

Ballajora

Inspection report

Autism Initiatives Isle of Man
The Oaks
May Hill
Ramsey
IM8 2HG

Phone 01624 815602

www.autisminiatives.org

Date of inspection: 29 June 2022

Date of publication: 5 September 2022

Our findings

Overall summary

We carried out this announced inspection on 29 June 2022. The inspection was led by a Care Quality Commission (CQC) inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

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.

Service and service type

Ballajora is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Ballajora is registered for up to three people. At the time of our inspection there were two people using the service and there were no plans for a third person to move into the home. The home is in a large bungalow in a rural location. Each person had their own bedroom and bathroom in opposite ends of the property. There was a lounge,

kitchen and dining area in the conservatory. The home had a large garden to the front and rear of the property.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

The service was able to demonstrate how they were meeting the underpinning principles of culture, control and choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People were supported to make choices about their daily lives through communication systems, for example the Picture Exchange Communication System (PECS). Staff worked with people to further develop their communication skills. A review with people's family and social worker was held every six months to agree the support plans and future goals. Restrictions in place had been identified and agreed at these review meetings.

Person-centred risk assessments and support plans provided detailed guidance and information about people's support needs and routines, including strategies if people became anxious. The manager was aware some of these needed to be reviewed and had a plan in place to complete this.

People received their medicines as prescribed and these were regularly reviewed. People were supported to maintain their health and wellbeing and their nutritional needs were being met.

People participated in a range of activities, both within the home and in their local community. There were several staff vacancies at Ballajora, although this had improved through staff secondments from the provider's other homes. This meant people's activities were adapted so they could go out with one member of staff.

We observed people were comfortable with their staff support. Families were positive about the staff team and the support provided.

Staff had the training and support they needed to support people. They said they felt well supported by the management team. Staff supported and prompted people to be independent where possible. Staff were safely recruited. Staff knew how to report any concerns they had.

A quality assurance system was in place, with audits and checks being made by the staff team and at a provider level. Incidents and reactive approaches prevented, (where people had been supported to reduce their anxiety before an incident occurred) were recorded and reviewed to identify any learning from them for future support strategies.

We found areas where the service could make improvements. CQC recommends that the service:

- Take action to recruit to the current vacancies and reduce the pressure on staff working additional shifts and enable each person to have their agreed support hours.

The inspection

About the service

Ballajora is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. Both were looked at during this inspection.

Ballajora had a manager in post who was in the process of registering with the Inspection and Registration Unit of the IoMDHSC.

Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well, and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection

We observed the support provided throughout our inspection as people living at the home were not able to verbally communicate with us. We looked at the environment of the home, with people's permission.

We spoke with three members of staff including the manager, senior support worker and a support worker. We reviewed a range of records. This included two people's care records and medication records. We looked at eight staff files at Autism Initiatives head office in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one relative by telephone to seek further views about the service and their experience of the care provided. We also reviewed a variety of records relating to health and safety and staff training.

You can find information about how we carry out our inspections on our website:
<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

Is the service safe?

We found that this service was safe in accordance with CQC's inspection framework.

Staffing and recruitment

There were staffing vacancies at Ballajora. We were told the staffing situation had recently improved as support staff had been seconded from the provider's other homes. The manager had agreed a system to give lifts to staff who did not drive to get to the home, as it was in a rural position and wasn't accessible by public transport.

However, it was not possible to cover all the assessed two to one support hours for one person. We were told alternative activities that could be supported by one member of staff were offered on these occasions. A support worker said, "There can be two staff to two people; that limits what they can do as [Name] can't go out for a drive" and a senior support worker said, "Both can get out with one staff to familiar places." A relative told us, "My only concern is that I don't know if there are enough staff. It can affect how much [Name] gets out."

Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service.

Assessing risk, safety monitoring and management

Risks people may face were identified and guidelines were in place to manage these risks. Staff knew people's needs and how to mitigate the risks they faced and how the risks changed depending on people's mood that day. A detailed positive behaviour support plan provided clear guidance for the support people needed to manage their anxieties.

Some assessments needed to be reviewed to ensure they were up to date and current. The manager was aware of this and now there were more staff on the rota had plans in place to complete this.

Staff were working with people's families to use the same strategies at home as well as at Ballojora. This would maintain consistency and reduce potential risks when people spent time with their families.

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. External risk assessments for Legionella disease and fire had been completed. Any issues identified had been actioned.

Using medicines safely

People received their medicines as prescribed. Assessments identified the support each person needed to take their medicines. Staff had annual medicines administration training and a competency assessment was completed.

Guidance was in place for medicines administered 'when required' (PRN). These clearly identified how the person would communicate, either non-verbally, through a communication system or through vocalisations, that they needed the PRN medicine to be administered.

Not all prescribed creams had been dated when opened. Creams should be used within a specified time from opening. This meant staff would not know when the cream needed to be disposed of.

Systems and processes to safeguard people from the risk of abuse

Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the manager and senior support worker would respond to any concerns they raised. The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had.

Learning lessons when things go wrong

Records were written where staff had supported a person to reduce their anxiety without the person's behaviours escalating. These were called reactive approaches prevented (RAPs). Incident reports were also written when needed. These were reviewed by the senior support worker and manager to identify any patterns and what worked well and what did not. Staff told us they would discuss the incidents as a team to contribute ideas on how further incidents could be reduced.

Preventing and controlling infection

The home was clean throughout. Cleaning schedules were in place for staff to follow. A weekly cleaning audit had been introduced. Staff had completed training in infection control.

Current guidance was being followed for the use of personal protective equipment. We were assured that the provider's infection prevention and control policy was up to date. We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

We found that this service was effective in accordance with CQC's inspection framework.

Staff support: induction, training, skills and experience

Staff received the training they needed for their roles. Training in autism was part of the initial induction and the positive behaviour support training. All support staff were enrolled on a level three health and social care course when they had completed their probationary period.

New staff completed a week-long induction, completing the required training, and then shadowed experienced staff. This meant they could get to know people, their support needs and how they communicated.

Staff said the secondments to different houses was positive as it enabled them to support people with different needs and communication styles. One support worker said, "It's opened my eyes to different types of autism and that everyone is different." The manager also felt Ballajora benefited from staff working in different homes, saying, "Seconded staff (to other houses) can see what others are doing and bring ideas back to Ballajora. It raises staff awareness about what we could do."

Support workers said they felt well supported by the manager and senior support worker. There was a small staff team at Ballajora and we were told the communication within the team was good. The daily handovers were used to discuss people's support and any new support plans being introduced. Regular team meetings were held, with staff discussing the support people needed and different strategies they could use in different situations to enable people to participate in the things they wanted to. The senior support worker said, "We have a very open team who are happy to engage and raise ideas."

Formal supervision meetings were also completed by the manager and senior support worker.

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

As far as possible, people should be enabled to 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 Manx legislation. Best practice in care homes, and some hospitals, is for example through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

Restrictions in place at Ballajora were discussed and agreed at the six-monthly reviews with the person's family and social care professional that they were in the person's best interests. However, there was no evidence of a corresponding capacity assessment for these restrictions.

We observed staff offering people day to day choices and options about their care and support throughout the inspection.

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

People were supported to maintain their health and wellbeing. People's health needs had been identified and care plans provided guidance for staff for meeting these needs. Each person had a health action plan which detailed their health needs and documented all medical appointments.

A monthly report was sent to each person's social worker, which included information about what people had done, any health issues, incidents and changes in support needs.

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

People's nutritional needs were assessed, and they were supported to maintain a balanced diet. We observed one person being involved in what food shopping they wanted to get.

One person liked fizzy drinks. Staff had supported them to have the drinks as part of their daily routine so they didn't need to drink them all at once. They were also being supported to choose a healthy side dish, for example salad or vegetables, to have with their meals.

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

Ballajora was a large bungalow. Each person used separate ends of the home, so they had their own space and privacy.

People used the large lounge for activities, for example playing musical instruments, as well as watching the TV. There was a sensory room and a room set up for more educational activities, but people did not want to use these rooms much at present.

One person's shower needed repairing. It was taking time to arrange this as contractors were not available on the Isle of Man to complete this. In the meantime, the person used a different shower. We were told they had adapted well to this change.

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

Each person's needs were assessed and reviewed every six months or when there were any changes in people's needs or activities. People's family and social worker were involved in the reviews. Progress on achieving current goals was discussed as well as any new goals people wanted to work towards.

Is the service caring?

We found that this service was caring in accordance with CQC's inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

Staff knew people and their individual needs well. A comprehensive 'All About Me' document provided details of people's likes, dislikes, communication and personal history. This provided a clear overview of people's support needs.

Staff clearly explained how they supported people with dignity and respect. We observed positive interactions between people and members of staff throughout the inspection. People were comfortable with the staff support they had. The relative was positive about the staff team at Ballajora. They said, "I'm impressed with the staff and their dedication; they all really understand [Name] and their needs."

We observed people being encouraged to do the things they were able to themselves, for example getting their own drinks and making a sandwich. Support plans clearly identified where people were to be prompted to be independent and where they required more support.

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

We observed staff giving people choices about what they wanted to have and do throughout the inspection. This was part of people's support plans and daily routines. One person used a picture communication system to communicate what they wanted. Another person would respond to simple questions asked by staff or lead staff to what they wanted.

Is the service responsive?

We found that this service was responsive in accordance with CQC's inspection framework.

Meeting people's communication needs

Best practice in communication (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

One person used the Picture Exchange Communication System (PECS) to communicate. PECS is a way for autistic people to communicate without relying on speech. To communicate, people use cards with pictures, symbols, words or photographs to ask for things, comment on things or answer questions.

We observed the PECS being used throughout our inspection. PEC strips were clearly displayed so people could see what was planned for the morning or afternoon. Support plans including where PECS was to be used as part of people's daily routines.

One person used large photographs, for example of different meals or of their favourite places, to communicate what they wanted. They also used objects of reference, for example getting the car keys to communicate they wanted to go for a drive.

Social stories were also used to explain different situations. For example, one person used a social story when going to visit their family, so they knew where they were going and the routines they would follow. A relative said, "Staff read social stories with [Name] and then they like to go off and read it on their own so they can process it. It works well."

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 had routines for different parts of the day, for example morning and evening routines. Autistic people often need structured routines to reduce their anxieties. Within this people used their preferred communication method to choose what they wanted to do. We observed one person choose to stay in during the morning instead of their planned activity. This was reflected on their PECS strip so the person could refer to it and see what the revised plan was.

People were encouraged to be active, going for long walks, shopping and travelling by public transport. The manager said, "We built up routine around trams with [Name] and they can now access the tram whenever they want to." The relative told us, "Staff are taking [Name] out on trips, they're doing a lot more."

One person's energy levels fluctuated and the activities offered were changed depending on this. Support workers also monitored people's levels of anxiety and adapted the activity choices accordingly.

People had regular contact with their families. This was agreed so that the contact was at regular times of the week to maintain consistency.

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

Detailed person-centred support plans were in place and were regularly reviewed, although some needed reviewing at the time of our inspection. The manager was aware of this and now there were more staff on the rota had plans in place to complete this.

The support plans provided step by step guidance for support workers for different routines and activities. They identified what people were able to do themselves, depending on their mood and levels of anxiety, and what support staff should provide.

People also had agreed support goals they were working towards. These were personalised goals agreed with the person, their family and social worker. For example, a goal for one person was to be able to go into a café, choose what they wanted and pay for it. We saw progress was being made towards this goal.

We also saw some goals had been achieved, for example one person wearing a coat when going out and another was being able to visit their family's home.

Improving care quality in response to complaints or concerns

The provider had a complaints policy in place. There had been no formal complaints made in the last year. There was regular communication with people's relatives, which meant any issues could be resolved informally. We were told the communication with families had improved since the manager had started working at Ballajora. A relative said, "The [Manager name] is very approachable."

End of life care and support

At the time of our inspection no one was receiving end of life care. The people living at Ballajora were young adults and so discussions had not taken place with people's families about any end of life wishes or decisions.

Is the service well-led?

We found that this service was well-led in accordance with CQC's inspection framework.

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

A quality assurance system was in place. Regular audits were made of the care files, medicines and health and safety. The file audit had identified that some support plans needed reviewing and additional detail was needed in one Quality of Life document, which details support goals that had been achieved. The manager had a plan in place to update these documents. A monthly service report was written detailing what people had been doing, any incidents and staffing.

The manager felt well supported by the Autism Initiative area manager, who had supported them to develop their skills and knowledge when they first became a senior support worker and then the manager at Ballajora.

A 'responsible person' visit was completed by the area managers every six months. This checked files were up to date, medicines, staffing and looked at the environment. Peer to peer reviews were also completed by the manager of a different Autism Initiatives home, which looked at a range of areas within the home. A health and safety peer to peer review in May 2022 was positive.

All staff were clear about their roles at the service. The manager had recently delegated roles within the staff team, for example completing the weekly fire checks.

The provider held a monthly meeting with the area managers to discuss all Autism Initiatives homes on the Isle of Man. This enabled learning from one home to be shared with other homes. They also had regular meetings with colleagues based in England and were able to access specialist support in mental health through Autism Initiatives.

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

The staff were positive about working at Ballajora and supporting people to increase their communication skills and independence. The team also worked with people's families to support them to use the same strategies so family visits were more positive. The senior support worker

said, “[Name] started going to their families house again in the last year. We used a social story about how long they were going for and gave the family visual aid strips to use during the visit. [Name] went for six hours on Christmas day.”

We saw people had positive outcomes. For example, one person was now using public transport. This had been a focus for them and had resulted in them running away from staff when out to try to use the public transport. Being supported to use it in a planned way had reduced their need to run towards it when they were out as they knew they were able to use the public transport when they wanted to.

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

Staff said they enjoyed working at Ballajora and said they worked well together as a team. Staff felt well supported by the senior support worker and manager. Support workers were able to contribute ideas and openly discuss people’s support and different strategies during the regular team meetings.

There was regular contact with families and communication between the staff and the families had improved since the manager had started work at the home. Relatives were positive about the support provided at Ballajora. A relative said, “The communication (with the home) is good. We can discuss any opportunities we think [Name] may enjoy and they try to implement them.”

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 manager knew the types of incidents that needed to be notified to the Registration and Inspection Unit, for example serious injuries. They understood their role in terms of the regulatory requirements.

Working in partnership with others

A monthly report was sent to each person’s social worker, detailing updates in progression towards agreed goals, changes in health and any incidents. The social worker was also involved in the six-monthly reviews.

The service worked with a range of professionals when required, for example GPs.