

Voyage 1 Limited Redbank House

Inspection report

Town Street South Leverton Retford Nottinghamshire DN22 0BT

Tel: 01427880716 Website: www.voyagecare.com Date of inspection visit: 22 November 2018

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Ratings

Overall rating for this service

Outstanding \Rightarrow

| 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

What life is like for people using this service:

People using this service consistently experienced outstanding caring from a well led service. People consistently told us how they were treated with exceptional kindness, compassion and respect. We received overwhelmingly positive feedback on how staff were supportive and went the extra mile to get care just right for people. A person told us, "I want to praise the staff. They have done wonderfully hard work looking after us."

People and relatives told us they felt very fortunate to have found a service that specialised in supporting people living with Prader-Willi Syndrome (PWS). A relative told us, "They fully understand [person's] behaviour and allow them as much time as they need. It's the best care they've ever had. It's just so wonderful and lovely. I would rate it outstanding." A person told us, "One of the best things is living with [other] people who have PWS."

People were truly placed at the centre of the service and were involved in decisions about their care to an extent that they achieved outstanding and transformative outcomes in their lives.

Raising people's confidence, self-esteem and self-belief was at the heart of the service's culture and values. It is embedded in everything that the service and its staff do. As a result people achieved outstanding outcomes that exceeded anything they had thought possible. A relative told us, "[Person] was merely existing before they came here, now they have their life back." A staff member told us, "We are driven by our belief that there can be a future for people living with PWS."

People were respected, listened to and influential. They were involved in recruiting staff. A person had become a spokes person for the wider community of people living with PWS.

People received exceptionally personalised care and support specific to their needs and preferences. The training staff received was structured around people's individual needs. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. People had their human rights upheld.

The service continued to have a good track record and had become an exemplar service for people living with PWS. The service was highly in demand and a place where people wanted to work. The service remained at the heart of the local community with strong community links. It was affiliated to a number of regional, national and international organisations specialising in research and support for people living with PWS.

Staff were highly motivated by what people had achieved with their support and this drove them to support people to continually expand their horizons. A staff member said, "Staff at all levels have been amazing, they

have tremendous knowledge about the people." There were high levels of satisfaction across all staff.

There was a particularly strong emphasis on continuous improvement and supporting people to overcome the many challenges of living with PWS. More information can be found in the detailed findings below

Rating at last inspection: Good (report published 12 July 2016)

About the service: Redbank House is a residential care home that provides personal care and support to up to eight people living with a learning disability. At the time of the inspection eight people were using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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. | |



Redbank House

Background to this inspection

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: The inspection was carried out by an inspector.

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

The service had a manager registered with the Care Quality Commission. This means 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: The inspection was announced. We gave the registered manager 24 hours' notice of our inspection because the service is small and the registered manager and staff are often out supporting people. We needed to be sure that they would be in.

What we did: Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We viewed information the provider is required to send us at least annually that provides some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection we spoke with two people living there and one visitor. We also spoke with the registered manager, the deputy manager and two support workers.

We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included three people's care records. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for one support worker. A sample of the provider's quality assurance audits the management team had completed were also checked.

After the inspection visit the registered manager provided us with further examples of how people had achieved outstanding outcomes in their lives.



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.

People were safe and protected from avoidable harm.

Staffing levels.

• The registered manager ensured enough staff were on duty. This included ensuring that there were enough staff to support people with activities they wanted to participate in, whether those activities were planned or decided upon at short notice by people.

• Staff told us that there were sufficient numbers of staff to enable them to support people the way they preferred. A staff member told us, "It's essential people have their activities and we make sure there are enough staff for that to happen."

• Observations during our visit showed that staff had time to support and interact with people without rushing. The staff mix ensured that the support workers on duty had the right skills and experience to meet people's needs.

Preventing and controlling infection.

• Cleaning and laundry tasks were carried out by support workers, though people took an active role in supporting them. We saw people vacuuming communal areas and ironing laundry. Those activities were risk assessed to protect people from injury or harm.

• The premises were clean and hygienic.

• The staff team had received training in infection control and food hygiene. Bathrooms had signs promoting hand-washing and were equipped with antibacterial gel, soap and paper towel dispensers. Staff were provided with personal protective equipment (PPE) to help prevent the spread of healthcare related infections. We saw staff and people following safe food hygiene practises when preparing a meal.

Safeguarding systems and processes.

• People felt safe with the staff team who supported them. A person explained, "I feel safe here. The staff are very nice and all the people get on well with each other."

• The service had systems and processes in place to safeguard people using the service. The staff team had been provided with safeguarding training and they knew their responsibilities for keeping people safe. We saw that when staff reported incidents that occurred between people, these were thoroughly investigated. The outcomes of investigations were shared with staff and successful strategies were developed to reduce the risk of similar incidents happening again.

• The service followed safe recruitment procedures.

Assessing risk, safety monitoring and management.

• Regular safety checks had been carried out on the environment and on the equipment used. Emergency plans were in place to ensure people were supported appropriately in the event of a fire or untoward event.

• Risks associated with people's care and support had been assessed when they had first moved into the service and they were reviewed at least monthly. People were not prevented from participating in activities that carried a risk of injury, such as going to a gym, dancing and fishing.

Using medicines safely.

• People were provided with their medicines in a safe way. Good practice standards were adhered to and records were made at the time indicating that medicines had been administered. Some people were prescribed medicines to be taken as and when required (PRN) such as for pain relief. Those people had PRN protocols in place so staff knew when and how to use those medicines.

Learning lessons when things go wrong.

• The registered manager ensured lessons were learned and improvements were made when things went wrong. For example, a person displayed unexpected behaviour that pointed to a risk of self-harm. The registered manager successfully involved a community mental health team and staff to identify the reasons for the behaviour. This resulted in staff being able to identify early warning signs of behaviour that challenged. They became able to make timely interventions to prevent incidents escalating.

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's individual and diverse needs had been assessed prior to them moving into the service to ensure their needs could be met by the staff team. Assessments took into account the latest research into Prader-Willi Syndrome (PWS).

• People using the service were supported to make choices about their care and support on a daily and longer-term basis. Consequently, they lived healthier and more fulfilling lives.

• Care and support was provided in line with national guidance, best practice guidelines and pioneering research into PWS. The registered manager had expertise in PWS. They carried out assessments of people's needs and then they and staff, with people's and relative's involvement developed care plans. Staff received training and support about how to care for people with PWS that followed the latest research. People therefore experienced consistently outstanding care and support.

Effectiveness of care, treatment and support.

• Only an estimated 2,000 people in the UK are living with PWS which is a condition that affects nutrition, emotional and social development and physical growth. Staff supported people to overcome the challenges of living with PWS because they followed best practice and research led by the PWS Association UK (PWSA UK).

• People were provided with consistently good care and support. A person told us, "All the staff are very good at looking after me." A relative told us about the difference their family member experienced because of the care and support they received. They said, "[Person] was merely existing before they came here, now they have their life back."

• People's health, well-being and self-esteem had been transformed. People who had led solitary unfulfilled lives were now active members of the Redbank House and local village communities. People were involved in delivering newspapers and a local drama group. This gave them the confidence to lead active lives.

Staff skills, knowledge and experience.

• People received care from a staff team that had the precise skills and knowledge to meet their individual needs. They had training about PWS. Staff used the latest guidance and research from PWSA UK, PWSA International and the Foundation for Prader Willi Research.

•The registered manager attended those organisations conferences and ensured that staff were kept up to

date in developments about caring for people with PWS. They were recognised as an expert in the field of PWS by health and social care organisations. They told us, "I am the go to person in Voyage Care about PWS."

•The staff team were highly motivated and equipped with the right skills to support people to achieve excellent outcomes that turned their lives around.

• Staff members had received an induction which laid strong emphasis on interpersonal skills and they were matched with the people they supported. Staff were taught skills to help them identify people's potential and to support people to believe in themselves.

• The registered manager matched the skills and experience of staff with the needs, preferences and interests of people so that they were wholly compatible with each other. They received training and support from the management team that was specific to the individual needs of people. This included exploring different types of activities that would support people to experience more self-esteem and fulfilling lives. A staff member told us, "We are driven by our belief that there can be a future for people living with PWS."

• The staff team received support through regular supervisions, and an annual appraisal of their performance was carried out. New staff were supported by an experienced staff member. This was confirmed by a relative who told us, "New staff have a mentor. It's a great way of developing staff." A staff member told us, "The training definitely gave me the confidence to support the people. Staff at all levels have been amazing, they have tremendous knowledge about the people."

• The support staff received ensured their continuing development. They were kept up to date with the latest research and developments relating to PWS because Redbank House was affiliated to PWSA UK, PWSA International and the Foundation for Prader Willi Research.

• The staff team was very experienced. The average length of service was eight years. This contributed to staff having an in-depth knowledge of people's needs and characters. The registered manager told us, "Staff are people's extended family, we do not think of Redbank as a service, its home.

Eating, drinking, providing a balanced diet

• Effective support for people living with PWS is essential otherwise they could eat obsessively and seriously harm their health. The service therefore had an exceptionally strong emphasis on supporting people to have a healthy balanced and nutritious diet.

• Staff used activities to distract people from eating too much. This was challenging because people had PWS, but staff had supported people to take part in physical activity at times they would otherwise have eaten in between meals. For example, staff promoted physical exercise such as walking at those times or participating in activities such as games that gave people something other than food to focus and concentrate on. A person told us, "If it wasn't for the staff my weight would go sky high. I have achieved so much because of the support of the staff."

• People did not need support with eating their meals, but staff prompted people to eat more slowly to aid digestion and a healthier metabolism. This was important for people living with PWS. Staff had involved dieticians in decisions about people's diets to ensure that people's nutritional needs were met whilst they were eating less.

• Staff supported people to combine healthy eating with exercise. This made a difference to people. A

relative had written to the service to say that the support their family member had received with food and exercise was excellent. They wrote, `[Person] has received excellent care. They are now always happy and upbeat, always busy and active.'

• Staff encouraged a person to gradually change to having healthier food options by explaining the benefits, eating healthier food themselves and successfully encouraging them to taste different healthier options. A person who liked cheeses had been supported to learn about healthier varieties of cheese and now chose those when shopping.

• Staff provided excellent care with people's eating and drinking because of their knowledge of PWS and the impact it had on people. They carefully weighed food to ensure that people had the right amounts. They monitored the amounts people had to eat and drink and were therefore able to monitor the progress people were making. They involved people in that monitoring which had a motivational effect on people because they saw the progress they were making.

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

• The premises were designed to provide a homely environment for people in the setting of a small rural village. There was no indication the Redbank House was a care home; it blended in with neighbouring family properties. There were communal areas of differing sizes to allow people to be with a large group of people and to facilitate group activities or quieter areas where people could be alone.

Ensuring consent to care and treatment is 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.

• At our last inspection on 8 June 2016 we found that the information in people's mental capacity assessments was not always consistent and that the assessments required reviewing. At this inspection we checked if improvements had been made and 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. We found that they were.

• 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). Three people at Redbank were under a DoLS and the conditions of the authorisation were being met.

• The registered manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.

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.

• People experienced positive caring relationships with the staff team. One person told us, "I want to praise the staff. They have done wonderfully hard work looking after us." Another person said, "The staff are very nice." The registered manager had made it an aim of the service to provide a family like and homely environment for people. They had succeeded. A relative told us, "All [person's] fellow residents are settled and happy. It's just lovely, I couldn't wish for a better place."

• People and staff developed caring relationships that were mutually beneficial. A strong bond existed between people and staff. People achieved things that had been beyond their imagination which had in turn led to staff being highly motivated by what people had achieved with their support.

• The staff team had the information they needed to provide individualised care and support. They were knowledgeable about people's life history. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences including what they liked to be called. They spoke to people in a kind way and offered support in a relaxed and caring manner. We saw and heard lots of laughter and conversation between people and staff.

• People's care plans included details about how people wanted to be supported on occasions they became anxious. For some people, anxiety could lead to obsessive eating which was dangerous to their health. Staff supported people by distracting them from the cause of their anxiety, often by providing an activity for the person to participate in. A person told us, "They have supported me really well to get through bad patches." For other people, anxiety could arise if they had feelings of isolation or low self-esteem. On those occasions staff provided emotional support. A person A relative told us, "[Person] needs a family feeling around them and that's what they have here."

• A relative told us, "[Person's] life has improved tremendously since being here. He is surrounded by friends. It's taken a weight off my shoulders, I don't worry about [person]." The registered manager told us, "Our proudest achievement is working with families to improve the lives of people, including their relatives."

• A relative was desperate to find a service that specialised in Prader-Willi Syndrome (PWS) they found Redbank House. There were no other services in the region that supported people with PWS. There was no vacancy at the time so the registered manager reconfigured the service to create one. This involved creating an additional room and applying to CQC to increase from seven to eight the number of people the service could legally support. They did this because they recognised that the service had the expertise to transform the person's life. The relative told us, "They fully understand [person's] behaviour and allow them as much time as they need. It's the best care they've ever had. It's just so wonderful and lovely. I would rate it outstanding." This showed that the registered manager went 'an extra mile' to support a person and their family.

Supporting people to express their views and be involved in making decisions about their care. • People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. During our visit we saw members of the staff team supporting people to make choices about how they spent their day, whether to be involved in an activity and what to eat and drink.

• When people expressed a lack of confidence or self-belief staff applied their training and experience to support people to believe that they could achieve more. People who had been withdrawn and non-participative now led active and fulfilling lives. Staff had involved them in setting incremental objectives that led to achievements people had thought were beyond them. For example, people now mixed with residents in the local village, they participated in drama groups and learnt to play musical instruments.

• People were involved in monthly reviews of their care plans which included reviewing the objectives they wanted to achieve. For some people their objective was to be more confident and to feel that they had skills and talents others appreciated. For example, a person knitted mobile phone cases for the staff. Another person who liked singing was supported to write 'rap songs', that they performed for people and staff at Redbank House.

• For people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member, advocacy services were made available. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

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

• The staff team treated people with dignity and respect. People were treated as equals amongst staff. For example, roles included ensuring that visitors signed the visitors book when they arrived They also showed visitors the fire escapes, assisting with cleaning, laundry and preparing meals.

• The staff team were aware of their responsibilities for maintaining people's privacy and dignity and developing their independence because this was promoted by the registered manager at staff meetings, supervision meetings and everyday dialogue with staff.

• People required very little support with their personal care. Staff focus was on encouraging and supporting people to develop their independence and improve the quality of their lives. This was achieved through involving people in identifying the types of activity they wanted to follow which would improve their self-esteem. For example, a person who liked to go out walking was supported to combine that with delivering newspapers to homes in the village.

• People were supported to maintain relationships with people who were important to them. People could visit at any time and told us they were made welcome by the staff team. People had formed friendships with each other. A person told us. "We get on well with each other; and another said, "One of the best things is living with people who have PWS." This contributed to a cohesive family like atmosphere at Redbank where people and staff cared for each other. This showed that the management team's holistic approach to care had been highly successful.

• The staff team understood their responsibilities for keeping people's personal information confidential and

people's personal information was stored and held in line with the provider's confidentiality policy.

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.

• People consistently received care and support based on their individual needs. Staff involved people and their families in their care plans. Every person had been involved in developing a plan that included the various stages towards an outcome, such as weight loss, learning new skills such as playing a musical instrument or taking a holiday abroad.

•People's care, treatment and support achieved outstanding outcomes, promoted a quality of life they had believed was unachievable and was based on best available evidence and research into PWS.

• People received the support of a very strong and established staff team that supported people to achieve their aspirations.

• Staff reviewed care plans with people so that they could share and celebrate the progress they made. This meant that people experienced the positive benefits of the support they received and kept them motivated. A relative had written in a care plan review, `Redbank has supported [person] to have a more fulfilling life. Achieved through persistence, patience and encouragement.'

• People's care plans were comprehensive and reflected people's personalities. Plans had a section called `What's important to me, how to support me well' that people had completed with the support of staff and / or a relative. The plans also had an agreement about how people wanted to be supported with things that were essential to their well-being, such as weight loss or control. A person had been supported to achieve an exceptionally outstanding outcome of losing nearly a third of their body weight over a period of 18 months. They achieved this because they were supported to be involved in planning their weight loss by following a structured and balanced diet. This had also supported them to reverse a related serious health condition.

• Every person had achieved an ambition. A person who had never been abroad before was supported to have a holiday abroad with another person they had befriended. Another person had become a spokesperson for people living with Prader-Willi Syndrome (PWS). They attended PWSA UK focus groups, spoke to younger people with PWS and their families and explained that there can be a good future living with PWS. They helped raise the profile of PWS by writing to politicians about it. They told us, "[Registered manager] helped me write a letter to the Prime Minister because I wanted to raise awareness about PWS. I go to conferences and I train people about PWS." They told us of their sense of fulfilment and self-esteem they had recovered and which they felt PWS had robbed them of but for the support of the service.

• People were supported to have a greater sense of self-esteem and belief that they mattered and could

influence things. They took turns as chairperson of resident's meetings at which they made decisions about activities which staff supported people to implement. For example, planning drama productions and social activities.

•Some people had taken on responsibilities such as answering the telephone, ensuring visitors signed the visitor's book or making drinks for visitors. A person supported the registered manager with filing papers. These were examples of how people were supported to understand that Redbank House was their home and that they had an important role in running it.

• People had ambitions to learn new skills and some had lessons to learn to play musical instruments; others attended drama and dance classes; a person attended computer classes. People used those skills to entertain each other at Redbank House. Every person participated in a seasonal drama production in the local village hall. Six people took part in a sponsored walk for the PWSA and raised a sizeable amount of money. Some were so determined that they walked the course twice. This showed how people were supported to build their confidence and self-esteem and to be inspired. A relative told us, "Two years ago [person] was timid, they wouldn't raise their head, make eye contact or engage in conversation. Now they are beaming!" People valued their activities. A person told us, "The activities are good because they help us bond with people."

• Staff respected people's choices about their care and support. People chose each day how they wanted to spend their time. Whilst they mostly participated in activities they had planned, on occasions they chose not to. Staff respected their choice and offered alternatives. For example, on the day of our inspection visit a person decided not to go out as planned. Staff showed innovation and flexibility by offering recreational activities such as singing and games that the person clearly enjoyed.

• The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The registered manager had reviewed every person's care plan and included information in formats that people understood. The complaints procedure was available in an easy-to-read format as were survey forms that were used to obtain people's feedback.

Improving care quality in response to complaints or concerns.

• People knew who to talk to if they had a concern or complaint of any kind. A formal complaints process was in place and this was displayed for people's information. We asked people what they would do if they had a complaint or concern of any kind. They told us they knew what the complaints procedure was and that they would follow it if they had a complaint.

• Under the provider's complaints procedure complaints were investigated by the registered manager. A person could have their compliant reviewed by a managing director and could appeal to a complaints appeal panel if they were dissatisfied with the outcome. People were advised they could refer their complaint to the local government ombudsman if they were dissatisfied with how their complaint was handled. The management team used the complaints received as an opportunity to improve the service.

End of life care and support.

• People who used the service were younger adults who at this stage of their life had chosen not to discuss their preferences for end of life care. Staff supported people to lead healthier life styles that improved the

quality of their lives.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, personcentred 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.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

• The service was distinctive because it specialised in supporting people who lived with PWS. The registered manager was recognised as being exceptionally knowledgeable about PWS. They passed their knowledge and enthusiasm onto the staff team.

• The staff team were aware of people's individual needs. They provided care and support that ensured outstanding outcomes for people that had transformed their lives.

• People were at the heart of the service and they were supported to overcome the significant challenges of living with PWS. People achieved life changing outcomes, such as significant weight loss that reversed a life-threatening condition or becoming a recognised spokes-person for people living with PWS.

• People achieved outstanding outcomes because of the quality of the leadership of the service and the staff. The registered manager encouraged and supported to think creatively about how to support people to expand their horizons and increase their self-esteem. They did this by recognising people's interests and talents and building on them. For example, by arranging music lessons, drama groups and other activities that involved people in the village community.

• The service was focussed on the people using it with clear recognition given to the fact that it was their home.

• The provider's policies and procedures promoted a culture that was open and inclusive. Staff had access to whistle-blowing procedures through which they could raise concerns about the service with senior management. The recognised they had a duty of candour to let people, relatives, local authorities and CQC know about incidents of things going wrong.

Continuous learning and improving care

• The service was exceptionally well led. Staff at all levels understood their roles and responsibilities. They were encouraged to think creatively about how they could continually support people to raise the bar for what they could achieve. People who had low self-esteem had been supported to excel. For example, a person had become active in raising the profile of Prader-Willi Syndrome (PWS) locally and in the east midlands; another had transformed their life through weight loss and others grown in confidence to the extent that they were active members of the local community. All this had been possible because of the

inspirational leadership of the registered manager.

• The registered manager had systems in place to monitor the quality and safety of the service and ensuring that people experienced outstanding care. The provider carried out stringent inspections of the service that held the registered manager to account and inspired them to continually improve. We saw a recent audit report by a senior manager with an annotation 'brilliant audit.' The service consistently achieved high scores (90% or more) against very demanding criteria.

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

• People and their relatives were given the opportunity to share their thoughts on the service being provided. This was through reviews of care plans in which relatives said they were very much involved.

• People actively involved in the recruitment process. They either spoke with job applicants whilst they waited to be interviewed or they took part in the recruitment interview. Their opinions were considered when decisions were made about whether to offer a person a job at Redbank House. People were actively involved in decisions about who worked at Redbank House and which staff supported them.

• People were actively involved in decisions about the decoration of Redbank House. A person told us that they had chosen to have a newly built room. They said, "I chose the colours and carpets."

• There were high levels of satisfaction across the workforce because of what they helped people to achieve. Staff were continually supported to develop their careers and specialist knowledge of PWS. This gave them opportunities for promotion. There was equality and inclusion across the workforce and all staff felt that they made an important contribution to the service and they felt valued. Redbank House had a strong reputation and was a place that people wanted to work at, but opportunities were few and far between because there was so little turnover of staff.

• Staff we spoke with felt very well supported by the management team. One said, "Management are approachable at all times." Comments staff made in a recent staff survey were positive about the service and its leadership. Comments included, 'It is a friendly / brilliant place to work', `Well managed, every effort to fulfil service user's lives' and `Extremely well managed.'

• Staff were highly motivated by the ethos and values of the service and the belief that they could support people to have fulfilling lives. Staff told us that what people had achieved motivated them to expand people's horizons even further by exploring with them how they might do that. Staff were encouraged to identify people's hidden talents and abilities. For example, people who helped organise drama productions were gradually supported to take on 'acting' roles which was more challenging and resulted in people building their confidence and self-esteem even higher.

• Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions, day to day conversations with the management team.

• Quarterly surveys were used to gather feedback from people, their relatives, staff and professionals. The survey results showed that respondents consistently thought highly of the service.

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

• The registered manager understood their legal responsibility for notifying the Care Quality Commission of

deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display on the provider's website and within the service.

• People using the service spoke positively about the registered manager and management team and they knew who to speak with if they had any issues. They felt the service was well managed and the registered manager and the staff team were friendly and approachable. A person told us, "[The registered manager] has done a wonderful job."

• There were procedures in place, which enabled and supported the staff team to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality and diversity and human rights. The supervision process, training programme and access to the latest information from the PSWA UK ensured the staff kept their knowledge and skills up to date.

Working in partnership with others.

• The registered manager and management team had established and maintained strong links with national and international organisations that were experts in the field of Prada-Willi Syndrome (PWS). The registered manager had developed the service into one that specialised in supporting people who lived with PWS. Redbank House was recognised as a pioneer service and was much in demand in the east midlands.

• The provider had increased the capacity of the service to provide support for an additional person by working with commissioners of services. The provider had successfully applied to CQC to change their conditions of registration to increase from seven to eight the number of people that could be supported.

• The service was affiliated to the PWSA UK. The service promoted the rights of people living with PWS. A person was supported to become an active and influential member of a PWSA UK focus group. They provided support for others and widened the message of what it meant to live with PWS to the wider community.