

Autism Together

The Willows

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We completed a comprehensive inspection of this service on the 08 and 09 November 2018. The first day was unannounced; the second day was announced as we needed to be able to access various records at the headquarters of the provider.

At our last inspection in November 2015 the service was rated outstanding. In June 2017 CQC published *Registering the Right Support*. This along with associated good practice guidance sets out the values and standards of support expected for services supporting people with a learning disability.

At this inspection we assessed the service in line with this guidance and therefore after this inspection of The Willows we rated the service as good. This was because The Willows did not meet the values and principles of *Registering the Right Support* and associated guidance. Current good practice guidance encompasses the values of choice, independence, inclusion and living as ordinary a life as any citizen. The size, layout, staffing arrangements at The Willows meant that it does not feel or operate as the people's home. Certain physical aspects to the building and staff practices felt institutional and detracted from a homely atmosphere. As an example, we saw that the office was a hub within the home with staff and people living there spending a significant part of their time in or near to it. The building is on a campus and does not lie within the heart of the ordinary community which is difficult to access other than by a vehicle.

The Willows is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Willows is registered to accommodate eight people in one specially designed and purpose-built building. At the time of our inspection there were eight people living there. These people were unable to give us verbal feedback about their views on the service but we observed them and their interactions with staff, during our inspection. We ensured that we had as many opinions from their relatives and health and social care professionals to support our own observations.

The home requires a registered manager. 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 2008 and associated Regulations about how the service is run. There was a registered manager in place who had been in post for several years.

We found that the home was a safe environment for people, who were supported by properly recruited staff who administered their medication correctly and who followed the policies and procedures of the provider. There were appropriate staffing levels and people were treated without discrimination and their human rights were protected and promoted. Staff knew how to safeguard people from abuse and how to report any concerns about this or any other accident or incident.

The building had been purpose-built specifically for people who were on the autism spectrum. We saw that it was well maintained.

Staff were well-trained and supervised and had the skills and knowledge to deliver effective support to people living in the home. Staff were encouraged to develop their skills by attending local and nationally organised specialist events. They had an understanding of the Mental Capacity Act 2005 and worked with other agencies to ensure that people had the right support. The service was also effective by supporting people in their everyday lives, by using many technological methods, such as electronic tablets which helped people to communicate.

Staff treated everybody with kindness and compassion and involved them in decision-making. They actively promoted people's equality and diversity, gave explanations and information in a way that people could understand and promoted people's well-being and right to privacy.

We saw that all the staff treated people as individuals. Staff were involved in people's care planning and the records we saw demonstrated that each care plan was individual to the person it was about. Relatives told us they were actively involved in any reviews about their family member's care plans.

The people who lived in The Willows were engaged in various activities throughout each day and their relatives told us that they had seen many improvements in them, since our last inspection, such as improved overall health and being supported to make healthy lifestyle choices and another person having better communication.

Any information about the service, the activities available, or any individual information a person would need, was available in a format that they would understand.

The management of the service had developed and now included two part-time deputy managers, who were able to cover each other's absences. All the management and the staff were open and transparent and were able to give us all the information we needed to complete our inspection. We saw that worked well with other health and social care professionals to provide holistic support to each individual person who lived in The Willows.

The service completed various quality checks and audits including questionnaires to people using it, their relative's and health and social care professionals. We saw that they learned from any mistakes made.

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 remained safe.

Good ●

Is the service effective?

The service had deteriorated to good as the service had not been designed and developed in line with the values of Registering the Right Support.

Good ●

Is the service caring?

The service had deteriorated to good as the service had not been designed and developed in line with the values of Registering the Right Support.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

The Willows

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.

The inspection visit was unannounced and took place on 08 and 09 November 2018.

On the first day of our inspection we visited The Willows and on the second day we visited the headquarters of the provider to review staff recruitment files, policies and procedures and other records not routinely kept at the home.

Prior to our inspection, we requested the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information had been completed and returned to us and was used in planning this inspection.

We reviewed all the information which the Care Quality Commission already held about the service, such as intelligence, statutory notifications or any information received from third parties. We also contacted the local authority to obtain their view of the quality of care delivered by the service. We took any information provided to us into account.

During the inspection, we spoke with the registered manager, one of the two deputy managers and three care staff. We met and observed three people receiving support from the service, we spoke with two relatives during our visit to The Willows and we later phoned and spoke with a further four relatives to seek their feedback on the service. We also phoned and spoke with three health and social care professionals.

We looked at four care files, six staff recruitment files, training records and other records relating to the running of the service such as audits and maintenance records. We observed the interactions of staff and people in and around the home throughout the first day.

Is the service safe?

Our findings

People's relatives told us they felt that the support at The Willows kept people safe. One relative commented, "I know [Name] is always safe and cared for; they always look after him, while respecting his space."

The home had safeguarding and whistleblowing policies which reflected local procedures and there was contact information displayed if anybody needed to raise a concern. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they had concerns. The registered manager and deputy manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and we saw that previous incidents had been managed well.

The registered manager told us the home worked to meet the needs of people who had previously been very challenging to services and had succeeded in finding the right way to care for the people who lived there. A relative confirmed this, telling us, "[Name] has progressed very well and his communication has improved." Staff knew people's needs well and had strategies for supporting people which enabled them to be as independent and safe as possible. For example, diversion techniques were used to calm one person's agitation. People's human rights were upheld and we saw that they were treated without discrimination and were enabled to participate in decisions about their support, care and lives in general.

People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these.

A robust recruitment and selection process was in place. References and criminal records checks had been carried out before staff were appointed to work with the people who lived in The Willows.

Systems were in place that showed people's medicines were managed safely by staff. Medicines, including controlled drugs, were obtained, stored, administered and disposed of appropriately. Random sampling of people's stored medicines, against their medicine records confirmed they were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, these were also appropriately recorded.

The home was clean and infection control procedures followed and staff routinely made sure that people's safety was maintained. There were regular checks on the building such as checking water temperatures and window restrictors. Fire drills were routinely completed. The people who lived in the home had individualised PEEPs (personal emergency evacuation plans) and these were kept centrally near the front door as well as in their own care files.

Accidents and incidents were recorded, reported and investigated as appropriate. Lessons were learned from these events and action taken to reduce any likelihood of them being repeated.

Is the service effective?

Our findings

A relative told us, "If I won the lottery I wouldn't change anything about his placement." Relatives told us that people's needs had been assessed thoroughly and that the service more than met people's needs. One relative said, "I can't fault the place; he's come on leaps and bounds since coming here. My life has changed for the better too. We are both a lot happier." Another told us that communication was good. One said, "They always phone me if there's a change."

The building had been purpose-built several years ago and offered a range of facilities such as lounges, a sensory room, two kitchens and dining rooms and an activities room. It was set in large enclosed grounds. However, it, and its location on a larger campus which contained other units of accommodation, did not meet the principles of Registering the Right Support (2017) and associated guidance. These recommend a domestic style building within an ordinary community, where people can live as ordinary a life as any citizen.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were. Relatives told us that they were involved in all decisions relating to people's mental health assessments.

At our last inspection we noted that there was an extensive training programme for the staff who worked in the service. We found that this was still the case and that good quality training had helped to embed the good values of the staff culture, which was evident in their performance and provision of high quality care. Staff benefited from a range of training opportunities organised locally and nationally. We saw that staff were trained in the MCA and DoLS and received regular training and updates on a variety of subjects such as health and safety and medication administration. New staff received an induction and the provider's mandatory training, which was based on 'The Care Certificate'. Staff received targeted training to enable them provide specialist individual support to the people who lived in The Willows. Staff also received various updates about current research and developments within the care sector and specifically about people who had autism. One relative told us, "They always seem to know what they're doing and look after him." Another relative told us, "Staff are always getting trained; they are very competent."

The staffing levels matched people's assessed needs This was maintained throughout each 24-hour period and through each night, there were 'waking night' staff. Some of the people who lived at The Willows required two or more staff to support them at times. While staff generally worked with one or two people,

they had received training to enable them to effectively support all the people who lived at The Willows and so were able to work flexibly to ensure continuity of support. The provider had a bank of staff that could be called upon when required. Staff received regular supervision and appraisals and told us that they felt well supported by the managers and the provider.

Individual bedrooms were decorated and furnished according to the needs and preferences of the person who occupied them. This meant that the building was a safe environment for the people living there.

The service used various technological solutions to provide safe and effective support for people, such as bedrooms being equipped with movement sensors, various lighting options and automatic window blinds. Each of the bedrooms had its heating, lighting, water system and the blinds operated separately from a central console. This enabled any system or room to be isolated should there be any problem with anything.

People were provided with electronic tablets for communication and entertainment and with ear defenders if they were noise sensitive. There was a sensory room. This is a specially designed room which combines a range of stimuli to help individuals develop and engage their senses and can include lights, colours, sounds, soft play objects and aromas within a safe environment which allows the person using it to explore and interact without risk. One person at times, needed to be alone in a quiet environment. This had been facilitated by both the family and the service and a garden-house had been erected within the secure grounds for them to use. The relatives told us, "He has down-time outside because sometimes he does not cope well."

There remained a strong emphasis on the importance of people eating and drinking well. People were encouraged to have a healthy and home cooked diet and they assisted in the kitchen where they could and wanted to. One relative told us that their family member had improved their diet enormously and was now beginning to eat a range of foods, whereas previously they had limited their choices to high calorie foods.

People were supported to see their health care professionals as and when necessary, which included visits to opticians and dentists. A relative told us "They [staff] are excellent at taking him to the dentist and other appointments."

Is the service caring?

Our findings

Relatives told us that because of the staff's care, people's behaviour had become more settled since they had moved into the Willows. Many people were calmer in their everyday lives and had improved their physical and mental well-being. One relative told us, "The staff are just the most amazing people. Their commitment is fantastic."

We saw that staff and the management of the service continued to be fully committed to ensuring people received the best possible care in a supportive and caring environment. They worked very well in partnership with other health and social care professionals to create a tailor-made programme of care which provided the best opportunities available.

We observed that staff were caring and considerate and showed a great deal of empathy with the people that they were supporting. They were professional but also shared a degree of friendship with people, laughing and joking with them where appropriate, or guiding them to achieve a task. Staff talked with people and communicated with them in a way that they understood such as gentle physical contact for reassurance. Other communication tools, such as Makaton and 'easy-read' documents, were used to ensure that people had the right information.

Staff had additionally worked with families to ensure that relationships were maintained. One relative told us that they had a difficulty in getting to The Willows and that the management told them that the staff would bring their family member to them at their home. The relatives were very pleased about the response from the service and had decided on how the visit would be carried out. They said, "We will go to the pub with him; it's all because the staff have made the effort to get him to us." Another relative told us that because of the care of the staff, their family member was now talking more and that their personal care was very much improved. They continued to say that [their family member] was always happy to go back to The Willows after a visit home which made the relative content with the suitability of the home.

We saw that staff treated people with dignity and respect and this was confirmed by their relatives. One relative told us that staff supported their son very well and showed understanding and compassion with his changing needs, such as adjusting their approach. Another told us, "I'm very happy with the understanding of the staff." A social care professional told us that they were confident that staff at The Willows treated people who lived there, with kindness, respect and compassion and that their privacy and dignity was enabled. We were continually told by both relatives and health and social care professionals that the service went, 'the extra mile' in order to provide the right care and support for each person.

A relative told us, "I'm very happy with his care. I have a lot of involvement in his care. Sometimes I just drop in and every time, everything is fine."

People were treated as individuals and their independence was promoted. We saw that choice was available and offered to everyone who lived at The Willows. For example, people chose how to spend their own day, what to wear and what they chose to eat. Relatives told us that people's dignity and privacy was

promoted actively by the staff. One relative said, " We want him to have quality of life. At the Willows he is treated as an individual and staff show him respect and he has his dignity promoted."

We saw that people were told about the options that were available to them; explanations were given about their well-being and that their choices were respected. Their care records were kept in secure places and they had access to these at any time.

There was advocacy information available for people. One relative told us, "The service has improved even more since the last inspection; everything is settled now and things have embedded in. It's all good."

Is the service responsive?

Our findings

A relative said, "We are really happy with him at The Willows, we really would recommend it. It's the best place ever."

We saw that staff treated people with knowledge about their needs and they had a person-centred approach to each person. Staff told us that they knew each person well, particularly the person that they were key worker for. Where a new person moved into The Willows, staff were involved in their assessment and in the writing of their care plans. They were very much a part of the settling in process for that person and adapted the way they worked to their needs and preferences.

The care files were very person-centred throughout. They were up to date and informative and gave all the information necessary about the person's needs and any risks associated with their support. There were pen pictures and hospital passports which gave a short version of people's preferences, emergency contacts, support needs and any necessary medication information. Some of these documents were in formats such as easy-read. Where it was possible, the person had been involved in the development of their care plans along with any of their relatives who are important to them. The plans were reviewed monthly and updated as necessary. Relatives told us that they were involved in the reviews and had contributed to them.

The care plans were partly written in accessible formats so that people could understand the information about themselves. Other information in the home displayed on notice boards, such as about upcoming events, was in accessible formats; it was clear, colourful and informative. All the information about a person's care or the home and service could be translated into people's preferred method of communication. This included British sign language for deaf people, Makaton or 'easy-read'. The service also used electronic tablets to communicate with people and used accessible information formats to communicate certain events to individuals. An example was that one person's parent had died just prior to our inspection. We saw that a very simple flowchart had been produced which included using the parent's photograph and transition to death, to inform this person of their parent's death.

The provider had a complaints policy which was used throughout all its services. There was easy-read information on the notice boards about how to complain. We saw in the records that there had been one complaint in the previous 12 months which had been investigated, responded to and recorded appropriately.

People were encouraged to make active choices about how they spent their day and to be social with both their peers, their relatives and their community. However, they were able to be alone if that was their preference. There was a range of activities which people were able to choose and participate in outside the home such as working on the provider's small farm and garden centre, going out to have lunch in a pub or café, or visiting places of interest. Family contact was encouraged and facilitated by staff accompanying people to visit their relatives or to help people make phone calls to their family and friends. Within the home, people could use the activity room, making crafts and playing games or helping prepare food in the kitchen.

One relative told us that, "They [staff] are always coming up with ideas. If they think he's getting fed up they try different things. He's come on leaps and bounds." Another relative told us "[Name] has a full and active life. He has a paid job too. He goes out goes out at night to the youth clubs and to films. If he asks, staff will arrange anything for him."

Is the service well-led?

Our findings

The service requires a registered manager. 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 of the Health and Social Care Act 2008 and the associated regulations about how the service is run.

Since our previous inspection the management structure of the home had been further strengthened. There was a full-time registered manager and now two part-time deputy managers who between them could cover for each other. Relatives were very complimentary about the dedication of the whole management team and named both deputy managers and the registered manager. They said that they were 'fantastic, incredible and committed'. One relative said of all the staff, "When I think what they've done for the people here it's amazing." The managers of the service were open, transparent and very approachable and we saw that this was true for everybody they dealt with, be they people, their relatives, staff or other health and social care professionals. The whole staff team were friendly and had a happy and trusting relationship with the people they supported.

Relatives told us that people were at the heart of the service. We saw that the managers and the rest of the staff continuously demonstrated shared responsibility for people's well-being, safety and security.

The service continued to be imaginative in the way it provided person centred care and it was clear from our conversations with all concerned that there was a clear vision for the service and that the people who used it were the most important part. However, we did have concerns that there was no evidence that the principles of Registering the Right Support were being considered in the planning and development of the service moving forward. The campus style setting and limited access to the local community did not enable people to be enabled to live a life as any ordinary citizen.

There were regular relatives', residents' and staff meetings and people and their relatives were able to discuss any issues or suggestions. Individual questionnaires were sent out each year to obtain feedback about the service and the information used in these completed questionnaires was used to develop the service. There was an 'open-door' policy where people and their relatives could access a member of the management team.

The Willows management team had been trained by the provider to undertake their duties. There were conversant about the policies and procedures of the provider and made sure that these were put into place. Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The registered manager had submitted the required statutory notifications to the Care Quality Commission and met the registration requirements. The records showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Relatives told us that they went to the provider's annual general meeting and could express themselves

freely there. One relative said, "The CEO is excellent and very involved."