

Leonard Cheshire Disability

Gloucestershire House - Care Home with Nursing Physical Disabilities

Inspection report


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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service:

Gloucestershire House is a care home that provides nursing and residential care and support for up to 30 people. Care and support was provided to people living with learning and physical disabilities. Support is provided within one adapted building.

The service was developed and designed prior to Registering the Right Support and other best practice guidance being published. The provider was knowledgeable about the guidance and that it is in place to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. They were aware that its principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was bigger than most domestic style properties. It was registered for the support of up to 30 people. At the time of our inspection, 30 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated, as the service was community-based and enabled independence, inclusion and choice for the people living there. The service consisted of five separate lodges within the building, each of which housed six people and had its own name and set of care staff. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests. The policies and systems in the service supported this practice. The service ensured that people were involved in decisions about their safety and empowered to take positive risks.

Feedback from people and relatives was overwhelmingly positive. There was consistent praise for the exceptional physical and emotional support provided by the staff at Gloucestershire House. Comments from relatives reflected the quality of the ongoing support for people to access meaningful activities in the home and community which promoted people's independence and mental wellbeing.

People received highly effective and responsive support with their health and social care requirements and the safe administration of their medications. There was a strong, clear multi-disciplinary approach to meeting people's care and support needs.

Staff demonstrated a culture of inclusivity and positivity that was evident throughout the service. Leaders

constantly looked for ways to improve the service and ensure people received the outstanding support and care they deserved. Staff supported people to make decisions for themselves and engaged with people and their relatives about their wishes and preferences.

The service was a hub of activity with friendly staff providing care and support in a way people liked and enjoyed. Positive interactions took place between people, staff and each-other throughout our visit.

People had their privacy and dignity respected by staff, and there was a clear emphasis on independence. The service's visions and values put people at the heart of the service. People were encouraged to comment on the quality of their support and their feedback was used to develop and enhance the service provided.

Gloucestershire House worked in partnership with health and social care professionals to ensure people's care was well organised and met their expectations. People's care was regularly reviewed and was flexible. Staff responded to changes in people's health and support needs to ensure people remained well supported and were happy.

Staff were skilled, motivated and knowledgeable. They had received appropriate training and support and were encouraged to develop their individual skills and interests.

The management team, staff and the provider understood the importance of the service within the local community and how family values and connections were vital to how people lived their lives. Community links were strong. People regularly accessed community based leisure activities and work based placements and were encouraged to engage with members of the public to raise the profile of the home and of those with disabilities.

Since our last inspection, under the leadership of the registered manager Gloucestershire House had continued to improve and had implemented some highly innovative support strategies. People clearly benefitted from a visibly person-centred culture that consistently delivered positive outcomes, reinforced by the provider's principles, values and expectations of staff.

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

Rating at last inspection:

The last rating for this service was Good (report published 5 July 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 section below.

Outstanding ☆

Gloucestershire House - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Gloucestershire House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also reviewed information we had received about the service since the last inspection.

During the inspection

We spoke with three people who used the service. We spoke with one relative and received feedback via email from two relatives and a social care professional about their experience of the care provided. We spoke with nine members of staff including, the registered manager, the deputy manager, two activity staff, two physiotherapists and three care staff. We reviewed a range of records. This included three people's care records and the service's medication records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service, including quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection the question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One relative said, "I believe the lodge where my brother lives is safe." A person told us, "I feel safe here. There is always a member of staff around and within earshot."
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety and safeguarding was a key feature of supervision meetings for all staff.
- The registered manager notified and worked with other relevant authorities to make sure people were protected from abuse and avoidable harm. Safeguarding investigations were thorough and when needed plans were put in place to keep people safe.
- Each person received a booklet with safety information that included the visitor policy, smoking policy and information on how to raise a concern. When needed this information was available in an easy read format for people to understand how to stay safe.

Assessing risk, safety monitoring and management

- Risks in people's environment were assessed and regular checks were completed to help ensure people's safety in relation to security, fire safety and evacuation. The provider had taken steps to ensure people were safe from the risks from falling from a height and hot surfaces. All windows openings were now restricted, and all radiators were covered. Equipment such as hoists, and fire safety equipment were regularly serviced and checked. People were encouraged to monitor the environment and keep each other safe.
- Risks to people were assessed and managed safely. Staff were observed using moving and handling equipment safely when supporting people to transfer. Risk assessments guided staff in caring for people in a safe way. Risk assessments were in place for people's medicines, skin care and key activities people took part in; which included pro-active measures to manage the risk. A social care professional told us, "I have had a good experience when going through paperwork including risk assessments and daily notes."
- People were involved in the completion and development of their risk assessments and agreed with staff ways to keep them safe. Where a person could choose to take a positive risk or not to follow the guidance of professionals, a 'making decisions and managing risks' form was completed and signed by the person or a relative. When people had weighed up all the risk and chose for example, not to alter their food and drink to reduce their risk of choking, this was respected by staff and their care was adjusted to mitigate this risk as far as possible.

Staffing and recruitment

- People were supported by enough staff who had been recruited safely. We saw that staff were quick to respond to people's needs and answered call bells promptly. A person told us, "There are a lot of staff, the standard of care from everybody is very good."

- The allocation of staff was flexible. For example, staff were generally allocated to support people in an individual lodge to ensure consistency of support, however, where they were benefits to people, staff could be moved to accommodate this and to enable staff to get to know the care and support needs of a wider group of people. Staffing levels were determined according to the needs of each person and the activity they were undertaking.
- People's involvement in recruitment was meaningful and their views were sought on the potential suitability of candidates. Robust checks were completed to make sure new staff and volunteers were safe to work with people. Nurses' registration was checked and they were supported to maintain registered to practice.

Preventing and controlling infection

- People were protected from the risks of infection. The nominated leads for infection control had created an "infection control board" which contained useful information for staff and people. The leads completed regular audits of the environment and infection prevention practices that related to the providers policy and ensured the service was meeting current best practise guidance. People were encouraged to manage cross contamination and one person had created a set of hand washing posters that showed the most effective methods to wash your hands.
- The domestic team took pride in making sure the service was clean and free from odours. There were infection control stations with anti-bacterial gel located throughout the home.
- Staff received training in infection control and food hygiene. They completed a "preventing infection" workbook and hand hygiene checks to support them to put their training into practice.

Using medicines safely

- Medicines were stored, managed and disposed of safely and in line with national guidance. Medicines were stored at the correct temperature to make sure they were effective.
- People had their medicines as prescribed and were supported to take these by trained staff. We saw the staff spoke with people when they received their medicines to ensure they knew they understood why they were taking them. When people had medicines on an 'as and when' (PRN) basis, such as pain relief, there were PRN protocols in place. This included recording the reason why the medicine was given so peoples health needs could be kept under constant review.
- Staff completed medicines management training and were assessed to make sure they remained competent to administer medicines safely and ensure that people were supported to receive their medicines as prescribed.
- The registered manager, nurses and the supplying pharmacy completed regular medicines audits to ensure the service was meeting current best practise guidance. Where medicines were ordered on the telephone, two members of staff were involved with the call to ensure nothing was missed.

Learning lessons when things go wrong

- Ensuring lessons were learnt when things went wrong was a key element of the services ongoing improvement plan. After a series of errors in relation to medicines across the provider 's services they introduced an electronic system for the administration of medicines at Gloucestershire House, which had greatly reduced any potential and actual errors.
- Accidents and incidents were reported then followed up by the registered manager through analysis of the information to identify themes and implement any actions to reduce the risk of reoccurrence. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place to reduce risk of harm were effective.
- Where improvements could be made, learning was shared with staff. Records showed how staff were involved in sharing their views when things had gone wrong and what lessons had been learnt. The registered manager told us how these conversations contributed to ongoing staff development.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- The provider had implemented methods for staff to improve their clinical skills in line with the services development plan. For example, a 'mannequin' had been purchased and adapted so staff could understand how to support people with health and care procedures such as stoma care and catheterisation.
- People living at Gloucestershire House were involved in the induction and training of staff. They had planned and delivered training to new and existing staff and managers, that was based on people's own personal experiences. People told us following the training, they felt staff had an even greater understanding of their needs and emotions.
- People living at Gloucestershire House had opportunities to engage and train people in the wider community. The activities coordinator told us how a series of workshops had been delivered by people living at Gloucestershire House to staff at a local charitable trust. The trust had engaged with the service to help raise disability awareness for their staff and to empower the people living at Gloucestershire House.
- Staff told us they felt supported by the management team. Staff we spoke with, told us they received regular one to one meetings with their line manager to discuss work related issues and their development needs. Staff had received additional training in subjects such as epilepsy, positive behavioural support (PBS) and fire marshal training.

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

- The provision of therapy at Gloucestershire House had a positive impact on people. The Physiotherapists we spoke with gave us multiple examples of how people were increasing their independence through the use of ongoing therapy programs. One Physiotherapist told us about an inter-lodge cycling competition they had created to encourage everyone to participate in. The competition involved people, and their lodge staff, competing to cycle the furthest. They went on to tell us the friendly, yet competitive element created a buzz within the home. Feedback from people and their relatives, in relation to therapy was very positive.
- The staff at Gloucestershire House worked together to ensure the behaviour needs of people were met with consistency and understanding. Staff had supported a person to minimise incidents of behaviour which may be challenging through a series of assessments and support strategies. We saw evidence how this had led to the person having a greater understanding of their actions and a reduction in incidents occurring.
- People were supported to manage their own health care needs wherever possible. Comprehensive care plans provided personalised guidance about their care and support needs in respect of their health and well-being. People could make appointments with a range of health care professionals such as an occupational therapist or physiotherapist based at the service and with their GP.
- People's oral health care and preferred routines were known by staff. Staff assisted and prompted people

to maintain good oral health care. Oral healthcare was actively promoted, and there was a notice board detailing up to date best practise guidance.

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

- There was a thorough and coordinated approach to enable people to move into the service. People's needs were assessed prior to them coming to the service and throughout their time living at Gloucestershire House. The culture within the service meant staff recognised the importance of assessment and worked with people, professionals and family members to ensure they understood how people wanted to be supported.
- Staff understood how to ensure people were treated equally and with respect. People's needs in relation to their protected characteristics, such as gender and sexuality, were considered as part of their assessment and care planning process. Information, advice and training regarding equality and diversity was provided for people using the service and staff.
- The service had ensured that care plans were person-centred and had been developed alongside people and reflected guidance from The National Institute for Health and Care Excellence (NICE). This ensured the service was using evidence-based techniques to support the delivery of high-quality care and support.

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

- The provider was in the process of adapting and enhancing the environment to be suitable for people with a range of sensory needs. Plans included a refurbished sensory room with sensory tables, a refurbishment of the activity area and significant improvements to the physiotherapy suite. One person told us, "The facilities here are much better than they were a few years ago."
- The service benefitted from a large bright dining room and lounge area, with quieter lounges for people in each lodge. There was an accessible garden space, with patios, seating areas and planted beds. People's rooms were personalised with belongings of their choice.
- People we spoke with told us that they viewed Gloucestershire House as their home. The activity co-ordinator explained how the home was decorated according to the relevant seasons. We saw examples of Halloween decorations from earlier in the year and how each lodge had decorated their space for Christmas. One person told us, "People ask me if I am going home for Christmas and I tell them I am at home. This is my home and I really feel it is."

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

- Staff supported people to access food and drink that met their needs, regardless of physical need or cognitive impairment. This was very important for people who could potentially be at risk of losing weight. To ensure these people had a balanced diet, regular supplementary hot and cold snacks and smaller portions were prepared and were routinely available. We saw that people's weights remained under review with the appropriate advice and guidance sought should there be a concern identified.
- Menus reflected people's cultural needs and catered for all people who required a specialist diet. The service had a 'menu committee' made up of various staff and people from Gloucestershire House. A person told us, "The food is very good. We are involved in menu planning. I know I can also order a take-out if I want to. Staff will help me with that although, they are really big on healthy eating and will try to persuade me to have a something healthy instead."
- For people who were at risk of choking and requiring a modified diet, the service focussed on implementing best practice and techniques to ensure the food remained appetising and stimulating to look at. The mealtime experience was calm, pleasant and sociable for people. People could choose to eat in the large dining area and socialise or in smaller more private spaces.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about the principles of the MCA. A member of staff told us, "We must assume a resident has capacity. If we think someone might not have capacity we discuss this and ask for an assessment."
- Every avenue was fully explored to ensure people were able to make choices independently. Records confirmed that people's capacity had been reviewed. One member of staff told us how a person's capacity was being re-assessed as their independence had improved and any behaviours that might challenge reduced. This meant staff felt the person's capacity to drive an electronic wheelchair safely had changed and a further review of capacity had been arranged.
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant supervisory body. Any conditions detailed in authorisations were being met by the service and were the least restrictive to the person.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives told us staff were kind and caring towards them. One person said, "Care staff are great. They treat me very well." Another person said, "One of the strengths of the place is the level of the care, even the domestic staff are fantastic." Relatives who provided us with feedback told described the staff as being kind and caring towards their family member. One relative said, "The staff are very caring and kind. Privacy and dignity is maintained at all times. Support staff such as the handy man and driver have been unstinting with their support."
- We observed staff interacting with people and found they were supportive, kind and caring. It was evident that staff knew people's communication needs well and were able to engage effectively with them.
- The values of Gloucestershire House were based around equality, respect and tolerance of all people regardless of their personal beliefs. People's needs in respect of their religious beliefs were recorded, known and understood. For example, the service supported people to go to a religious festival in France on an annual basis. We saw evidence of other religious and cultural festivals being celebrated throughout the year.
- The service had an Equality and Diversity policy in place to ensure all people and staff were treated equally. People living at Gloucestershire house had been involved in a number of projects that celebrated inclusion. A recent project with a local charitable trust celebrated "Black Africa week". This involved people at Gloucestershire House designing a shield based around what they liked about their community. Those involved designed a tree of life and people added their own quotes around their thoughts and aspirations, such as, "To like many people spontaneously." and "We work better together." Other examples of projects included the celebration of National disability day.

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

- There was an inclusive approach to care that valued people and ensured they were included in decisions about their care. People and their relatives told us the service involved them in developing and reviewing their care plans and their views were respected. A person told us, "I have enjoyed getting involved and going to resident's meetings."
- Where people had communication difficulties, referrals were made to professionals such as speech therapists to maximise people's communication needs and empower them to express their views. This was achieved through the use of assistive technology such as communication devices and software.
- We observed staff supporting people in ways which took their choices and preferences into consideration. This included asking people about their food preferences and which activities they wanted to partake in.
- People had a variety of opportunities to be involved in their care and the running of the service. Each lodge had a nominated person to represent the views of others at resident's meetings which were chaired by a

person nominated by their peers. Topics of discussion at resident meetings included the purchase of new equipment, activities within the home and how the home was planning to engage more with the public by offering members of the public access to the homes facilities, and the potential impact this might have on people living there.

Respecting and promoting people's privacy, dignity and independence

- The service placed an emphasis on promoting people's independence. We saw evidence that people's confidence and independence had improved as a result of the support they received. For example, some people had been supported to buy their own fridge and went shopping weekly to buy food they liked as this was their wish and enabled people to maintain control of their decisions.
- Staff were respectful and ensured people's dignity and privacy was maintained. When carrying out personal care or having private discussions with people, staff ensured doors closed. A person told us, "I appreciate all the little things, staff are very conscious that your room is your room, even if the door is open staff will always knock and ask to come in. it's very respectful." When people chose to speak with us, staff respected people's right to speak with us privately.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Meaningful activities formed part of day to day life at Gloucestershire House. Staff had an innovative approach to providing access to activities and events that kept people socially active. During our inspection there was a vibrant, social atmosphere that was inclusive of everyone. A member of staff said, "Some residents went to see Take That live in concert. For those unable to go to the concert we took them to a cinema that was showing a live stream of the event, so they felt included."
- We saw how some activities had been used by people to challenge perceptions of disability. Pictures of people enjoying trips to places such as a 'big wheel' had been taken with the person holding up a sign stating, '#actually I can' and had been shared on social media to create positivity around disability. A person told us, "The activities and the chance to engage with people is really good. It has re-invigorated me." A relative said, "The home has a generous number of wheelchair accessible vehicles together with a number of local taxi companies providing accessible services. The availability of adequate transport for service users is a vital aspect of promoting their independence and mental wellbeing."
- Gloucestershire House has its own page on a social networking site. People used this forum to create and share videos of their experience of living in a care setting. In addition, recent videos created by people and staff included topics such as climate change, pollution and the importance of recycling. These often-humorous videos had been designed by people with support from staff and helped them to feel involved in important global issues and feel they were taking positive steps to make a positive impact on climate change.
- The service had developed a sensory room with a range of features that were very beneficial for many people who lived at the service. The service had recently trialled pieces of new technology such as interactive tables. Following extensive positive feedback from people the service had agreed to purchase an interactive table for the newly refurbished sensory room.
- The service was at the forefront of pioneering innovative technology to improve therapy outcomes for people. There was a range of technology available to support people to access their therapy programs. For example, there were sensory mats that encouraged people to move in response to lights. One of the physiotherapists at Gloucestershire House had worked with people to create a video for a social media platform, entitled 'making activity happen'. This video featured ways in which the home looked at the tools it already had and used them in different, innovative ways. The home had also shared their approaches to innovative therapy with the Chartered Society of Physiotherapy.
- Staff also told us about a recent trial of 'virtual reality' headsets that the service had planned to use as part of a therapy program. They told us the headsets could enhance peoples experience of therapy, such as using the headset to replicate the feeling of cycling through a forest whilst using a therapy bike. Due to the

positive nature of the feedback from people involved in the trial, the registered manager had arranged the purchase of four headsets.

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

- The service's focus was on supporting people to challenge expectations and misconceptions around disability. This support had led to excellent outcomes for people. People and staff told us how the ethos of the service was that disabilities should never be considered a barrier to opportunities for people. One person told us, "I have been involved in transport projects and asked local councillors to come and review local access for those with a disability."
- Personalised care plans were developed from the knowledge gained during the assessment process and additional information provided from health and social care professionals. People were involved in monitoring and reviewing these wherever possible, to ensure they reflected people's current routines, likes, dislikes and aspirations. We saw that people's health had improved, people had shown improvements in their behaviour and people had engaged in more activities and accessed the community more frequently. A relative told us, "There is a superb activities coordinator who involves my brother in many internal and external events. He has had the opportunity to experience many activities such as assisted cycling, which he would never had the confidence or resources to do when he was living alone."
- People received highly individualised care that genuinely valued them as individuals. Staff knew people extremely well and used this knowledge to interact with them in a way that consistently promoted their physical and mental well-being. There were many examples of people's lives improving when they had moved to Gloucestershire House. Relatives and professionals told us of the significant improvements they had seen in people. One relative who provided feedback via email, told us the physical and emotional support that the person had received from all of the staff following a hospital admission was outstanding.
- Detailed planning went into ensuring people's needs could be met by the service. Prior to people moving to live at Gloucestershire House. Staff completed a person-centred assessment, involving the person, relatives and professionals. When the assessment was complete the registered manager met with people living at the service. They discussed the background and support needs of the person and the potential impact on people already living in the service before a decision was made as to whether the person's needs could be met. This ensured people were admitted to an environment where they could be welcomed by their peers and supported effectively by staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw that staff had taken consideration in how to meet this standard and ensure that information was relevant for each person. People's care plans were laid out in a variety of ways to suit individual methods of communication and the service had been creative in ensuring that each person had an opportunity to be involved in their plan of care. For example, sections of the care plan had been written in a different coloured font to direct staff to statements made by people about their care.
- We attended a residents meeting and saw how this was conducted in a way that ensured that the people present had a means to communicate and have their 'voice' heard. This included people who communicated their opinion via speech, gestures, electronic devices and an alphabet board. The chairperson spoke clearly and slowly and ensured that each person understood what was being said. Staff then went to each person individually and asked them if they had anything to add to each topic of discussion.

- Information such as meeting minutes and procedures were available in a range of formats for people. This included easy to read formats, pictures and word documents. This ensured people living at the service were kept fully up to date with events and relevant information.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. This provided a clear framework on how complaints would be managed and investigated. From looking at the complaint's records, it was evident where complaints were made, these had been resolved to a satisfactory outcome.
- People, relatives and social care professionals told us they felt they were able to raise any concerns, and that these would be dealt with appropriately. One social care professional told us, "Any issues that I have had have been considered and addressed."

End of life care and support

- Staff had received training around end of life care and support. At the time of our inspection, although nobody living at Gloucestershire House was receiving end of life care, the registered manager and staff were aware of what to do if people's needs changed.
- Where relevant peoples care plans contained important information about their future care and end of life arrangements such as the type of funeral they wished to have or what people should wear.
- Staff had developed strong relationships with people and this had enabled them to provide emotional support to people when they experienced a bereavement. We saw examples of how staff had supported people to cope with the passing of a parent or loved one and how the staff at Gloucestershire House had helped them with their grief.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's vision and values were based around mutual respect, promoting independence and treating people with dignity. Feedback from people and professionals was exceptionally positive. Feedback indicated, that this was a service which stood out as an example of best practice. A person's relative told us, "The whole team appear to be committed to improving the quality of life for all residents. My brother and I agree that he is truly in the best possible place available to deal with his high level of physical care. The peace of mind that we, as a family have gained since he has lived at Gloucestershire House has been immeasurable."
- The registered manager, the deputy manager and the wider staff team were inspirational, unflagging and led by example. Without exception, all of the staff and managers were spoke with, demonstrated a clear vision to improve the lives of the people they supported. A highly positive and person-centred culture was seen and sustained throughout our inspection. A member of staff told us, "I have witnessed residents who were previously depressed achieve great things through doing regular art sessions." Care records, though detailed, were written in an accessible style which enabled staff to focus on the person they supported.
- People, staff and relatives told us how the service had very positive impacts on the lives of the people at the service. A relative told us, "Staff at Gloucestershire House worked across departments to ensure people's goals and aspirations were met and often exceeded."
- We saw the provider had facilitated excellent team work and we saw how the physiotherapists worked alongside care staff to train them in techniques to improve people's physical well-being. For example, care staff were trained to facilitate stretch exercises into people's morning routines. This ensured that scheduled physiotherapy sessions could be used to focus on techniques such as standing, walking and the use of hand bikes, which in turn led to increased independence for people.

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

- Checks on the quality of the service were practical and improved the service. Effective quality assurance checks were carried out by key staff members, the registered manager, the provider and people who used the service. These included checks on the environment, people's medicines, care plans, finances and the monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions required, cascaded to the staff team.
- The provider had a business contingency plan and had assessed the impact of the recent changes of

government and the changes to the working rights of people to live and work in the UK on the service. Plans had been developed to ensure there was minimal disruption to the service and the lives of the people who used the service.

- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service. Following a safeguarding incident, the service had fully reviewed its safeguarding policies and procedures to ensure the safety of the people using the service.
- Although the service was developed and designed prior to Registering the Right Support and other best practice guidance being published, the provider was knowledgeable about the guidance and was aware that the principles of the guidance reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The planning and implementation of the five separate lodges that supported six people to be part of a smaller network of peers supported this practise. In addition, Gloucestershire House worked with its supported living service to promote the independence needs of people most suited to this type of living arrangement. For example, the supported living residents held a joint meeting with the residents of Gloucestershire House to promote shared values especially when working to raise the profile of those with disabilities within the local community.
- Leaders and managers at Gloucestershire House had a clear understanding of when the duty of candour should apply. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider had systems to ensure compliance with the requirements of the duty of candour.

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

- The registered manager listened to people and used their feedback to fundamentally shape the service. A range of inclusive processes had been developed to ensure people using the service were fully involved in the future direction and leadership of the service. People's views were sought on who came to live at the home, how the home was decorated, what facilities needed to be improved and how best to engage and include the local community whilst maintaining a feeling of homeliness and safety for people living at Gloucestershire House. We saw examples of the positive impact the refurbished physiotherapy and sensory areas had had on people's engagement with therapists and how people had a renewed enthusiasm for attending therapy sessions and developing their independence.
- People were empowered to take an active part in assessing the quality and performance of the service. The service had worked with people to enable them to complete certain checks of the service such as health and safety checks, infection control checks and checks of the quality of the individual lodges. Using these quality assurance processes enabled those using the service to take an unbiased view on the quality of the service.
- People were fully involved in making day to day decisions about the service as well as its future direction. A residents committee had been developed to enable people's voices were heard. This committee was chaired by a person living at Gloucestershire House and was held monthly with the support of the registered manager or deputy manager. A person told us that this committee had ensured that people with a wide range of communication needs could partake in the meetings and provide value feedback that enabled the registered manager to make improvements.
- A series of videos had been recently co-produced with people and staff, which were on the organisation's social media page. The aim of these videos was to involve people in challenging stigma, stereo types and discrimination around disability and act as a forum in which people could raise awareness of important global topics such as climate change.
- Staff engagement and morale was excellent. A member of staff told us, "I love my job here so much."

Continuous learning and improving care

- The provider had taken account of current best practice guidance and made a series of commitments to deliver real and sustained positive changes in the lives of disabled people in the UK. The approach of the

registered manager and the team of staff at Gloucestershire House really invoked this vision. We saw examples of innovation and determination to achieve the best for people, evidenced through the staff's approach to their work. From the outstanding use of technology such as virtual reality headsets to inter-departmental competitions such as a hand cycle race, Gloucestershire House continuously strived to sustain and further improve outcomes for people.

- The registered manager was passionate about promoting best practice. People living at Gloucestershire House had opportunities to engage and train people in the wider community. The activities coordinator told us how a series of workshops had been delivered by people living at Gloucestershire House to staff at a local charitable trust. The trust had engaged with the service to help raise disability awareness for their staff and to empower the people living at Gloucestershire House.