

Orchard View Care Services Limited

Southview

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 11 and 18 April 2018.

Southview is registered to provide accommodation with personal care for up to six adults. Southview is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

It is also registered to provide personal care in people's own homes, such as for domiciliary care and supported living. The service is intended for people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were six people living within Southview and 15 people were receiving a service within their own homes. The times of visits ranged from 30 minutes, up to four times per day to 24 hours per day.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff were highly skilled and had a natural aptitude to give reassurance and comfort. They treated people with the utmost dignity and respect when helping them with daily living tasks.

People received exceptionally personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social needs.

The service strived to provide people and those that matter to them with rich and fulfilled lives. They had actively sourced new opportunities for people to connect with the world and with others. An innovative community project introduced since the last inspection was arranging for people to attend Exeter prison gym. Lots of work was undertaken to make this connection.

People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance.

The provider was forward thinking. They provided strong leadership; was a good role model for all staff and drove up excellent practice to provide people with opportunities. They had established a service where staff were clear about the values and ethos of the service. It had a positive culture that was person-centred, open, inclusive and empowering. Staff were supported to reach their true potential.

Relatives, professionals and staff described the service in outstanding terms. A relative commented: "My sister spent many happy years at Southview. Southview was everything we could have wished for, happy,

supportive, professional staff and management. A happy home. I would not only recommend Southview I would say it should be held up as a beacon of excellence."

People felt safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

There were effective staff recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately.

The provider strived to provide the best possible service for people. A number of effective methods were used to assess the quality and safety of the service people received and changes and improvements were made in response.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service was extremely responsive to people's needs.

People received exceptionally personalised care and support specific to their needs, preferences and diversity.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways.

People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The provider was forward thinking. They provided strong leadership; was a good role model for all staff and drove up excellent practice to provide people with opportunities. They had established a service where staff were clear about the values and ethos of the service. It had a positive culture that was person-centred, open, inclusive and empowering.

The service had a positive culture that was person-centred, open, inclusive and empowering.

The registered manager strived to provide the best possible service for people.

The provider worked alongside staff on a regular basis which enabled them to fully understand every person's care needs.

Staff were supported to reach their true potential.

A number of effective methods were used to assess the quality and safety of the service people received and changes and improvements were made in response.

Southview

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 11 and 18 April 2018.

The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke to four people receiving a service and nine members of staff, which included the registered manager and community manager. We also spent time in communal areas observing the interactions between people and staff.

We reviewed four people's care files, four staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from six relatives and three professionals.

Is the service safe?

Our findings

The service continued to provide safe care to people. People were not able to comment directly on whether they felt safe. We spent time in communal areas and spoke with staff to help us make a judgement about whether people were protected from abuse. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people seemed happy. Relatives commented: "They (staff) are so good, (relative) feels secure. They (staff) look after her well" and "No concerns, just very happy." A professional commented: "They (staff) showed repeatedly that they were concerned about wellbeing. I was supported in my contacts with the individual to ensure we met their needs appropriately and they remained safe."

Staff demonstrated an understanding of what might constitute abuse. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission (CQC). Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed. Safeguarding concerns had also been reported appropriately to both the local authority and CQC.

People's individual risks were identified and risk assessment reviews were carried out to identify ways to keep people safe. For example, risk assessments for behaviour management and accessing the local community safely travelling in vehicles. Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging. A professional from the intensive assessment and treatment team (IATT) commented: "I completed my assessment and along with the family, managers, key staff, social care and IATT we developed the positive behaviour support plan. We were able to form a multi-disciplinary core group which this provider attended. They also attended a best practice forum organised by IATT."

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and local community.

The registered manager explained that during the daytime there were a minimum of three staff on duty. Staffing levels increased dependent on what activities people had planned. At night there was one waking night staff within the home and for some people receiving a service in the community, they were allocated staff who slept-in. The registered manager also explained that for those people receiving a service in the community, staffing always matched the support commissioned and a separate team provided the support. Where a person's needs increased or decreased, staffing was adjusted accordingly and was agreed with health and social care professionals. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall, so people's needs could be met by the staff members that understood them. In addition, the service had on-call arrangements for staff to contact senior staff if concerns were evident during their shift.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines they were checked and the amount of stock documented to ensure accuracy.

Medicines were kept safely in a locked medicine cupboard. The cupboard was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

People were protected because the organisation took safety seriously and had appropriate procedures in place. The premises were adequately maintained through a maintenance programme. Fire safety checks were completed regularly by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care.

Is the service effective?

Our findings

The service continued to provide effective care. People did not comment directly on whether they thought staff were well trained. Relatives commented: "The staff are excellent" and "They (staff) are so good, they look after (person) very well."

Staff knew how to respond to specific health and social care needs. They spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical or mental health.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, GP, psychiatrist and social worker. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People also had hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Staff had completed an induction in line with the Care Certificate when they started work at the service. The Care Certificate sets a minimum standard that should be covered as part of induction training of new care workers. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working with people alone. This enabled the organisation to assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. A staff member commented: "(The registered manager) supports you to do your job, provides opportunities and promotion." A National Vocational Qualification (NVQ) assessor commented: "Training is actively encouraged." Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), behaviour management, autism awareness, equality and diversity and first aid. Staff had also completed varying levels of nationally recognised qualifications in health and social care.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported when it came to their professional development.

Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a

personal development plan and comments from both the appraiser and appraisee.

Before people received any care and treatment they were asked for their consent and staff 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 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.

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'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 were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, about whether the service could continue to meet their needs. This demonstrated that staff worked in accordance with the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. Two people had DoLS in place and seven people were awaiting DoLS assessments.

People were supported to maintain a balanced diet. One person commented: "I love my food." People were actively involved in choosing the menu with staff support to meet their individual preferences. People had preferred meals documented, which also helped inform the menu. A staff member commented: "People are involved in choosing the menu. There are always alternatives." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. People's weights were monitored regularly to ensure their general well-being. Staff had also received nutrition training to enable them to support people with their dietary intake.

People's individual needs were met by the adaptation, design and decoration of the premises. Southview was set over two floors. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible, such as grab rails and ramps. In addition, the service had a redecoration programme in place and people were actively involved in choosing the colour/design of their bedrooms and communal spaces.

Is the service caring?

Our findings

The service continued to be caring. Staff were highly skilled and had a natural aptitude to give reassurance and comfort. People responded to gentle humour and banter. Their reactions showed they were at ease with their place in the home's community and with the staff supporting them. Staff interactions were good humoured and caring. Relatives commented: "The staff are excellent. Although heart wrenching when (person) first went to Southview, it's great she calls it home. That's what it's all about. (Person) is very happy, settled. So glad (relative) went to Southview" and "Nothing but praise for the staff, they are so good." A staff member commented: "It is not just a job, a vocation. I love coming to work. People trust us and we ensure they have a good time." A health professional commented: "I have been impressed by the passionate care they (staff) provide to residents."

Staff treated people with the utmost dignity and respect when helping them with daily living tasks. People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as pictures and posters on the walls. One person commented: "Like living here." Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care. Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality.

Staff adopted a positive approach in the way they involved people and respected their independence. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. They did this skilfully through the use of people's preferred communication methods, such as signs, symbols and objects of reference to enable them to decide what they wanted to do. People were completing a variety of activities and accessing the local community during our inspection. Staff interactions with people were warm and encouraging. People clearly had very good relationships with their staff with lots of smiles and laughter during interactions. Staff spoke fondly about people and were keen to ensure people had a good quality and meaningful life by thinking about other activities they could explore for people. Staff had a 'can do' attitude with people central to this, seeing beyond people's disabilities.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them; this provided them with reassurance.

Staff gave information to people, such as when activities were due to take place. Staff communicated with people in a respectful way. Staff relationships with people were very caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. Staff demonstrated how they were observant to people's changing moods and responded appropriately, which showed how well they knew people. For

example, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people accessing a service and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

The service had received several written compliments from relatives and professionals. These included: '(Organisation) provides a compassionate and caring quality service which is second to none'; 'I could not ask for a better place for my brother to live. I feel happy that he is safe and well looked after'; 'The service manages people with a variety of complex needs in a thoughtful and person-centred way. They have always been keen to extend their knowledge and follow advice given'; 'I can't thank you enough for all your kindness to (relative) and us. You are brilliant' and 'Thanks to all of you for taking such fantastic care of (relative) and keeping him safe and happy.'

Is the service responsive?

Our findings

At the last inspection this question was rated good. At this inspection this question was outstanding.

People received exceptionally personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. There was a focus on wellbeing and having a sense of purpose. The organisation, including all staff involved ensured people had access to as many opportunities as possible to aid their physical and mental health well-being. Activities formed an extremely important part of people's lives and had a positive impact on their wellbeing.

For example, tai chi was offered on a weekly basis. Tai chi is a gentle form of exercise to help maintain strength, flexibility, and balance to aid overall well-being. The sessions encouraged people to become more confident with others and enable them to express themselves in a positive way. It gave people time for relaxation, incorporating gentle exercise and very much a personal 'me' time. By the end of the sessions some people had been known to be so relaxed they had fallen asleep. At the end of the session the tai chi instructor would go around and with the assistance of staff would offer people light shoulder massages. Tai chi encouraged more withdrawn individuals to participate and improvements in their physical abilities had been noted. One person in particular had become more flexible in the movement of their arms in the last six months. People also benefitted from aromatherapy sessions to aid their general sense of well-being. For some people this had led to a reduced level of stress related anxieties and behaviours. This meant a reduction of incidents.

Drama therapy provided people with a great opportunity for to interact as a group and 'act' out various scenarios. As a result of these sessions, people's confidence had grown. Last summer, people rehearsed and performed in a play (Cinderella). People engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, arts and crafts, swimming, meals out and holidays.

People were encouraged to maintain relationships with family, friends and the local community. Several parties were held throughout the year, such as Halloween and Christmas. Invites were sent out to family, friends and other residential homes. These parties were very well attended. There were always prizes for fancy dress, fireworks and food provided. This integration with others in a social setting increased people's confidence and encouraged a real sense of 'community.' Relatives commented: "The entertainment is great for (relative) who needs structure"; "When I visit, it is more like visiting family" and "You are always made to feel welcome when you visit, lovely home."

People were supported to have a peaceful, comfortable and dignified end of life care in line with national

best practice guidance. One person became terminally ill and the service ensured staff were with them at all times, so they knew someone was there. Staff would hold their hand and sing to them. Throughout this time, relevant professionals were actively involved to offer support and advice to staff. Their relative commented: "When (person) developed dementia the home were fantastic they tried everything to make (person) life happy and fulfilled. We all had to battle the health authority to allow (person) to remain in Southview at the end of her life. The home did not take the funding issue as a reason for any changes in her care. They put in all the staff needed at their own cost to ensure the end of (person) life was as peaceful as it had been in her time at Southview. Staff came in when they were meant to be on rest days to be with (person). We feel as a family very grateful to all the staff." A professional commented in a condolence card: 'I hope the fact that you looked after (person) with love and compassion and were able to do so until the end of her life will bring you all comfort.' Following the person's passing, all staff were offered bereavement counselling and were enabled to talk through their experiences.

For one person who had lived at Southview for a very long time their behaviours that challenged had become more frequent and severe over the past year. Staff had struggled to support the person and minimise impact on others. The registered manager referred the person to the Intensive Assessment and Treatment Team (IATT). They arranged for them to live in a different house. A transition programme was put in place to help the person successfully moved to the new house. This enabled them to maintain relationships with their friends and staff, whom they had known for years. Following a lot of work from the staff at Southview and the IATT team, this person's incidences of challenging behaviour had reduced significantly. The person was settled in their new surroundings being supported by familiar staff. A member of the IATT team commented, 'From the very first assessment it was suggested there were numerous triggers to (person) behaviour and they were overwhelmed by their environment. Fortunately with partnership working and the pro-active attitude of yourselves to take a risk, it is now a joy to see the success of (person) new placement. Thank you again for your input as I have enjoyed working in partnership and been moved by your determination and that of your team to achieve a successful outcome for (person) and those close to them.'

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value. This was achieved through a variety of communication methods, including Makaton and signs and symbols. A staff member commented: "We work well as a team and ensure a relaxed atmosphere. It's about promoting quality of life, trying new things, working with people and finding ways to communicate"

The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. People's histories were taken into account, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. For example, preferred foods, clothing and activities. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and eating and drinking. Staff confirmed they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental

health.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated and information about key words and objects of reference they used to express themselves. For example, for one person "whisky" meant coke. The service used a variety of communication tools to enable interactions to be led by people receiving care and support. For example, using pictures and symbols when planning people's days.

There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff on a regular basis and at key worker meetings. People also had access to complaints details in user-friendly formats. For example, using sad and smiley faces. Relatives were also made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Is the service well-led?

Our findings

At the last inspection this question was rated good. At this inspection this question was outstanding.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Orchard View Care Services Limited is a family-run service which provided people with safe, effective, compassionate and high-quality care. The provider, who is also the registered manager, has owned and managed the service for a number of years. They took an active role running the service, for example by carrying out maintenance, or helping to cover for staff during sickness and holidays, and were present on a daily basis. The provider told us that working alongside staff on a regular basis enabled them to fully understand every person's care needs. This gave them an opportunity to observe staff practice and to lead by example. The provider actively promoted a relaxed and welcoming atmosphere.

Relatives, professionals and staff described the service in outstanding terms. A relative commented: "My sister spent many happy years at Southview. Southview was everything we could have wished for, happy, supportive, professional staff and management. A happy home. I would not only recommend Southview I would say it should be held up as a beacon of excellence." Relatives spoke fondly of the registered manager and their staff team. They felt the service was an inspiration due to how it was run. Comments included: "I am extremely happy. The management are approachable, open to suggestions"; "The staff are excellent, the registered manager is great"; "The manager always let me know any changes in (person) health"; "(Registered manager) is highly efficient. I have absolutely no concerns about this place" and "I feel the management and staff are exceptional."

The provider was forward thinking. They provided strong leadership; was a good role model for all staff and drove up excellent practice to provide people with opportunities. They had established a service where staff were clear about the values and ethos of the service. It had a positive culture that was person-centred, open, inclusive and empowering. Staff were motivated and proud of their service. They said the registered manager (provider) listened to them and took on board their suggestions. For example, sourcing additional activities to enhance people's lives. They appreciated the sense of working together as a team. Staff commented: "The registered manager is a very good leader"; "The management are superb. They actually listen"; "Really fair, good manager, professional. Can talk to her" and "This is the best place I have worked. It's so easy to talk to (registered manager)." Staff confirmed they had regular discussions with the registered manager. They were kept up to date with things affecting the service via team meetings and regular conversations.

The service strived to provide people and those that matter to them with rich and fulfilled lives. They had actively sourced new opportunities for people to connect with the world and with others. An innovative community project introduced since the last inspection was arranging for people to attend Exeter prison

gym. Lots of work was undertaken to make this connection. This activity was facilitated by a prison instructor, staff from Southview and people who had committed minor offences. People clearly saw this as one of their highlights of the week. One person said with a big smile, "going to prison." This opportunity benefitted people to have physical exercise to aid their well-being and gain confidence. For offenders, working with people from Southview gave them an insight about people with differing abilities and an opportunity to make a positive difference.

Staff were supported to reach their true potential. They were encouraged to obtain additional qualifications and suggest training which would benefit the people living at Southview. Staff were supported to develop their skills through induction, national recognised care certificates together with a wide range of additional courses which assisted in providing staff with the skills and knowledge needed to care for people appropriately. Staff had completed communication training which helped them to communicate effectively with people. This enabled people to lead conversations with staff to express their needs. Another example was staff receiving autism awareness training. This enabled staff to understand how people with autism connect and make sense of the world. Two members of staff had also been promoted to 'home supervisors' and showed how proud they were of this.

There was evidence of quality monitoring leading to continuous improvement and people were actively involved in the running of the service. Resident meetings took place to address any arising issues and the registered manager ensured they spent time with people on a regular basis. For example, to identify particular activities and food choices. Where people were unable to verbalise their views, the service used a variety of communication tool to ensure they had a voice. These included, Makaton, objects of reference, symbols, picture cards and computerised communication devices. Resident meeting minutes were made available to people in a friendly format using signs and symbols. In addition, surveys had been completed by people using the service, relatives and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. All comments received were positive. The registered manager was also in regular contact with families, via phone calls and visits. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a sense of worth and value. Staff expressed a passion for providing high quality care. Our inspection found that the organisation's philosophy was definitely embedded in Southview. There were strong links with the local community. People attended local events, including the annual Christmas play at the village primary school which added to their inclusion in the local community.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP, community nurse and learning disability practitioner. Regular medical reviews took place to ensure people's current and changing needs were being met.

There was excellent partnership working with professionals. Professionals commented: "I have just finished working with an individual at Southview. It has taken some time to unpick the situation.... I was always welcomed by the staff team, they provided information when requested, were easy to contact, returned calls

and they were open to suggestions" and "I have worked closely with the Southview staff to ensure that people have regular health checks and blood tests when required often spending many months desensitising people with the staff fully supporting my work. I have always felt welcomed in the home and found the staff team to be very consistent in their approach to the people that they support taking on board my advice and acting upon it. Southview has a very low staff turnover many have worked with the people that live there for years and know when someone is not themselves acting quickly to seek advice."

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed, involvement of other professionals and maintenance jobs completed.

The registered manager had notified CQC appropriately. We use this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.