

Alpha Care SW Ltd

Ryver House

Inspection report

189 Victoria Road
Plymouth
PL5 1QT

Date of inspection visit:
05 December 2022

Date of publication:
06 February 2023

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Ryver House is an adapted residential care home providing personal care for up to three people. The service is registered to provide support to younger adults with a learning disability and/or autistic people who may have care needs around their physical disability or sensory impairment. At the time of the inspection three people were living at Ryver House. The service had been developed and designed specifically for the individuals living there. The premises consist of a large open-plan communal kitchen, dining and lounge area, three large bedrooms with ensuite's facilities and a level enclosed garden area.

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

Right Support:

People received exceptional care because staff and the management team were passionate about providing people with high quality person centred care that placed people's goals and aspirations at the centre of the service they provided. Staff worked with people continuously to improve the quality of their life and promote their well-being. People received support from a dedicated team of staff who in some instances had been specifically recruited to work with individuals, and who knew people extremely well. Staff continuously looked for ways to enhance the quality of people's lives. Staff were passionate about their roles and provided exceptional support.

Comprehensive and meaningful care records were written in consultation with people. These detailed people's goals and aspirations as well as information about their lives and risks associated with their care needs. Risks were assessed and action was taken to help ensure people benefited from positive risk taking. This ensured people had the freedom to make choices about how they lived their lives and to support their independence and well-being.

People's privacy and dignity were met in an exceptionally understanding way which promoted people's independence and choice in how their care needs were met. Staff were trained to a very high standard to ensure people's individual needs were continuously met. 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. Staff demonstrated they understood people's diverse needs and respected their equality such as age, disability and gender.

The services design and facilities promoted people's safety and comfort and people referred to it as their

home. Comprehensive and effective systems were in place to manage and monitor people's medicines to ensure people received their medicines as prescribed.

Right Care:

People told us they felt listened to and staff were exceptionally kind and caring. The registered manager and staff team were passionate about people's well-being and went above and beyond to help people achieve their goals and aspirations such as gaining work experience, building their confidence by breaking down barriers to increase independence. People told us they received excellent personalised care and support that met all their needs and preferences.

The registered manager and staff team were focused on enabling people to live active fulfilling life's and ensured people were involved in every aspect of the service. The service had facilitated a holiday and supported people to participate in numerous activities and interests which enhanced their quality of life and provided them with new skills to enable them to gain employment opportunities.

People were supported to express their views and opinions in various ways. People living at the service had different ways of communicating and staff understood how best to share information for people to make their own choices and decisions.

Right Culture:

The registered manager and provider were visible and exceptionally supportive to both people and staff. They were instrumental in continually developing the service to meet people's needs. The culture of the service was extremely friendly, open and transparent where people's and staff voices were listened to in order to continually improve the quality of care.

Quality assurance processes were pivotal in the continuous improvement of the service and quality of care to an outstanding level. Auditing systems were in place that enabled the registered manager to have effective and responsive oversight of the service and the care delivery which enabled them to identify any improvements needed. Lessons were learnt when things did not go well and any complaints, incidents, accidents and safeguarding's were investigated and responded to and shared to continually improve the service provided and prevent reoccurrence.

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

Rating at last inspection

This service was registered with us on 21 January 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide a rating.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Ryver House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

Ryver House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ryver is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had about the service. We used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we spoke with two people who used the service as well as observing care. We spoke with the registered manager and three staff. We reviewed a range of records. This included three people's care records, medicine records and a variety of records relating to the management of the service including audits, meetings, policies and procedures. We also looked at two recruitment and supervision files.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were fully aware of their individual risks and were involved in developing and creating their care plan with staff. This meant people were informed of any actions staff might take to mitigate risks to ensure they remained safe.
- The registered manager and staff team were extremely knowledgeable about people's known risks and were able to anticipate and identify concerns swiftly such as signs that might show a person was becoming unwell. This enabled staff to respond quickly and where required consult with healthcare professionals.
- The provider had implemented an electronic care system which complimented other processes used within the service. This contained up to date information regarding people's individual risk management. Staff checked this and up-dated information with people as a person's needs changed. This meant systems and processes were extremely responsive in promoting people's safety and ensured people were empowered to take maximum control of their lives and management of risks.
- Risks relating to people's care, daily routines and activities were thoroughly assessed, monitored and managed. People were fully supported to take positive risks to maximise their independence and choice. We saw evidence of this throughout the service in relation to activities undertaken by people.
- For example, one person expressed they wanted to be involved in the domestic activities within the home. Staff supported the person to carry out domestic tasks particularly mopping of the floor whenever they wanted to. They also enjoyed attending football matches and was supported to use public transport when required. This demonstrated people were encouraged to have choice and control of their daily lives and impacted positively on their independence.
- Comprehensive risk assessments were in place for day to day care tasks such as personal care, medicines, moving and handling, nutrition and hydration. People were also supported to enjoy a variety of external activities and hobbies such as hydrotherapy, the gym and accessing the local community all of which had detailed risk assessments completed.
- Since moving into Ryver House all the people living at the service had gone on holiday during the summer for the first time without their families. People chose an action holiday which included a variety of different activities such as canoeing, abseiling, archery, an assault course and team building. A positive approach to risk taking enabled people to experience the variety of different activities along with promoting their independence.
- The service promoted safety throughout the adapted building and specialist equipment. For example, corridors and door entrances were wide and assessible for wheelchair users, en-suite bathrooms were purpose built for the individual, each person's room had a lockable medicine cabinet to keep their medicines safe and the building was well-maintained and extremely clean and tidy. This promoted easy access and safety for the people living at the service.
- The registered manager had comprehensive and effective audit systems in place to identify and respond

to risk. For example, it was noted that some prescribing details on a person's medicine were different when they returned from hospital. Staff emailed the surgery to ensure medicine labels were amended to show the changed dosage.

Staffing and recruitment

- People were protected by thorough recruitment processes. The provider and registered manager were passionate about ensuring only potential employees were appointed that had the right attitude, values and skills. Recruitment practices explored this during the selection process.
- The culture of the service recognised equality and diversity amongst the staff team that supported the three people living at Ryver House. The age and backgrounds of staff complemented the preferences and needs of the people supported. This was evidenced in the recruitment of staff employed.
- People were actively involved in the recruitment and selection of staff working with them. For example, staff working at the service moved with the individual's when they transferred from another service within the organisation. This ensured the continuity of staff continued.
- New staff were invited to visit and meet people at the service to get an idea of the culture and values of the service. People's responses and feelings were taken into consideration when appointing new staff.
- Staffing levels had been planned and organised to ensure people's needs were fully met. People living at the service required a high staffing ratio to ensure they remained safe and to meet their needs both inside and outside the service.
- Conversations with people and staff confirmed staffing levels were maintained. We saw staff were very friendly and knowledgeable about people's needs and preferences. Staff told us morale was good which impacted positively on the care people received.

Systems and processes to safeguard people from the risk of abuse

- The provider had very effective processes and systems in place to protect people from the risk of avoidable harm or abuse. People told us they felt safe living at the service. One person wished to be regularly checked on throughout the night, they said this was done and that they felt safe.
- The registered manager had robust systems in place to oversee, monitor and effectively manage any safeguarding concerns.
- Information was analysed to show the root cause and whether there were any lessons to be learnt or action to be taken to mitigate any future risk.
- There was an open and transparent culture within the service. The registered manager and their staff team fully understood their roles in protecting people from the risk of harm or abuse. Staff were proficient and very well trained at recognising when people might be at risk of harm or abuse and all the staff said they would feel comfortable reporting any concerns they might have to the management team. One member of staff said, "I would tell the manager and record information, they would deal with it. Otherwise, I would speak to the provider."

Using medicines safely

- Medicines were ordered, received, stored and administered appropriately. Medicines were securely stored in locked cabinets in people's bedrooms.
- An electronic system was used for recording medicines and their administration. Daily stock checks along with weekly and monthly audits of medicines were in place to ensure medicines were given as prescribed and managed safely.
- Individual medicine support plans were in place to ensure a person-centred approach to administering medicines. Records contained a description, dosage and any specific instructions for staff to follow.
- There was clear guidance available for medicine's that were to be given 'as required' such as paracetamol for pain relief. Staff were familiar with this guidance.

- Staff who administered medicines had been trained to do so and had their competency regularly checked to ensure safe medicine administration.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People received visitors, and this was encouraged. The service had a welcoming atmosphere and staff were warm and friendly.

Learning lessons when things go wrong

- Incidents were escalated promptly and documented to the management team or other relevant agencies to ensure people continually received safe and effective care.
- The management and staff team were keen to continuously improve, develop and learn from any events that may occur. Where incidents had taken place, the registered manager had analysed these events to ensure learning took place to prevent any re-occurrence.
- Staff explained they were encouraged to continually learn from each other both in relation to good practice and when things had gone wrong to constantly improve the service and to develop effective teamwork.

Is the service effective?

Our findings

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

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

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

- People used the provider's service's prior to moving into Ryver House. Ryver House was adapted specifically for the people that lived there.
- Extensive planning and assessments of people's requirements were completed with them before they transitioned to Ryver House. This was to maintain continuity of care and to ensure people felt comfortable moving into a new home.
- People were supported by a staff team that were creative in enabling people to have maximum control of their daily lives. For example, explaining information in a way a person understood, using language or gestures that enable a person to make a choice or decision and by setting manageable goals. One staff member commented, "People are involved in every discussion about their care."
- The registered manager and staff team looked for innovative ways to ensure people's care and support was personalised to an individual's needs. For example, staff were encouraging one person with an intensive exercise routine to assist their mobility.
- People spoke highly about the care and support they received. Comments included, "Excellent," "Staff are good," and "very supportive."
- People's needs were reviewed regularly, and the service worked with other healthcare professionals to ensure the care and support provided remained effective to people's changing needs. For example, in relation to nutrition and mobility.

Staff support: induction, training, skills and experience

- Staff were exceptionally motivated in their roles and were passionate about the care and support they provided to the people living at the service.
- Staff completed a thorough induction programme when they started to work at the service and continued to receive ongoing support and training to develop their knowledge and skills. One member of staff told us how they had progressed through the organisation to a senior role with the support and encouragement of the provider and registered manager.
- Staff were also required to complete specialist training which was delivered by relevant professionals; in areas such as Percutaneous Endoscopic Gastrostomy (PEG) this is a feeding tube through the skin and the stomach wall.
- People told us all the staff were well trained and had the skills and knowledge to meet all their needs.
- Staff were given the opportunity to discuss their individual developmental and work needs during one to one sessions. These provided an opportunity for staff to discuss their role, training and any support they might require to ensure people continued to receive exceptional care. One member of staff said, "The training and support is excellent."

- Several staff had completed additional qualifications to improve their knowledge and others had taken on 'champion' roles to improve the service such as a medicine and infection control champion.

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

- People were given choice over all aspects of meal planning, what they wanted to eat, developing menus, ordering food and decisions around times of their meals. The evening meal generally was eaten together as it was an opportunity for people to socialise with each other.
- People's personal food preferences were known to staff and documented in care records.
- Staff monitored people's nutritional intake and acted where any issues had been identified. The service continually looked for opportunities to improve food provision and worked with healthcare professionals such as Speech and Language Therapist's to support and improve people's dietary experience. For example, one person's consistency of food level had improved since living at the service.
- Staff had excellent relationships with the specialist nurse who visited the service to offer advice and guidance around nutritional care. The specialist nurse spoke highly about the service and the support and care staff provided.
- Guidance was available about preparing different consistencies of food for people who found it hard to swallow. Where people had a Percutaneous Endoscopic Gastrostomy (PEG) in place, a clear regime was implemented and followed.
- People were enabled to be as independent as possible with their food and drink. Specialist cutlery and equipment were provided and where people required additional support this was done so in a respectful and caring manner.

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

- The service constantly strived to ensure the best outcomes for people. People were supported to access a range of health and social care services to meet their needs. Staff worked alongside health and social care professionals to ensure people's complex needs were consistently met.
- Where people had used different healthcare services the staff team had ensured people's needs continued to be met. For example, hospital passports were in place for each person, these detailed important information about the individual such as, their medicines and communication requirements. This ensured hospitals or similar services understood how to communicate with and support people appropriately.

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

- The service had been specifically adapted to meet the needs of the people who lived there and had exceptional facilities to ensure people were comfortable, safe and felt at home.
- People living at the service had been consulted with prior to their admission to ensure the layout, decoration and flow of the building met their needs. People were encouraged to make choices around the facilities they would like such as bathroom fittings and decoration.
- People were extremely happy with the environment and said the service was 'home'. People had large bedrooms that were personalised to their own taste, en-suite bathrooms tailored to their individual requirements and a large open-plan comfortable living area. Space was paramount which meant people were able to safely move around in their wheelchairs.

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 MCA 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.

- People using the service had capacity and were fully involved in all decisions about their care.
- People were asked for their consent before staff provided support.
- Staff understood the MCA and were knowledgeable about people's rights. We observed staff providing choice to people and respecting their decisions.

Is the service caring?

Our findings

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

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

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

- People were extremely pleased about the care and support they received. They confirmed staff were exceptionally kind and caring in their nature and approach to people.
- Staff working at the service were exceptionally compassionate and thoughtful and were focussed on enriching people's lives by assisting people to achieve their desired outcomes and goals. For example, one person was supported to access public transport, staff looked for ways to overcome obstacles so the person could continue to attend football matches when transport was not available.
- People were supported to live their lives the way they wanted to and were supported to express themselves in the choices they made in relation to the work they undertook, sports teams they followed, the clothes they wore and the music they enjoyed.
- The management and staff team knew people exceptionally well and were aware of people's requirements which included their emotional needs. Staff were able to describe people's cues for signs of stress or anxiety and intervened when needed to ensure people were well supported.

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

- The provider was passionate about the care and support people received and actively listened and engaged with people to fulfil their goals and wishes.
- Staff worked with people to make sure they felt empowered when making choices and decisions particularly when they transitioned to Ryver House. Staff ensured people felt welcomed and comfortable in their new home and worked closely with them to help them settle; along with supporting people to maintain contact with friends they had from their previous home.
- Staff spoke enthusiastically about people's lives and had developed meaningful relationships with people. Staff knew people's individual communication styles, preferences, likes, dislikes and social history. This meant they were able to support people's choices and have conversations with them about their interests and hobbies and the support they might need to achieve their goals. This was seen throughout the inspection, we observed staff talking and laughing with people.
- People confirmed they had control over their lives and were actively involved in making all their own choices and decisions, such as what time they got up and went to bed, food they enjoyed and activities and trips they wanted to do. Throughout the inspection we saw and heard people being supported to make their own decisions.
- People were provided with a range of ways to express their views and opinions for example, through house meeting's, discussions, care reviews, goal setting and monthly key worker sessions. This ensured people were listened to, happy and fully involved in their care delivery as well as providing an opportunity to

review an individual's progress towards their goals and make any adjustments if needed.

Respecting and promoting people's privacy, dignity and independence

- Respect and dignity were at the heart of the services culture and values. The registered manager said, staff were recruited for their compassion and caring nature in line with the provider's values.
- People were supported on a one to one basis which meant at times staff had to work with or be close by to support people with daily tasks and aspects of their personal care. Staff recognised this level of support could be intrusive and worked hard to develop relationships with people to ensure a person's privacy and dignity was respected and they felt comfortable with staff.
- People's independence was encouraged and promoted. Care records detailed what people could do for themselves, what encouragement they might need and the areas they required staffs' assistance. People were encouraged to be as independent as possible in every aspect of their daily lives. For example, people supported staff to complete checks and audits of the home. This enabled people to be fully involved in the day to day running and maintenance of the service.
- People had chosen how they wanted their bedrooms decorated and furnished. We saw each person's bedroom was individual to them. For example, one person explained how they had chosen their bedroom colour and furnishings to match their favourite football team.
- Throughout the inspection, we were provided with many examples of how people's lives had been enriched since moving to Ryver House. Examples included, supporting a person to develop and improve their mobility by hydrotherapy and intense exercise sessions and supporting a person to gain a place on a traineeship which would provide them with the skills to undertake voluntary work.
- People told us staff always respected and promoted their privacy, dignity and independence. We observed staff asking for permission before entering a person's bedroom and always seeking consent before providing support.

Is the service responsive?

Our findings

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

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

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

- People were empowered to express their views and encouraged and supported to increase their independence. For example, the people living at the service wished to live more independently with their friends in an adapted bungalow. The provider had identified through conversations with people and staff that care arrangements did not suit their physical needs and in turn limited their ability to be more independent. People said they wanted to live together but needed an accessible home. The provider worked with the three people to better understand and achieve their ambition. Ryver House was opened in January 2022 specifically to meet the needs of these three young men who have become firm friends and refer to their new home as the "lad's pad." The friends were fully involved in the creation of Ryver House, one person commented, "Of all the homes I have lived in, this is the dream." This demonstrated the provider understood and worked with people to achieve their aspirations and goals.
- People were placed at the centre of the service and were given exceptional person-centred support which was both flexible and responsive to people's individual needs. People were encouraged to establish their own goals and aspirations that previously they might have believed were beyond achievement, or outside their capability. For example, people had achieved a number of 'firsts' since moving into Ryver House. These included all three people living at Ryver House being supported to go on an activity holiday without their family members. The service had provided people with their first opportunity of work experience. One person had achieved a traineeship with their favourite football team. This was their dream as well as being one of their aspirations and had motivated them to want to achieve more by developing their work skills and securing employment.
- We saw remarkable outcomes because of the exceptional care provided to people. People and their key workers kept goals under constant review and monitored, recorded and celebrated progress. For example, one person's main aim was to walk independently, and specially developed exercise routines had been formulated by external professionals to aid this. Staff constantly motivated and encouraged this person by working with them daily or alongside external professionals to increase their strength and mobility. As a result, the person's conviction to achieve their goal had increased and they constantly sought out new challenges to aid their rehabilitation process.
- Another person enjoyed football and was supported to attend matches; staff ensured someone was able to go with them to every home match. At times internal transport was not available, which made it more difficult for the person to attend the matches. Staff worked with the person, developing their mobility and communication skills and boosting their confidence to enable them to access and use public transport. This meant the person's independence was greatly increased. This person was also interested in social media. Staff worked with them to support the person to produce their own regular pod casts following each

football match. The person was so excited about this. It impacted on their wellbeing and quality of life. It impacted on the value they placed on themselves because of their achievements, and because of the way people viewed their abilities, not disabilities.

- Each person required one to one support. People had key workers who were specially chosen by them because they had similar interests or personality traits that would enthuse, develop and encourage people. One person requested staff encourage and support them to get up earlier in the morning. They requested this because they wanted their day to be longer because this meant they would have more time to experience all the things they were doing and all the new things they were planning to do.
- Staff had outstanding skills and were knowledgeable and intuitive to people's needs. For example, one person was particularly susceptible to significant and serious infections. Staff worked hard to understand the early indications of infection through the person's micro behaviours. As a consequence, this person received early treatment and remained healthy.
- Care records were exceptionally personalised to the individual, not just containing important information about a person's life but specific details that would ensure people experienced outstanding care. For example, one person had a precise communication plan. Their confidence and self-esteem had increased as staff who worked with this person at length to translate their eye movements into words. Staff showed exceptional patience, skills and knowledge in doing this. The person expressed how this empowered them to be a part of and in control of every minor thing in their life.
- All health care professionals we contacted were highly complementary of the exceptional person-centred care people received. They confirmed people's quality of life had improved which had resulted in their increased independence and well-being. Comments included, "I believe [staff] go above and beyond and want to have in depth understanding to provide the best care they can." Another said, "[Staff] are proactive in their approach and their enthusiasm. I personally have found their engagement, approach and communication to be outstanding and if I could clone this staff team I absolutely would!"
- With their permission, each person had an electronic 'memory box' which was updated regularly by people and staff. This was an innovative idea which enabled people's family and friends to individually log into a computerised system to see photos, videos and achievements. It also provided an opportunity to view other records such as activity notes. In this way people-maintained contact with important people in their lives and to share their successes and achievements. It also provided relatives with opportunities to be involved in their family member's life from a distance.

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

- People living at the service had exceptionally full and busy lives. Activities were provided both in and outside Ryver House and were many and wide-ranging. The service actively supported people to experience new things and to develop their confidence to believe in themselves and their abilities. This enabled them to become more independent and to achieve more. For example, one person expressed an interest in working locally. Something that they had believed was beyond their capability. They had achieved this and were thoroughly enjoying the experience, and which enabled them to further develop their social skills and confidence.
- The service and staff team went above and beyond to learn about people's interests and looked for innovative ways to remove barriers which would enable people to encounter different experiences. The three people decided they wanted to go on holiday together. The staff team supported them to plan their holiday in a way that meant the three young people worked together and led and directed staff on what a good holiday would be for them.
- One person wanted to have a group holiday but also wanted to include "adrenaline" activities which the others weren't so interested in. They were supported to do both. Once staff knew what this person wanted, they made arrangements for this person to extend their holiday at a theme park. Arrangements were made

for staff with similar interests to support this.

- During regular resident meeting's all activities, outings and holidays were discussed and planned by people with the staff. Adjustments were made to remove any barriers which might prevent a person from being involved in an activity. For example, all three friends wanted to go ice skating. The staff role was to remove any access barriers and make it happen.
- People were a part of their local community. For example, the service facilitated students from a school to complete a work placement at the service. We heard how both students and people engaged in this process which increased people's self-esteem and confidence as they spent time with new people and enjoyed completing different activities with them.
- People and staff took part in community events. For example, one person attempted to walk the Tamar Bridge for 'Cancer awareness month'. This was an immense challenge for the individual because of their mobility needs. In support of this, people and staff decided to aim to walk 10000 steps each day. This meant each person was getting out and participating in the event and everyone celebrated their success at achieving their goals.
- People were supported to build and maintain relationships meaningful to them through regular family/friend visits and by the use of technology such as social media and live streaming. One person had arranged to go bowling with a friend, who had decided to invite other people living at the service. Staff also supported people to stay in touch with friends they had made from their previous home. For example, regular visits took place and people enjoyed joint events such as BBQ's. This ensured people retained and developed relationships with people outside the service who were important to them and reduced any risk of social isolation.
- People contributed in different ways to helping in the running and maintenance of the service, this included helping to order the weekly shopping, planning meals, keeping the service clean and supporting staff with health and safety audits such as vehicle checks.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service empowered people to communicate their views and opinions and explored ways to ensure everyone's voice was heard.
- Potential barriers to communication were addressed through staffs in depth understanding of people's communication styles and comprehensive care records. Detailed information was also clearly documented in people's health care passports; this ensured external healthcare professionals had clear guidance on how to communicate effectively with people using their services.
- People had access to a range of technology to communicate, one person regularly spoke through socialising apps.
- Information was made accessible to people so that they could see their goals and achievements along with information around decision-making.

Improving care quality in response to complaints or concerns: End of life care and support

- People knew who they could complain to. They said they felt listened to and if they had any concerns actions would be taken to resolve any issues.
- Complaints and concerns were monitored and fully investigated in a timely manner by the registered manager. The registered manager had a record of any concerns raised, the action taken and resolution. For

example, we saw one concern raised was thoroughly investigated, areas for improvement explored and resolution acceptable to all parties.

- The service had a complaints policy and procedure in place, at the time of the inspection the service did not have any complaints in process.
- At the time of the inspection the service was supporting three younger adults, and no one was receiving end of life care.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the service was extremely person centred, inclusive and empowering. Personalised care based on equal rights for all, was pivotal to the services beliefs and operation. This was brought about through the exceptional and clear leadership and through the values and goals shared by all. This ensured people were at the centre of everything they did.
- People were supported to achieve the individual goals they had set for themselves and were encouraged to think beyond what might be considered by society as usual for people with disabilities. The provider established Ryver House with the three people to enable them to achieve their goals, reach their aspirations and live the life they wanted to.
- The provider and management team were visible and led by example. People and staff knew who they were and said they were extremely friendly, caring and approachable. We saw how they drove continuous improvement within the service by working with people and staff to steer development in relation to staff practice and people's experiences. This is evidenced through the achievements of the people living at Ryver House.
- Staff explained they were immensely proud of what they were achieving at Ryver House and said the open leadership style helped them to feel valued, motivated and empowered. This had resulted in a working environment where their views and ideas were heard by the management team and had created a culture that had positively impacted on the care people received. One member of staff said, "I am really happy, I leave here feeling I have completed the job well, it's great feeling valued."
- The values and culture of the service were embedded through comprehensive recruitment processes, induction, staff training and individualised supervision sessions aligned to an individual's needs. Providing opportunities for staff to understand people's varying needs and capabilities meant the quality of people's experience continuously improved. In turn staff wanted to work at Ryver House and achieve more with and for the people living there.
- The registered manager encouraged staff to be aware of people's risks but allow people to make their own decisions. Positive risk taking was promoted to make sure people could maintain and develop as much independence as possible as well as learn. For example, one person was encouraged to mobilise independently rather than staff continually supporting them to move around the home. Staff looked for innovative ways to ensure people had control over their lives, for example with technology.
- Staff's attitudes, values and actions enabled people to be fully involved in making choices about their care and social lives. For example, staff spent time ensuring people understood. This involved communicating

clearly in a way that was best suited to each person. This helped to ensure people felt empowered, fully involved and valued in any decision making. People had choice and control over their life and how they wanted to live it.

- The organisational structure was clear and well-established within the service. The registered manager said they felt extremely well supported by the provider and worked with them to continually develop the skills of staff and the quality of service provided to people. To overcome any gaps in staffing, staff were shared between two locations or additional shifts were picked up as overtime. This meant people knew staff well and were able to build positive relationships.
- There was a strong culture and emphasis on supporting, praising and celebrating people's and staff's achievements and accomplishments. Success was measured in relation to people and their journey to independence and fulfilment. This had resulted in people achieving things previously considered beyond their reach such as securing employment, increasing independence or using public transport.
- We also saw examples of staff recognition and rewards schemes designed to acknowledge the work carried out by staff in delivering exceptional person-centred care, achieving a promotion or gaining additional qualifications. This encouraged continual high-quality performance from staff and consistently high outcomes for people.
- External agencies said the service was extremely person-centred and very well-led. One healthcare professional said, "My overall response regarding Ryver House is I always find the care of residents to be exemplary. I find the leadership to be proactive and genuine in its approach and always looks to improve and wants to provide the best opportunities for [people] to live as full a life as possible."
- There were open and appropriate communication processes in place with people, relatives, staff and health care professionals. The registered manager understood their responsibility to be honest and open if things went wrong.

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

- The provider and registered manager's leadership and values played a major role in the development of its outstanding and innovative practices. For example, the registered manager had an excellent oversight of the service and was able to respond comprehensively to any questions we raised in relation to best practice, how they advocated for people and how they supported people to live full lives. This clearly demonstrated their passion and knowledge of the people, staff and home.
- The provider and registered manager strongly believed in developing staff professionally within the service and encouraged them to develop their skills and share best practice with each other. This included 'championing' areas of interest such as a medicine champion.
- The service had an exceptionally comprehensive and effective quality assurance system which was well-embedded into staff practice. All areas of the service were regularly assessed by staff, the registered manager and the provider to ensure excellent practice and support. People were involved in some of the audits and checks such as water temperatures, vehicle checks and discussions around emergency evacuation procedures. Where an issue was detected this was quickly dealt with in consultation with people and staff members so that any changes could be agreed and actioned quickly.
- The electronic care management system, medicine management, premises and incidents were regularly assessed. Learning outcomes from incidents, records and complaints were used as an opportunity to drive improvement.
- The registered manager had a thorough understanding of the regulatory requirements of their role.

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

- People's views and opinions were vital to the continuous improvement of care provision. For example,

resident meetings were held on a regular basis; people told us they felt fully involved and informed about the service and that their opinions were listened to, respected and underpinned changes.

- The service promoted a culture of awareness and recognised equality and diversity within the service. People's individual disabilities were not seen as barriers to achieving their goals or accessing opportunities. The service values and aims focused on developing people's skills and strengths.
- Without exception staff felt they were listened to and appreciated in their roles. Staff had opportunity to meet with the registered manager to express their views about the home. Before each shift information was shared to ensure people continued to receive consistent care.
- The provider used a range of quality monitoring tools such as surveys, care reviews and feedback to engage and listen to people, their relative's, and staffs' views of the service. Feedback was extremely positive on all aspects of quality and care delivery.

Continuous learning and improving care

- Staff were actively encouraged to develop their careers within the service, and some had been promoted to more senior roles. Staff explained they felt motivated and valued, the support given by the registered manager had assisted in their career development along with improving their skills and knowledge to continue to provide exceptional care to people.
- Events such as workshops were developed and arranged to improve best practice. For instance, MCA, key working and risk assessing.
- The provider and registered manager liaised with other organisations, explored best practice, engaged with the local authority and accessed learning materials to continuously improve their care practice. This was evidenced through the exceptional quality assurance processes and continuous achievement of people's goals and aspirations.

Working in partnership with others

- The service worked collaboratively with local NHS or social care professionals to ensure people received person centred care. Professionals told us the care and support people received at Ryver House was exceptionally good. The provider had an excellent reputation with the external agencies it worked in partnership with to ensure people continued to receive excellent care by listening to advise, following guidance and constantly reviewing their care practice. One healthcare professional said, "I have no reason to think they provide a service that is anything other than outstanding in all the key areas, safe, effective, caring, responsive and definitely well-led."
- The service also provided work placements for students. This provided opportunity for the service to develop links with the local community as well as providing both people and students the chance to engage with different people and complete a variety of different activities including hydrotherapy and gym sessions. Feedback was extremely positive from both students, staff and people.