

Ariya Neuro Care (Supported Living) Limited

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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 Neuro Care (Supported Living) Limited provides care and support to people living in a 'supported living' setting, or in their own home so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection, there were 23 people using the service.

People's experience of using this service:

People felt very safe. The service promoted the importance of a strong ethical, kind and positive culture throughout the organisation as the foundation of having a safe environment and minimising safeguarding concerns or poor practice. Safe recruitment practices were followed. Innovative methods to pair people and prospective staff in the recruitment process were in place. Medicine records reviewed confirmed people received these safely. People lived in an environment that was clean and free from the risk of the spread of infection. Staff received a thorough induction process and had completed all the training required to support people safely. Staff received regular supervision and annual appraisals and were able to reflect on the care and support they delivered. Staff were able to access further training and development opportunities in addition to their mandatory training.

Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People were fully supported creatively to live healthier lives by having on-going support to access suitable healthcare services. Staff understood the importance of promoting equality and diversity by supporting people to make choices about their lives. 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. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed. There was evidence the service went the extra mile to ensure people were supported to make decisions.

There was a positive and empowering culture established within the service. This meant people were supported by exceptionally caring and attentive staff that knew them well and helped them to achieve their potential. People were encouraged to live as full a life as possible and supported to achieve the best possible outcomes. Staff had formed positive relationships with people they supported and looked for ways to develop their independence. Care was person-centred and delivered by committed and dedicated staff. Care and support was designed by people, relatives, the staff team and external professionals collaboratively, and was based on combining people's needs and wishes with best practice of acquired brain injury care.

The staff team were very focussed on delivering person-centred care and were responsive to people's changing needs. People were strongly encouraged to continue with their favourite activities and hobbies

and supported to develop new ones, if this was what they wanted. People and relatives spoke positively about the input and adaptability of staff and the positive effect this had toward their goal of independent living.

The leadership of the service was outstanding. Robust quality assurance systems had sustained continual development and improvement throughout the service resulting in positive outcomes for people. The registered manager, supported by their senior management team, had established a person-centred culture that consistently delivered high quality care. Staff and the management team were passionate and motivated about their roles and understood their responsibilities. They actively engaged and included people, their relatives and professionals in the ongoing design and delivery of their care and support.

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

Rating at last inspection

The last rating for this service was Outstanding (published 12 April 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 

Ariya Neuro Care (Supported Living) Limited

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

This inspection team consisted of one inspector.

Service and service type

This service is a supported living service. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager or a senior member of staff would be available to support the inspection.

Inspection activity started on 17 September 2021 and ended on 24 September 2021. We visited the office location on 20 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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 two people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including support workers, service managers, members of the quality assurance team, the registered manager and nominated individual. We spoke with or received feedback from four external professionals.

We reviewed a range of records. This included three people's care records and multiple medication records.

We looked at three 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 also 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 spoke with two relatives and gained feedback via email from two professionals who 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.

Systems and processes to safeguard people from the risk of abuse;

- People continued to be protected from the risks of abuse, discrimination and avoidable harm by staff who understood how to keep people safe and report any concerns. Staff had developed positive, trusting relationships with people and had plenty of time to spend with them to make sure they felt safe. People told us they felt safe and would not hesitate to speak with staff if they had any worries. Relatives said, "I fully believe [person] is exceptionally safe with the staff and programme of support from Ariya" and "[person] is very safe and very happy." Staff knew people well and recognised changes in people's demeanour which may indicate they felt unsafe or unwell.
- People, their representatives and staff were involved in developing a comprehensive and innovative approach to safeguarding. The service promoted and people had regular access to, one to one support and advice about keeping safe in the home and when out in the community. For example, we saw a cyber safety information leaflet which had been produced by the service.
- People were offered regular awareness sessions on personal safety and how to safeguard themselves from the risk of abuse. These sessions were offered to people either in a group or individually. One person told us these sessions helped them feel more confident about keeping safe. A staff member said the sessions aimed to empower people and give them skills and knowledge to feel safe or seek support if needed.
- The service was recognised as having an exceptional and inclusive approach to promoting the safety of its staff and was seen as a good place to work by staff. This was acknowledged by external professionals and family members. The registered manager attended local, regional and national information events regarding acquired brain injury (ABI) where themes around safeguarding had been shared and this was then discussed at staff meetings.
- Health and social care professionals spoke very positively about the staff team's ability to keep people safe. One professional said, "One of their support workers was out in the community with my client when she had an epileptic fit. The support worker dealt with this extremely well and the family praised the worker for how well she had handled the situation."

Assessing risk, safety monitoring and management

- People were supported to take risks appropriately, and this was balanced against people's wishes to be as independent as possible. Staff worked with each person 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.
- Risks associated with the environment were assessed and mitigated. The provider had clear systems in

place to ensure all aspects of the environment were safe for people to live and for staff to work. For example, one staff member told us, "I always ensure both me and the person I'm supporting know where the gas and electric cut-off switches are in the property."

- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. The provider also had a comprehensive business contingency plan in place, setting out how the service would continue to run well in the event of a major incident, such as a widespread infection outbreak.
- People were enabled to take positive risks when out in the community to maximise control over their own lives with support from staff, relatives, external health and social care professionals. Examples included people accessing local parks and places of interest and promoting people's independent living skills safely by promoting safe road crossing measures.

Staffing and recruitment

- There were enough staff to keep people safe. The registered manager said staffing levels were flexible and were responsive to people's physical and mental health needs. Each person had their own keyworker, and the provider tried to match people with staff who had the best skills and experience to support them in working towards the goals each person had for their recovery.
- Relatives and professionals confirmed there were always sufficient staff to meet people's needs. This included accompanying people to their activities and health appointments.
- The provider had an ethos of recruiting staff who had both the skills and values needed to support people living at the service. This included people having input into the recruitment process. Staff told us, and records showed, the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.
- People told us they were involved in staff induction and were able to give feedback to the provider that helped ensure they were supported by staff who truly knew how to care for them.
- We checked the recruitment files of three staff members and safe recruitment and selection processes were followed.

Using medicines safely

- Records showed people consistently received their medicines as prescribed
- Medicines records were completed accurately and audited regularly.
- Staff worked creatively with people to closely involve them in the management and administration of their medicines, including medicines that were not prescribed. They worked collaboratively with GPs and with other agencies to promote people's independence.
- Staff received medication training as part of their induction and their competency had been regularly assessed.
- People confirmed they were very happy with the support they received to take their medicines. One person said, "I can normally manage my medication myself, but sometimes I might need some assistance, which staff will always provide."

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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 COVID-19 contingency plan was up to date and gave clear guidance for staff.

Learning lessons when things go wrong

- There was a genuinely open culture in which all safety concerns raised were highly valued as essential to learning and improvement. The registered manager ensured findings were shared throughout the staff team. All staff members took the responsibility to continue to drive improvements.
- There was a system in place that provided an overview of risks, including accidents and incidents. Any concern or incident was fully reported by staff to the registered manager. The registered manager and staff assessed accounts of the issue, discussed any proposed actions that needed to be taken and any changes to policy or procedure were shared with all staff supporting the person involved.
- Staff told us the culture was supportive regarding incidents and learning lessons. One staff member told us, "The culture here is to be the best you can, which results in the best possible support for people. We are always learning and learning from incidents, positive or otherwise is a part of our improvement as individuals and as a complete service."
- The registered manager continued to have robust systems to record and monitor incidents and accidents. Detailed analysis was completed to identify any potential pattern and action was taken to prevent reoccurrence.

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.

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

- People had their needs comprehensively assessed before being offered a place at the service. People were fully involved in these holistic assessments, which included looking at people's mental and physical health needs, lifestyle choices and preferences, and goals for the future. External health professionals commented on the provider's thorough assessment and review process. An occupational therapist told us, "I have found them to willingly work alongside therapists and implement strategies as requested. Not only do they take and follow instruction as requested, but they also show initiative by making suggestions to alter strategies, based on their observations of the strategies in use, so they are more bespoke to the clients need. It is important to note that this is always done in collaboration with myself."
- People's gender, culture and religion were considered as part of this assessment process.
- People and relatives told us they felt fully involved with this. One person said, "I knew exactly what to expect from Ariya because we discussed everything beforehand and the whole thing was gradual and at my pace."
- People's care was designed taking into account the most up to date national best practice for ABI care. The registered manager holds an MSc. in Brain Injury Rehabilitation. The Ariya therapists team include two clinical neuropsychologists who have worked within the NHS, charitable and private sectors and have contributed to publications and research on psychological approaches within neurological settings.

Staff support: induction, training, skills and experience

- People were assisted by a well-trained and highly motivated staff team who felt supported by the provider and the management team. One person said, "I would recommend these staff to anyone."
- Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member told us they received regular support which was based on their individual preferences and development needs. The registered manager told us, "We have a strong culture of developing staff and senior teams. We have a specialised 'Aspiring Senior Course' which includes mentoring and face to face training to help staff's skills to equip them to be future social care leaders. This ensures stability in our service through ensuring succession in case someone on the Senior team leaves the organisation or is promoted."
- People were supported by staff members who received specific training designed around those they supported. For example, the registered manager told us, "This year we implemented Sepsis training and use the NEWS 2 (National Early Warning Score - a clinical deterioration assessment tool across all the staff team). This is important because people post injury are in a high-risk group of developing Sepsis and their underlying health needs can be overlooked or dismissed with professionals often attributing symptoms of

illness to the brain injury. This allows staff to confidently assess someone's physical condition should they become unwell, and alert the emergency services."

- New staff members completed a structured introduction to their role. This included completion of training, for example, in health and safety and safeguarding.

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

- People were supported to have a balanced diet with enough to eat and drink. Everyone was completely involved in every aspect of their diet.
- One staff member had a health and nutrition degree and supported people, where required, in the development of people's menu plans.

Staff working with other agencies to provide consistent, effective, timely care;

- Collaborative working with other agencies, such as hospitals, GPs and district nurses ensured effective care and improved people's quality of life. A health professional told us, "I have found the team, both the support workers and the managers, to be highly skilled and professional. My client is complex from a behavioural and cognitive management perspective yet the staff have managed incidents and risk safely and comprehensively."
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals. A member of staff told us, "Sharing good practice with other professionals and those who are involved in client's care has to be standard practice to achieve the best and desired outcomes for people."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. This included support from GP's, community nurses, opticians and chiropodists.
- People told us this was done in a timely way and records confirmed this.
- Records showed that instructions from healthcare professionals were carried out. A health professional told us, "I have found the team, both the support workers and the managers, to be highly skilled and professional. My client is complex from a behavioural and cognitive management perspective, yet the staff have managed incidents and risk safely and comprehensively."

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.

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.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make choices for themselves and felt involved in making choices

wherever possible. One person told us, "The staff are always very respectful. They always ask for my permission to do things for me."

- People had signed their care records to show they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA externally with the local authority.

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

- People experienced extremely positive caring relationships with staff. One person told us, "They [staff] are fantastic, they have given me a new lease of life. They are a real breath of fresh air. They are always polite and treat me with respect and encourage my independence."
- The provider invested time and went above and beyond in getting to know people well and involving them in decisions about their care. For example, staff recognised that during the lockdown period people needed to be connected with others and advocated for one person to be able to purchase a smart phone. Previously, the person had an old-style flip phone which they found incredibly difficult to navigate. Staff supported the person with lessons on how to use their new phone. The initial lesson involved staff sitting outside whilst the person sat just inside their door, so they could learn how to FaceTime (video call) their family and friends. The ability to use a smart phone proved vital for the person's mental wellbeing throughout the pandemic and vastly improved their confidence in using technology and this person has since had multi disciplinary meetings via iPhone.
- People reported staff were exceptionally caring, compassionate, respectful and empowering. One person told us, "They [staff] always go above and beyond to help me. They [staff] are discreet, kind and caring. I always feel respected and valued."
- Staff had an excellent understanding of protecting, respecting and educating on people's human rights and about the importance of supporting and responding to people's diverse needs. For example, one staff member worked one to one with a person on, exploring inclusion and diversity. This came about as the person had asked not to be supported by one staff member as they had a facial difference. This work enabled the person to have significantly improved interactions and respect for the staff member.
- The inclusive culture at Ariya meant people's views were well known and people felt comfortable to speak openly. People and their relatives were exceptionally positive about the openness and approachability of the management team.

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

- Staff understood that many people who received personal care 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.
- 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. One person told us, "There are some things which I like being done a certain way and staff respect that."
- 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

- People were treated as individuals and staff respected their preferences and needs. These were identified in personalised care plans, which were updated monthly, or as people's care needs changed, to ensure they were being met.
- People were supported to have improved independence through positive risk taking. For example, the service supported an individual to safely start kick boxing practice. This was done through an enabled risk process, because although they had sustained a brain injury and had other health conditions, kickboxing was something they really wanted to do and supported their fitness, mental wellbeing, motivation, sense of achievement and richness of life. It was risk assessed and discussed with a physiotherapist and occupational therapist.
- Respect for privacy and dignity was at the heart of the provider's culture and values. It was embedded in everything that the registered manager and staff did. People and staff felt respected, listened to, and influential. For example, one person had experienced a number of bereavements in quick succession. The staff team provided extra visits to support the person out of hours appointments and in the following days. The team did this because they were aware the person was processing their grief and emotions. There were a couple of times where this person actively sought staff support to see him through difficulties.
- All staff were particularly sensitive to times when people need caring and compassionate support. Staff discussed this and helped people explore their needs and preferences. For example, one person had been supported to become increasingly independent throughout their time with the service. They previously worked in a specific profession and were considering work again. They credited the support from Ariya as a major contributor to their independence and dignity. They said, "I never feel an 'Ah, bless' (patronising) approach from staff. There is a real mutual respect. I know I am at the centre of every decision made."

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

- The provider took great care to ensure people were supported by the same individual staff member or a small team of regular staff. Describing some of the positive benefits of this approach, one person told us, "We have developed a rapport and consistency of support I've never had previous to Ariya. It has made me more confident to discuss things and build trust. [Staff name] is fantastic." Similarly, a member of the care team commented, "When we see the same person each time, there is a definite continuity which is wonderful to have."
- The registered manager told us of one person who required a phased approach which took place over several weeks and involved several visits. The approach taken was intentionally low-key, yet supportive and recognising a need to slowly build this up in a manageable way. Although this phased work was resource intensive the provider recognised it was essential to enable this vulnerable person to access the support services they needed.
- People, and if needed, those close to them, were involved in the development and review of their own care and support plans which gave staff information on how people wanted to be assisted. The service understood people's differing needs and delivered care and support in ways that meet those needs and promoted equality. One staff member told us, "The care plans are extremely thorough without being overly complex or too big. Every word, in every plan or assessment has been used to ensure the reader is in no doubt what support is required to ensure the person's needs are fully met."
- Staff had a deep understanding of people's individual needs and preferences and provided them with exceptionally responsive, person-centred care which had a positive impact on their well-being and increased their independence. For example, one person had an unplanned departure from the family home. The person's case manager suggested the person could either have a holiday or should be emergency placed in a standard care home. The provider felt this would be detrimental to the person's wellbeing and not appropriate to their age. The provider suggested renting an independent holiday apartment. They also argued this time could be used as an 'independent living trial' to assess and develop their independent life skills. The trial was successful and led to the person securing their own rental property.

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 people. This ensured people had access to information in a form that met their assessed needs.

- Staff spoke knowledgeably about people's preferred methods of communication and explained how they took time to ensure they understood people and checked their understanding with people.
- The registered manager confirmed they could change documents to suit most needs. For example, they were able to provide large scale print of any documents or translation to other languages.

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

- People told us staff helped them access the community when appropriate and where people were unable to access the community, staff had undertaken tasks such as shopping.
- One person told us "I am taken fishing as it is something I really like doing and look forward to. For a long time, I didn't want to go but since I started with Ariya the understanding and encouragement from staff has given me the desire to go again. They organised everything from equipment to venue. They are fantastic people who really can't do enough for me."

Improving care quality in response to complaints or concerns

- People received the support they needed from staff who were particularly skilled when exploring and trying to resolve any conflicts and tensions for people. For example, staff supported one person to deal with a potential neighbour conflict. This was causing the person distress and rehearsing the discussion with staff helped and empowered them to resolve the matter.
- People using the service were able to express their concerns. Family and friends felt equally confident if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly and responded to in good time. The complaints policy, developed with input from people, had an easy read picture for people explaining what they could do if they were not happy with something. No complaints had been received in the previous 12 months.
- People who used the service and their representatives were involved in regular reviews of how the service made improvement. The service demonstrated where improvements had been made as a result of learning from reviews and feedback.
- 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 providers regular incident analysis and learning, which was discussed at a monthly meeting for more organisational learning to be shared.

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.

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 and relatives were exceptionally positive about the service and how supportive the management and staff were. One person said, "How staff have helped me is incredible." A relative said, "I have no doubt the quality of their work and understanding of acquired brain injuries has given[person] a new lease of life."
- Health and social care professionals were also consistently very positive about the quality of care provided by staff and the way the service was managed. One commented, "Having worked with many different support/care teams I can honestly say that Ariya Neuro Care are one of the best I have come across. They are efficient, professional, personable and can be relied upon to get the job done which is essential."
- The staff and management team at Ariya were dedicated, creative and determined to ensure people were at the heart of the service. Staff were highly motivated and clearly took pride in the high-quality, compassionate care they offered. Comments from people, staff and relatives included, "We know people really, really well. We know their likes and dislikes and how they like things to be done", "The compassion and professionalism of all staff is outstanding", "There isn't one approach more effective than another. The foundation of my work is the relationship and trust built with the people I support" and "[Person] has come on leaps and bounds since receiving support from Ariya. [Person's] confidence and independence has grown so much."
- Since the last inspection, the provider had continued to develop the service to meet people's needs and enable them to gain more independence. New projects included 'The Listening Room' which were small focus groups in each service looking at the issues that not only impact on a person's immediate needs, but also their integration into their local community and society at large. The registered manager said, "I wanted to ensure that their voices moved beyond our internal meetings so developed the policy to include both staff and 'expert by experience' representatives to feed the items raised both into internal improvements and national forums."

Continuous learning and improving care

- The registered manager and staff demonstrated a strong emphasis on continuously driving improvements. People's views and those of their relatives were at the heart of the quality monitoring and assurance processes.
- Regular meetings with people, relatives and staff were held. These were opportunities for everyone to comment on and make suggestions about the day to day running of the service.
- The registered manager told us they kept themselves up to date with developments and best practice in ABI and health and social care to ensure people received positive outcomes. They received regular updates

from professional organisations involved in ABI and adult social care. They attended conferences specific to their service delivery, and arranged and chaired meetings with other health and social care professionals. These meetings supported sharing best practice and to seek alternative ways to resolve difficult or challenging situations.

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 registered manager was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at the office location and on the provider website.

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

- The registered provider had recently achieved Investors 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, "You are an organisation who clearly strive to go above and beyond, where a culture has been created in which people are able to carry out their important and special work, whilst maintaining a safe working environment and work life balance. Ariya clearly demonstrate that strong values and behaviours can permeate an organisation in its entirety and you can be successful as a consequence."
- People were encouraged and empowered to be fully involved in their care. They were consistently involved in giving feedback and helping to shape the service. This was demonstrated through people's clear involvement in their care planning, individual and group activities and engagement through meetings.
- Staff were very mindful of the different barriers people faced to inclusion. When applicable, staff helped people focus on breaking down barriers and respecting the differences that made each person unique. For example, sexuality, disability or gender.
- The service maintained excellent links with health and social care professionals and other organisations in the local community.

Working in partnership with others

- Health and social care professionals we spoke with were very positive about partnership working with staff and the management team. Comments included, "The service is extremely pro-active in engaging with other professionals to achieve the best possible outcomes for the service users. The service knows its service users and consistently strives to ensure they receive the best possible care available" and "It is a very professional service making a positive impact on people's lives."

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

- An exceptionally motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve very positive outcomes for people. For example, the registered manager had strategies in place to ensure the business could continue to operate

during unexpected events or adverse weather conditions. These plans ensured that individuals would continue to receive care and staff were safe.

- The service employed a quality assurance manager and deputy who audited all aspects of the service on a rolling programme. The service had a monthly quality improvement meeting which focused on creative meaningful ways to improve the service. The organisational culture was one of continual learning and development. The registered manager told us, "We believe we should always be looking for ways to improve things for the people we support and go that step further."

- The management team strove for excellence through consultation, research and reflective practice. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. The service employed an external health and safety consultant to help analyse and update staff on current best practice in safety matters.

- Staff members told us they found the management team supportive and approachable. One staff member told us, "I cannot fault any aspect of my work here. A fantastic team to be part of and a supportive and knowledgeable manager who is always there when needed."