

Parkcare Homes (No.2) Limited

Riverview

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

The service was a large home, bigger than most domestic style properties. Riverview is registered to provide accommodation and personal care for up to nine young adults with learning disabilities, and at the time of our inspection there were nine people living there. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the layout of the service. This consisted of six self-contained flats and two rooms.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. In 2017 Riverview won a national best practice award for using innovative ways to reduce physical intervention and increase positive outcomes for people. The service used a PBS (positive behaviour support) approach which recognised the impact the environment and negativity

had on people's behaviour, and enabled staff to build a bespoke personalised environment for the individuals they were supporting. This had greatly reduced the stress and anxiety levels of people living at Riverview. Incidences of behaviour that challenges had reduced, and PRN (as and when required) medication had been required on just one occasion in the previous 12 months. A thorough analysis and investigation was completed if things went wrong, and any learning used to further reduce the risk of harm to people.

Without exception, people were supported to achieve their goals. The staff and management team were creative, committed and determined to support people to live independent lives and challenge the barriers to people with autism. The service promoted positive outcomes for people through positive risk taking. As a consequence, people were engaging with their families and local community, and achieving goals which had previously been unthinkable for them.

People were valued and placed at the centre of the service. Staff promoted their privacy and dignity, enabling them to make choices and have as much control and independence as possible. The service used a variety of methods to facilitate this including supporting people with communication, assistive technology, providing information in an accessible format, a consistent staff team who knew people extremely well and one to one 'Your Voice' meetings.

The management team and staff genuinely cared for the people they were supporting. They advocated for them at every opportunity. They were there for them and their families when they were in hospital or at the end of their lives. They ensured people were able to maintain contact with their families, even when they were hundreds of miles away, using Skype so that they could see them.

Staff knew people extremely well and were skilled at responding to their needs. Training was of a high quality and gave staff the skills and knowledge they needed to support people safely and effectively. Their learning was continually reviewed and reflected on, so that they could understand how it linked with their practice. The management team were supported by the provider to continue their own professional development, using their learning to improve their leadership skills and develop the staff team.

The service was exceptionally well led. The providers ethos was strongly promoted and modelled by the management team. They demonstrated a commitment to valuing people as individuals, supporting them to meet their full potential and achieve their individual aspirations. The management team demonstrated an open and transparent management style and were fully engaged with people and staff at the service. Robust quality assurance systems ensured the continued quality and safety of the service and continued to drive improvement. This ultimately improved the outcomes for people living at Riverview.

Since the last inspection, they had continued to move forward and develop what was an already outstanding service.

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

Rating at last inspection

The last rating for this service was outstanding (published 3 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service until we return to visit in line with 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?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

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.

Outstanding 

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 

Riverview

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.

Inspection team:

The inspection team consisted of an adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Riverview is a care home. People in care homes receive accommodation and nursing and 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 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:

The inspection was unannounced and took place on 23 and 24 July 2019.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

People who lived at Riverview had some communication difficulties due to their learning disability and associated conditions, such as autism. Although some people were able to communicate verbally this was

in most cases very limited and people were not able to understand and provide information and feedback about their care and experiences at Riverview. We spent time with people as they went about their daily routines and observed the care and support being provided.

We spoke with five relatives and eleven members of staff including the registered manager and deputy manager. We also spoke with the providers positive behavioural support specialist and a visiting health and social care professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, 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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to outstanding.

This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management.

- Relatives told us their family member was safe at Riverview, commenting, "We always used to worry but now we don't worry."
- Positive risk taking was promoted and people were empowered to take maximum control of their lives. For example, one person had moved to Riverview from a secure unit. On arrival they were distressed and showing behaviours that were very challenging for staff to manage. High levels of PRN (as and when required) medication and physical intervention were needed to keep the person and others safe. At the time of the inspection the person had not had any PRN medication for two years and was living their best life, enjoying daily outings and activities in the community. Feedback from their relative stated, "Because of the fantastic support and positive approach you all follow, that is the reason I have my old [person's name] back."
- There was a focus on minimising restrictive practices. Staff told us, "We minimise restrictions as much as we possibly can. We have them in place while they are needed but review and risk assess all the time as we reduce them, involving families and our PBS (positive behaviour support) specialist." As a consequence, physical interventions had been significantly reduced and PRN medication had been required on just one occasion in the previous 12 months.
- People were supported on a 1 to 1, or 2 to 1 basis by consistent staff who knew them extremely well. Risk assessments were detailed, with information about people's routines and preferences. They included guidance about how to support people if they became distressed and there was an escalation in their behaviour.
- Staff received specialist training and support from the service's PBS (positive behaviour support) specialist. This approach recognised the impact the environment and negativity had on people's behaviour, and enabled staff to build a bespoke personalised environment for the individuals they were supporting. For example, action had been taken to minimise noise and visual stimulation in communal areas as this was less stressful for people. Staff communicated with walkie talkies, so they didn't need to shout, and staff handovers took place away from people. There was no longer a weekly food delivery, as people found this chaotic and disruptive. Pictures in the corridors had been too visually stimulating for people, who were much calmer now they had been removed.
- Staff were fully involved in assessing risks and developing positive behaviour support plans in conjunction with the specialist behavioural support practitioner and learning disability intensive assessment and treatment team. This meant the in-depth knowledge of people's needs, anxieties and routines were fully

incorporated into their positive behaviour support plans. For example, it was found that one person found the transition from day time activities to the less structured evening difficult to cope with. A plan was made for staff to provide calm support to the person in their room during this period. Subsequent analysis found this intervention was effective because the person experienced a reduction in the number of incidents at this time of day.

- Staff were trained in conflict resolution and carried personal alarms and walkie talkies, so they could call for assistance when required. If they were the target of physical aggression, they were debriefed and given the time and support they needed. Comments included, "I feel very safe working here. We all know the clients really well, and the risks they pose themselves or us. Two things make me feel safe. One, we're trained properly and two, we're looked after and supported by the management team" and, "We'd be supported if a resident was aggressive. I have complete confidence in the management team to support us in such a situation. Everyone is about being safe".
- Regular health and safety checks were completed to ensure the environment remained safe for people. Each person had a personal emergency evacuation plan in place (PEEPS) which gave guidance to staff and the emergency service on the support they would require to leave the building in an emergency. People were supported to understand what to do in the event of an emergency. For example, information about evacuation was displayed in the flats in an 'easy read' format. One person who previously relied on the support of staff when the fire alarm went off, now went to the door unaided.

Systems and processes to safeguard people from the risk of abuse

- People appeared happy and relaxed with staff in the home. Relatives confirmed they felt their family member was protected and kept safe.
- Staff received regular training in safeguarding people from the risk of abuse and understood their responsibility in reporting concerns. Safeguarding was discussed in every supervision meeting.
- There was a whistleblowing policy in place. Staff told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people. The manager said they encouraged a 'no blame' culture, telling us, "It's important we are open, otherwise people will stop reporting."
- There was a high risk of safeguarding incidents occurring between people living at Riverview. However, due to staff's exceptionally skilled approach and in-depth understanding of people's needs, incidents between people were rare. Where there had been incidents the staff team had worked to ensure a detailed analysis and investigation was completed, to identify any action required to minimise the risk of recurrence. For example, there had previously been frequent safeguarding incidents between two people. Working with IATT (the intensive assessment and treatment team), the service had identified and made environmental changes to reduce over stimulation and stress. The number of incidents had reduced significantly. This had reduced anxiety levels and the need for physical intervention, leading to an improved quality of life for the people concerned.

Staffing and recruitment

- There were enough staff on duty to meet people's assessed needs for 1 to 1, or 2 to 1 support when in the community. The deputy manager was available if additional support was needed, working 32 hours 'on the floor'.
- People were supported by a consistent and stable staff team. One member of staff told us, "A good indication of how settled things are here is that we haven't needed any agency care staff to cover shifts for over a year now."
- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service.
- Recruitment processes were rigorous, and values based, to ensure caring staff with the right approach

were employed.

Using medicines safely

- The service supported a national project called STOMP. This stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. Staff worked proactively with people to reduce the amount of medicines they were taking and to minimise the use of PRN (as and when required) medicines. People's medicines were regularly reviewed and, working alongside health care professionals and developing strategies to support people to manage their anxiety, they had been able to significantly reduce the amount of medicines they were taking.
- There were effective systems to ensure medicines were ordered, stored, administered and monitored safely. The service ensured staff were trained and competent before allowing them to administer medication, and their competency was reassessed regularly. Protocols were in place for the use of PRN medication.
- There was a person-centred approach to medicines administration. People had their medication with them wherever they were, in their flats or out in the community. This meant they were able to take them at the prescribed time whatever they were doing.

Preventing and controlling infection

- Systems were in place to help prevent and control infection. The home looked clean and hygienic and there were no strong odours. Staff were provided with personal protective equipment for use to prevent the spread of Infections.
- Staff had received training in infection control and understood what action to take to minimise the risk of cross infection, such as the use of gloves, aprons and good hand hygiene to protect people. We observed this being used as required.

Learning lessons when things go wrong

- There were effective systems for capturing relevant information from incidents. The management team, with the support of the PBS practitioner, used this information to identify learning which could help reduce the likelihood of a repeat occurrence.
- Any significant events were investigated and reviewed. Learning was shared with staff through team meetings and staff handovers. Staff were supported to reflect on events when any incidents relating to behaviours which challenged occurred.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has stayed the same..

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

- Relatives told us that the support provided to their family member was of a high quality, saying, "They are absolutely fantastic. This is the best thing that's ever happened to our family member. You wouldn't believe it was the same person. Before they were underweight and unhappy. Now they are the best they have ever been."
- People's physical, mental health and social care needs were fully assessed prior to moving to the home to confirm their needs could be met by the provider. There was a significant amount of work put in by the team to ensure a smooth transition to the home. One person's 12-week transition from a secure hospital setting began with two staff visiting them daily for six weeks, shadowing staff and gradually taking over their support. The person was shown pictures of their new environment, and their support package and flat were gradually developed around them as their needs and preferences became known. As a consequence, the person had settled well at Riverview and initial restrictions were gradually being removed. For example, the television the lounge no longer needed to be in a box on the wall to prevent it being damaged.
- Care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. The registered manager had worked with Skills for Care to promote good practice guidance around getting the environment to fit the person rather than expecting the person to fit the environment. The guidance stated, "Time and time again we see that getting this right increases an individual's sense of self-worth, purpose and belonging, improves their mental health and wellbeing and gives them increased control and personalisation." It described how they supported one person to find coping strategies when they were unhappy and communicate how they were feeling, rather than using negative behaviours. Consequently, over time the person was able to access the local community and work towards achieving their potential.
- The service applied the overall principles and values of Registering the Right Support (RRS) and other national guidance for supporting people who live with a learning disability. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.

Staff support: induction, training, skills and experience

- Staff were skilled and effective in supporting people with a high level of needs. A visiting professional told us, "I see staff that are empowered to do their jobs and encouraged to share skills. As a result, everyone knows every client very well and consequently they are very effective in carrying out their duties." Relatives

said, "The training is above and beyond. All the staff are singing from the same hymn sheet and operating from policy."

- Staff completed an induction programme and new care workers were enrolled on the Care Certificate which is a nationally recognised set of standards that gives new staff an introduction to their roles and responsibilities. Staff were supported to keep their professional practice and knowledge updated in line with best practice through training relevant to the people using the service. This included training around how to support people with learning disabilities, autism, epilepsy training, equality and diversity, safeguarding vulnerable adults and legislation including the Mental Capacity Act (2005).
- The organisation placed an emphasis on staff getting the right training to care for people using the service and working with the right professionals to embed best practice. As part of this, the provider employed a behavioural analyst who provided training in Positive Behaviour Support (PBS) techniques. PBS is a person-centred approach to people with a learning disability who may be at risk of displaying challenging behaviours. Training involving physical intervention was delivered by the Deputy Manager and specific to the individuals using the service
- The behavioural analyst and management team supported staff to effectively use their training through continued analysis and review of their interactions with the people they were supporting to ensure they were the least restrictive. This meant there was a clear connection between training and real outcomes and it provided staff with a better understanding of why they were implementing practices. A visiting professional said, "There's no corner cutting on training. The culture is that training matters, and it's way more than just expecting a carer to log onto an e-learning package and thinking that'll do."
- Staff said, and records confirmed, they had supervision and were appraised annually. The registered manager and deputy manager were very visible around the home and met with staff daily. Staff said they were able to raise concerns and issues with them, and they would always be ready to advise and assist them.

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

- The service empowered people to understand and access the healthcare support they needed. For example, one person required a hospital admission, which had previously been an extremely distressing experience requiring PRN medication and restraint. Staff worked closely with the person to involve them in the process. They took them to meet the hospital team beforehand and developed an 'easy read' social story to help them understand what was going to happen. This included photographs of the staff that would be there to support them and a step by step itinerary. As a consequence, the person underwent the medical procedure with no distress. Following the procedure there was a significant improvement in their mood and interaction because they were pain free.
- People were supported by a wide range of external health and social care professionals, including the SALT (Speech and Language Therapy) team and the learning disability intensive assessment and treatment team. Advice was well recorded, accessible and consistently followed.
- People were supported to have an annual health screening by their GP, either at the surgery with staff support, or at Riverview if they were unable to attend. This meant any health issues could be identified and treated promptly as required.
- People had hospital passports, and staff continued to support people during hospital stays, providing consistency and ensuring their views were taken into account.

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

- The service ensured people received the support they needed to maintain their nutrition and hydration. This required a detailed understanding of any risks, preferences and the support people required. For example, we observed staff providing reassurance to a person with a history of eating disorder, who was

becoming anxious as lunchtime approached.

- Measures had been taken to minimise any stress for people at meal times. People were supported to eat in their flats, quiet rooms and the lounge at a time of their choosing, rather than in a communal dining room which could be over stimulating. This meant they were more likely to eat because they were more relaxed, did not feel rushed and were not governed by set meal times.
- People's independence around food choice and preparation was promoted. They were encouraged to make healthy food choices, shop for ingredients and prepare their meals with staff support. One person found preparing food in the main kitchen too stressful, which triggered incidents of behaviour that challenged. The service installed a fully fitted kitchen and hob in their flat, so they could prepare their own meals in a calm environment, with staff support. Their independence and confidence in meal preparation had improved as a consequence.
- Care plans recorded dietary preferences, and food and fluid intake was documented in the daily notes and regularly monitored. People at risk of choking had been referred to a Speech and Language Therapist (SALT), who identified where people required individualised support, and provided guidance to staff. Information about safe swallowing was displayed to prompt staff, and we observed them reminding people about the importance of swallowing slowly and carefully when drinking or eating.

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.

- Staff consistently asked people for their consent before providing any support and acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. This was through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). Records showed people's capacity to consent had been assessed and best interests' discussions and meetings had taken place, for example in relation to the administration of a nasal flu vaccine. Information had been provided in an 'easy read' format, so the person was able to make a meaningful contribution to the decision process. This demonstrated that staff worked in accordance with the MCA.
- The service had referred people for an assessment under DoLS as required. Any restrictions imposed on people were kept under close review, to ensure they were absolutely necessary to maintain the persons safety. An independent advocate supporting a person at the service commented, "The way they manage the DoLS process is of a high quality. Staff are very knowledgeable, record keeping detailed and proactive and

any restrictions are sensitively managed"

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

- People lived in an environment designed to enhance their quality of life and promote their independence. The service had originally been a 15 bed residential home. This had been converted into six flats and two bedrooms creating a more person-centred environment, where people had more control over their surroundings and their own access to the garden if they wanted it. The PIR (provider information return) stated, "By doing this we have seen a reduction in anxieties, behaviours that challenge and an increase in service user engagement with staff and peers."
- People had been supported to decorate their flats according to their tastes and needs. For example, one flat had been adapted to include a kitchenette and a wet room, promoting the persons independence.
- People were supported to use information technology and equipment. For example, tablet computers facilitated the sharing of information in a format relevant to the person. People also used them to skype with relatives and play music and games. Videos were used as a tool to familiarise and desensitise people when introducing them to new activities.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Relatives told us this was an exceptionally caring service, which led to positive outcomes for people. Relatives commented, "The biggest thank you for giving [person's name] such a wonderful life. Better than I ever expected for them two years ago" and, "[Person's name] never used to make happy noises. Now they do, and we are absolutely delighted."
- The provider had worked to develop a caring culture at the service. The PIR stated, "At Riverview the culture has been carefully cultivated with all staff. Staff work with the ethos that they work in the individual's home and should be treated as such. We have a strong culture of being open, honest, supportive and transparent...The home frequently is complimented on the positive culture by families and professionals alike."
- Staff demonstrated a passion for providing high quality care, which was clearly visible throughout the inspection. Comments included, "We aren't carers, we are support workers who support people to live the best life they can with no limits, and as independently as possible", and "I've seen how much some of the guys have really progressed in their life, from what they've come from." They described how one person had recently achieved their goal of a long day out. "It was a long ride, with the windows down and the music on. They were really happy."
- People's achievements were celebrated in a personal scrapbook which was updated annually with photographs of significant events. For example, one person had been to a music festival, and spent several hours shopping for Christmas presents. This had been a big achievement for them, as they previously only went out for short periods. The book stated, "I also managed the crowds really well. I really enjoyed this and showed no signs of anxious behaviours. I was so happy."
- An equality, diversity and human rights approach was firmly embedded at the service. The PIR stated, "All individuals at Riverview should have the same human rights as individuals without a disability." People had as much choice and control as possible in their lives. They lived independently in their own flats with skilled support. All the people living at the service had their own cars, which meant there was no restriction on when they could go out. They played an active role in the local community, doing their own shopping and attending activities and events.

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

- People were treated as active partners in their care. For example, they were given a 'Service User Guide', in a format they could understand, with clear language, symbols and photographs. It contained information on a range of topics including what the service did, keeping safe, policies, training and person-centred

thinking. They were referred for advocacy support if required.

- People had monthly one to one 'Your Voice' meetings, which provided an opportunity for them to review their care, be updated about any changes in the service and give feedback. This process could take a couple of days, to ensure it was meaningful and represented the persons views. Minutes included photographs documenting activities and notable events such as birthdays.
- People and their relatives completed regular satisfaction surveys. The results informed an action plan which was used to develop the service.
- The service was proactive in ensuring people had regular contact with their relatives if they wished, face to face or using Skype. Relatives told us, "If there are any problems we are always kept informed They always send a care plan for us to see and photographs. We trust them. There is mutual trust." They told us the support provided at Riverview had a positive impact on their relationship with their family member, saying "We see progress and continuity. Before [person's name] wouldn't talk to us for a minute. They now stay for 20 minutes. They go out more. We have even been to a restaurant with them."

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

- Staff completed training in Equality and Diversity and Dignity and Respect as part of their induction. The learning was reinforced through the appointment of a 'dignity champion', who acted as a role model for staff and gave feedback about the quality of their interactions with people. They also promoted the providers core principles of dignity to ensure people were valued, received person centred care and support and that their dignity was respected and promoted.
- Staff told us, and we observed, that they treated people with dignity and respect. One member of staff said, "We're not coming into our workplace we are coming into their home." All interactions we saw were respectful, patient and kind. Staff told us how they ensured people's privacy when supporting them with personal care and respected their privacy should they wish to express themselves sexually. A notice on one person's front door asked visitors not to use the doorbell before 10am, but to knock instead
- People's independence was actively promoted. For example, one person's scrapbook celebrated their achievements in day to day living activities, such as doing the washing up, getting dressed and cleaning their flat. Relatives described how their family member had a proper hair cut for the first time, saying, "They are going to try and take him to a barber shop and are looking for a friendly barber. They are always encouraging him to try new things."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same.

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.

- The service strove to provide exceptionally responsive care. Care and support was tailored to meet each individual's needs and wishes, which meant there were positive and meaningful outcomes for people. People were allocated a key worker based on their personality and interests, to facilitate the development of a positive working relationship. For example, a person who enjoyed playing the guitar was supported by staff who were also musical. The manager told us it could take six months of observation to determine whether a new member of staff was a good 'fit' for a person.
- People identified individual goals with the support of their keyworker. The steps to achieve the goal were meticulously planned to ensure they were achievable for the person. The outcome was evaluated with the person and their achievements celebrated. For example, after an 18-week programme of personalised support, a person was able to go swimming. There had been several stages to this gradual process, involving driving to the swimming pool and back, looking at pictures of swimming pools, parking in the swimming pool car park and having a drink, and looking at the pool. They were now able to go in and get changed independently and enjoy swimming for half an hour.
- People had a full needs assessment and a care and support plan. This was person centred and included, "What people like and admire about me" and "What is important to me." It contained detailed information about the person's social and medical history, communication needs, sensory needs, capacity and consent, routines, important relationships, likes and dislikes and goals and aspirations.
- A positive behavioural support plan enabled staff to understand people's individual behaviours and what they were communicating, as well as identify any environmental changes the person needed. For example, one care plan advised the person was better if given instruction in a quiet room, "This so they are away from busy environments, as they can get confused when around lots of conversation which can lead to anxieties and physical aggression towards others."
- The service was highly responsive to identifying changes in people's needs and ensuring they continued to be supported appropriately. Care plans were 'live documents' and reviewed at least monthly. Any updates were shared with the person. Staff knew the people they were supporting extremely well, closely monitoring their interactions and responses to the support provided. This meant they were alert to any changes in the person's behaviour or need for support. The PIR stated, "When the needs of an individual change we adapt what we do, for example through training, environment, communication or additional/decreased support hours."

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

- There was a strong focus on activities and community participation at Riverview. The PIR stated, "Many of the individuals at Riverview have trouble forming friendships and engaging with others in the local community. The feeling of social validity is hugely important and lack of this can negatively impact on a person's wellbeing and quality of life."
- Activity participation had increased over the previous 12 months, and some people were taking part in activities for the first time in their lives. A member of staff told us, "There's so much put on for the service users to do here. You have to have a clear routine for those with autism, but within that framework, we try to give them as much choice as possible." No two people experienced the same day as people were supported to enjoy individual and personalised activities and interests that were unique to them. This included walks on the moors, meals out, visits to wildlife parks and meeting up with family and friends. All activities were comprehensively risk assessed to ensure the safety of the person and others around them.
- People were pushing boundaries and building their confidence. For example, one person was supported to go to a night club for people with additional needs. They had become more confident with socialising and were now less anxious, with less behaviour that challenged. People were interacting more with others in the community. Staff encouraged them to take the lead when communicating with the public, when shopping or buying a coffee. As a result, shop staff now remembered people's names and said hello to them or asked after them if they hadn't seen them for a while.

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.

- Staff had a clear understanding of each person's individual communication preferences and were able to understand each person's requests and concerns.
- People's individual communication needs were identified during their initial assessment and reviewed as required. This meant support plans contained clear and up to date information about people's communication needs. This included a 'communication dictionary' for people who did not use words to talk, indicating how they expressed 'yes' and 'no' or whether they were bored hungry, thirsty or upset.
- The service used a variety of tools to support people with communication, including communication boards with signs, symbols and pictures, and assistive technology such as hand-held computers. Key information was provided in an 'easy read' accessible format, including meeting minutes, menus, emergency plans and guidance related to Mental Capacity Assessments, Advocacy Services, Service User Satisfaction Survey and Safeguarding.

Improving care quality in response to complaints or concerns.

- There was a clear complaints policy which people received in an accessible 'easy read' format, and people and their representatives were encouraged to raise any complaints and concerns. Support plans described how a person unable to verbalise a complaint might communicate their dissatisfaction. For example, "[Persons name] is unable to voice concerns or make a complaint. They will show they are not happy by displaying anxious and self-injurious behaviour. [Relative's name] is involved in their care and would make a complaint if they were unhappy with the care received."

End of life care and support.

- People were supported at the end of their life to have a comfortable, dignified and pain free death. The staff team had a constructive relationship with the local hospice and received end of life training from them.

They were working with people and their families to document what they and their loved one wanted to happen at the end of their lives. Relatives told us this difficult issue was being managed sensitively.

- Staff had advocated for one person to have the treatment they required at the end of their life and worked closely with the person's family and local hospice to support them. They enabled the person to stay in familiar surroundings and gain an understanding of what was happening to them. Feedback from health professionals said, "Very impressed with the level of care and the affection shown for the patient."

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.)

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding

This meant 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 their duty of candour responsibility.

- The service was led by an extremely motivated management team. They were passionate about enabling the people at Riverview to live their best lives. Skills for Care had published an interview with the registered manager about their leadership style and the culture at Riverview. This also formed part of Skills for Care 'Culture for Care Managers' learning materials. Relatives commented, "The leadership is fantastic. [Managers name] is brilliant and [deputies name] is phenomenal. Their commitment to the service is wonderful."
- The provider and management team embraced positive change and best practice for people with a learning disability. They identified a new 'vision' annually, which was a focus for the staff team for that year. In 2019 the vision was 'to promote positive outcomes through positive risk taking'. A presentation to the staff team identified why this necessary, how it would be achieved and what the outcomes would be for people. It stated, "Without taking risks, you'll never know what is possible."
- The ethos of the service was understood and shared across the staff team. The management team acted as role models, working alongside staff to support people on a daily basis. They promoted a person-centred culture which embraced positive risk taking, balancing peoples' safety with their right to live full and varied lives. A visiting professional told us, "There's a striking one team culture here. Standards are consistently high and that comes from the top. Staff are empowered and trusted"
- There was an open and transparent culture at the service. The strong visibility of the management team allowed staff to raise any issues or concerns as they arose, which were addressed immediately for the benefit of the people living there. A member of staff told us, "I don't think I've ever asked a question that [managers name] hasn't been able to give me the answer or shown me how to find out myself. "

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

- There were clear processes in place to ensure effective monitoring and accountability. Staff received regular supervision and their practice was observed. Senior staff team members had clear areas of responsibility, including medication, activities, infection control and dignity, and ensured high standards were maintained in these areas. Information about the number of incidents, medication errors, agency use, and staff absence was shared with the staff team, to enhance their understanding of their role in providing a safe service. The service met its regulatory requirements to provide us with statutory notifications as required.

- The service was consistently assessed to ensure its' safety and quality. Regular checks and ongoing monitoring were completed by the management team and the provider to ensure robust oversight of the service at all levels. This included a review of the service based on the CQC's key lines of enquiry, in order to identify what was required to make it an outstanding service. The results of the audits were analysed to identify trends and actions needed to improve the quality and safety of the service. Monthly governance meetings were held to review the progress being made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The service continually sought feedback and the views of people, relatives, staff and other stake holders. They were committed to ensuring the people at the service had a 'voice' and were able to make a meaningful contribution to the running of the service. This was achieved in a variety of ways including supporting people with communication, the provision of meeting minutes and policy documents in an accessible format, and a consistent staff team who knew people extremely well. The one to one 'Your Voice' meetings provided an opportunity for people to contribute 'Your words, thoughts and feelings', and be updated about developments at the service, such as the new complaints policy and changes to the staff team.

- Staff were fully engaged and involved. Their views were sought through a staff engagement survey and at regular staff meetings. 'Say something nice' cards gave them an opportunity to support and value their colleagues. There was a focus on building a strong and committed staff team with opportunities for progression. The registered manager told us, "Our team is the foundation of Riverview, so valuing individuals and offering support and mentoring is key. Each individual brings something extraordinary to the team. Their commitment, empathy, honesty and integrity supports our service to be outstanding for the individuals we support."

- The management team were committed to building positive relationships with the local community, engaging them and seeking feedback about the service. For example, staff carried Riverview business cards with them, so that members of the public could provide feedback, positive or negative, if they wished. Members of the local community and businesses attended a garden party at Riverview to celebrate the winning of an award.

Continuous learning and improving care and working in partnership with others

- The provider ensured staff were celebrated and recognised for their achievements both nationally and locally. For example, in 2017 Riverview won a best practice award for using innovative ways to reduce physical intervention and increase positive outcomes for people. In 2018 Team Riverview won gold in the Team of Excellence Award at the Outstanding Care awards for Devon and Cornwall. The PIR stated, "This was due to the culture, dedication, passion and positive outcomes achieved for individuals who live here."

- The provider was committed to improving and sharing knowledge of best practice. They provided regular support and supervision to the managers of their services who disseminated their learning across their staff teams. There were monthly regional managers meetings, where managers could network and share ideas, and keep up to date with developments. They also distributed a weekly newsletter, which contained information about changes to legislation, policies and procedures and good practice stories. Staff were supported to attend national events such as 'The Autism Show' and 'The Care Show', where they could further their knowledge and skills. The registered manager had links with a range of forums. For example, they attended the local care managers network and accessed the STORM care managers network, which is one of the largest online support forums for social care managers.