I know how much I’ve got to spend each week and how to make it last.”

People also told us how they had chosen to live in Callum House and said they were happy with their decisions. One person said, “My doctor recommended that I come here. I had a look at three places and definitely liked this one the best. I stayed over for a few nights first. I definitely made the right choice in coming here, it’s brilliant. They’re a good bunch of people here.” Another person told us, “I’ve been here for five years now and want to stay here forever. My social worker recommended it and I liked it much better than the other houses I looked at. I made the right decision.”

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.

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 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: “They talk to me here and treat me like a real person.”

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. All the people living at the service were also noted to be able to follow lifestyles completely of their choosing and we observed that every person was respected as a unique individual.

One person told us, “I’m going out with [fellow service user] to see [previous service user] tomorrow. We often do that and have a take away - they sometimes come here to see us as well and we get a take away here. [Name] used to live here and still comes on the health walk and trips out with us. We’re good friends and I’m glad we keep in touch.”

Another person told us, “I like doing photography with my digital camera. I’ve been on some courses and I really enjoy taking it with me when we go on the health walks. We often feed the birds at Wroxham and I want to start taking more photos when we do that.”





## Is the service responsive?

We saw in the notes from discussions and meetings held with the people using the service that one person wished to take part in a car boot sale, which was confirmed as 'to be arranged' when the local sales recommenced. Another person asked if they could do some baking with a member of staff, which was immediately arranged for one day in the following week.

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.

We looked at a record of one person's chosen activities, additional to any day service provision and saw that this list was extensive and varied. A sample of activities we noted included, visits to the local snooker club for coffee, barbecues at the service, Games on the Wii machine, ten pin bowling, visits and coffee at various garden centres around the county.

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.

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 illness or significant health problems.





## Is the service responsive?

For example, one person told us how they had recently undergone a major hospital operation and said, “I had lots of visitors and they [staff & manager] came to see me a lot.” This person also went on to say, “They [staff and manager] help me a lot; they make sure I’m alright. I have to be careful but I have my stick and I can go for a walk...” The manager and staff explained the nature of this person’s health issues and explained that they had received good input from medical professionals to ensure they could continue to provide for and meet the person’s needs. Subsequently, this person had been able to return home as they wished.

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!”

Another example of the service responding to people’s needs in a person centred way when a person was discharged into the care of the service from a secure hospital. One of the ‘relapse’ factors that had been highlighted was feeling insecure about their long term tenancy. The manager dealt with this by engaging the person in the design and development of their unit, as it was actually being built. This was also beneficial in addressing their ‘hoarding’ tendencies, as they were

encouraged to have built-in storage space. We were told that this person’s social worker and social supervisor were ‘over the moon’ with their progress in a short period of time.

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 on-going ‘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.

# 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’. One person said, “I would definitely recommend it here. The staff are all ‘\*\*\*\*\*’ good here! We all work together as a team; yes, it’s definitely a team effort here. I’ve never known anything like it before.”

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.

All the responses were noted to be positive. We saw that one person had commented on the atmosphere at lunchtime saying that people sometimes used to argue but that it seemed to have ‘got a lot better’. They said this was

not all the time, just occasionally. Another person had commented on the seating and table arrangements in the dining room saying that they sometimes had to ask two people to move so that they could get past. Since the surveys had been completed, the service had purchased some different dining tables, which provided people with easier access in the dining area.

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, “Yes, we chose that; it’s very relaxing – we meet there when we go on the health walks.”

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

## Is the service well-led?

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 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.