

Voyage 1 Limited

Esmer House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

About the service

Esmer House is a residential care home providing accommodation and personal care for up to six people with Prader - Willi syndrome, learning disabilities and/or autism. At the time of the inspection five people were receiving support. The property is a large detached two storey building with individual bedrooms and communal living areas with a large garden to the rear of the property. The service offers 24-hour support.

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

Feedback received from people who lived at the home and their relatives was exceptional and described a service that delivered high quality person-centred care. The provider supported and guided people in creative and innovative ways to allow them to independently take their prescribed medicines safely.

There was a genuinely open culture in which all safety concerns raised are highly valued as integral to learning and improvement.

Staff training was developed and delivered around individual needs. This promoted and achieved positive outcomes for people and allowed them to gain more independence, they were motivated and supported to live full lives. Creative ways of balancing nutritional need against the characteristics of Prader-Willi syndrome had seen a reduction in weight for all people living in the home. This led to increased mobility and reduction in prescribed medicines and had improved people's quality of life.

The provider focus' on building and maintaining open and honest relationships with people and their families and friends. People were consistently treated as individuals and changing needs were responded to quickly. People were fully involved in creating and reviewing their care plan. Privacy, dignity and respect were at the heart of the provider's values and culture. People's equality, diversity and human rights were exceptionally well supported and promoted, which resulted in positive outcomes for people and their relatives.

People told us that staff had outstanding skills and had an excellent understanding of people's needs including care, social and cultural needs. The open culture promoted a 'nothing is off limits' ethos, and this covered conversations and activities people wanted to have or do. Positive risk-taking supported by robust risk assessments meant people were living active lives and fulfilling wishes and ambitions.

People, relatives and staff told us this service was distinctive, challenged and supported people to be the best version of themselves. They described an exceptional leadership team with a 'can do attitude' that put people first. There was exceptional organisational commitment ensuring there was equality and inclusion across the workforce, which was demonstrated through staff retention and internal progression. Performance management processes were effective, reviewed regularly, and reflected best practice. The dedication from people and staff meant this home was at the heart of the local community and lives were

enriched by this connection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting how they were meeting the underpinning principles of Right support, right care, right culture. The size, setting and design of service exceeded people's expectations and aligned with current best practice. A comprehensive holistic approach was taken to admittance to the service and people were offered choice about where and who they lived with. People were given choice and control in a supported way. For example, people had a keyworker and information was provided in a person-centred accessible format. People were fully supported and motivated to be active members within the community which reduced social isolation and promoted development of social skills.

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

Why we inspected

This service was registered with us on 23 December 2019 and this is the first inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Esmer House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Esmer House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we held about the service and we sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, the deputy manager, a senior care worker and care worker. We reviewed a range of records. This included two people's care records and medicine records. A variety of records relating to the management of the service and staffing, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives and two staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from abuse.
- Staff had excellent knowledge on how to keep people safe and their responsibilities for ensuring safeguarding procedures were followed. Staff told us they felt empowered to raise any concerns. Furthermore a relative told us, "I have absolutely no concerns about them [staff], I have peace of mind, I know [my family member] is safe, what more could you want?"
- Staff developed positive and trusting relationships with people. For example, the deputy manager described how one person would always approach staff to discuss impulses to binge eat where historically they would have taken food without staff's knowledge. This promoted prevention and protection of self-abuse in a trusting secure timely manner.

Assessing risk, safety monitoring and management

- There was a transparent and open culture that encouraged creative thinking regarding people's safety.
- All of the people we spoke with confirmed Esmer House was a safe place to live. One relative told us "I have absolutely no concerns about [my family member's] safety, it was the best move, living at home had become impossible."
- Regular checks and audits were completed on the environment and equipment used to ensure people's safety and enhance the care they received.
- There was a robust process of assessing and managing risk, staff showed empathy and had an enabling attitude to identifying issues regardless of communication barriers. For example, one person's previous placement had broken down due to an escalation of behaviours that challenged. Staff found that by taking a holistic approach to physical, emotional and mental wellbeing these behaviours decreased and ultimately stopped. This reduced the risk of harm.

Staffing and recruitment

- There were always enough competent staff on duty. Staff had the right mix of skills to make sure that practices were safe, and they could respond to unforeseen events.
- People told us that there were always enough staff available. One person told us "Staff always come with me when I go out, I know I'm safe" This demonstrated there were plenty of staff to ensure the safety of the service whilst delivering fully person-centred care in line with people wishes.
- Staff were recruited safely, and robust checks were in place. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks are carried out as standard practice. This ensured that the right staff were recruited to support people safely.

Using medicines safely

- People received their prescribed medicines safely. The service ensured people were fully involved in medicines reviews and risk assessments to ensure they knew what medicines they were taking and why.
- People were supported to be as independent as possible. For example, one person had been supported to self-medicate since living at the home. Systems were in place to ensure they understood the risks and to ensure they took medicines safely. Our observations found this practice to be safe and well organised. People told us "I like to know staff are there if I need them, but I feel better doing it myself, I am in control a bit more."
- Medicines were managed and stored safely in line with best practice guidance. There were accurate and complete medicine administration records (MAR) in place as well as completed audits to identify errors.
- There were clear and individualised care plans for all 'as needed' (PRN) medicines. 'As needed' medicines are medicines that are prescribed to people and given when required. This can include medicines that help people when they become anxious. MAR charts showed when people were administered PRN and why. Records also showed that staff only used these medicines as a last resort and used alternative methods to help anxieties and agitation first. This reduced the risk of people being over-medicated and reflected best practice guidance.

Preventing and controlling infection

- People were protected from the risk of infection.
- We were assured that the provider was preventing visitors from catching and spreading infections and that the provider was accessing testing for people and staff. There were thorough risk assessments in place and evidence of negative lateral flow testing (LFT) prior to admittance. Weekly testing evidence was seen for all staff and people.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. We saw staff wearing PPE in line with current guidelines and we observed people at ease with staff wearing PPE. This provided further assurances this was the 'norm' for the home.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were several PPE stations and clinical waste bins that were situated in suitable places and did not detract from the homely feel of the care home. There was easy read and pictorial signs around the home which accommodated different communication needs explaining why PPE was needed.
- We were assured that the provider was meeting shielding and social distancing rules. There was signage placed throughout the home to remind people to social distance.
- We were assured that the provider was admitting people safely to the service. People completed a period of isolation and staff received additional training to reduce risk of infection to people.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The home was exceptionally clean and there were robust cleaning schedules and records in place. These included enhanced and touchpoint cleaning in line with COVID-19 guidance.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider was open and transparent about safety.
- Staff knew their responsibilities. They were encouraged to raise concerns and report incidents and near misses. Staff told us they received feedback in areas of concern in a constructive and supportive manner. This ensured staff continued to develop and learn from experience.

Is the service effective?

Our findings

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

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

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

- People's mental, physical and social needs were assessed prior to admission.
- Care and support were planned and delivered in line with current evidence-based guidance. For example, the service promoted and supported the reduction of medication for people living with a learning disability. Professionals told us they were pleased and encouraged with the ongoing results.
- One relative told us "I'm always contacted, regardless of how slight the change is, and we always have a meeting to discuss their recommendations."
- People's care plans and risk assessments were person-centred. We saw evidence of detailed family history including likes and dislikes as well as personalised goals reflected in care plans and assessments that considered the protected characteristics under the Equality Act 2010. For example, people's needs in relation to their age, gender, religion and disability were identified. This reduced the risk of people experiencing discrimination.
- Care plans were regularly reviewed and in response to recommendations and areas of concerns. We saw evidence of people's involvement in these changes including input from other professionals and family members, this ensured care was delivered as people wished but in line with latest guidance and best practice.

Staff support: induction, training, skills and experience

- People were supported by highly trained staff who received ongoing support from management to develop skills.
- Staff received specialised training in relation to relevant conditions that people live with and enthusiasm by staff to upskill themselves to deliver a continuously high standard of care.
- Staff told us they felt they had received enough training and that it was specific to their role, they said they felt they could approach senior management about their needs and were encouraged to develop.
- Staff performance was regularly assessed and there was a robust system for providing feedback, this ensured continuous drive to develop staff skills and improvements in care standards and delivery.

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

- People were supported to maintain a balanced diet which ensured they were eating and drinking appropriately.
- Prader-Willi Syndrome is commonly associated with an excessive appetite which can lead to binge eating and rapid weight gain which results in further medical problems developing. The service used an internal methodology called 'life around the dining table'. This ensured people and staff placed a balanced and healthy focus on daily nutritional needs. The registered manager described how the methodology

supported people to eat appropriate amounts of food that was individually tailored to them but did not restrict their choice.

- People told us they were included in meal planning, they participated in a weekly planning meeting where each person chose a meal to put on the weekly menu. Menus were visible within the kitchen / dining area.
- Care plans and risk assessments were in place to help staff to reduce the risks to people's nutritional health. We noted where people had conditions that could affect their nutritional health, clear care plans and risk assessments demonstrated why restricted access to food was required.
- People told us they understood why access to food was restricted, their agreement had been sought and they understood this helped protect them from weight gain and other healthcare related problems which may occur as a result of this. This demonstrated the service was delivering a restrictive practice in line with guidance and ensured people consumed a consistent balance diet which supported their weight loss goals and health.

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

- There was a thorough approach to planning and coordinating people's move from other services, which was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences.
- One relative told us about their experience with admission to Esmer house "I cannot believe how well it has gone, the whole thing was just seamless, I thought it was going to be traumatic, but it just wasn't."
- We saw evidence of referrals and support to attend medical appointments with follow up actions documented in care plans. Person-centred care plans contained sexuality and gender associated health needs which ensured people received a holistic approach to their care in line with how they wished to receive their care.
- The Deputy manager told us that people had a dedicated member of staff as their key support worker. This ensured people experienced positive outcomes regarding their health and wellbeing. Anything that could affect health and wellbeing was identified and action was taken to address this in an effective and timely manner.

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

- People were involved in decisions about the premises and environment, regardless of their ability to communicate.
- Individual preferences, cultural and support needs were reflected in how the premises were adapted and decorated. One person told us how they had been supported to visit different shops to purchase the furniture for their room that reflected their interests.
- There was a large outdoor space to rear of the property that had been designed with the residents and appropriately risked assessed. People had access to the use of a seasonal hot tub and a large summer house had been converted into a pub at peoples request with all items secured through donations from local pubs.

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 that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was skilled in how it obtained people's consent for care and treatment, involved people and relatives in decisions and assessed capacity when needed.
- People's care records detailed their mental capacity, and others important in their care and support. Where people lacked mental capacity, best interest decisions were made with the involvement of the appropriate people. We saw examples of this being put into practice.
- Relevant procedures had been followed in relation to DoLS. These were monitored regularly to ensure people did not remain restricted unnecessarily when their needs changed.
- Staff received training in MCA and were confident in putting this into practice. For example, one person required time to absorb information and staff understood this and gave them space and then continued the conversation later to address any queries. This enabled people to be fully included in decision making their about care and treatment.

Is the service caring?

Our findings

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

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

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

- There was a strong person-centred culture at this service. Care planning fully encompassed the way people wished to live their lives. Management and staff were motivated to put people at the heart of the service.
- One person told us "It's the best home I have ever lived in". A relative told us, "The move has definitely improved my relationship with [family member], it's just fantastic for all of us."
- All people were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.
- The service went above and beyond in supporting people to spend time how they wanted. One person described to us how the range of activities they had participated in had improved their confidence and how excited they were to be planning a trip to an 'adults only' club soon.

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

- People were exceedingly well supported and encouraged to take an active role in decisions relating to their care.
- A relative told us, "I have seen good and bad care over the years, but Esmer House just have it right, its extraordinary. [family member] is more independent, more thoughtful and their aggression is lower. They [staff] have helped with their level of comprehension, [family member] now understands what they need to do and why and this has made them more independent."
- There were very detailed personalised activity plans displayed within the home. Every person had been fully involved in creating person-centred activity plans, documented in a format they could understand which clearly demonstrated how people liked to spend their time.
- Staff were highly skilled and creative in developing ways to improve people lives. For example, a staff member created a personalised picture book with [name], due to communication barriers in which they helped design, this allowed full expression of the activities they wanted to partake in, and enabled recording of positive outcomes such as visits with family and reduction in behaviours that challenge. This was one of many creative and innovative tools staff designed to ensure they fully supported people to express their views.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the provider's culture and values. It was embedded in everything that the provider and the staff did. People and staff felt respected, listened to, and influential.
- One relative told us, "They [staff] are simply second to none in the service they provide, they are able to

foresee things coming or developing and just get ahead of it so nothing bad happens." This demonstrates the service anticipates people's needs and recognises distress and discomfort at the earliest stage.

- Another relative said, "The service really has made this a home from home, they [people] are flat mates who live together and not service users, and you see this when you visit, you visit everyone because they share everything, all of it is their home."
- The equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. One person described and showed us how they had their own key for their bedroom and told us people were not allowed in without their permission. This demonstrated respect for people's privacy and ensured high levels of independence and responsibility were promoted and developed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff used innovative and individual ways of involving people and their family, friends and other carers in their care and support plans, so that they feel consulted, empowered, listened to and valued.
- People's care plans were consistently comprehensively reviewed, and health and social care professionals were involved. We saw evidence of a substantial reduction in one person's diabetic medication in line with feedback from GP who stated, "personalised actions in regard to diet exercise and weight loss" had led to this positive outcome. This person told us they were proud of what the GP said, and it made them feel good.
- Where people had individual goals, staff worked with people to fulfil these. For example, one person wanted to go on holiday. They were supported to research the destination and decide which activities they wanted to participate in. Staff responded and went the extra mile and secured entry to a weekend event. Staff went above and beyond as entry was originally declined but this was challenged, and admittance was gained. Staff actions showed personalised care and promoted freedom of choice which resulted in us witnessing excitement and enthusiasm about the planned activity.
- One relative told us, "The management team just go above and beyond; in fact, all staff do. Just look at the pub they have created, just above and beyond". The service's adaptive and creative design promoted independence and encouraged social inclusion with people and relatives.
- People were supported to take an active role in the local community. The registered manager described one person's wish to buy Christmas presents for the local women's shelter. The provider supported the person in fund raising for donations and shopping trips to purchase items. This resulted in 17 families receiving gifts and we saw evidence of the shelter manager attending the home to thank the person for their efforts. This was one of many positive community projects people have undertaken to build links and achieve personal goals.

Meeting people's communication needs

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

- The provider had taken innovative steps to ensure that they met the legal requirements of the Accessible Information Standard (AIS).
- People's communication needs were assessed as part of the initial assessment and continually reviewed. Key information was delivered in appropriate formats. For example, all care plans and reviews had an easy read version contained within the persons care file and people were able to access this whenever they

chose.

- Within the home we saw easy read documentation and pictorial signs in appropriate places around the home that did not detract from the environment of the home but aided people to be secure and comfortable within the home. For example, a dedicated board in the hallway displayed activity plans in various formats but the use of pictures of previous activities made the information in keeping the environment.

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

- The provider supported people to maintain relationships and take part in activities and social event relevant to them.
- Actions by the management team and staff truly enriched people's lives as well as making a significant difference to relatives by helping people to reach aspirations and fulfil wishes. A relative told us, "When [family member] decided they wanted to live independently, I thought, what have I done wrong? They [service] helped me to realise I hadn't done anything wrong; it was just the stage they were at in life and what was best for them. I know that now and the whole family couldn't be happier, and I know they're really busy [family member] tells me all about it when they call us". Another relative said, "Sometimes [Name] doesn't want to talk to us because they are just too busy doing stuff and that is how it should be".
- One person went swimming weekly prior to the COVID-19 restrictions being imposed. Staff quickly identified that the loss of this activity during lockdown had a negative impact on their wellbeing which resulted in an increase in behaviours that may challenge. The provider sourced a hydrotherapy pool that had remained open for people with complex medical conditions. The provider covered the costs of the private session weekly to enable the activity to proceed.
- Another person was supported to go 'night clubbing' within a city location. The person went with two staff members of their choosing who were close to their age range as they didn't want to feel like they were 'out clubbing with their mum.'

Improving care quality in response to complaints or concerns

- People were provided with information on how to make a complaint or raise any concerns and in an appropriate format for their communication needs.
- There was a current complaints policy in place, and we saw evidence of management actively requesting feedback from people through resident meetings and emails to relatives.
- People and relatives told us that they had never needed to make a complaint. One relative said "The registered manager and deputy manager are brilliant, all the staff are, they know the residents so well, it doesn't matter who you talk to they leave you feeling confident, there has never been a false promise made, everything they say they're going to do they do"

End of life care and support

- Although end of life care was not provided, the provider had relevant policies in place in case the situation did arise.
- Staff told us they had received basic training in end of life care from their induction however they felt extremely confident the service would provide additional training at the appropriate time if needed. One staff member told us "We know the needs of people and the training we have had is second to none, the conditions people live with are really specialised and the team have taken time to educate us in these conditions".

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's visions and values were exceptional and distinctive. People said it was well led, and people were at the heart of the service.
- Staff told us, "Management are exceptional, the best I've ever worked with." A relative told us, "The service is seam less, nothing is too much trouble, they listen and do what's needed or not depending on what's best for [name]. That's the point they know them and their condition so well they know how best to deal with them and it gives us so much reassurance."
- The registered manager had developed the vision and value of the provider to make them relevant to Esmer House, its ethos was a culture of nothing being 'off limits.' Staff were acknowledged and praised for the positive impact they had on people's lives, which resulted in them feeling valued and supported.
- On the day of inspection one person took pride in taking us on a tour of the building and showed their pet fish to us. They explained how it had been a group decision on what animals to purchase and what to name them. This showed how the service was empowering people to personalise their home environment whilst assuming responsibility and ownership regarding pet care related tasks.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and acted on its duty of candour in an open and honest way.
- Relatives told us they were always kept up to date with people's wellbeing and changes in their conditions. One relative told us, "Throughout lockdown when we couldn't visit, I always knew what was happening, they made sure I was kept in the loop on decisions and even routine activities."
- The registered manager met their regulatory requirements by notifying CQC of events which they are required to do so. There was an open and transparent culture and the registered manager stated if things went wrong people were informed and actions were taken to make things right.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had ensured that all staff had a clear understanding of their roles and responsibilities. The management team strived to develop their leadership skills and upskill all staff within the organisation.
- The registered manager promoted an open and honest relationship between staff and management supporting an open culture. Staff told us, "We are supported, and they [service] really care. It shows in how happy people are".

- The service was supported by the provider who developed a Prader-Willi syndrome professionals' group. Staff attended the forum, shared best practices and received feedback on outcomes and staff receive specialised training. The registered manager told us this combined method enabled staff development, continuous improvement and accountability.
- Staff were promoted from within and they felt there were good opportunities for development. The registered manager themselves being promoted to the role from within the provider's group of services. Staff were kept fully engaged with policy changes and changes in care. Staff were all proud to work for the service.
- By using a holistic approach one person had been supported to reduce their daily need of their PRN medication which was used to reduce anxieties. This was achieved by enriched social and mental interactions. This had resulted in a reduction of behaviours that challenge and no requirement for this medicine for five months. This had a positive impact on the person's life.
- The registered manager had a thorough understanding of the regulatory requirements of their role. They ensured relevant agencies were notified immediately of any incidents that could affect people's safety and well-being. We saw evidence of the upskilling of the deputy manager to deputise in the registered manager absence ensuring the service was never at risk of not adhering to their requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were fully involved in giving their feedback and a variety of formats were used to do this ensuring every voice could be heard.
- The service worked in partnership with the Prader-Willi Syndrome Association (PWSA) and attended local forums. An action plan was developed to implement a Prader-Willi Syndrome Policy and Procedure. This partnership ensured latest research and best practice guidance was shared in a timely manner and the action plan encouraged people and staff to feedback and promoted the development of the service.
- People from all diverse backgrounds, with specialised and complex care needs were encouraged and supported to live their life to the full. This had resulted in numerous positive outcomes for people.
- There was pro-active engagement with the local community. People living in the service regularly went out to events in the community and events were held in the service that involved the community. On admission to the service people were accompanied around the local area to socialise and make friends in the community. For example, staff and people arranged a street party for VE day and posted song lyrics to neighbours in line with a local radio stations programme for the day which resulted in people coming together on the street to sing and celebrate.
- The provider worked alongside other organisations to improve care outcomes for all.
- Staff worked in partnership with other health and social care agencies. Care plans detailed how the service worked with multiple health care professionals such as ophthalmologist, dieticians, GP's and Nurses. This systematic approach to working with other organisations and embedding recommendations into care plans had achieved and improved positive outcomes for people and staff within the service.