

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?	Good 
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

The inspection took place on 26 January 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Ariya Neuro Care Supported Living Limited is a domiciliary care agency. It provides personal care to people with an acquired brain injury living in their own houses and flats in the community. At the time of the inspection, four people were receiving personal care from the provider.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People using the service praised the quality of the care they received. They told us they felt staff were knowledgeable and respectful. External professionals who worked alongside the service echoed this, telling us that they would recommend the service to other professionals and potential service users.

People were placed at the heart of the service. The registered manager and nominated individual were prominent role models and staff as well as external healthcare professionals confirmed this. They took a leading role in demonstrating the values and standards they expected staff to embody by focussing on continuous improvement leading to positive outcomes for people.

Staff we spoke with spoke highly of the management support they received, and of how the values of the service were embodied by the registered manager and nominated individuals actions.

The provider undertook regular audits and assessments to ensure the service provided was of a high quality, and there were systems in place for addressing any shortfalls and implementing improvements. This was a "live" programme focussed on continuous improvement and attaining the highest standards of care possible.

External healthcare professionals told us that the provider found creative solutions to meet people's needs. Imaginative and thoughtful solutions were developed, in partnership with people using the service, to assist people to develop skills and live their lives as independently as possible.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Staff had received appropriate training in relation to protecting people from the risk of abuse.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when

employing new staff.

The provider acted in accordance with the Mental Capacity Act, and assessments of people's capacity were undertaken when their care was planned. Staff had received appropriate training in relation to this.

Staff praised the training that they received and told us it equipped them to undertake their role. Training records showed that staff received a range of training and many held nationally recognised qualifications in care.

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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Staff had received appropriate training in relation to protecting people from the risk of abuse.

A thorough recruitment and selection process was in place. Appropriate checks had been undertaken before staff began working for the service meaning that people were being cared for by staff whose suitability to work with vulnerable people had been appropriately assessed.

Good 

Is the service effective?

The service was extremely effective

The provider took into account people's diversity and cultural needs when devising people's support plans to ensure that their human rights were upheld.

The staff training programme was tailored to the needs of people using the service, and all staff praised the quality of training they received. An external healthcare professional told us: "The staff are astonishingly knowledgeable and you can see that in the way they work with my client."

The provider acted in accordance with the Mental Capacity Act, and assessments of people's capacity were undertaken when their care was planned. Staff had received appropriate training in relation to this.

Outstanding 

Is the service caring?

The service was extremely caring

A person centred approach underpinned all the service's work, and staff described how the philosophy of the service was that people's independence, dignity and personal preferences were paramount in the way the staff worked.

Outstanding 

External healthcare professionals told us that people using the service were involved in their care and support planning and said that they had observed people were encouraged to contribute their opinions and views. One said: "It's really clear with Ariya that the client is at the centre of everything they do, the level to which they employ a person centred approach is phenomenal."

Is the service responsive?

The service was extremely responsive

People we spoke with told us that their care had been tailored to meet their needs. They told us that if they wanted to change the way they were supported, for example if they needed more or less assistance, the provider ensured that the change was quickly implemented.

Staff we spoke with told us about how they supported people to participate in activities, explaining how they worked with people to identify suitable opportunities, and people using the service confirmed this. An external healthcare professional told us that in their experience other providers would not have been as supportive or imaginative in their approach to identifying and participating in activities.

Outstanding 

Is the service well-led?

The service was extremely well led

The registered manager and nominated individual were prominent role models and staff as well as external healthcare professionals confirmed this. They took a leading role in demonstrating the values and standards they expected staff to embody by focussing on continuous improvement leading to positive outcomes for people.

The provider undertook regular audits and assessments to ensure the service provided was of a high quality, and there were systems in place for addressing any shortfalls and implementing improvements. This was a "live" programme focussed on continuous improvement and attaining the highest standards of care possible.

Outstanding 

Ariya Neuro Care (Supported Living) Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 26 January 2018 to see the registered manager and office staff; and to review care records and policies and procedures. The inspection was carried out by an adult social care inspector.

We spoke with a sample of people using the service and staff members who provided care and support. We also spoke with the registered manager, the nominated individual, and some of the staff involved in the management of the service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also obtained the views of professionals who had contact with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at documentation relating to people using the service and staff, as well as the management of the service. This included reviewing three people's care records, staff rotas, training and support records,

four staff recruitment files, audits, policies and procedures.

Is the service safe?

Our findings

People using the service felt their care and support was delivered in a safe way. Staff were able to tell us about the steps they took to ensure people were cared for safely, including the way in which their training underpinned their practice. One staff member we spoke with told us they had received comprehensive training which helped them understand the risks the person they were supporting could present to themselves and others. They described how they applied the knowledge gained from their training to promote the person's safety.

We spoke with a sample of community professionals who work alongside Ariya Neuro Care Supported Living Ltd. They all praised the provider's approach to risk management. One described a person using the service whose interests extended to sporting activities that may present a risk of injury. They told us how the support staff developed, along with the person themselves, detailed risk management plans, ensuring that the person understood the potential risks, and then supported the person to participate in these activities. This showed that the provider was creative in their approach to managing risks in a person centred way. The community professional told us that in their experience other providers would not have been so creative or imaginative, meaning the person's opportunities would be limited.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at three people's care plans, all of which contained highly detailed assessments to identify and monitor any areas where people were at risk, or presented a risk to others. There was clear guidance for staff about the action they needed to take to protect people, and staff we spoke with could describe this guidance to us. Risk assessments were regularly reviewed by managers to ensure they continued to meet people's needs. The provider also contracted the services of an external health and safety consultant who worked alongside the management team in providing advice and guidance in relation to risk management.

Policies and procedures were available in relation to keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with had a good understanding of the requirement for safeguarding concerns to be reported to the local authority safeguarding team and CQC where appropriate. Staff we asked were able to describe the signs of abuse, as well as what to do if they had any concerns in relation to safeguarding. We found staff had received training in this subject during their induction period, followed by periodic refresher courses. Records of staff supervision showed that safeguarding issues were discussed and staff could raise concerns, so that any potential safeguarding concerns were identified by managers. We saw there was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice, and staff we asked about this were familiar with it.

We looked at the arrangements for monitoring visits to people. People were allocated the same care staff so that they were not supported by people unfamiliar to them, and visit times were scheduled so that there was never a risk of staff being late for appointments. People we spoke with confirmed this was the case. Members of the management team also undertook care calls so that they could monitor whether people were being supported in a safe manner.

Recruitment records, and feedback from staff we spoke with, showed that a thorough recruitment and selection process was in place. We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

People's care was reviewed on a regular basis, to ensure that it was effective and continued to meet their needs. These reviews took place after people had been receiving care for a short time, and then on a regular cycle. They were conducted by senior staff members. Reviews of care looked at whether people's care was meeting their needs, whether they were satisfied with the care they were receiving, and whether any changes were required to make the care more effective. Managers monitored review records to ensure care remained effective.

The provider had developed methods of engaging with people about their care and support needs in ways that met their individual needs. For example, where people had a visual impairment or memory loss, audio versions of information leaflets were available. One person, who had difficulties in processing large areas of text, was provided with easy processing versions of their support plans to enable them to understand their care and support, ensuring they could have input and thereby promote the effectiveness of it. The provider used "talking tiles." These are pieces of technological equipment which could hold important information for people who were developing their independence skills, such as recordings reminding the person to take various security steps around their house, or remind them of discussions with their support workers. Headway, the brain injury association, advises that technological communication aids can be effective when specifically assessed for the person concerned. The registered manager confirmed that such aids had been assessed as suitable for each individual's needs where used. They gave us an example of one particular case where it promoted the person's independence as they were not reliant on others for prompts around day to day living. For example, the technology reminded the person about household security, rather than them needing a staff member to do this.

The registered manager described how the provider took into account people's diversity and cultural needs when devising people's support plans to ensure that their human rights were upheld. One person's cultural beliefs meant that the provider needed to be imaginative and person centred in the way it devised the person's support package. We looked at this person's care plans and saw their care was highly personalised to ensure that it met their cultural needs. We spoke with a staff member who provided support to this person, and they exhibited an in depth understanding of why the person's care package had been tailored in the way it had, and of the person's cultural beliefs.

Staff we spoke with told us they had training to meet the needs of the people they supported. The provider's mandatory training, which took place when staff commenced their roles in addition to ongoing refresher training, included moving and handling, the protection of vulnerable adults and medicines management amongst other, relevant training. Staff held, or were working towards, a nationally recognised qualification. One staff member told us: "We have specialist training delivered by the manager, I have learnt so much since I've been here, they sent me information booklets and things like that before I started, reading materials, to help prepare me and then lots of training when we start. I can't praise it enough." Staff were knowledgeable about the specific needs of people with an acquired brain injury, and talked at length with us about how they needed to work in accordance with specialist guidance specific to the client group they were supporting. This meant that people were supported by staff who understood their needs. An external

healthcare professional told us: "The staff are astonishingly knowledgeable and you can see that in the way they work with my client." They told us that the provider as well as individual staff members were highly communicative and described them as "excellent" at liaison to ensure that people's needs were met.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures in relation to the MCA and DoLS were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, people had completed forms giving their consent to receive care in the way set out.

There were details in care plans about people's nutritional needs, and where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences and dislikes in addition to information about choices care staff should offer. Daily records of care showed that staff were acting in accordance with people's care plans and meeting their assessed needs. One person needed support to plan meals they would then later cook independently, but had difficulty in cognitively generating ideas for what to cook. The support staff helped them during their care visit to assess what food was available, and work with the person to devise a "meal suggestion" document each day. This meant that when the person was cooking without staff support they could use this document to decide on what meal to cook, and reduce the risk of them opting for an unhealthy option. This showed staff were working in a person centred way to ensure the person had a balanced diet.

Is the service caring?

Our findings

We found that the service had a strong, person centred culture. The service ensured that staff in all roles offered care and support that was exceptionally compassionate, with staff demonstrating a genuine empathy for the people they supported.

People we spoke with who were using the service at the time of the inspection praised staff and told us the quality of care was very good. One person said: "Fantastic company." Another told us that staff treated them with respect and upheld their dignity.

Staff we spoke with told us that a high standard of care underpinned their work and was greatly emphasised by the provider. Every staff member we spoke with told us that working in a person centred way was the provider's strength, and many described how on many occasions they had adapted their work pattern in order to be sufficiently flexible to meet people's needs. One staff member told us about how the provider supported them to remain with people longer than the intended care visit if the person needed it, and another told us that if the person decided on the day of the visit that they did not want support then the provider enabled them to work elsewhere instead, again ensuring that the person's wishes were at the centre of how the provider operated.

The registered manager told us about occasions when additional support had been offered without charge where required when people were experiencing times of higher need. People using the service had direct telephone numbers for both the registered manager and the nominated individual, including out of hours, and both described that people did use this, giving an example of when one person needed support during a personal crisis and was able to immediately make contact with the registered manager, who attended and provided support. The registered manager told us the person felt reassured by both the registered manager and the nominated individual attending to give them personal support. This showed that the provider was particularly sensitive to the person's needs and was in tune with the person's needs at a difficult time.

The provider had a policy of staff carrying out sole care visits rather than having a schedule of back to back visits. People told us they appreciated this, as they felt it allowed time for them to receive the support they needed. Staff told us that they never felt rushed or hurried when undertaking support visits and emphasised how the provider ensured they had enough time to meet people's needs.

External healthcare professionals told us that people using the service were involved in their care and support planning and said they had observed people were encouraged to contribute their opinions and views. One said: "It's really clear with Ariya that the client is at the centre of everything they do, the level to which they employ a person centred approach is phenomenal." Another told us that after seeing how staff from Ariya Neuro Care Supported Living worked with one person they were involved with, they requested support for another person they were working with as they had been so impressed by the caring and effective approach of staff.

The staff we spoke with demonstrated an excellent knowledge of the people they supported, their care needs and their wishes. Staff told us they felt that the development of each care package was collaborative, in that people using the service led the way their care package was put together. The provider's policy

meant that staff were introduced to people before they began to provide care for them, and staff told us that this meant they could get to know the person and their preferences. People using the service told us they felt they knew the staff who supported them well, and said they knew which staff member would be attending their care and support visits. They confirmed that this meant they were receiving care in a way that met their needs as they felt staff understood them well. The registered manager told us that every person using the service was supported by a small team of care staff who knew them well and who had been matched to them prior to providing care. One person's daily notes showed they had been involved in interviewing a potential new staff member, so that they could decide whether they thought the person could provide the support they wanted.

The provider had a system of "one page profiles." These are documents which set out things that are important to people and what their likes and dislikes are. In addition to developing these for people using the service, there were also completed profiles for staff and the management team. This was used as a tool to introduce staff and people using the service, to enhance communication and assist in the developing of therapeutic and caring relationships between staff and people using the service.

Staff we spoke with could describe the steps they took to preserve people's dignity when providing support, and gave us practical examples such as ensuring at all times they remembered that they were working in another person's house, checking people's preferences and addressing them in the way they preferred to be addressed. Daily notes, in which staff recorded the care they had provided, showed that staff upheld people's dignity and privacy when providing care.

Is the service responsive?

Our findings

The registered manager described how they assessed people before receiving a care package. They tailored their approach to each person's needs and preferences, beginning with, where appropriate, a series of informal get togethers to explore how Ariya Supported Living might provide support and how they could help the person achieve their goals. This included, for example, a person working towards living independently when they were currently living in residential care. The registered manager told us how this approach assisted where people had refused to engage with support in the past. They ensured that the assessment process was carried out at the person's preferred pace, and enabled them to cancel assessment appointments if they did not feel up to dealing with visiting professionals on any given day. The registered manager told us about how this approach had enabled a person who had a long history of refusing to engage to accept support for the first time in many years. One of the external healthcare professionals we spoke with echoed this, telling us: "Ariya went above and beyond to engage with my client, using imaginative and creative approaches to enable [the person] to accept support." Another external healthcare professional told us: "I really like this company, they tailor the support precisely to people's needs and have a complete understanding of even the tiniest aspects of people's lives."

One person was in the very early stages of using Ariya Supported Living and at the time of the inspection was living in a residential care setting with a goal of returning to living independently. The registered manager described how staff were supporting the person to have trial visits to their home, and decorate and furnish the home. This showed how the provider was tailoring the person's support package to enable them to meet their goal of independent living.

Staff we spoke with told us about how they supported people to participate in activities, explaining how they work with people to identify suitable opportunities. An external healthcare professional told us about how the staff had developed a comprehensive support plan to enable the person they were supporting to pursue activities that they were interested in, and said that in their experience other providers would not have been as supportive or imaginative in their approach.

People we spoke with told us that their care had been tailored to meet their needs. They told us that if they wanted to change the way they were supported, for example if they needed more or less assistance, the provider ensured that the change was quickly implemented. Staff confirmed this, describing how the provider enabled them to work flexibly so that care and support could be tailored to each person's needs and preferences.

There was a system in place for formally reviewing people's care. We checked records of this and saw that people's views and preferences had been taken into consideration, and was incorporated into any changes in the way people's care was delivered. The reviews system ensured the care provided continued to meet people's needs.

We checked three care files, and saw they contained detailed information about all aspects of the person's

needs and preferences. This included clear guidance for staff in relation to how people's needs should be met in accordance with their care assessments. These were set out in a great amount of detail so that staff could follow what was required. There was information in each person's care plan about their families, life histories, employment histories and interests, to help staff better understand the person they were supporting. The staff we spoke with told us they had time to read people's care plans. In our discussions with staff they demonstrated that they were highly knowledgeable about what people's care plans contained.

Records we checked showed that staff completed a daily record of each care visit they made to people. This included a thorough report on the care they provided and any changes in the person's condition, or any concerns or issues that arose. Staff completed these records to a very high level of detail, which meant that managers checking these records could monitor what care was being provided and whether it was being provided in accordance with people's care plans. These records were then used to plan any future care and any required changes.

We checked the provider's arrangements for making complaints. Information about making a complaint was given to each person when they began receiving care. This told people how to make a complaint, what they could expect if they made a complaint, and how to complain externally should they be dissatisfied with the provider's internal processes. The registered manager described the system in place for learning from complaints and how they could be seen as a useful tool from which to drive service development.

People we spoke with told us they would be confident to make a complaint if they needed to, and said they believed the provider would handle any complaints well. They told us they could access both the registered manager or nominated individual at any time.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration. Both the registered manager and the nominated individual had a clear vision of the service, and spoke in depth about its values and objectives. They were passionate about providing a high standard of personalised support to people and exhibited a thorough knowledge of the needs of their staff as well as that of the people using the service.

We spoke with a sample of external healthcare professionals who worked alongside the provider about the leadership and governance of the service. One told us: "The ethos of the management is one with a strong culture of values, it's embedded throughout the service. Ariya is an exemplar and that's built on the values and culture of the service. I wish every care service was like this one." They went on to say: "I have been astonished at how rigorous and responsive the management team have been." Another told us that management was always accessible and communicative, telling us that the care team was "extremely well-led."

The provider had developed comprehensive systems to promote a positive, person centred culture within the service, in which both staff and people using the service were valued. The systems included a scheme called "appreciate and admire cards" in which every team member contributed anonymous positive feedback for each member of the team which was then collated into a card for each staff member. This promoted a positive team culture and supported staff in feeling valued and appreciated by both colleagues and managers alike.

Staff told us they felt extremely well supported to carry out their roles. They all described that both the registered manager and the nominated individual were accessible, supportive and made them feel valued. Across all the staff we spoke with we found extremely high levels of job satisfaction. One staff member described the registered manager as a "role model" and told us that all the management team showed "real leadership." Another staff member said: "We all understand exactly what is expected of us because management communication is really good. They are clear in their expectations and in the behaviours and values the team need to have." One staff member said: "Managers are really focussed on motivation, they have made it a really positive and enthusiastic service, we are encouraged to have a 'can do' approach."

Values training formed part of the induction for all staff, and specific values for managers training was developed to assist senior support workers and assistant managers in upholding the service's values and developing positive values and behaviours in others. The registered manager described this as "fundamental to good practice, culture and support."

The provider had developed a programme to enable front line workers to develop their management skills, and we spoke to a staff member who had undertaken this programme. They praised it and told us they had found it to be very supportive in enabling them to develop new skills. We looked at the paperwork accompanying this development programme, and saw that it was a thorough package which involved the staff member evidencing competence in a range of key skills, reflect on their learning and performance and

identify further training needs.

The provider had implemented a system so that at the end of each care visit staff completed a document recording what had worked well and what had not worked well. In addition to benefiting the person using the service, this also allowed staff to reflect on their practice and consider what approaches and techniques had worked. This document then fed into a monthly team coordinator report, which enabled team leaders to review the support provided and feed this back to the management team. This flow of information meant that managers had an excellent oversight of the care packages provided and a clear picture of how people's support was progressing. In addition to this, both the registered manager and the nominated individual undertook care shifts on occasion, to ensure that they remained accessible to people using the service, and understood their needs.

We checked supervision records and saw that staff received regular supervision with a line manager. We asked two staff members about this and they both confirmed that supervision took place frequently. One staff member described that it was used to discuss strategies and approaches to support, to ensure that people's needs were met appropriately. Records we checked showed that supervision sessions looked at training and development, staff performance and team development as well as improvements and plans within the service. This ensured that the management team were communicating effectively with the rest of the team, meaning the provider's philosophy of continuous improvement and high quality care was shared amongst the team.

People using the service, their relatives and external healthcare professionals were invited to contribute to service development by means of regular surveys, but in addition to this, people were encouraged to give feedback at any time, and the registered manager spoke with knowledge about each individual's input into the way the service was developing. She described this as an essential part of continuous improvement of the service.

The provider had a comprehensive quality assurance system in place. This comprised checks of all aspects of service delivery, including checking staff knowledge, care visit details and checking records. This check took place every two months, and from it an action plan was developed. The action plan was then checked at the next two monthly quality assurance check to ensure that any actions had been completed. This meant that the quality assurance system contributed to ongoing service improvements, and also meant that the registered manager and the nominated individual, who undertook the quality assurance checks, had a thorough oversight of the service.

In addition to the quality assurance system the provider held a central action plan, this was a "live" document which the registered manager and nominated individual contributed to. This listed any areas where work was required, such as, for example, adding detail to a person's care plan. A deadline for completion was recorded and also a record showing that the work had been done. This meant that continuous improvements were ongoing, and again evidenced that the registered manager and the nominated individual had an in depth knowledge of the service.

