Leonard Cheshire Disability

Gloucestershire House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 6 and 7 April 2017 and was unannounced.

Gloucestershire House provided support to 36 people with physical disabilities, some of which had additional and associated complex needs. The environment had been adapted to suit the needs of those who lived with physical disabilities. The provider had refurbished and improved the building and facilities over a number of years and continued to do this.

There was an experienced and exceptionally committed registered manager in place. 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. They provided strong leadership to the staff who were also highly committed to improving people's quality of life. People and staff were fully supported by equally committed volunteers. They supported people to take part in activities and work and to generally achieve their goals and aspirations. There were arrangements in place to monitor the service and a proactive approach was in place to continually strive to improve the services provided.

People told us they enjoyed living at Gloucestershire House, for example, one person said, "It's my forever home." They told us they felt safe and cared for. In particular people were listened to. They were supported to make independent decisions and were at the centre of planning and reviewing their care. Staff were exceptionally good at helping people to identify their goals and aspirations. They provided exceptionally personalised support to help them achieve these. The registered manager said, "I want people to live their lives fully." For some people this had resulted in their lives generally and the quality of their lives altering dramatically. One person said, "My life has really changed beyond belief since I moved here."

People were supported to be independent. Staff were committed to helping people acquire the skills and the funding they needed to live in the wider community, if, this is what the person wanted to achieve. Otherwise the service provided a supportive long-term home for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported to maintain their personal safety and processes were in place to protect them from potential abuse and discrimination.

People were protected against risks that may affect their health and well-being.

There were enough staff to meet people's needs and good recruitment practices protected people from those who may be unsuitable.

Arrangements were in place to ensure people received their medicines appropriately and safely.

People lived in a clean environment. Environmental risks were identified and managed.

Is the service effective?

Good

The service was effective.

People received care and treatment from staff who had been trained to provide this. Staff received support to further improve their knowledge and skills

People who lacked mental capacity were protected because the principles of the Mental Capacity Act (2005) were followed.

People received appropriate support with their eating and drinking. People's nutritional risks were identified and managed.

Staff ensured people's health care needs were met by appropriate professionals.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People's preferences were explored and met by the staff. Staff provided personalised care; people's care was tailored specifically to their needs and preferences.

People's dignity, privacy and human rights were upheld.

Staff helped people maintain relationships with those they loved or who mattered to them.

Is the service responsive?

Outstanding ☆

The service was able to be exceptionally responsive.

People were consistently involved and at the centre of planning and reviewing their care.

Staff had an exceptional understanding of how people wanted their care delivered and how to help them achieve their goals and aspirations.

Long-term and well developed links had been made in the wider community in order to provide people with exceptional opportunities for activities and support their work aspirations.

There were arrangements in place for people to raise their complaints. Any areas of dissatisfaction were dealt with proactively with an aim to resolve issues fast and to people's satisfaction.

Is the service well-led?

Good

The service was exceptionally well-led.

People were protected from unsafe and inappropriate services by the provider's robust monitoring systems.

The registered manager was committed to improving the care home in any way she could for the benefit of the people who lived there.

People's feedback and suggestions were actively sought, listened to and then acted on.

Gloucestershire House - Care Home with Nursing Physical Disabilities

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 inspection took place on 6 and 7 April 2017 and was unannounced.

Prior to the inspection we reviewed the information we held about the service since the last inspection which was in October 2014. This included a Provider Information Return (PIR). This is a form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted to the Care Quality Commission in February 2017. We reviewed statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events. We sought and received feedback from local commissioners.

One inspector carried out this inspection with an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case a person with physical disabilities.

During the inspection we spoke with 15 people who lived at Gloucestershire House and two relatives. We also spoke with the registered manager, deputy manager/clinical lead, a senior manager/representative of the provider, the volunteer coordinator and five staff members/support workers. We reviewed one person's care file fully and reviewed a selection of other people's risks assessments and support plans as we discussed their care. We reviewed documentation relating to the Mental Capacity Act for two people.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I know this is my ever after home and I know I don't have to worry about the future. That makes me feel safe". Another said, "I feel really safe and cared for here because all the staff, not only in my Lodge, but in the entire home, and the volunteers are so caring, and I know that help is here when I need it". People confirmed they felt able to approach staff if they felt concerned about their safety or the safety of anyone else. One person said, "I've never had any concerns, but if I did, I'd speak to [name], the manager". Another person said, "I'd probably talk to my keyworker if I was worried about anything."

There were arrangements in place to maintain people's safety and people were also supported to help maintain their own safety. People were supported to take risks when the positive benefits to them (of being involved in an activity) were considered to outweigh any potential risks. Staff however, recognised that risks existed and managed these by making sure they were identified, assessed, discussed with the person and managed. To further support this approach training for people in positive risk taking was due to start in April 2017.

People told us they felt able to talk with staff if they had any concerns or were upset by something. One person said, "I feel very comfortable and if I wasn't happy with anyone or I didn't like the way they talked to me, then I'd soon speak to someone [meaning staff] about it." Robust processes were in place to ensure people's safety, as far as was possible, while maintaining their human rights. Staff were aware of these processes and adhered to relevant policies and procedures which supported these. They received training which helped them work safely and within professional boundaries.

Staff understood and applied appropriate and current legislation. For example, staff were fully aware of their responsibilities with regard to protecting people from potential abuse and discrimination. They had received training on how to recognise abuse. They were able to tell us what they would do if they witnessed this or if it was reported to them. They were fully aware of what discrimination was and the forms it could take. Senior staff had made their expectations clear about what staff should do in relation to these responsibilities. One senior support worker said, "I would expect the staff to raise any concern they may have immediately and I know they do this." The registered manager told us the safeguarding of people and the protection of their human rights was "everyone's responsibility". They spoke of about a "zero tolerance" of any form of abuse or discrimination. We reviewed one safeguarding incident which we had received notification from the service about. The service had followed appropriate safeguarding processes.

People received education on how to keep safe when using the wider community. For example, how to operate a mobile phone and call for help and where to go for in the community for support if needed. The police were actively involved in talking with people about how to maintain their personal safety when out and about.

Specific risks were assessed and action taken to reduce the levels of potential harm to people. For example, we saw risk assessments which assessed how best to move people. These covered the safe use of any

equipment and safe systems of work for the staff. In one person's case further safety strategies had been put into place to keep them safe. Behaviours which could pose a risk to people, others and staff were assessed and known to the staff. The provider's 'behaviour support and interventions' policy outlined the principles behind how people would be supported and protected when exhibiting such behaviour. For example, by ensuring all interventions and actions taken were in the person best interests and by staff adopting a positive approach to behaviour support.

People were protected from those who may not be suitable by robust recruitment processes. These helped managers make safer decisions when employing staff. Recruitment records showed these processes were adhered to. Relevant checks had been carried out prior to staff starting work. For example, clearances were received from the Disclosure and Barring Service (DBS) before staff started work. References had been obtained and the candidates' employment history reviewed. The registered manager explained that interviews were designed to explore the candidates' strengths and weaknesses. They explained they did not always look for previous experience (depending on the position to be filled) but certain qualities had to be present. These were a caring and compassionate disposition, honesty and a willingness to be open and transparent.

People had access to help and care when they needed it because there were enough staff on duty to provide this. We spoke with four members of staff about this and they said, "There are enough staff for us to be able to meet people's personal care needs." and "We also have the time to take people out." They also told us agency care staff were used when needed so the care home never ran short of staff. The registered manager told us they had recently reviewed staffing hours and numbers against when people needed support. They had concluded that two more staff each day, in the morning, would further benefit people. This action was not being taken because there were not enough staff but to be able to further meet people's specific preferences. People told us staff were "always around" and available when they needed them. One person said, "I've never felt as if I've been left on my own at all. There are always lots of staff on site." Another person said, "Compared with other places I've lived, there are many more staff here than I've experienced in the past."

We asked people if they always had access to a call bell to summon help when needed. One person explained, "I only ever need to use the call bell at night, if I get in pain or I'm uncomfortable. I've only ever waited a couple of minutes, at the most for it to be answered." Another person said, "Even when I'm in my room, I don't usually need to press the buzzer because there is always someone in the lodge, close at hand for me to call to." We saw evidence of call bell audits which showed call bells were responded to promptly. This helped to keep people safe.

People's medicines were managed safely. Medicines were ordered, stored correctly and administered to people appropriately. Staff who administered medicines had received training and their competencies in this task were reviewed on a regular basis. One person said, "The nurse brings my tablets round to me twice a day with a drink for me to take them with." People who were able to self-administer their medicines were supported to do so. One person who did this said, "I keep my tablets in my room in a locked cabinet and a carer [support worker] will get them out for me when I ask them to." Some people had been prescribed medicines to be administered "when required". Additional guidance for this was in place so these medicines were used appropriately and safely.

People lived in a safe environment. All areas visited by us looked clean and there were good infection control process in place. We spoke with the member of staff who was the infection control lead. They carried out checks and observations of staffs' practices to ensure good infection control processes were upheld. People told us the care home was kept clean and some spoke of their involvement with keeping their

particular lodge clean. One person said, "We have our own cleaning team and they are very good at keeping everything lovely and clean all the time. Some of us can help a bit with the cleaning, but in the main, the cleaners do most jobs for us." People had access to a clean and tidy laundry. Staff also followed infection control procedures for the safe handling of soiled laundry when it was necessary.

The maintenance team along with specialist external contractors carried out maintenance tasks and checks to ensure this remained the case. These were completed according to a comprehensive maintenance planner seen during the inspection. Any identified risks or potential risks were assessed and actions put in place to reduce these. The registered manager and coordinator for the volunteer staff shared the lead role for health and safety. They carried out various checks which ensured systems, areas and equipment were safe. For example, weekly fire alarm testing and checking the automatic door closures. Risks related to Legionella were reduced through the regular maintenance of all water outlets, by ensuring water temperatures remained correct and consistent and through water sampling. Similar safety checks were completed on the hydrotherapy pool.

Additional safety checks included the safe operation of the large sliding doors on people's built in wardrobes and the paved areas around the building. We were informed that many areas of the care home had been refurbished and improved over a period of several years. For example, all bedrooms now had over-head tracking, which enabled people who required a hoist to easily and safely access their bed, bathroom and toilet. One person told us how this helped them on a daily basis to move around more easily. They said, "I have a lovely electric bed which goes up and down and helps me sit up. I use an overhead hoist to transfer me from my electric wheelchair to bed every night. The staff charge my chair for me every night and everything gets serviced regularly."

There were on-going plans to remove the paved areas around the building and replace these with a more wheelchair friendly surface. A mixture of vehicles supported people to access their activities in the community throughout the day. The car park and parking areas were therefore busy. Action had already been taken to improve safety in this area, for example, there were clearly defined areas for vehicle movement/parking and pedestrian/wheelchair use. Other plans included the refurbishment of five shower rooms.

Good

Is the service effective?

Our findings

People were cared for by staff who had been appropriately trained. Staff had relevant experience and skills to support people with complex physical disabilities. All staff had to complete a successful probationary period when first working for the provider. During this time they completed induction training where they were introduced to the provider's policies and procedures. They worked alongside more experienced staff and were provided with training in subjects relevant to their roles and work. The electronic training record showed staff received a broad range of training both initially and on an on-going basis. Staff received regular supervision (support) sessions where they were able to discuss their learning needs and performance with a manager. Staff told us this happened "every two months". Staff described the training as being "very good". One member of staff said, "When you have training it's all day not just a few hours." When we asked people if they considered the staff to be well trained they all agreed they were. One person said, "They have lots of training before they start looking after us and on-going training during their work. I've never had an accident while anyone was caring for me." Another person said, "The staff always have lots of training and refresher courses that they do. Mind you, we don't escape totally, as two residents from each Lodge did some fire/evacuation training last week."

People were supported to make independent decisions about their care, treatment and other daily activities. Consent was sought from people before any care or treatment was provided. Staff had received training on the Mental Capacity Act 2005 (MCA). The registered manager told us further discussions had been held with staff so they could fully understand how to apply the principles of the Act in practice. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. There was evidence both in practice and in how people's care had been planned and delivered that these principles were adhered to.

People were protected from unlawful care/treatment and unnecessary restrictive practices. The registered manager said, "We assume a person has capacity until it is apparent they may not have." Where specific decisions had needed to be made, but where the person had been unable to make these independently, or where the person had been unable to provide consent, the person's mental capacity had been assessed. Decisions made on behalf of people were made in their best interests. Appropriate people, for example, legally designated relatives/ representatives were involved in this process. Where relatives did not hold Power of Attorney for Health and Welfare, they had been consulted with as part of the decision making process.

Decisions about people's care and treatment sometimes had to made following the regular multi professional meetings, held for each person every other month. In the case of one person there was written evidence to show the person was not able to make daily and significant decisions independently. Appropriate people had been involved in the necessary decision making processes for this person. This had included their GP and a range of specialist practitioners and senior care staff. In this person's case close

relatives had been regularly consulted with about the decisions being made. Despite this person's inability to make decisions, staff were aware they could express some simply choices and preferences. For example, by turning their head away if they did not want to eat. When these were expressed by the person, staff respected these.

People, who were deprived of their liberty in order to provide them with the care, treatment and supervision they required, were protected under current legislation. The law says people can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where necessary and appropriate applications to deprive people of their liberty had been made to the 'supervisory body'. We saw evidence of DoLS having been authorised by the 'supervisory body'. There were no specific conditions attached to the authorisations we reviewed.

People were supported to eat and drink in order to maintain their nutritional well-being. We observed people eating together in their lodges. Some required various degrees of support. This sometimes included staff feeding people. This was done in such a way to maintain the person's dignity and staff made it a socialable event by chatting with them. People were very positive about their mealtime experiences. One person said, "It's really nice here because we get to eat breakfast and tea in the smaller kitchen area that we have here in each lodge. That means we can keep our favourite things so everything is at hand here for us. If someone is able to cook for themselves they can do, otherwise the staff are here to help sort the breakfast out and then to make sure we have what we want for tea."

People told us they were involved in devising the main menus and making individual choices about what they ate. One person said, "At dinner time, most people go to the main dining room where there is always a choice of two courses and if you don't like either of those the chef will always make you something that you do like. I like most things, but if there is something in particular I would really like, I'm sure the kitchen would make it for me." Another person said, "The food here is really nice and there is plenty of it. My favourite is toad in the hole and we actually had that today. The Yorkshire pudding is lovely." Another person said, "There are three weekly menus which rotate. We also change the menu four times a year. When we have our monthly resident meetings, we can make suggestions and help plan the menu for the next few months. The kitchen staff help us by letting us know what sort of things are in season, but then it's very much down to us to decide what we would like to eat as main meals." Another person said, "I like the fact that all of us can help plan the menu so everyone knows that they at least have one of their favourites on it."

People's nutritional risks were monitored and action taken to reduce these. People's weights were reviewed on a regular basis. Any concerns related to these or people's appetites were discussed with the person's GP. People who required to be fed in a different way, for example by a tube surgically inserted through their abdomen and into their stomach, received specialist support.

People had access to health and social care professionals when needed. The staff worked closely with GP's, community nursing teams, occupational and physiotherapists, dieticians and speech and language therapists. Specialist practitioners were also accessed when needed, for example, from mental health and learning disability teams. When people were poorly they received the appropriate support. One person said, "If I'm not feeling very well, one of the nurses will come and have a chat with me to try and find out why I'm not feeling so great. Occasionally they've had to organise for me to see a doctor." Another person said, "I don't have to see my GP very often, but I was able to stay registered at the same practice when I moved in here." People also had access to a chiropodist, optician and dentist. One person said, "When I moved in, it was important to me that I would still be able to go to my optician and dentist. Nobody made any fuss about it. I just get taken into town when I need to go for an appointment."

Good

Is the service caring?

Our findings

People told us the staff were caring and compassionate. It was clear from their comments that they felt supported, treated equally and their diverse needs, beliefs and choices were respected. When talking with staff about how they upheld people's equality and diversity one member of staff said, "People want human interaction, they want to be treated as a person." One person said, "I just like the fact that staff treat me normally here. I don't feel that they look at me as just a 'disabled person'." Another person said, "Both the staff and all the volunteers are lovely, they are like my friends." Another person said, "I don't get on as well with everybody, but I've never had a problem with anyone here and they are all very caring."

People were supported by staff who knew them well. One person said, "Although there are lots of staff here, in each lodge, we have a smaller number of regular carers [support workers] who are looking after us for most of the time, so they get to know us and we know them well." Another person said, "I know all the staff really well here in our lodge." We observed relaxed and friendly interactions between staff and people. There was also a good balance of fun and compassion. For example, whilst observing people taking part in social activities, we saw a lot of gentle banter and fun taking place but compassionate and caring support being provided at the same time. Staff helped people to maintain relationships and to form them. We spoke with one person who told us they had not found it easy to get on with everyone. They told us they had a particularly good relationship with one member of staff. This member of staff had been able to support this person with their particular social issues and needs.

People appreciated the relationship they had with the staff and the staff gave them the time they needed. One person said, "Sometimes it is nice just to be able to talk through something with someone else, rather than just bottling it up. I've known all the staff for a long time and there are lots of them I would talk to if I needed to." Another person said, "There's always lots of staff around and if you just feel like having a chat with someone, there will always be someone you can find, even if it's not your own keyworker. I've found that everyone here will make time for me if I need it."

People's desire to be independent was recognised and supported. One person said, "No one [staff] ever minds doing whatever you need help with, but they also encourage us to do as much as we can for ourselves. That took a bit of getting used to when I first moved here, but now I can see why it was important, because I can do so much more for myself." The registered manager worked with people who wanted to aim to live independently in the wider community. Six bungalows were sited within the grounds of the care home, where people able to or working toward independent living lived with varying degrees of support.

People's choices, preferences and wishes had been explored with them. These were clearly stated in people's support plans and people's care was delivered in a personalised way. People told us they felt listened to and able to make their own choices. One person said, "I decide when I want a shower and what times I get up and go to bed. If I want to stay up until 2am watching a film, or playing on the computer or chatting to people, then I can. No one tells me that I must do something if I don't want to." Another person said, "I think I have absolute choice over everything to do with my daily living." The registered manager said, "I genuinely believe people have control over their own body, own lives, what they do, how they spend their

day, who they spend their time with." Staff said, "We cater to what the people want."

This approach was promoted and supported by the provider. One of the provider's recorded aims and objectives said, "We place the people we support at the centre of everything we do". One of their key activities was to "empower disabled people".

People's privacy and dignity was upheld and their right not to be treated in an inhuman or degrading way was respected. We observed staff knocking on people's bedroom doors and waiting to be invited in. One person said, "I've never known anyone [staff] not do that [knock on their door]." All personal care was carried out in private. One person said, "Even though my patio door looks out onto a secluded bit of garden, the carers [support workers] always insist on closing my curtains totally and shutting my door before we start to get me undressed." People's dignity was upheld when they were supported. One person said, "When I'm going in the hydrotherapy pool, I get ready in my room but the carer [support worker] always puts a top on me over my swimsuit before I wheel down there. I then have a shower and get dressed before I go back." The registered manager was a dignity champion and it was their plan to have a dignity champion in each staff team to promote and uphold the principles of Dignity In Care. This for example include a commitment to creating a care system where people are treated with compassion and respect.

People's right to private and family life was upheld. There were no visiting restrictions and people could receive visitors as and when they chose to. Two visitors told us they came to visit on a regular basis. They said, "We are free to visit whenever and are really welcomed." People could spend time with others or be on their own if they chose to. People had free access to socialise as they wished to. One person said, "You can spend time in your room, or the communal kitchen/lounge here in the Lodge, or just out into the garden if the weather's nice. Nobody will 'tell you off', it's up to you how you spend your time. Some residents are more sociable than others." Another person said, "I like being on the computer, either playing games or talking with my friends on social media. If I feel like doing that all day, then I will." People had received support to use social media safely.

People's ability to make group choices and to make the environment into their own home was supported by the provider and staff in the care home. This had applied to the environments of the individual lodges which were all decorated and fitted according to the choices and preferences of those who lived in them. One person said, "Here in the communal area of our Lodge, we all decided what colours we wanted. We chose a seaside theme. We like shopping for things to put in here." People had also chosen their bedroom decoration. One person said, "I was able to decorate my room just how I wanted it."

There was a strong sense of family and community living, both in the individual lodges and the care home as a whole. One person said about the care home, "We're really like a big extended family here" and another person spoke specifically about the people in their lodge and said, "We're really like a small family unit and it's really nice."

Outstanding ☆

Is the service responsive?

Our findings

People were supported exceptionally well to be involved in the planning of their care and in reviewing how their care was delivered. Care was planned and delivered in such a way as to meet people's specific individual needs and preferences. Staff were particularly skilled at helping people to recognise their potential and achieve their aspirations and goals. Therefore when planning people's care and support there was a clear focus on these factors. The staffs' approach to planning people's care and support followed a model of care which recognised that the person being supported was the 'expert' in how they experienced their health condition and its impact. The whole support team were therefore committed to working in partnership, with the person, to improve their quality of life. People's care and support was planned proactively with them. People's personal development plans recorded what their needs were, how these would be met and they focused on the individual's particular preferences and wishes. Staff had an excellent understanding of the person they supported and knew what it was they needed and wanted to achieve. This approach and the practice was fully embedded and integral to how the service operated. When talking to staff about how they promoted personalised care one member of staff said, "What we do is led by the resident not the staff."

People were provided with designated time, on a regular basis, to review their personal development plans with staff. All support plans and health plans were reviewed during this time; sooner if needed. The records recorded the progress made around people's aspirations and goals. These regular reviews ensured people had opportunities to talk with their keyworker [designated member of staff] with whom they worked closely. Where necessary adjustments were made to their support. The whole process gave the person control over how their care and support was delivered and the plans they wanted to make for the future.

We spoke with people about their involvement with their personal development plans. We asked them what impact the above process had on them. One person said, "I have a personal development plan. It sets out everything I need help with for my personal care, but it also sets out my goals for the future, steps I need to complete to get me there, any help I'll need from either the staff/social services/outside agencies to get me there, and realistic timescales. It's all my own work with help from my keyworker." This process had clearly given this person a sense of self-worth and confidence. Another person said, "In my previous home, I never had anything like the personal plan I have here. It was the first time that I was asked what I wanted to do with my life and when I'd thought about it for a bit, I said that I wanted to be as independent as I could be and hopefully be able to go and work somewhere. Over the last few years, the staff here have worked with me and now I live more independently." This person told us about the work they were now involved in and they concluded by saying, "My life has really changed beyond belief since I moved here." This person was clearly proud of their achievements and had a sense of direction in their life which the staff had promoted and supported.

We read the personal development plan of one person who had complex needs and who required full support with all their daily living needs. This person was unable to participate in planning future goals and aspirations because of the complexity of their condition. Their personal support plans were however detailed and close family members had been involved in reviewing these. Many of this person's support

plans were focused on keeping them safe and their physical care needs. These plans gave staff guidance on how to meet these areas of need. Where necessary, adjustments had been made to the person's support and support plan to ensure their needs were met at all times. One such adjustment was reviewed by us and where new actions had been put into place, in the person's bests interests, these had been explained to the family.

People were actively supported to take part in activities of their choice. They had been encouraged to take part in, experience and achieve things they never thought they would be able to experience. For some people this had a profound impact on the quality of their life. An example of this had been a Triathlon event, organised by the provider a few years previously, for which people and staff had trained in order to take place. The event still took place each year with different people across the provider's services taking place. As a result of the original involvement by people and staff at Gloucestershire House, people had become competitive and had established a love for sport based activities. The registered manager explained that people had realised the benefits of getting involved with physical exercises. The result for some people had been improved muscle strength and physical resilience. People had then been able to consider taking part in a much wider selection of activities.

In response to people's desire to experience different physical and outdoor activities one former member of staff used Lottery money and started a local cycling project for disabled people. Cycling was now enjoyed, on a regular basis, by several people who lived at Gloucestershire House. This initiative alone had improved the quality of many people's lives. We were shown evidence of people, with complex physical disabilities, taking part in this activity. Adapted bikes and volunteers helped people to achieve this. One person said, "There are lots of us who love to get out cycling. The staff found a company who could make some bicycles with platforms on the front so that, even if you are confined to a really heavy wheelchair, you can still join in and enjoy being outdoors."

The registered manager told us about the impact this had on some people. For one person, who requires a wheelchair to get around, it had meant being able to ride a bike again; something they had loved doing as a child. For another person, with complex physical disabilities, it had meant they could experience the sensation of speed and the wind moving around them. The staff told us this is something this person had never experienced before. This person did not communicate verbally but we were told that when they were cycling and experiencing this sensation, they sang loudly throughout the activity. Other people who had wanted to experience this had then been given support, by appropriately trained staff, to build up their muscles and physical stamina. One person who had worked hard to do this now took part in the cycling activity, on a regular basis, and rode an adapted bike independently.

People were supported by volunteers. We spoke with the volunteer team coordinator who led a large team of volunteers. Some volunteers came from abroad through the European Voluntary Service. Volunteers from abroad were usually connected in some way to health and social care practice in their own country. For example, trainee physiotherapists and social workers. This team provided the support people needed to access activities both outside and inside the care home as well as work opportunities. The volunteer coordinator and registered manager had been responsible for building up links in the wider community which provided people with activity and work based opportunities. One person said, "I really wanted to volunteer at [name of place], but I can't lift my arms up high enough to [name of task]. After talking to my keyworker about it, they found me a volunteer who comes with me so that they can help me. I love it there." Another person said, "I just wanted to learn how to cook so that when I have some visitors, I can make something for them. My keyworker found me a lovely volunteer who comes in and cooks with me. I know it only sounds like a small thing, but to me, it's huge!" We spoke with one person who had been inspired by the support they had received and they now volunteered their time by supporting other physically disabled

people, at a regular venue they attended. This person spoke proudly about their involvement and it was clear this had given this person self-worth and a purpose.

We spoke to people about the activities available to them in Gloucestershire House. One person said, "We all decide together what activities and entertainment there is here. I think there's a lot of choice whether you like doing things on your own, with a few people or lots. If you want to, you can just sit in your room with your TV, radio, computer or games machine. I think we all like some time to ourselves but it's also fun doing things with other people. In the Activities room, there are computers to use, usually some craft underway, and a large puzzle always on the go. Volunteers come in to do things like painting, IT skills, cooking, and gardening. We have a new snooker table with lots of weird looking gadgets that mean everyone can have a chance to play in our tournaments. We have a sensory room and gym equipment which we can all use."

People in Gloucestershire House were able to invite friends in and host events. One person said, "We have a really good sound system in the main dining room and we love having discos. We've got our own music decks and lighting system and we've had a DJ come and give us lessons in how to mix music." The person told us this had all been possible because, "all the equipment is accessible to us." Another person told us about the opportunities and activities they took part in. This included going on holiday supported by staff. They said, "Before I came here, I'd never of thought in my wildest dreams I'd be doing these things."

People had access to a hydrotherapy pool at Gloucestershire House. The ability to swim and work with a Physiotherapist had made a big difference to people. One person told us how this helped to strengthen their muscles and ease their stiffness and pain. Another person said, "We have a hydrotherapy pool which I use twice a week. I love doing my exercises in the pool with the physio." In order to be able to provide more sessions to people one more member of staff was due to be trained in specific aquatic therapy skills. This facility was also hired out to other groups in the community which helped to fund the cost of running the pool.

When asked how they felt about what had been achieved for people, and by people, the registered manager said, "We never rest on our laurels here, we build on what is already good." The Provider Information Request (PIR) gave us an example of where feedback from people had been acted on to further improve people's abilities to access the wider community. Several years ago people had fed-back that they wished to be able to access activities that took place in the evenings or at weekends. The registered manager responded by using volunteer funds to employ a weekend and evening driver to take people and pick people up from these activities. This arrangement had been in place for the last four years and was still funded and in place at the time of this inspection. People said they had been able to go out to the cinema, theatre, collect a pizza and use local pubs.

People were able to raise a complaint if they needed to, however, the registered manager made herself available, at any time, for people to discuss areas of dissatisfaction. They told us they preferred to be proactive and look into issues immediately and resolve these. All complaints and any reported dissatisfactions were recorded as well as any actions taken. One person told us they knew how to make a complaint but had never needed to. Two relatives told us the registered manager was always available to talk with about any concerns they may have. They confirmed that all that was usually needed and received from her was reassurance or an explanation.

We reviewed concerns and complaints which had been received. One complaint had been from a member of the public. This had been about the noise generated by a fault in one of the care home's boilers. This was managed in an open and transparent manner. One member of staff communicated with local residents and kept them updated on the actions being taken to address this. They provided residents with their telephone

number so they could contact them directly when they needed to. Contractors were notified as soon as the management had been made aware and the noise resolved. The contractor had recommended that the relatively young boiler (4 years old) be replaced. The registered manager told us the provider was aware this needed to be done. Another concern had been raised by a relative and fully investigated by the registered manager. Appropriate processes had been followed in doing this and an apology given to the relative in relation to the situation which prompted them to raise their concern to start with.

Good

Is the service well-led?

Our findings

People told us their care home was well managed. The registered manager had managed services for physically disabled people for 30 years and had a wealth of experience. They had managed Gloucestershire House for eight years. They had a clear vision and set of values which they shared with the staff who were committed to putting these into practice and achieving them.

In 2016 the provider launched a project to change the way they operated and to build and promote a new and longer-term strategy. The CEO stated, "We will meaningfully and effectively put people with disabilities at the heart of our decision making." Part of this new way of working involved the service/s looking outwards and becoming more involved and engaged with their local communities and other organisations and projects designed to provide disabled people with better life opportunities. The many opportunities open to people at Gloucestershire House were as a direct result of this change in working and from the passion and commitment shown by the staff to put this into practice. The registered manager said, "We act on things that come up in people's development reviews and I want people to be living their lives fully."

People confirmed they were actively involved in decisions made about the running of the care home and they considered it a good place to live. Comments included, "I love living here. It's my forever home.", "I have lived in other homes before coming here. This is the first place to treat me as a person and not just one of the residents.", "Everyone here is interested in me, [name], rather than just another disabled person. They always want to know what my goals are and how they can help me achieve them." and "Before I came here, people would tell me what I couldn't do. Here, it's all about how we can make it happen. It's great." Two relatives told us, the registered manager had "radically changed the whole atmosphere" of the care home. They said, "How the care home is managed gets better all the time."

We looked at how people, relatives and staff communicated with the registered manager. The registered manager was highly visible and approachable and had arrangements in place which made it easy for people to talk with her. They said, "I like to get rid of the them and us." Throughout the inspection we observed people, staff and visitors entering the registered manager's office; clearly feeling able to do this and talk with her when they needed to. People, relatives and staff told us they could approach her and discuss anything at any time. People and relatives could also communicate with the registered manager by telephone and email. Staff members confirmed the registered manager and deputy were approachable. They said, "They listen to you." "They sit at a table with you and not behind a desk." They confirmed there were plenty of opportunities for staff to communicate with the managers. The registered manager used feedback from people, relatives and staff to improve the service and to run the service in the way they wanted it run.

The registered manager held meetings with people and staff in order to be able to discuss things with them and pass on necessary information. She was also keen to receive feedback. When asking one person if their views were listened to they said, "Absolutely". They went on to say, "We have a residents meeting every month where we plan what we'd like to do during the coming months, we talk about what we've enjoyed or not enjoyed during the month and we look at the menus. Basically, whatever we want to discuss, we will do." We asked another person if action was taken on what they fed back and/or suggested. They said, "Very

much so." They went on to say, "We make decisions together. We don't always all agree, but everyone can have their say and we usually all come together in the end. If things didn't happen, we'd all be complaining very quickly; we are all very vocal." Two relatives told us they could speak with the registered manager or her deputy at any time.

People were protected from unsafe or inappropriate services and practices because the provider had robust quality monitoring systems in place. The annual quality monitoring assessment, carried out on behalf of the provider, used the Care Quality Commission's five key areas of inspection – Is the service safe, caring, effective, responsive and well-led?. The three monthly quality audit, carried out by a senior provider manager, also used these headings. When necessary both of these assessments generated actions. The registered manager met these in order for the service to remain compliant with necessary regulations and to meet the provider's expectations. A comment in the provider's last annual quality assessment report said, "It's [the service] well-led with strong processes in place." We reviewed the current business/action plan during this inspection. This was a mixture of small actions identified in quality checks and short and long term planned improvements.

The registered manager also completed and used the provider's internal audits and quality assessment framework to monitor the progress and performance of the service. She described herself as being open to and happy to be engaged in any process which effectively helped her to run a better service. The registered manager also initiated her own actions from these audits to achieve improvements in the service. The service was last audited by local commissioners (Inclusion Gloucestershire) in January 2017. Many areas of good support and practice were highlighted in their report. Some areas of "further work" were identified and these were being addressed or had been addressed by the registered manager. Actions being worked on were shared with the provider's representative when they visited. The provider was kept well informed of events and progress in the care home because the registered manager also submitted a monthly management report.

Actions were also derived from people's feedback. For example, 83% of people fed back they were happy with how staff understood how they wanted to be supported. From this feedback work was done to improve how information was gathered from people in order to personalise their care further. The results gathered in this inspection showed that this work had been highly successful and had led to people receiving highly personalised care. Other actions within the business plan for example, were designed to promote more effective team working. Staff were encouraged to move around roles, responsibilities and who they worked with so they had a broader understanding of the whole service.

Another comment from the provider's annual quality assessment report said, "Customer engagement is some of the best seen." We reviewed the information collated from the provider's last "Have Your Say" survey completed in 2016. One hundred per cent of people fed back that their quality of life at Gloucestershire House was "very good" and that the service had helped them to have a better quality of life. All other areas and aspects of the service scored higher than the provider's average scores.

The registered manager discussed with us their involvement in various local focus groups, committees and boards. This involvement in addition to their day to day registered manager role showed their genuine passion and drive in wanting to improve disabled people's lives. It enabled them to express their views, have a say in the future planning of services and funding for disabled people. When talking about the registered manager and her approach to managing Gloucestershire House, a representative of the provider said, "She simply brings life to the place."