

# Consensus Support Services Limited

## Parvale House

### Inspection report

223 Rockingham Road  
Kettering  
Northamptonshire  
NN16 9JB

Tel: 01536484970  
Website: [www.grettonhomes.co.uk](http://www.grettonhomes.co.uk)

Date of inspection visit:  
20 December 2018  
21 December 2018

Date of publication:  
26 February 2019

### 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:

- Parvale House provides accommodation with personal care for up to six people. This is a service that specialises in supporting adults with a range of complex needs and behaviours associated with Prada-Willi Syndrome (PWS). This is a genetic condition that means people with the condition will have an abnormal, insistent desire for food which can make the person eat excessively. This has the potential to result in life threatening obesity. There were six people using the service at the time of our inspection.

People's experience of using this service:

- The staff and the management team were passionate about providing people with support that was based on their individual needs, goals and aspirations. We saw that people were at the centre of their care and each person was treated as an individual. As a result, their care was bespoke and tailored to meet their exact needs. Without exception, people spoke positively about their experience of the service and the successes they had been supported to achieve.
- Staff had an exceptional understanding of people's individual needs and supported them to achieve their hopes for the future, their wishes and aspirations. They worked as a close team and were driven in providing person centred support to enable people to achieve as much independence as possible. People and their families were central to the care planning process and felt listened to. Each person was respected as an individual, with their own social diversity, values and beliefs. People received care and treatment that was delivered in line with up to date best-practice guidelines in relation to Prader-Willi Syndrome.
- Staff viewed complaints and concerns as a process for driving improvement at the service. People, relatives and staff knew how to raise concerns and make a complaint if they needed. There were numerous forums where people could raise any concerns or complaints if they needed to. These included one to one meetings, a suggestion box and house meetings.
- The management had a clear structure and were knowledgeable about people's needs and key issues within the service. They had the skills, knowledge and experience to perform their roles, with significant experience in managing Prader-Willi Syndrome. The provider had clear visions and values about how they wished the service to be run and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about people.
- People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

There were systems in place to ensure people were protected from the spread of infections. People's medicines were managed safely and in line with best practice guidelines. If any accidents or incidents occurred lessons were learnt and action taken to reduce risk in future.

- People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they commenced work at the service and on-going training to ensure they were able to provide care based on current practice. Each person's food intake was closely monitored to ensure they maintained a healthy weight in line with best practice guidance in relation to Prader-Willi syndrome. Staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

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

- Staff were caring and had built open and honest relationships with people. They spoke of a family atmosphere at the service and demonstrated a genuine interest in people's wellbeing. People were happy with the care they received and felt valued by staff and the management team. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

More information is in Detailed Findings below:

Rating at last inspection: Good (report published 18 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Good. At this inspection we found the service had improved to outstanding under the responsive and well-led domains. The overall rating for this service is Outstanding.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring  
Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive  
Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led  
Details are in our Well-led findings below.

# Parvale 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Parvale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 accommodates up to six younger adults with learning disabilities and Prader-Willi Syndrome. At the time of our visit there were six people using the service.

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 visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection site visit activity started on 20 December 2018 and ended on the 21 December 2018. We visited the service on the 20 December 2018 and looked at records, spoke with people using the service and staff and completed a tour of the premises. On the 21 December we spoke with two relatives over the telephone.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with five people who used the service and one relative. We also had discussions with five members of staff that included the operations manager, the registered manager and three care and support staff.

We looked at the care and medication records of two people who used the service and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

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

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

Systems and processes:

- People continued to feel safe when staff provided them with care and support. One person said, "They are always around and I speak with them every day. The staff always make sure I'm alright."
- Staff had completed training about safeguarding people from harm, and they understood signs of abuse and how to report it. One commented, "I have completed safeguarding training several times. I know the signs to look for and would have no hesitation in reporting anything."
- All staff we spoke with understood the service's whistleblowing and safeguarding policies and procedures. Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management:

- People were supported to take positive risks so they could have control over their lives, for example, people were supported to go shopping for food independently. The registered manager said it was very important for people who have Prader-Willi Syndrome to have trust around food so they could gain confidence. Another person had recently started working in a café independently.
- People had detailed risk assessments in place which guided staff on how to keep people safe. For example, if people needed support to access the local community, staff had instructions to follow on how to support them safely.
- Risk assessments were very detailed and were reviewed and updated swiftly if there had been any changes or incidents.
- Risk assessments addressed people's diverse needs. For example, people's specific needs around Prader-Willi Syndrome.

Staffing levels:

- There were more than enough staff to keep people safe. One person said, "There are always staff here and they support us to go out. A relative commented, "I think the numbers of staff are very good at Parvale House. There is definitely enough to look after everyone."
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely:

- Staff supported people with their medicines. Three people described to us the different levels of support they had from staff to administer their own medicines. One said, "I come to the office and do my tablets while they watch me." Another said, "I can now do my medicine on my own which I do in my room."
- People's medicines needs were assessed when they came to the service and written instructions given to staff on how to support them with these. People had medicines risk assessments to ensure staff were aware of any issues concerning people's medicines, for example allergies and side effects.
- Staff had received training in the safe handling and administration of medicines and their competencies were regularly assessed. The staff understood the importance of safe medicines administration and what to do if they thought a mistake had been made.
- People's individual MARs (medicines administration records) were audited monthly by a manager and action taken if any improvements were needed. If people wanted staff to manage all or some of their medicines they signed consent forms, which showed they were involved in the process of safe medicines administration.

#### Preventing and controlling infection:

- People were encouraged and supported to keep their home hygienically clean. The service was very clean and free from any obvious risks associated with the spread of infection. The service had been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment.

#### Learning lessons when things go wrong:

- The provider had instilled robust processes that ensured accidents and incidents were thoroughly investigated and audited. The provider was quick to ensure a review of incidents with the involvement of other health care professionals if their advice was needed.
- Where amendments to support planning or risk assessments were needed, these were addressed quickly to reduce the risk to people's safety. This meant people's ongoing safety was reviewed, to reduce the impact on them or others.

# Is the service effective?

## Our findings

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

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

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

- People had a comprehensive assessment of their needs before they went to live at the service. This was to make sure people's needs could be fully met and that they were happy with the support that was available.
- People met with staff and had several trial visits before a joint decision was made if the service was suitable for them. A relative told us, "The transition process was very good. The staff did everything they could to make sure [name of relative] was welcomed and made to feel safe."
- The assessment tool included information about healthcare professionals involved, to make sure people's care was based on up to date legislation, standards and best practice.

Staff skills, knowledge and experience:

- People received care from staff that were knowledgeable and had received the training and support they needed. One person said, "Yes I think the staff are well trained. They know how to look after us."
- Staff completed a wide range of training courses including specialist training that was applicable to their roles. This included training in behaviour management called 'Positive Behaviour Support'. This training focused on positive approaches to behaviour when supporting individuals through a crisis in a sensitive and caring way.
- Staff felt appreciated and were encouraged to increase and develop their skills and knowledge. There were regular team meetings and supervision meetings if staff felt they needed extra support or training.

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

- There was a strong emphasis on ensuring people's nutritional needs were fully met. One person told us, "I like the food, it's very nice. I do get enough and the staff make sure I don't have too much." Three people were supported to eat a vegetarian diet. One said, "The staff respect my choice and help me with my diet."
- People with Prader-Willi Syndrome (PWS) will have chronic feelings of insatiable hunger and a slowed metabolism that can lead to excessive eating and life-threatening obesity. They need intervention and strict controls, to maintain normal weight and to help save their lives.
- Each person's food intake was closely monitored to ensure they maintained a healthy weight. People's access to food was strictly observed and this meant that access to the kitchen was restricted. This was a necessary measure recognised by PWS healthcare professionals to minimise unnecessary exposure to food.
- People had agreed to these measures being in place to minimise the risk of out of control eating and the consequence of life threatening obesity.
- Staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's

individual nutritional needs within the constraints of PWS. For example, staff ensured the calorific value of meals were measured to meet the nutritional needs of people.

Staff providing consistent, effective, timely care:

- People were supported to maintain good health and referred to health professionals when required. One person told us, "I go to the doctors if I'm not well and I visit the dentist."
- People had care plans for their healthcare needs and emergency grab sheets to take with them if they needed to go to hospital. Emergency grab sheets contain information about a person as an individual, for example their communication needs.

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

- People had their own rooms and they had chosen the colour schemes and how they were furnished. One person was happy for us to have a look at their room. It reflected their preferences and personal interests. Artwork produced by people living at the service was on display in communal areas and in their rooms.
- The service was homely, welcoming and well maintained. There were quiet areas for people to use if they wanted or they could spend their time in their room.

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

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Consent was sought before care and support was provided. One person said, "They [meaning staff] always let me know what they are going to do and where we are going."
- People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff.
- People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of our visit we found the service was working in line with the principles of the MCA 2005.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported:

- One person said, "I love it here. Staff know what they are doing, they help me with loads of things. We are a family." Another told us, "It's brilliant. The staff are really friendly." A relative commented, "The staff are excellent and good role models. They are really, really good. They love working at Parvale House and they get the best from people."
- People and staff had developed positive relationships and people seemed comfortable in the company of staff. There was a calm and relaxed atmosphere in the service and staff laughed and joked with people often.
- The registered manager spoke with us in detail about everyone using the service including their needs, likes, dislikes and interests. This showed the registered manager also knew people very well.
- People were supported to maintain important relationships through visiting family and friends. One person was being supported by staff to use the train so they could eventually visit their family independently. Staff had a detailed understanding of people's relationships and provided the necessary support whilst maintaining people's independence.

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

- People and their relatives were consulted about the care and support delivered. One person told us, "I make all the decisions about my care and what I want." A relative said, "The communication is excellent. I am informed about any changes and always involved in [relatives] care."
- People were involved in meetings to discuss their views and make decisions about the care provided.
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- Choice and respect were two of the provider's values which we saw were embedded into staff's everyday practice.
- People could have access to an advocate and would be supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence:

- Staff promoted people's privacy, dignity and independence. Each person had a detailed care plan that documented their care and life choices. This contained regular prompts to staff to respect people's choices

and right to privacy, whilst making sure they remained safe.

- We saw staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.
- The registered manager and staff understood the importance of keeping people's personal information confidential. People's care records, including electronic, were stored securely.
- Staff showed genuine concern for people and educated them about respecting each other's space and maintaining confidentiality.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

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

Personalised care:

- Care was completely bespoke and tailored to meet the needs of each individual, and people and their relatives were fully involved in the care planning process. One relative told us, "The carers really understand [name of relative] and genuinely want to help them achieve as much as they can. It's like having a second family." They told us that staff were able to support their family member effectively with their behaviours. They commented, "What I like the best is that in [relative's] previous home they used to call me all the time because they couldn't cope with [relative]. The staff here know [relative] really well and only call if it's absolutely necessary."
- People and their families were absolutely central to the care planning process and felt listened to. Comments included, "My care is all about what I want, and the carers listen to me." And "Communication is excellent. They [meaning staff] always want to know what I think. It's much better than where I was before. I feel like I have a voice here."
- The provider completed a comprehensive assessment where people were empowered and supported to identify their needs and express their preferences about how they wanted their needs to be met. This was completed before a care package was agreed to. The assessment focused on what was most important to each individual, their personal goals and wishes as well as obtaining information about their preferred lifestyles, beliefs, hobbies and interests.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. Staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. For example, people could always choose how to dress to express themselves and their sexuality.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, specific times for care, respecting people's spiritual needs or choice of gender for staff providing their personal care. One relative said, "The staff know [name of person] really well, including their likes and dislikes."
- A health professional told us, "It's a very good service. I couldn't fault it. People get the right care to meet their needs and the staff are very knowledgeable about people's conditions."
- People had an exceptional quality of life because they were supported to overcome difficulties related to their condition in order to achieve their goals and ambitions. For example, one person wanted to work with animals, mainly dogs in a rehoming centre. Staff supported them to achieve this and the person's longer-term goal was for them to undertake this voluntary work independently.
- Recorded in people's care plans were their life dreams. One person wanted to find paid employment. Staff supported them to look for suitable jobs, and supported them to complete application forms and to attend

an interview. We spoke with the person who had achieved this goal; they told us, "The staff never say we can't do it. They always help us. I'm so happy that I've managed to get a job. They really care about what I want."

- The provider was totally committed to assisting people to pursue their interests which created a sense of belonging and purpose. For example, we saw that people enjoyed swimming, bowling and going to the gym. One person enjoyed walking around the local area and staff had supported the person to learn a safe walking route that was well known to both the person and the staff. This meant they could maintain their independence in the community while keeping safe.
- The arrangements for social activities were totally based around people's individual needs. For example, each person had a 'My perfect week' time table. This reflected people's choices and wishes in relation to the social activities they wanted to attend. These were evaluated every three months using a 'what's working/what's not working' evaluation sheet. We were informed that this process regularly explored the hopes, dreams and goals of people to ensure they were at the forefront of the care planning process.
- There were extremely strong links to the local community. People had part time voluntary jobs locally and everyone at the service had been involved in several charity events. This had included Macmillan coffee mornings which were run by people using the service, in-house charity events for children in need and comic relief and taking part in Corby's first ever race for life. The service kept close links with the local church that included church picnics, community breakfasts and coffee mornings. This support network meant that people could fully participate within the church and maintain links with the local community.
- Staff fully supported people to practice their faith and attend church services where they chose. Those without any religious beliefs had their views respected. Staff had received training in equality and diversity and reflected how they used this knowledge to reduce any possible barriers to care.
- One person took part in church coffee mornings and also hosted them from the service. They carried out meet and greet meetings at the church to welcome new members of the congregation.
- People were fully encouraged to actively engage with the wider community. One of the individuals living at the service was part of the Prader-Willi Syndrome Association focus group to create educational materials and information for people living with Prader-Willi Syndrome.
- Staff completely understood the principles of the Equality Act and supported individual needs regarding disability, race, gender, religion, sexual orientation and cultural backgrounds and supported them in a caring way. Where people had expressed an interest in engaging in relationships, staff educated them about the different relationships that existed and supported them. People were supported when they wanted their partners to spend the night with them. This encouraged them to build their relationships in a safe environment and allowed them to experience life as they wished to.
- The service always looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns:

- Discussions with the registered manager and staff demonstrated that they viewed complaints and concerns as a process for driving improvement at the service. One staff member told us, "We welcome complaints and we do actively encourage people to raise any concerns they have. We want to fix it and get it right." All the people we spoke with said they would be comfortable to raise a complaint and felt they would be taken seriously.
- We saw that any complaints had been thoroughly investigated comprehensively, providing the complainant with a formal response.

- People were empowered to raise any concerns they had through a number of different forums. For example, regular meetings were held for the people to give them the opportunity to put forward their ideas and concerns in an open and honest culture about any issues they may have.
- People's feedback was valued and they felt that their concerns were listened to and dealt with in an open, transparent and honest way. For example, one person told us, "I told [name of registered manager] about something I wasn't happy about. They sorted it out for me and told me what they were going to do. Afterwards they asked me if I was happy with what they had done."
- Regular feedback questionnaires were given to people, and sent to stakeholders and relatives so they could raise any concerns they had about the service.
- All people using the service had a keyworker, of their own choice, allocated to them and they were the point of contact for people to go to. People could raise their concerns or any complaints they may have on a one to one basis with their chosen key worker.
- The complaints procedure was accessible to people using the service and their relatives. There was a suggestion/ comments box, to encourage people to have their say if they did not feel able to approach the provider or registered manager personally.

#### End of life care and support:

- At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events considering people's wishes.
- There was a best practice group that looked at different policies and procedures and how to improve upon them. At the time of our inspection we were told they were reviewing the End of Life support plans to make them more user friendly.

## Is the service well-led?

### Our findings

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- People were truly at the heart of the service. We found a clear management structure that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion. The registered manager and senior staff had the skills, knowledge and experience to perform their roles, with significant experience in managing Prader-Willi Syndrome. Staff told us that the management team worked alongside them to maintain a 'hands on' approach.
- People were empowered to take positive risks to improve their quality of life and increase their confidence. For example, people had been supported to travel within their local community and access public transport independently. They had also been supported to gain employment, whether it was voluntary work or paid employment. This support meant people were able to grow in confidence, become more independent within their local community and feel trusted by the staff who supported them.
- The provider had a continuous improvement plan in place called, "Getting it right" which outlined areas for improvements in relation to operational issues and the provider clearly set out their purpose. These were discussed at monthly managers and team meetings as a way of delivering best practice.
- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. People were empowered to be as independent as possible and felt they had a voice and were listened to. One person said, "The staff do listen to what we want and they take our views seriously."
- Staff spoke highly of the positive and open culture within the service and the wider organisation, drawing comparisons with others they had worked within and describing it as the best. One staff member told us, "I've worked in other services, but this is the best one. I'm still quite new but everyone has been very supportive and I feel valued as a team member."
- People and staff told us that the registered manager and senior staff were visible, accessible and approachable. One person told us, "[Name of registered manager] is very good. We can go to her if we need anything." A member of staff commented, "The manager is very passionate about this place. She is very supportive and is the best manager I have ever had."
- Without exception, the feedback we received about the service was extremely positive and we were told how valuable the service was to people. One person told us, "At my other home they didn't care about me. The staff here are different. They all want me to do well and achieve my dreams. Moving here was the best thing that could have happened to me."
- Staff described the approach to working with people as person centred and of striking a good balance between keeping people safe and supporting them to achieve their goals. All staff, without exception said they felt supported by the management team and told us how much they enjoyed working at the service.

One staff member told us, "It's like a second home and it has a real family atmosphere. I love coming to work."

- The provider's values included choice and respect, ambition and imagination, reliability and professionalism, honesty and integrity, responsibility and accountability and inclusive and supportive. As part of the recruitment procedure applicants are asked to complete an exercise in relation to the provider's values. For example, they were asked to match a value to an everyday practice. This helped to ensure potential staff had the right values needed to work with people living at the service.
- All staff, irrespective of what role they had within the service, were expected to work with the provider's values at the core of everything they did. These were discussed at staff meetings where staff were expected to give examples of how they had provided support in line with the provider's values. We found these values had been embedded into staff practice and demonstrated the provider's commitment to ensuring a focus on exceptional practice.
- The registered manager said that having staff with the right values and skills was essential and people using the service were fully involved in the recruitment process. This gave them a voice as to what staff would be employed to provide their care and ensured potential staff matched the values that were at the heart of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The provider invested in the learning and development of staff, which benefitted people through the maintenance of a stable, motivated and highly skilled staff team. The registered manager and staff team were clear about their roles, and understood quality performance, risks and regulatory requirements.
- Discussions with staff demonstrated that they had the confidence to question practice and report any concerns they may have about colleagues or other professionals. All staff without exception told us they were aware of the whistleblowing procedures and confirmed that they understood their right to share any concerns about the care at the service.
- There was a strong framework to monitor performance. Staff were supported with regular meetings and individual supervisions. Staff told us they found them useful and informative. Staff opinions and suggestions were welcomed and one member of staff told us, "We can go to the manager with anything. They always listen and respond. They encourage us to bring forward new ideas."
- Staff were motivated and proud of the service. They described supervision and appraisal as regular and supportive, with staff praising the high level of support they received from their line managers. All the staff we spoke with said they had great job satisfaction and were supported to develop their skills, giving them lead roles and empowering them to drive improvements and new initiatives. Staff felt empowered to lead within their own areas of the service and initiate new ways of working.
- Staff demonstrated a sense of ownership around their roles whilst clearly explaining how it fitted into the wider picture. All staff felt able to contribute to discussions about the strategy for the service and future developments.
- The organisation valued their staff and recognised success within the service. There was an internal recognition awards event presented at the annual conferences. Staff had access to a 24/7 counselling service if they wished to speak to someone independently and there was an online link where staff could report any concerns confidentially.

Engaging and involving people using the service, the public and staff:

- The provider had exceptional systems in place to communicate information throughout the service and the organisation. Records demonstrated that there were regular meetings for people using the service, staff

and managers. There was a network of support from senior management, other service managers and head office support available for advice. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.

- There was a company newsletter called 'All Together Now' and Prader-Willi Syndrome newsletters that were distributed quarterly and shared with the staff and people using the service. We saw that peoples achievements were celebrated and shared in the newsletter. A weekly company update was shared with all managers and the employee engagement survey and action plans were also shared with staff.
- People told us they had a voice, and they felt like they mattered. They said meetings were a way to talk about areas of common concern, raise new ideas and challenge the service. One person told us, "We have regular meetings. We can say what we like." We saw that people had been involved in the recent redecoration of the lounge area and their opinions had been sought.
- If someone was visiting the service with a view to living there, people were asked to give feedback following their assessment visits. The registered manager informed us it was important that any new people moving in were compatible with those already living there. People's views were listened to and acted upon.
- Staff surveys monitored morale, and showed high levels of satisfaction across all domains. Staff gave examples of support given by their line managers and the senior staff to support them in their roles. All staff we spoke with felt respected, supported and valued.

#### Continuous learning and improving care:

- The provider used an incident reporting system that flagged which serious, untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police. The registered manager told us that following any incidents there would be a review on the incident and care plans and risk assessments would be updated if required.
- There was a continuous improvement group and best practice group who shared their minutes with each different service to ensure best practice.
- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- The provider demonstrated a progressive and positive approach to learning and development and ensured staff had access to any specialist training they needed.

#### Working in partnership with others:

- Partnerships had been developed with health and social care professionals, along with community links such as local charities, shops and community centres.
- Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.