

Luxurycare (Aranlaw House Care Home) Ltd

Aranlaw House Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Aranlaw House Care Home is a purpose-built home that specialises in the care of older people who are living with dementia. The home is registered to accommodate a maximum of 47. There were 45 people living there at the time of our inspection. The home is divided into three separate living units, one on each floor. There is also shared communal space on the ground floor including a large dining room which is also used for various activities.

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

At this inspection we found overwhelming evidence that demonstrated people received outstanding caring, kind and positive support. This was due to excellent leadership from the registered provider and registered manager as well as a strong, well trained team of staff.

Everyone we spoke with provided exceptional feedback about how caring, professional and supportive the staff were and so often went the extra mile to ensure people were happy and felt well cared for.

The atmosphere throughout the home was exceptionally positive, welcoming and homely. Feedback from people who used the service, their relatives and staff was consistently very positive and the management at the home exceeded people's expectations. They were also full of praise for the staff.

People received a consistently high standard of care because staff and management put people first and at the heart of the service, while continuously looking for new ways to improve their care and quality of life.

Care was personalised and met individual needs. Staff knew people very well, cared about them and understood their care and support needs as well as the risks people faced, and were motivated to support them to live full lives. There was no sense of task-oriented practice in the home.

We saw people were very relaxed and content in the company of staff throughout our visits. People's needs were regularly assessed and reviewed in detail and action was taken to respond to people's changing needs.

The service supported people nearing the end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about their end of life wishes. Staff talked with pride about the care they were able to give to people in their final days.

There was a very strong emphasis on the provision of activities that were meaningful to the people living in the home. People told us they were happy with how they spent their time. Staff told us how they believed that being fulfilled and entertained promoted people's overall wellbeing.

Staff took great pride in creating an atmosphere that welcomed people and promoted their independence whilst respecting their privacy and dignity. People's wishes were respected with the daily choices they made

or were supported to make.

People had help from safely recruited and appropriately trained staff. Staff also understood their role and responsibilities to protect people from abuse. Staff and the senior management team advocated for people to promote their safety and human rights.

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.

People received their medicines when they were needed and in ways that suited them. There were systems in place to check that medicines were administered correctly and safely.

The registered manager was very proactive in encouraging staff to look at how they could improve people's health and wellbeing and to look at innovative ways to do this. People were supported to maintain their health and told us they had access to health care any time they wished. People's nutritional and hydration needs were being met and the standard of catering and meal time experience at the home was very good and often exceeded people's expectations.

People and staff were proud of the home and its facilities. The home was well equipped, and staff said that if ever the need for equipment was identified all they had to do was report this to the registered manager and it was provided. Staff understood the importance of infection control. The home was clean and well maintained throughout.

The service recorded and analysed accidents and near misses to understand what had happened, identify trends, and help prevent them happening again.

The service had a quality assurance system in place to enable the monitoring of the quality of care people received. There were numerous quantitative and qualitative audits and checks carried out. Information from these was analysed and records showed where any issues or concerns had been identified, action had been taken to address these and this was continuously evaluated.

Rating at last inspection

The last rating for this service was outstanding (published 22 March 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 re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Aranlaw House Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team on the first day consisted of two inspectors and an assistant inspector. The second and third days of the inspection were carried out by one inspector.

Service and service type

Aranlaw House Care Home 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care

provided. We spoke with 12 members of staff including the nominated individual, registered manager, assistant manager, senior care workers, care workers, support and activities staff and the chaplain. We also spoke with two health and care professionals during their visits to the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one relative and eight health and social care professionals who know and regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- An empowering culture encouraged positive risk taking. People were supported to live their lives as they chose. Staff knew what people could and could not do as well as understanding their life style choices. They used this knowledge to create detailed individual risk assessments. These identified risks to people and to the staff supporting them and actions required to reduce the risk. For example, staff were keen to uphold people's rights to vote in the recent general election. They visited the local polling station and discovered that some people who had mobility difficulties would not be able to access the building. They raised this with the local council and were able to take four people to vote on election day. This also turned into an enjoyable event for people as they were welcomed with mince pies!
- Safety was considered in all aspects of the care provided for people, from ensuring they were safe in bed to making sure people were protected from known risks or hazards on trips out of the home. A health professional told us, "I believe the care home has safety as number one priority. I always have positive interactions with the staff and the residents." Another healthcare professional told us, "With regards safety, if emergency alarms [call bells] go off during my visiting time they are attended quickly. Overall, I find the staffing levels and staffing knowledge to be good."
- The service recognised that even with relevant safety monitoring and staff training, accidents and incidents could still occur and had considered how this was best managed. A 'first response' box for staff to use when responding to a fall or other medical emergency had been created. This included a blood pressure monitor, thermometer, blood sugar monitor, hot and cold packs, a slide sheet and relevant documents such as observation and assessment forms.
- The service used CCTV in all communal areas to protect people's safety in areas such as the risk of unsafe care or treatment, home security and to help people stay safe without restricting their activities. This had been agreed with people, families and staff and there were signs around the building to remind people of the cameras. Analysis of falls had shown there were some areas of the building without a clear line of sight. New cameras had been added to these areas to enable staff to be aware when people were in these areas and staff could then go to support them. Records showed that the number of unwitnessed falls had reduced since this action had been taken.
- People had personalised plans that set out the assistance they needed to evacuate the building in event of an emergency such as a fire.
- Routine maintenance checks, such as water temperature checks and fire safety checks, were undertaken. Current certification was in place in relation to gas, electrical and fire safety.

Staffing and recruitment

- Recruitment practices were very safe and robust. The relevant checks had been completed before staff worked with people. In addition, the registered provider recognised their responsibility to help ensure that all staff working in social care were safely recruited. They ensured that whenever other registered providers requested references for staff working for Luxury Care, a full and detailed reference for the person was provided rather than very basic references that are usually provided.
- Processes from application to interview and appointment were thorough. The registered provider was aware that caring roles are vocational and people need to have a very clear set of values in order to succeed. Interviews were based on analysing people's values and matching these with the registered providers values. Staff reported that the number of new staff who did not complete their induction had reduced. This meant more continuity for people and less time spent supporting staff who were not suited to the work.
- Innovative ways to ensure newly recruited staff were supported and settled into their roles had been introduced as the service had identified that continuity of staff was very important in the provision of good care. The service had staff support champions whose role was to help new staff and act as a mentor and a guide in addition to the more formal supervision and support structures. Staff told us they had felt welcomed and supported and able to ask questions whenever they needed to.
- Everyone we spoke with told us there was always more than enough staff on duty whenever they visited the home. Staff also told us staffing levels meant that they could provide good, personalised care to people without rushing. A health and social care professional told us, "One of the things that really stands out with Aranlaw is that they always provide me with a member of staff when I visit to support me with completing assessments and ensuring information is shared effectively. I cannot think of a time when I have ever had to search for a member of staff to help me or answer my questions, someone is always available."
- Innovative ways of utilising staff had been introduced. An analysis of meal times had shown care staff often had to leave the people they were assisting to fetch drinks, different meals or support other people. Waiting staff had been introduced to carry out these tasks and enable staff to provide the support people required. Similarly, it had been found care staff could be diverted from providing care and support because other tasks needed to be carried out. A new role of support worker had been introduced to work alongside colleagues so that staff were not distracted from their caring role. For example, support staff were on hand to fetch drinks, refill snack stations or collect items people needed but were unable to fetch for themselves.
- There was a stable staff team and people and relatives told us they knew staff well. The service rarely used agency staff and had high levels of staff retention due to the positive and supportive culture that was so evident. A member of staff said, "Working at Aranlaw to me is being part of a family that is always there to support you through anything whether it's a personal matter or improving your career."
- Records showed, where there had been issues with staff performance, these had been addressed promptly with support given to staff to make improvements.

Using medicines safely

- Medicines administration was very well managed. People received their medicines when they were needed and in ways that suited them. Since the last inspection the service had introduced more in-depth audits and altered a number of procedures as a result of these audits.
- Detailed audits of medicines and investigations of errors had led to improvements in the way medicines were administered. The service had identified that most errors occurred because staff were distracted by people who used the service even though they wore a red tabard with "Do Not Disturb" printed on it. In response to their investigation they started to place a screen around the medicines trolley and provided staff with a yellow tabard with dementia friendly lettering stating, "Staff busy". Staff reported that they had far less distractions with these measures in place and the number of errors had reduced.
- Medicines were ordered in a timely way, stored securely and managed safely. A healthcare professional told us, "The care home is in regular contact if they need any advice related to residents or medicines or if they require a visit by a clinician. They are very specific about the visits they require, which gives the surgery

a chance to triage more effectively. The MAR charts are up to date, and whenever I need to see any of the MARs, or fluid or weight charts, the care home is quick to provide these. Most recently they asked for my advice regarding alcohol interactions with medicines, changing opioid patches and the time window, risk of fire hazard with emollients and how to minimise it.

- Since the last inspection the service had worked closely with a community pharmacist to check people were only prescribed medicines that were necessary for them and to ensure people, especially those with little or no communication, received effective pain relief when it was needed.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly. The registered provider's training team had developed innovative and interesting ways of providing training that included practical tasks and quizzes. Some of these were based on learning from previous incidents that had occurred. Staff told us they really enjoyed the training which they found interesting and challenging.
- Some people had their medicine administered covertly. There was clear information in care plans which detailed why it may be necessary to administer medicines in this way together with details of other approaches that should be attempted before doing it covertly. Authorisation from GP's and Pharmacists was recorded in the care plans. We observed one member of staff administering medicines to people after lunch. They were very calm and unhurried and took different approaches with people. Discussions with them showed they knew each person very well. We asked about covert administration and they explained that they can usually avoid having to do this. They said, "I like to pick the perfect moment. I know people and I can see when they will be receptive to taking their medicines." This meant people's dignity and rights were promoted and upheld.
- There were clear protocols for administering PRN (as required) medicine and staff spoke knowledgeably about administering PRN medicine. Some medicines were prescribed to manage behaviours that challenge the service, however we found the service had a number of strategies in place to support people so that the use of such medicines was very rare and only as a last resort.

Preventing and controlling infection

- The service was very clean and well maintained. All of the relatives and professionals we spoke with commented on how well the home was kept. One relative said, "Aranlaw House is always kept pristine. [Person's name] bedroom is always fresh and clean, so all of the cleaning staff should be proud of themselves."
- Staff had regular training in infection control and safe food handling. Again, the registered provider's training team had been creative in the ways they provided training. During the inspection, a room had been used to create a bedroom environment that included a life-sized dummy. Several hazards and infection control issues had been placed in the room and staff were asked to identify these as part of their learning. Staff were positive and enthusiastic about the training. The trainer reported that, through doing this training on a one to one basis, a number of staff had asked questions they said they would not have asked in a more traditional group learning environment. This meant that they had been able to achieve a better understanding than they previously had and therefore improve their practice.
- Protective equipment, such as disposable gloves and aprons, was readily available for staff if they needed this.
- The kitchen had been assessed by the local food standards in February 2019 and had received a grade 5 rating. This meant hygiene standards were very good and comply with the law.

Learning lessons when things go wrong

- Staff confirmed that the culture of openness in the service meant they felt encouraged and enabled to report accidents and incidents because they knew there would be a positive response. This was because the registered provider valued staff raising concerns and considered them integral to

learning and improvement.

- There was a robust and detailed procedure in place for reporting and recording accidents and incidents. All such events were reviewed, analysed and monitored for any trends or patterns. This ensured events were responded to appropriately.
- Where concerns were identified, the registered provider looked for ways to further improve the service. Learning from events was shared with staff at all levels in the home and with all of the services that were owned by the registered provider. This meant that the risk of recurrence was reduced and managed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and relatives were confident people were protected from harm. Very good staffing levels meant that people and visitors were able to develop meaningful relationships with staff whom they trusted to keep them safe.
- Staff fully understood their role in protecting people from abuse. Since the last inspection, training in this area had been reviewed and improved to provide staff with a more practical and evidence-based course. Staff were very confident in discussing safeguarding issues and told us the training had been positive and informative. They confirmed that any issues they raised were listened to and acted upon.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary. The local authority safeguarding team told us the service worked well with them.
- Suitable and clear safeguarding policies and procedures were in place and available to staff, people and visitors.

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 outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Staff continued to receive extremely good support and training. People and relatives told us their needs were met by staff with the right skills, experience and attitude for their roles. A member of staff said, "He [registered manager] is one of the kindest people I know. The only boss I feel safe to disagree with, give an opinion to and who really cares. Sometimes he asks me to do things I think I can't do but he teaches and shows I can. Thanks to [registered manager], I have actually decided to progress and develop so I can help others."
- Staff completed a comprehensive eight day induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme of updates and refresher training was in place. Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs.
- Training and updates were provided in accordance with national guidance. Additional training was also provided to reflect the needs of the people living at Aranlaw Care Home. All staff, in all departments, completed a four day specialist dementia care course. Since the last inspection the registered provider had employed a specialist trainer to ensure all staff receive training in a timely manner rather than having to wait for a space on a course which was sometimes well after they had started work for the service. The registered provider reported this action had resulted in staff working with the same dementia friendly approach from the beginning. The impact of this was that social workers reported finding people more settled than they had been in years, people experienced less distress and slept better which in turn resulted in a reduction of anti-psychotic and sedative medicines.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. Without exception, every member of staff we spoke with or received feedback from, praised the training they received and said they felt confident, competent and skilled after it. New training in areas including sepsis awareness, oral care, mental health first aid and LGBT+ awareness had been introduced since the last inspection.
- The registered manager had a strong focus on developing the staff group and teamwork. They valued their staff team and provided opportunities for continuous learning and development for staff. The registered provider also held this focus and ensured there were opportunities for staff to progress and develop within any of the services that they operated.
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.

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

- There was a very homely feel to Aranlaw Care Home. The thought given to the décor was clear: when bedrooms were redecorated, people were given the choice of colours, fabrics and carpets, everyone was consulted on décor for the communal areas and consideration was also given to best practice guidance about how environments could be improved for people living with dementia. Since the last inspection lighting throughout the home had been changed and contrasting colours had also been used to help people make sense of their surroundings.
- People and staff were proud of the home and its facilities. The home was well equipped, and staff said that if ever the need for equipment was identified all they had to do was report this to the registered manager and it was provided.
- The registered manager was very proactive in encouraging staff to look at how they could improve people's health and wellbeing and to look at innovative ways to do this with changes to the home environment. Staff recognised people were struggling to read and understand some of the signs around the home. They consulted with people about what words like 'manager', 'linen cupboard' and 'lounge' meant to them and made the necessary changes to signs around the home to reflect people's feedback. As a result, the registered manager's office was identified for people with a sign stating, 'Person in charge', the lounge became 'Sitting room' and the linen cupboard became, 'Airing cupboard'. Staff told us they had seen people's well-being improve as they could more easily read and understand signs with words that were familiar to them.

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

- People's nutrition and hydration needs were very well met. The standard of catering and meal time experiences was excellent. Food was of a high quality and always presented to make it look appetising. A relative said, "The chef and the rest of the team in the kitchen work hard to ensure all of the residents have varied and appetising meals according to their needs." Staff told us how people's individual likes and dislikes were catered for. This included taking one person to buy their own food which they kept in a specially provided fridge in their room and chefs cooked these individually for the person. Another person who liked to cook curry and would regularly cook for the whole home. and Staff, had also searched the internet to find a very specific and rare soup which they had then ordered in a large quantity for another person.
- The service regularly assessed people's risks of malnutrition and dehydration. Considerable national and international research has been published about the negative effect a poor food and fluid intake can have on people's health and wellbeing. The service had taken this into account and reviewed how they could reduce the risks to people at Aranlaw Care Home. Food and drinks were available at all times for people to enjoy, this included 'snack stations' in all of the lounges and communal areas. There were options at all meals and people were offered choice either by discussion, use of picture cards or looking at plated meals.
- Staff understood where people liked to be when they ate, determined what crockery and cutlery would best help them and provided special trays for people to use whilst sitting in chairs to watch television as they recognised many people did not like the more traditional table often fitted in front of chairs.
- Many people required extra help with their meals. Speech and language therapists had been consulted and some people had been assessed as requiring pureed foods. The service recognised it was harder for people living with a cognitive impairment to recognise pureed items as food and also this was not a dignified way to serve meals. A project had been created called "Dine with Dignity". Special equipment including blenders and moulds had been purchased and the chefs went to great lengths to present the pureed items in such a way that the individual pureed items had the same look, colour and texture as the actual item. The staff referred to this as "Gourmet puree" and reported that people had responded well and were eating more since this was introduced. Visitors told us how impressed they were with these meals.
- Records showed the number of people who were at high risk of malnutrition or dehydration had reduced considerably since the introduction of these measures.

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

- The service worked in partnership with various other services including GP's, district nurses, mental health specialists, physiotherapist, occupational therapists, Speech and language therapists, opticians, podiatrists and dentists. One healthcare professional told us, "I have been working with Aranlaw for some months and always feel that any concerns I have re patients care or ongoing treatment are valued. The team often refers patient queries to me which are always checked and followed up by the management team."
- Collaborative working with other agencies, such as hospitals, GPs and district nurses, had ensured effective care and improved people's quality of life. Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals. A health care professional told us, "I visit Aranlaw on a regular basis and find the staff very friendly, open and knowledgeable about their residents. Staff are always keen to learn more about how to support their residents and appear to consistently follow advice provided."
- People were supported to maintain their health. People, visitors and staff told us staff arranged access to health care any time they wished, or it was needed. Staff had a good understanding of people's healthcare needs and were able to recognise specific symptoms people may display such as if they were developing an infection. A healthcare professional told us, "The staff are proactive and professional, they request my input appropriately and do their best to avoid hospital admissions. They follow instructions, are on the ball and efficient."
- The service had implemented a new oral care programme for people and had recognised that care and support from dentists was often difficult for people living in care homes to access. Staff carried out regular checks and had identified that some people required specialist care. Support from a local dentist had been organised which had resulted in one person's communication skills improving and other people's eating and drinking had improved. Another health care professional told us, "The care I witness in the home is second to none. I have witnessed such wonderful interactions whilst there. Nothing ever seems too much trouble. The team often work with me to ensure people can be seen by me but always get their activities on time or any other care needs met."
- The service had identified people were not always able to tell medical professionals about their health or care and support needs. A 'care passport' had been created for each person that could be taken to appointments or hospital admissions which clearly set out all the necessary information to ensure that other people could fully understand the person and support them accordingly. They had also joined a scheme to ensure good communication between hospitals and service staff was promoted. Staff reported that they had seen an improvement with how the hospitals communicated with them.

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

- People were supported by staff who had an excellent understanding of their care and support needs and could describe these with confidence. The service had continued to undertake in-depth assessments of people's care needs and choices before any care or support was provided. Once a service was in place, these arrangements were regularly reviewed. This meant staff had accurate, up to date information about each person they cared for.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans.
- Care and support plans were holistic and personalised. They addressed people's mental and physical health, as well as social needs and living skills. Assessments included gathering information about people's cultural, religious and lifestyle choices and any equipment that was needed and this was also included in support plans to enable staff to get to know people and achieve the best possible outcomes for them. Staff confirmed these were clear, detailed and easy to follow. A health care professional told us, "The methods they use to manage challenging behaviour work. They all care about the residents and I am always

welcomed and encouraged to visit."

- There was enough information to guide staff to provide individual care whilst also meeting best practice guidelines such as preventing and managing pressure ulcers, diabetes management, managing behaviour that challenges the service and dementia care. There was clear information about people's personal histories to make sure staff were aware of their lifestyle choices and what was important to them.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.
- People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision best interest processes were followed and recorded.
- The manager had appropriately identified where people could be considered as deprived of their liberty and had applied to the relevant supervisory body (local authority) to authorise this under DoLS. Systems were in place to ensure staff were reminded about any special conditions which must be complied with and to ensure additional applications were made in a timely manner for any permissions which were due to expire.
- Staff all understood the importance of seeking the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish how a person wanted the support and care they were offering.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Relatives, visitors and health and social care professionals spoke very highly about how caring and supportive the service was. A relative said, "I feel in every way that [person's name] is treated with dignity and respect. There is always a good atmosphere within Aranlaw and the staff definitely contribute to this. All of the carers, in fact every single person I have come in to contact with could not be more helpful."
- People looked very relaxed and comfortable around staff. There was a calm, relaxed, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good-humoured banter shared between people who used the service and staff which resulted in people laughing.
- Staff understood and respected people's lifestyle choices. When we spoke with staff about people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity. A member of staff said, "The team is so diverse and unique in their own way, but all are treated with respect in every job role and we all work together as a team doing what is best for those in our care. The residents have happy lives and are always treated with the utmost respect and love. Just as we would treat our own family, so for me, Aranlaw is one big family."
- People received highly personalised and compassionate care which considered their rights to equality and acknowledged diversity. A member of staff said, "We realise that every person has their own values and beliefs, and this is supported as much as we possibly can."
- Staff cared for people in a way that exceeded expectations, and which meant people lived more fulfilling lives with examples of improved independence, social interactions and mental wellbeing. There was evidence the staff often went 'the extra mile' to meet people's needs. For example, one person had told staff that they had never travelled first class on a train and didn't think they would ever be able to stay in a hotel. The registered manager told us staff had made arrangements and accompanied the person on a two-night hotel break which they travelled to via first class train travel. This meant the person's mood was lifted and their self-belief increased as well as showing the staff that boundaries could be broken. Another person had expressed a wish to go nightclubbing and drink cocktails. This was a major development for the person who had previously not liked to leave familiar surroundings and staff reported that the person had continued to enjoy various trips out including a visit to London.

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

- Staff actively encouraged people, relatives and visitors to be involved in planning and reviewing their support and expressing themselves about things which affected them.
- Staff understood many people were no longer able to live their lives as they were used to or wanted to. They understood the importance of improving people's day to day experiences and empowering them to

retain control of as many aspects of their lives as possible. Staff had embraced the use of technology to help people and had found many people were able to use different apps on a computer tablet and others liked to ask a smart speaker to play certain types of music for them. Some people kept in contact with families via social media. Staff told us about one person who looks forward to their weekly social media call and that knowing they will see their relative reduces their anxiety and gives them something to look forward to.

- Everyone we spoke with felt included in how their care and support was planned and delivered. They confirmed they had opportunities to have their opinions heard and they were always listened to.
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- Staff took great pride in creating an atmosphere that welcomed people and promoted their independence whilst respecting their privacy and dignity. People's wishes were respected with the daily choices they made or were supported to make. A healthcare professional said, "I have had the pleasure of being involved with Aranlaw Care Home for many years. During my visits all patients have always been treated with dignity and respect. Staff are aware of the individual needs of each patient and go to great lengths to ensure memoirs [life histories] are available for each resident."

- People and their visitors confirmed staff respected their privacy at all times and told us if they had a preference for male or female staff, this was respected. Analysis of the rota showed there was always a balance of male and female staff in order to meet people's requirements.

- Staff spoke very respectfully and with kindness about people. Their discussions were full of references to shared experiences. On the first day of the inspection we saw the staff perform a nativity play. During the play one of the staff referred to a well-known celebrity which caused one person to laugh and clap. There was clearly an "in joke" between the person and staff and all involved took great delight at including this in the play.

- The service recognised how important people's dignity and independence was to them and supported them to retain and improve both wherever they could. Care plans reflected what people were able to do for themselves and how to encourage them to do this. There was also information about how people liked to dress, whether they wore make up and how they would have their hair styled.

- The service had recruited a hairdresser who was experienced in working with people living with dementia and had undertaken the training offered at Aranlaw Care Home. This meant that they were able to understand people better and communicate in a way people understood and were comfortable with. Staff told us they often found out that the hairdresser had asked families for photographs of people prior to them living at Aranlaw Care Home so that, for those who were no longer able to communicate how they wished their hair to be cut, they could ensure that they styled it in a way the person was used to. Some people wanted their hair cut but became unsettled if they stayed in one place for too long: the hairdresser had adapted to this and walked with some people and cut their hair, cut their hair in a part of the home where they were more settled or arranged their appointment at a time of day that best suited the person. This meant people could still have their hair cut and styled as they wished therefore promoting their dignity and independence.

- Staff understood they had a duty of confidentiality. People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

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

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

- People received care that was very personalised and met their individual needs and, in many cases, exceeded people's expectations. A healthcare professional told us, "As part of my review I audit care plans, risk assessments and all information relevant to each patient. These are always clear and up to date. We have placed several patients in Aranlaw that had previously been given notice from other care settings." They went on to tell us how much more settled and content people became when they had settled into living at Aranlaw Care Home.
- Care records focused on people's strengths, rights and individuality. They included details about people's life histories, their likes and dislikes, hobbies, lifetime achievements, preferences, religious and cultural beliefs and things which were important to them to have a meaningful and happy life. With people's consent, families and other significant people were also consulted about things important to them. Staff went to great lengths to ensure they knew people well and spent time with people to get to know them. For example, when new people were admitted to the home, the registered manager increased the number of staff on duty to ensure that the newly admitted person was provided with lots of one to one time with staff to help them settle in.
- Daily records were kept of the support people had received. Where additional monitoring was in place, such as where someone was at risk of developing pressure sores, the action taken to support them to change position regularly was clearly recorded.
- Equality and diversity training was provided to all staff. Staff spoke confidently about treating people equally and fairly. People's different cultures and beliefs were recognised and respected and clearly detailed in care records.
- The service worked with people and staff to ensure people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. The registered provider employed a non-denominational chaplain to provide religious, spiritual and pastoral support to people, visitors and staff. They held regular services within the home which had been specifically adapted to support people living with dementia. They were also able to support people of other faiths and beliefs and was ensuring that one person was receiving support from their local congregation and that any religious observances or special days of celebration were understood by staff and followed. Another person with a faith that staff had little or no experience of had recently moved to the home. Care plans were detailed about specific food requirements and arrangements had been made for the local faith leader to visit the person. Staff were concerned that this was not enough, and they needed to do more for the person. They were actively seeking out ways of ensuring the person's day to day culture and traditions were included in life at Aranlaw Care Home.

- People's human rights were upheld, and people were protected from discrimination. Staff explained that, as part of the assessment process before people move into the home, information about people's cultural and religious needs were collected. If there was anything staff did not already have knowledge and understanding of, they researched this and requested support. They gave an example of a person who had reverted to their primary language which was not English. Staff had created cards with simple phrases designed to reassure the person and help them understand what was happening. They had also used a language translation app to ask questions and understand what the person wanted. Staff reported that this was working well.

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.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- The service understood many people lived with sight as well as cognitive impairment which, amongst other things, made understanding signs very difficult. All of the signs and notices in the home had been replaced with signs that had larger letters in a font that research had found most helped people and in clear contrasting colours. Where appropriate pictorial prompts were also used. The registered manager reported people had found it easier to understand the new signs and this had resulted increased familiarity with their surroundings and improved wellbeing.
- The registered provider had also recognised some staff may have dyslexia or other learning related disabilities. The electronic recording system had been set up to enable staff to use tick boxes in some areas or enter records orally via speech recognition rather than typing. This meant staff concerns and stress was reduced.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a great deal of emphasis placed on people experiencing meaningful occupation and activity. The activities staffing rota was organised in such a way that some staff supported group activities every day while others were able to respond to people individually; this was especially helpful for some people who found walking helped them to feel calm as staff were readily available to go out with them either on foot or on local public transport or to meet any other requests on the day they made them.
- There was a programme of group activities seven days a week that was also planned around people's mutual interests and preferences. This plan was displayed on notice boards and each person was given the information in a suitable format. The activities staff reviewed each activity to assess what had worked well for people or whether there were any areas to change or improve. Examples, of successful group activities included baking, arts and crafts and quizzes as well as a number of visitors to provide musical entertainment, face to face experiences with various animals including donkeys, reindeer, llamas and owls as well as work with local nursery and school children. The service also had access to a minibus and recent trips out had included a safari Park, local museum, shopping centres, Christmas markets and ten pin bowling.
- Birthdays, religious and cultural events and community fayres and events were celebrated at Aranlaw Care Home. There was a real sense of pride in achievements of people who lived in the home. Staff were aware of all those had previously served in the armed forces and, together with the chaplain, had organised a very special Remembrance service with hymns chosen by the people living in the home and special readings

which held significance for people.

- People told us they were happy with how they spent their time. Staff told us how they believed that being fulfilled and entertained promoted people's overall wellbeing.
- The registered manager and staff had developed good relationships within the wider local community to help people become part of it. Staff had developed relationships with local hotels, events companies, banks, car sales showrooms and a university. One person had always had a keen interest in stocks and shares and had regularly visited their bank to discuss these. Staff arranged a visit to the person's bank which they reported had given the person enormous pleasure and validation. Another person had visited a faculty at the local university to discuss a book they had written. The visit had gone very well and the university were hoping to invite the person to give a lecture to students.
- Throughout the inspection the general atmosphere in the home was exceptionally calm and caring because staff were well organised, and person centred. Staff met people's care needs individually with no sense of task-oriented practice in the home. People were not left unattended in communal areas and staff were always visible and available to respond to people whenever the need arose. We observed staff use many different ways to ensure people were offered choices and supported to make decisions.

Improving care quality in response to complaints or concerns

- Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint.
- There was a procedure to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared with the complainant and other staff if this was applicable. Plans were in place to provide all staff with customer care training which would include ensuring staff had the skills to make people feel comfortable to raise any worries or concerns.
- Records of complaints received and investigated showed how these had been investigated, the timescales for resolving and the outcome for each complaint. People told us they would be happy to raise a concern or make a complaint although nobody had needed to. The registered manager stated, "We believe we have achieved good results in this area. Within the last 12 months we have had complaints made with the end result being that we have received a compliment about how thorough the investigation and response was."
- The registered manager carried out regular audits and reviews of complaints and concerns. No complaints had been recorded for November 2019. The registered manager had been concerned staff had possibly failed to record these rather than accepting that none had been made and had reminded the team of the importance of complaints.

End of life care and support

- The service supported people nearing the end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes.
- The registered provider had introduced a requirement of staff that they must all complete training in end of life care. Additional training had also been introduced to inform staff about grief and bereavement support both in recognition that they grew close to people and were affected by their loss and to be able to support relatives and friends of the deceased person.
- Although no one was receiving end of life care at the time of the inspection, people had anticipatory care plans in place for how and where they would like to be cared for at the end of their lives. These plans were regularly reviewed. The chaplain had identified that it was better to have difficult conversations about people's wishes as soon as possible once people moved to the home. Additional support for staff in asking these questions had been provided so that they were empowered to help people and ensure that the service was ready and able to support people however they wished.

- When people were nearing the end of their lives, people and their relatives were treated with kindness, compassion, dignity and respect. Staff talked with pride about the care they were able to give to people in their final days. We saw a range of thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff had done to support and help them through this difficult time.
- The registered manager and staff were keen to ensure they provided the best possible care for people and had introduced a review process after each death in the home to look at what had gone well and whether anything could be changed or improved.
- The service chaplain had reviewed how to improve support to people and their loved ones and introduced an information pack to give to relatives explaining what needed to be done, a list of useful contacts such as local registration offices and information about bereavement and where to obtain help. Staff were also clear they were always there to help relatives and visitors even after the person had passed away.

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 outstanding. At this inspection this key question has remained the same. 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

- People benefited from strong leadership and oversight. The registered provider and registered manager had continued to build on this work and continually looked for opportunities to improve the way the service was led to ensure that people received the best care possible. Maintaining the outstanding rating in four areas and adding a fifth one at this inspection reflects how the registered manager and registered provider led a service where staff understood what was expected of them, were motivated, hardworking and enthusiastic. They shared the philosophy of the registered provider and registered manager to put people at the heart of everything they did and to focus on what mattered most to people.
- All of the staff we spoke with told us that Aranlaw Care Home was a good place to work and they were proud to say that they worked for Luxury Care.
- During the inspection the service was awarded Dementia Care Home of the year award by a well-known local newspaper's Proud to Care campaign. The registered provider had also recently been nominated as Family Business of the year 2019 by the South West Business Leader Awards.
- People received a consistently high standard of care because staff and management put people first while continuously looking for new ways to improve their care and quality of life. At the time of the inspection a national, independent website that reviews and rates care homes had rated the home 9.9 out of 10 following feedback from people who lived in the home, relatives and visitors. A relative told us, "The staff are content and happy. They clearly are well led as they would not be as responsive, helpful and genuinely happy in their work if this was not the case. It is great to see the senior staff join in and get their 'hands dirty' – none of them are above doing any chore and as such in my opinion that makes good leaders. It also makes a very content workforce that has respect for each other and respect for the job they do."
- People, relatives and healthcare professionals all told us the service was exceptionally well managed. Many of the staff we spoke with told us they had previously worked for other care services but felt that Aranlaw Care Home was the best. A healthcare professional told us, "My experience of the home is that it is well led, both from the overall management and also the day to day management of residents."
- Without exception, the staff we spoke with during our inspection spoke positively about the registered provider and registered manager. They confirmed they felt very well supported which in turn motivated them to do a good job. Relatives and visitors also told us they always felt able to approach the registered manager and members of the management team if they had any concerns.
- Staff said the registered manager's door was always open and that anything they said was taken seriously and the appropriate action taken. Some people had raised concerns and told us they had had a very positive response and that matters had always been addressed. This showed that the registered manager

took steps to address concerns and manage staff in more challenging situations.

- The registered provider operated an employee recognition system. The system gave staff the opportunity to tell other staff and managers about colleagues who worked hard and those who had gone the extra mile. There were awards for staff member of the month and opportunities to nominate staff for corporate awards.

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

- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.

- The structure of the management team supported good practice throughout the home. Each member of staff had clearly defined roles and responsibilities and were able to demonstrate this throughout the inspection by taking the lead in specific areas or referring to other staff. We observed members of the management team working alongside staff, observing practice and giving a good insight to training and development needs.

- Staff were very positive about the management and leadership in the home and they told us they were motivated because they felt valued and their opinion and feedback mattered. Experienced care staff, who had expressed particular interests, were designated as 'champions' in specific areas including dementia, dignity, infection prevention and control, oral hygiene, falls prevention and management, continence, sepsis, prevention of hospital admissions, nutrition and hydration, end of life care and staff support. Additional training and support was given to them to enable them to provide advice and guidance to their colleagues. The registered provider had set targets for each champion area and provided incentives for staff to achieve these. A member of staff said of the champion's role, "Being a champion for dignity is something that I believe in passionately as we all receive care or know someone important to us who is receiving care. It doesn't take much, indeed it is the little things that count most and being a champion is about just having the mind set of asking how I can make this better, then acting on it." This meant these subject areas were always considered in the day to day running of the home and this positively impacted in the quality of service people received.

- There was an effective quality assurance system in place which enabled the registered manager and registered provider to oversee Aranlaw Care Home and monitor the quality of the service provided. This included regular audits of medicines, accidents and incidents and health and safety. Action was taken to address any areas for improvement identified through audits and incident reviews.

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

- There was a very strong emphasis on continually striving to improve the service. There were active initiatives to obtain people's and relatives' views, through informal conversation and more formally through care reviews, residents' and relatives' meetings and quality assurance surveys. The registered manager analysed the information and developed an action plan from this.

- The service had identified that family members experienced a range of different emotions when coming to terms with a loved one's admission to care or seeing their health and cognition decline. A family member had taken on a role as a family representative and had attended staff meetings to explain to staff how it felt to see someone you love being cared for by other people and made suggestions for staff to help them better understand the family member's perspective.

- The registered provider had also recognised some staff may have dyslexia or other learning related disabilities. The electronic recording system had been set up to enable staff to use tick boxes in some areas or enter records orally via speech recognition rather than typing. This meant staff concerns and stress was reduced.

- Regular meetings were held with the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that recent topics for discussion had included menu plans, activities and possible outings. Minutes were shared with people who did not attend the meetings and information was also posted on noticeboards.
- The registered manager and the registered provider also actively sought feedback from staff and health and social care professionals via surveys. Feedback from these surveys was analysed by the registered provider and fed back to the registered manager who then created an action plan to respond to any issues raised. The most recent staff survey had shown 95% of staff felt that they were treated fairly, respected by their co-workers and management and that the management team led by example.

Working in partnership with others

- The service was working to improve their integration with the local community. Staff supported people to attend churches and clubs locally and schools and nurseries visited the home. One person had visited a local bank with staff. This created a link with the bank staff that led to them working with the home and finding out more about how they could help their customers who were living with dementia. There were plans to develop links with local colleges where students are studying health and social care.
- The registered provider, registered manager and staff had supported the first Alzheimers café in Dorset. This is a social and educational event aimed at helping both people living with any form of dementia or cognitive impairment, their carers and members of the public.
- The registered manager attended local networking and training events where they learnt about new innovations and ideas and shared these with the staff in the home.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The manager had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.