

Ariya Neuro Care (Residential) Limited

Ariya House

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

Ariya House is a residential care home providing personal care. The service provides support to people living with acquired brain injury (ABI) and can support up to 13 people. At the time of our inspection there were 13 people using the service.

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

Service design was focused on people who used the service and their comfort and safety was of paramount importance. The atmosphere throughout the service was vibrant and inclusive and people were at the centre of their support.

The management team consisted of excellent leaders who, along with a strong staff team, had the skills to deliver exceptional support to people in order for them to achieve their goals.

The atmosphere throughout Ariya House was exceptionally positive, welcoming and homely. Feedback from people who used the service, their relatives, staff and professionals was consistently extremely positive and that the management at the home exceeded people's expectations. People, relatives and professionals were also full of praise for the entire staff team.

Risks associated with people's care and support had been identified and were carefully managed in a way which actively promoted people's independence, enhanced daily living skills and maximised people's choice and freedom. Systems in place to manage medicines were designed in a way that focused on promoting independence to support people to self-medicate when this was safe to do so. The service was extremely clean, well-presented and maintained and had excellent infection prevention and control procedures which everyone adhered to.

People had support from highly skilled and trained staff that were safely recruited. Staff fully 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.

The provider and registered manager were extremely proactive in improving people's health and wellbeing, exploring innovative ways and were constantly considering new and improved initiatives to support people. People were supported to maintain good health and told us they had access to healthcare any time they wished. People's nutritional and hydration needs were being individually met with bespoke menus for people.

Staff spoke highly of the training opportunities they were given and were motivated and supported to progress within the company. There was an 'aspiring senior' course to skill people up to become effective leaders. The provider was dedicated in nurturing and mentoring staff and recognised staff as potential future senior managers in the sector.

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.

There was a very strong emphasis on the provision of activities and social stimulation which were meaningful and therapeutic to the people living in the home. People told us they were happy with how they spent their time. Staff were keen to ensure people's outcomes were met and were focused on promoting people's wellbeing.

The management team and staff were very committed to providing person centred care which ensured people received the best possible outcomes they could achieve. Staff were proud of the ethos where everyone who walked through the door was valued from staff to people, visitors and professionals. They felt this is how the service succeeded. Managers were clear about their roles and were passionate about the support and leadership of the service which was centred around and involved people who used the service.

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

Rating at last inspection

This service was registered with us on 30 September 2020 and this is the first inspection.

Why we inspected

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

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 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 

Ariya House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced on the first day.

Inspection activity started on 18 January 2023 and ended on 1 February 2023. We visited the service on 18 January 2023.

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 5 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 5 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, deputy manager quality manager, and support workers. We contacted a further 5 staff for comments about the service. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 4 professionals who were actively supporting the service.

We reviewed a range of records. This included 2 care records and multiple medication records. We looked at 4 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.

Is the service safe?

Our findings

Safe – This meant people were safe and protected from avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- There was a strong ethical, kind and positive culture that ran through the organisation. This was the foundation of having a safe environment in order to minimise safeguarding concerns or poor practice.
- The provider had extremely effective systems in place to safeguard people from the risk of abuse and avoidable harm. For example, staff received both internal and external training in safeguarding and personal reflection sessions were used to explore any concerns. Training gave staff the knowledge and confidence to explore concerns, challenge when things were wrong and the importance of reporting.
- There was an open and transparent culture in the service. Staff fully understood their roles in protecting people from abuse and had received training on how to recognise and report abuse.
- Safeguarding was selected as 'question of the month,' and used in monthly supervision sessions as a point of discussion and awareness raising. This was to test staff knowledge on safeguarding procedures.
- The service had a psychology team who carried out 1 to 1 sessions with people. As part of these, the team monitored people's mood and well-being using tools to support people living with a brain injury. This gave another avenue for staff to explore if people felt happy and safe living at the home.
- People felt extremely safe living at the service. One person said, "I feel extremely safe here." A relative said, "My relative has settled really well here. I know that they feel safe here as I can see how relaxed and happy, they are." Another relative said, "I know that my relative is safe here. They are content in themselves and very relaxed here."
- People had a one to one daily reflections with staff. This gave staff an opportunity to ask people how they were feeling and to explore if the person felt happy and safe. This process is also part of the psychology teams' goals offering another opportunity to explore how people were feeling.

Assessing risk, safety monitoring and management

- People were involved in developing a comprehensive and innovative approach to safety, which enabled positive risk-taking to maximise control over their lives.
- Staff supported people to identify risks associated with their health conditions, and then developed a comprehensive support plan based on positive risk taking. The ethos of staff was to ensure that people could work towards living the lives they wanted, whilst reducing the likelihood of people experiencing harm. The registered manager said, "We are often faced with complex situations, where staff are required to use skilled negotiation to support service users to weigh up options in the decision making process. It is a fine balance of allowing people to be independent, autonomous, and not interfering, while still supporting them in areas they may be vulnerable or at risk."

- 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

- There were enough staff readily available to support people to meet their needs. Staff told us staff morale was excellent and that had positively impacted on people using the service.
- The provider had a robust recruitment process in place which ensured suitable candidates were selected. All required pre-employment checks were undertaken.
- The provider viewed care and support roles as vocational and staff were required to have a very clear set of values in order to succeed. The providers values were fully embedded within the service and it was an expectation for staff to believe in them.

Using medicines safely

- People received their medicines as prescribed by staff who were extremely competent and committed to ensuring people were supported appropriately.
- Processes in place to manage medicines were effective and based on best practice guidance. Systems ensured people remained safe. For example, when the shift leader was administering medicines, the deputy shift leader supported staff, so the shift leader had dedicated time to concentrate on the administration of medicines without any other distractions.
- Some people were being supported to self-medicate and carefully thought out processes had been put in place to ensure this was done safely while respecting people's freedoms. One relative said, "My relative has also been given responsibility for their medication. My relative takes their own tablets when the staff are monitoring them, twice a day, which is building up their [relatives] independence and making them feel good about themselves."

Learning lessons when things go wrong

- The provider initiated a genuinely open culture where accident and incidents were openly discussed and highly valued as vital learning opportunities and development.
- All incidents were reported, recorded and fully investigated to identify trends and patterns and to develop strategies to keep people safe.
- Visiting professionals were impressed at the way the service operated. One professional said, "I have worked with the managers in providing safe services and the value of safety through learning. I can see how this has been embraced within the introduction of root cause analysis model."
- The provider also had a near miss analysis report. This allowed staff to ensure they were considering events preceding incidents, what could have been done better and what went well. This fed into the quality improvement meeting and monthly team meetings where there was a focus on safety through learning.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contacts with relatives and friends and visits were actively encouraged. The service was extremely welcoming and ensured visitors were offered private space to spend quality time with their loved ones.

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The service was creative in engaging and empowering people and their relatives in designing care plans which placed the person at the heart of them. People were actively involved in their support and the approach to risk was carefully balanced with independence to maximise control over their lives.
- The service completed functional assessments in day-to-day activities and specific areas of difficulty. Functional assessments were used to identify support needs, inform support strategies, to promote safety in aspects of daily living, and support safe transitions back home.
- Technology was used to ensure people had a meaningful life. For example, one person told us how staff had supported them to use an App on their mobile phone to assist them to cook. This technology broke down each task in a step by step guide. This person said, "It's been fabulous, I can now cook using this and sometimes I don't even need it."
- The entire staff team were knowledgeable about best practice guidance and acquired brain injury (ABI) and worked with people, developing strategies to improve their well-being. For example, the provider employed a peer support worker who had suffered a traumatic brain injury. This meant that people and staff benefited from a person with a 'lived experience,' supporting them and contributing to the process. The peer support worker told us how they had supported someone to develop a life history document which had been a good outcome for both the staff member and the person.
- People and relatives were highly satisfied with the way staff considered people's choices and delivered a high quality of support which had a major impact on their rehabilitation. One relative said, "My relative is in the best place they could possibly be. The change in my relative's mental health has been remarkable, they are so much happier being here." Another relative said, "The staff have dealt with each of my relative's physical and mental health issues and I now have a really great relationship with my relative which I have not had for over 20 years. I cannot praise the staff here enough." Another relative said, "I could not have done half the things for my relative that the staff here have. When my relative came here, they couldn't hardly walk, they couldn't read, they couldn't concentrate on anything. The staff here have made an absolutely massive difference to my relative."

Staff support: induction, training, skills and experience

- Staff received training that was tailored to their individual needs and learning styles. Staff were complimentary about the high level of training and support they received and felt valued. One staff member said, "Ariya is the best place that I have ever worked. The service users are given the greatest standard of care and I feel incredibly supported by my supervisors and the support team who I work alongside."
- The provider supported relatives by providing quarterly family sessions led by the neuropsychologist and

assistant psychologist. As brain injury impacted on the whole family, not just the individual, these sessions allow a support network for families and help provide educational work for people to understand the presentation and needs of their loved one. This meant there was a reduced risk of family relationships breaking down, and people's individual needs were understood.

- Staff told us they received support and supervision sessions which were meaningful and assisted them to develop in their career.
- The provider had a strong culture of developing staff and senior teams. They had a specialised 'aspiring senior course' which included mentoring and face to face training to help staff develop to be future social care leaders. This ensured stability in the service through future proofing, growth and ensuring succession in case someone on the senior team left the organisation or was promoted.
- People were supported by staff members who received specific training designed around those they supported. For example, the provider had implemented sepsis training and use the National Early Warning Score (NEWS 2). This is a clinical deterioration assessment tool across all the staff team. Importance was given to NEWS 2 because the provider acknowledged people post injury were in a high-risk group of developing sepsis and their underlying health needs could be overlooked or dismissed with professionals often attributing symptoms of illness to the brain injury. This allowed staff to confidently assess someone's physical condition should they become unwell, and alert emergency services as required.
- The management team had access to an external leadership and mentoring manager who supported managers to identify any areas of development in professional practice while also considering their professional aspirations. The management team found this a vital part of their continued professional development to ensure high quality leadership.
- New staff members completed a structured introduction to their role. This included completion of training, for example, in health and safety and safeguarding. One staff member said, "I had a two-day induction when I joined Ariya, which covered the company's core values, who CQC are, the role of a rehabilitation support worker, developing therapeutic relationships with service users, and the contract of employment. Furthermore, I had a two-week shadowing period where I was able to shadow rehabilitation support workers during shifts to see how they supported individuals, in addition to reading support plans."

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

- The service had a strong emphasis on ensuring people were supported to maintain a healthy and balanced diet. Staff ensured people were involved in meal preparation to develop daily living skills. One relative said, "They [staff] have trained my relative to cook their own meals."
- The service had nutritional sessions where staff and people engaged in completing a new recipe. We observed this during our inspection and found staff empowered people to be involved whilst overseeing safety risks in a very subtle and inobtrusive way. This created an opportunity for people to develop cooking skills as part of their rehabilitation.

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

- The staff team worked collaboratively with other agencies and healthcare professionals to ensure people received holistic and effective care which improved their quality of life and supported their rehabilitation.
- Staff worked with others to ensure people were safely discharged from the service back home. This included working with occupational therapists to ensure people's living space was adapted and liaising with social services and involving family members to ensure the transition was successful. For example, where people had limited funds, staff worked alongside social services to source household items. The provider also gave people a 'goodbye pack' of start-up items to help bridge the gap between benefits being received.
- The provider had a sound understanding of the importance of meeting people's general health needs. This included the ability to recognise subtle indicators of ill health. For example, 6 monthly foot and oral hygiene assessments were completed to support interim healthcare checks outside routine appointments.

- Professionals working alongside staff were highly complementary about the commitment of staff. One professional said, "We find staff are highly motivated and we support them to manage their expectations. There is never any despair because something hasn't gone to plan, only creativity. They are very human they come at things the right way. Many services pay lip service to person centred care but at Ariya House people are first and foremost for sure. Staff consider 'what does this look like for the client.' They are a shining example of what good and effective support should look like."
- Relatives valued the support their family member had received and spoke about how exceptionally well staff had worked with health professionals. One relative said, "Before my relative came here, they were going into hospital about once a fortnight for various health issues and since they have been here, they have only been to hospital for short times stays 3 times, which is incredible. All thanks to the care they are getting here."

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

- The service was purpose built and the design and décor had been carefully considered to ensure the environment supported people who were living with an ABI.
- The service was extremely well equipped and had facilities people and staff were proud of. For example, flats and bungalows supported people to prepare for moving home, kitchen areas had low surfaces to support people who used wheelchairs, and there was a gym which facilitated physical needs. Staff promoted the use of the gym to build people's confidences and to support people to follow their exercise regimes.
- People had access to carefully designed garden areas and took pride in keeping these areas well maintained.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People had their rights and freedoms respected as staff understood the importance of enabling people to make their own decisions, where possible. This meant care was provided in the least restrictive way.
- We saw staff including people in every aspect of their support, providing choices and respecting people's decisions. One staff member said, "I always ask for consent from service users as I am completing a task. If the service user is able to communicate verbally, I would ask for consent and wait for verbal confirmation. If a service user is not able to communicate verbally then I would look for non-verbal communication such as a thumbs up or head nod."

Is the service caring?

Our findings

Caring – This meant people were supported and treated with dignity and respect; and involved as partners in their care.

This is the first inspection of this newly registered service. This key question has been rated outstanding. 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

- Staff were extremely passionate about providing care and support that would ensure people's outcomes and goals were met. Staff constantly looked for ways to enrich people's lives.
- One of the service initiatives was the 'listening room.' This was used to listen to people's feedback and devise person centred tools which enabled rehabilitation. For example, one person was finding difficulty in explaining their injury when talking about it in a family setting. The service worked with the person to devise a wallet sized 'my brain injury leaflet' they could utilise when feeling under pressure. This enabled the person to communicate their injury clearly and put them back in control and feeling empowered. One person said, "The staff are caring and supportive and always got time for you, they make time for you."
- People experienced extremely positive care and developed professional relationships with staff. Staff were exceptionally good at providing an inclusive atmosphere, where everyone was valued and included. One professional said, "The main thing noticeable in Ariya House and it is tangible, is the culture of the service based on positivity and kindness. The organisation's values are embedded in every staff member through induction, training and role modelling and this feeds the culture." Another professional said, "There is a culture of openness and transparency and everyone is accountable for what they do. There [staff] a dream to work with, so refreshing."
- People were relaxed, confident and comfortable in the company of staff and there was a mutual respect for each other. There was a calm, relaxed, friendly atmosphere where everyone was included and involved. Staff and people shared appropriate friendly and good humoured banter between them and appeared more like friends together sharing the same experiences.
- Staff understood and respected people's lifestyle choices. Staff demonstrated an open, non-judgemental attitude that respected people's diversity. One professional said, "On entering Ariya I have always had a feeling of calm and when interacting with staff that work there, I am really pleased with how they support their service users."

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

- People were supported by staff who were extremely respectful of people and who supported people to make their own decisions which led to them achieving their goals. A staff member said, "We always ask the service users about their likes and dislikes and how they like to spend their day and personalised schedules are made with their opinions in mind."
- The provider used wellness recovery action plans (WRAP) to assist people in designing a recovery package of their choosing. These were presented in very individual ways which people found most user friendly. One person's plan was in the format of their favourite book and another was set out using pictures and visible

aids on one page. This process helped people decide what their priorities were and identified triggers to look for if the plan was not fully working.

- People and staff were supported to create their own one page profiles so people could get to know members of the team and so key information could be understood. This supported people to feel understood and engaged in their rehabilitation right from the start.
- The service had a 'be kind' box which was situated in a communal area. This was used to capture any kind words anyone wanted to share. One person said, "That's our 'be kind' box where people can put nice messages to each other. Its uplifting."

Respecting and promoting people's privacy, dignity and independence

- Staff were extremely welcoming and took pride in creating an atmosphere that promoted people's independence. Staff fully embraced the ethos of the service where everyone was important and valued.
- Staff spoke passionately about how they supported people to maintain their privacy and dignity and supported people to maintain their independence. One staff member said, "When supporting individuals with their personal care, I am always mindful to ensure curtains are closed and doors are closed to maintain their dignity. Furthermore, I am respectful of individuals and include them in all aspects of their care. To promote privacy, I ensure that I am always with the daily records if I have them around the service, and never leave them unattended; I never speak about service users or their care with other service users. I promote independence by completing tasks with service users rather than completing tasks for them; for instance, if a service user has some cleaning to do, I will initiate completing the cleaning with them rather than doing the cleaning for them."
- People and their relatives spoke very highly of the kindness and consideration of the staff team. One person said, "This is [staff member name] she's absolutely amazing. She used to be my keyworker, she's lovely."
- Staff took great pride in being part of a person's journey and assisting them to reach their goals and move on. One staff member said, "The best part of my job is the scope of what we can do for people. Such as, being a part of service users' post-injury adaptation, progression, return to wellness and life. I, mostly particularly enjoy discharge, as people no longer need our level of input and can move on positively." Another staff member said, "I feel an immense sense of pride whenever anyone makes gains, it is the best feeling in the world." The registered manager said, "I love working here the fulfilment you get when you see someone who can't walk when they arrive and leave the service walking is amazing."
- People's relatives echoed these positive statements saying, "I did not want my relative to go into a home but realised that they needed more hands on care and mobilising than I could give them. Coming here has been the best thing that could have happened. The change in my relative is massive and that is all thanks to the staff and the care they are giving my relative. All the staff are all so pleasant and nice which is reassuring to see, and I feel very confident that my relative is safe here." Another relative said, "All the staff are really great with our relative, they have a lot of time for our relative, even when they are busy they take time to have a laugh with them and when it is quiet they will come and play games with them. All the staff are absolutely fantastic," and "My relative now has quality of life for the first time in 20 years thanks to these amazing people."

Is the service responsive?

Our findings

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

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

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

- People described how they received exceptional care that was personalised and tailored to meet their individual needs and preferences. People told us they felt highly valued saying, "They [staff] are above and beyond here and they help you do things and do things with you. I had to learn to do everything again and they [staff] have helped me so much. I have improved my memory through strategies, mindfulness and speech therapy. I go to gym every day. They have given me my life back. They [staff] have given me the second chance I needed." Another person said, "It's by far and away the best service I have been in, it's fantastic."
- Relatives shared their positive experiences and were complimentary about the service. One relative said, "If my relative had come home instead of getting a place here, they would not be doing so many necessary activities and lots of things I would not have thought to do with them. I am so pleased they came here." Another relative said, "My relative has been taught how to cook for themselves, to do their own laundry and is given as much help as possible to become independent. They have regular physiotherapy, speech and language therapy, movement classes, Pilates and is now taking part in a drumming group. These people are caring for every part of my relative and working with them to get every part of them as good as possible, they are amazing."
- People were supported by staff who were completely devoted to their role and wanted people to meet their goals. The support provided to people was highly person-centred and had significantly improved their lives. A "Goal Attainment Scaling" (GAS) programme was in place. This was a process by which therapists could measure to what extent people were achieving their desired goals and allowed them to develop steps for people's goals to be achieved. For example, part of one person's rehabilitation was to find safe ways to self-medicate. The staff worked on different approaches to ensure this was carried out safely. using the GAS programme and working alongside staff this was achieved and led to the person's safe discharge. One staff member spoke about GAS goals saying, "Detailed review of all service users' GAS therapy goals within the full team; we review that month's average scores and the efficacy of each goal. The full team are encouraged to feed back about the engagement and applicability in these goals on a daily basis. Goals are reviewed, amended, reset, or graduated as necessary."
- Every evening each person, along with staff completed a daily reflection looking at their day and what went well or not so well. This was used to ensure GAS goals were attainable and progressing well and reflected on the entire day. Consideration was given to areas what required amending in order to achieve goals and what events were taking place which people needed to prepare for the next day. One person said, "These sessions are very important to me. They help me keep focused."

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

- The service placed a great deal of emphasis on people experiencing meaningful occupation which had therapeutic benefits. For example, the service had been successful in obtaining links with local community projects such as the local reservoir. One person who worked at a local water park prior to their injury, initially came to the service with significant weakness to one side which significantly reduced their grip. With support from the occupational therapist, physiotherapist and staff, they have been able to regain the skill they lost by adapting the way they hold things. Once these skills were fine-tuned, it enabled the occupational therapist to work closely with the person's workplace and occupational health team for the individual to attend his workplace for the team to assess their abilities, offer advice and guidance on supporting them, resulting in the person being able to return to work upon discharge on a phased return.
- People and relatives were overwhelmed at what had been achieved and the thoughtfulness of staff. One person said, "I can't thank them enough, they have gifted me a new life." One relative said, "The staff know that my relative is a keen photographer and on the days that they want to go, the staff take them to the reservoir that is close by and they watch the wildlife and take photos." Another relative said, "The therapy and care that my relative is getting is incredible. They have occupational therapy, and all of this has transformed my relative. They [staff] went to a therapy class away from the home and it was looking at mental health as well as physical health issues and my relative told me that it was really good to take part in that."

Meeting people's communication needs

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

- Communication care plans were in place and detailed the support people required to communicate effectively. Staff knew people extremely well and communicated with them in a meaningful way and in line with their current needs.

Improving care quality in response to complaints or concerns

- The service has a complaints policy in place which was available in an easy to read format. This explained what people could do if they were unhappy about something.
- The service has a culture of open and honest discussions, so any issues were dealt with immediately and before they can turn into anything larger. Daily reflections also gave people a forum where they could discuss anything, they were unhappy about.
- Any complaints received were seen as learning opportunities and the provider reflected on how the service could improve. The provider gave managers external 'root cause analysis' (RCA) training and implemented RCA following each and every incident. In addition, service incident analysis reports formed part of the provider's regular incident analysis and learning, which was discussed at a monthly meeting for more organisational learning to be shared.
- People and relatives were full of compliments about the service but felt they could speak with staff if they had any problem at all. One relative said, "If I have had any queries or concerns then I email the home and every time I get a prompt response and my email is handled quickly, promptly and professionally." Another relative said, "I am absolutely confident in contacting the home if I have any concerns and if I was visiting the home and saw something, I wasn't happy about I would mention it to a staff member straight away."

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life. However, where possible information was included in people's care plans and staff had received training about how to support people who were at the end of their life.
- The service had supported people through family bereavements, acknowledging when this had impacted on their rehabilitation. Plans had been carefully considered to ensure bereavements were acknowledged and how smaller steps could help the person meet their goals.

Is the service well-led?

Our findings

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

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

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

- Without exception, everyone who walked through the door of Ariya House, whether people using the service, their relatives, staff and professionals were welcomed, respected and valued. There was an overwhelming sense of inclusion and this was the foundation the service was built upon. One staff member said, "Ariya is a family and is led from the front, without rank. We are a team and enjoy that we all thrive, service users, their families and our own colleagues." A professional said, "I visit a lot of different care facilities and Ariya House always makes me feel that it is a home. I don't know what else to say apart from the staff are professional, kind, treat the service users with dignity, make the service users the centre of their own care and are happy to help. It is always a pleasure to go into Ariya House."
- There was a strong positive culture where people were central to their support. Person centred care was the key focus and staff creatively looked for new innovations that supported people's rehabilitation.

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

- The providers governance framework ensured managers and staff were clear about the expectations of the provider and regulatory requirements were fully understood.
- The management team and staff team were exceptionally motivated and enthusiastic and were led by a very passionate registered manager who ensured best practice was followed and realistic outcomes were achieved. One professional said, "I have found the home management including deputy to be committed, hard-working, eager for personal growth, focussed on team development, focussed on making a difference for the people they support in achieving their rehab goals. They have strong ABI knowledge which enhances their empathy for the people in their service and their understanding of how best to motivate them and build their self-belief so they can see a brighter future. I have seen this within many individual discussions I have had with Ariya House managers. I have also observed the pleasure and pride in these managers when a person has succeeded in their goals or progressed to greater independence."
- The provider employed a quality assurance manager who audited all aspects of the service and looked for innovative ways to develop.
- The provider and registered manager were fully aware of their legal responsibility to be open and honest when things went wrong. The registered manager told us they believed in transparency and took any mistakes as areas to develop and learn.
- Relative were highly complementary about the leadership of the service and the registered manager. One

relative said, "Amazing place and fantastic staff in every role," and "I do believe that this home is well led, they are all extremely professional, kind and caring which has proved so valuable for my relative and their progress in getting better." Another relative said, "I would definitely recommend this home. I cannot rate it highly enough," and "This is an absolutely wonderful place, I wouldn't mind coming here for a week's holiday."

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

- The registered manager and all staff had a strong emphasis on encouraging people and their relatives to review the service, to ensure they were providing outstanding quality care for people.
- The provider took great pride in involving people, their relatives, staff and other professionals as key players in ensuring the best outcomes for people. There were several varied opportunities where people could engage in the service delivery. For example, the provider held family support events which were led by the neuropsychologist and gave family members a forum to discuss how their relatives brain injury impacted on them. This helped reduce the risk of family breakdown as relatives were involved in the recovery plan.
- The service held twice daily peer to peer therapy groups to enable people to explore strategies and experiences and develop skills in a supportive atmosphere. This helped people to share ideas and positives strategies which had helped them on their journey.
- Staff felt fully engaged in the service and told us staff meetings were regular and they felt they could raise issues and new ways of working and were listened to and valued.

Continuous learning and improving care

- The provider and registered manager were committed to constantly drive improvements and looked for innovative ways to refine practices.
- A high quality governance framework guided staff to ensure the service was regularly audited and checked to ensure constancy and ensure the providers values and high standards were met. Action plans were efficiently used to address any area and to identify even better ways to deliver the service.
- The service had a research group known as SPARKI (supporting people actively researching and kindling ideas) which engaged in further clinical research and kept people up to date with latest practice. Recently the group explored attentional ability following a brain injury.
- The provider had recently achieved Investor in People (IIP) Platinum award. IIP is an international standard which provides a structure for developing and sustaining a well led organisation and a motivated workforce. The IIP report stated, "Your people worked relentlessly to continue to deliver services and create new ways of working which allowed the services to achieve quality outcomes as well as continued staff development. You have worked almost at capacity, initiated new projects which ensured outcomes were achieved, whilst the staff and services users remained safe."
- The provider had recently been awarded a rating of outstanding by 'The Headway' which is a UK-wide charity that works to improve life after brain injury by providing vital support and information services. This is testament to the high quality of rehabilitation and care both people and their families experience.

Working in partnership with others

- The service is extremely pro-active in engaging with other professionals to achieve the best possible outcomes for the service users. The entire staff team knew people extremely well and consistently strived to ensure they received the best possible care available.
- Professionals working with people felt included and were regularly asked for feedback about the service. All professionals we spoke with only had very complimentary feedback. One professional said, "The home and the organisation welcome independent professional feedback and show an unusual commitment to

continuous improvement, seen in their platinum achievement with Investors in People and their commitment to provide outstanding rehab services. I find that this is not just marketing spiel with Ariya, they make both financial and emotional commitment to specialism, clinicians, staff induction and training, staff development."

- Staff were extremely valued and included in all aspects of people's recovery. One staff member said, "I enjoy coming into work every day and interacting with everyone in such a positive way; I take pride in seeing people grow and become more independent." Another staff member said, "I truly believe Ariya is proof that outstanding care is achievable! Individuals deserve the very best after having suffered a traumatic time in their life and I feel privileged to support their rehabilitation."