

The Wirral Autistic Society

The Willows

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?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 26 and 30 November 2015. We announced this inspection because the people using the service were young adults who were often out, with their support staff, during the day. We wanted to be sure that they would be at home.

The Willows had been recently registered and was a purpose built building which had been completed early

in 2015. The home was registered to provide accommodation and support for up to eight people with autism. There were eight people living in The Willows at the time of our inspection.

We found that there were outstanding elements about this service.

The home required 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'.

Summary of findings

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 who had been in place since the home had opened and who was experienced through managing other homes for the provider.

The registered manager was supported by a home manager and a suitably recruited and trained staff team of support workers and senior support staff. There were sufficient staff on duty to support the people living at The Willows, throughout each day and night.

We found that effective measures were in place to ensure that people were cared for in a safe way and in a safe environment. The premises were designed specifically for people with autism. Much research and planning had been done in preparation and a specialist architect had been commissioned to design the building. We saw that this building had improved people's lives. The building had been designed to promote people's safety as they moved about it and used the facilities. People were able to access areas and tasks they had not experienced previously and they had benefitted from both the design of the building, its management and the support of staff. We found that the service demonstrated it was very effective and rated this domain as outstanding.

Staff had received safeguarding adults training and were able to tell us about abuse and knew what it was and how to report it.

Staff were able to demonstrate to us that they had been trained to meet the needs of the people they were supporting and had received specialist training to promote people's independence. They had worked closely with other professionals to deliver care and support to the people living in the home. Staff had received specialist training in order to support individuals' with the move to a different environment and more general training to promote people's independence and skills. The requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty

Safeguards were known and were adhered to by the service and staff were familiar with their responsibilities. We found that the service demonstrated it was very effective and rated this domain as outstanding.

We saw that people were cared for by the staff, who demonstrated an empathetic and a friendly approach whilst remaining professional. Staff were heard giving explanations and information and were seen to respect people's privacy and dignity. We saw that they promoted and encouraged people's independence and used the facilities to full advantage for the people living in the home. We found that the service demonstrated it was very caring and rated this domain as outstanding.

People's care was planned and delivered in a person-centred way. Their care was reviewed regularly and any concerns they had were dealt with quickly and appropriately. We saw that they were treated as individuals, with individual needs and wants. People who lived in the home were encouraged to maintain family links.

We saw that the transition between services had been smooth and well planned. An innovative scheme was being piloted at the home with staff from NHS and the service working co-operatively and collaboratively together, in enable people to live in the community. The staff in the home had shown that they were keen to contribute and to receive training in order to make the scheme work. They told us they happily invested a great deal of emotion and time to ensure that the scheme was a success.

Individual people benefitted from this way of working and had shown skills and improvements in their behaviour. The joint working between staff in The Willows and staff in the NHS had benefitted not only the people in the home, but had also helped their relatives.

There was an open and transparent management of the service, with checks and audits to maintain the quality of it. The service maintained good and clear records. We noted that there was good partnership working.

Summary of findings

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 sufficient staff on duty and they had been recruited appropriately and safely.

Medication was stored appropriately and administered safely. The building had been designed with peoples' safety in mind.

Staff knew how to report any issues about safeguarding. People told us that they felt safe.

Good



Is the service effective?

The service was very effective.

The building was designed and built around the needs of the people who would be living in it and this had made a significant difference to their quality of life.

Staff had received specialist training to ensure people's independence was promoted.

Many of the documents relating to people and posters in the home were 'easy read' format which allowed people to understand more readily what they were about.

Staff understood the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards. They made appropriate referrals.

Outstanding



Is the service caring?

The service was very caring.

People and staff were seen to be getting on well together and staff demonstrated that they had their people's care at the heart of their practice.

We saw that the relationships and the communication which people had within the home were positive, enabling and therapeutic. People's independence had been promoted markedly to the point that some had become self-caring in many aspects of their lives.

Outstanding



Is the service responsive?

The service was responsive.

The records we saw were person centred and we observed that staff treated each person as an individual. We saw that people and their relatives had been involved in the creation of their care plan which had been regularly reviewed by them. The service was designed and built around peoples' needs.

Staff were keen to enable people to grow, develop and achieve their potential.

The service enabled smooth transition to it, from another service and worked well with other organisations to make this happen and it maintained good relationships with other services.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service had a clear and developing vision of how the service should be delivered.

The registered manager was approachable and professional and staff told us that they supported them well. They had demonstrated innovative and creative practice.

We saw that all the records relating to people, staff and the running of the home were up-to-date and stored appropriately. The records were audited regularly.

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 is 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.

This inspection took place on 26 and 30 November 2015. We had previously visited the providers' headquarters on 30 October 2015, to review various files including those related to the staff recruitment and the running of The Willows. We later gave the provider a short notice of our intention to visit the home in order to ensure that people living there would be at home. The Willows was a small care home for younger adults who were often out during the day and we needed to be sure that someone would be in.

One adult social care inspector completed the visits to both The Willows and to the provider's headquarters.

We reviewed the information that we held on our systems, including any concerns or statutory notifications which had been sent through to us. We also checked with the local authority quality assurance team and the local Healthwatch organisation to see if they had any concerns or information about the service.

We looked at three care records, five staff files, training records for the staff in the home and various other records relating to the running of the home.

We were able to talk briefly to two people who lived in the home. The other people living in the home were either unable to speak with us or chose not to, but we observed them and their non-verbal communication and talked with four staff as well as the registered manager and the deputy manager, who was also the home manager. We also spoke with two health care professionals and had e-mail contact with another. We later telephoned six relatives of people who lived in the home.

Is the service safe?

Our findings

A relative told us, "I never have any concerns about [Name]. They are very upfront about keeping safeguarding logs and records".

Another relative told us, "He is well cared for and safe there. He comes home but is always happy to go back; that wouldn't happen if there was something to be afraid of".

One healthcare professional told us about the medication arrangements, "We certainly don't have any problems". They went on to say, "The carers are always on the ball" and "People have regular reviews with their GP's".

We saw that staff had been recruited according to the legal requirements. All staff had been checked for criminal records, qualifications, their right to work in the UK and all had at least two references. Staff had not been allowed to work until these requirements had been met and a satisfactory interview had taken place. We saw records of application forms, interview notes and other documents in the staff recruitment files. The provider had various policies relating to employment, such as disciplinary and grievance procedures. This showed that there was clear guidance about the relationship, expectations and requirements between the employer and employees.

All the staff had been trained in relation to safeguarding and were able to tell us what abuse was and how and to whom they would report it. They told us they knew how to get the contact numbers to report an issue. We saw notices in the home which gave the telephone numbers to contact, if there were any concerns. These were also available as 'easy read' posters for the people living in the home to use. 'Easy read' documents are those which make written information easier to understand and which often include pictures. The training records we reviewed showed that the staff were regularly updated with safeguarding training.

We saw staff rotas for the previous four weeks and the following two weeks which showed that there were always sufficient staff on duty. Some people had more than one staff member to support them throughout each day and night. The provider had a bank staff system which could be used to fill in any gaps and also used agency staff if necessary. The registered manager told us the service tried to be as consistent as possible in planning staff rotas. Both

the agency staff and the bank staff were in the main, all known to the people in the home. One staff member told us they sometimes stayed longer than their shift, just to maintain continuity for the person they were supporting.

In the care files we saw that risk assessments had been completed on the various aspects of each individual's person's life, such as cooking, using money and going out to activities. The service used imaginative and innovative ways to manage risk and keep people safe, while making sure that they had a full and meaningful life. For example, some people were able to move independently about the building and into such rooms as the kitchens, but others were at risk doing so. Although the doors in the corridors were unlocked, these people were excluded from parts of the building by the use of easy read notices and the use of keys to the kitchens. They were taught they should see the posters and not to try and pass them. The people who were able to access the kitchens, were involved in the strategy, given keys to the kitchen doors and told the reasons why they should keep the doors locked and that this was to keep others safe. This demonstrated to people about community responsibility and personal safety. They told us that they understood the reasons and that they had a shared responsibility for maintaining that aspect of the safety of people in the building. Staff also diverted the more vulnerable people from any areas it was unsafe for them to access, suggesting and supporting them with other goals or occupations to do. Staff also had risk assessments completed for aspects of their work such as moving equipment and dealing with chemicals.

The medication cabinet was kept in the locked medication room along with the medication administration record (MAR) sheets. We saw that the medicines stocks stored in the cabinet and the MAR sheets, tallied. All the drugs were 'in date' and new stock had been checked in properly, stored correctly, and administered appropriately. There were no controlled drugs or drugs which needed refrigeration prescribed and none were stored. Air conditioning in the medication room maintained the temperature evenly and we saw the records which showed that the temperatures were checked twice a day and were all below the required 25°C, which was the recommended level for most medication. PRN (as required) medication and homely remedies were recorded in a similar way. Again the stocks tallied with the record.

Is the service safe?

There were smoke and fire detectors throughout the home, with the necessary firefighting equipment placed around the home. This was new equipment and did not yet need checking or servicing. Regular checks of the alarm system were carried out. We saw records that fire drills involving the people who used the home, happened monthly.

There were appropriate fire evacuation plans, should there be an emergency. We saw that individual personal emergency evacuation plans (PEEPs) had been written for staff to use in an emergency. These plans were on a poster in the office and there was also a 'grab bag' for staff to use, near the front door, in the event of an emergency. This grab bag contained copies of the PEEPS and also contained brief but important information about individuals in the home.

We noted that all the provider's health and safety procedures had been followed. Due to the newness of the home and the equipment in it, there had been no need for any annual checks, such as PAT (portable appliance testing). We also saw that accidents and incidents were all dealt with appropriately and responded to quickly and there were policies relating to each of these.

The building and the environment had been designed with people's safety in mind. The corridors were wide and the corners curved to allow better and therefore safer, access for people. The bedrooms and the ancillary rooms such as the kitchens were spacious and large to allow people unrestricted and so safer movement within them. The furniture and fittings were all robust, secured and were made of materials which gave people safe use of them. These ranged from the bedding, soft furnishings and the blinds within the windows, to the bathroom fittings and the water and electricity services within each room.

The home was situated in a large garden which was fenced completely and accessed through an electrically operated gate. This gate had a call system which included a camera in order for staff to identify the person seeking access. This provided a very safe and secure method for people entering the home and also protected people living within it from exiting the property without support. Overall, the home was clean and tidy and smelled fresh.



Is the service effective?

Our findings

One person told us, "I love it here at The Willows" and happily told us, "I did I.T. and ceramics today". A second person was laying the dining room tables and when we asked where they preferred to live, told us, "The Willows". They said, "I do the dishes and peel the veg. I make my own breakfast; it's a cup of tea and toast".

A relative told us, "We were included, with [Name], in the discussion about the rooms, the colours of the walls and so on. It's been very much down to the individual and their family; it's very personalised". They went on to say, "The research says it's all about minimising the sound. It's a calm environment. We were shown the plans and the information beforehand and we thought they were amazing".

Another relative said, "The corridors have curved corners; it's so safe". They went on to say, "The building has made a great difference. He can go anywhere; he needs space and he has it. He helps with food preparation and can do some jobs independently. He's becoming a lot more independent". They also told us, "We didn't expect him to settle, he's really happy here though. It's far more than we expected. The staff are absolutely brilliant". A third relative said, "He is a lot calmer and doesn't self-harm anymore and the staff make regular phone calls to us and keep us in touch". They went on to say, "The training is very good. It's a very tough job but they are well equipped for it".

A healthcare professional told us about the staff, "They have been amazing; they've been very dedicated and it's been very intense". Another health care professional told us, via email, 'Staff have been resilient, keen and receptive'.

The registered manager told us about the vision of the home, "One of the biggest things was to say to staff, 'stand back and let's see what people can do'. They went on to say that staff had special training to skill them to enable the people living in the home to be as independent as possible. A staff member told us, "I am very happy with all the support I get".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any authorisations or conditions to deprive a person of their liberty, were being met. We found that the provider had followed the requirements in the MCA and DoLS and had submitted the appropriate applications to the 'supervisory body' (the local authority with responsibility for the person). All the people living in The Willows had a DoLS. We saw that the DoLS restrictions were appropriately followed.

Staff had received training in the MCA and the associated DoLS and they were able to tell us about the main points of the legislation. They were also able to tell us about each person's restrictions under DoLS. We also saw that this training was regularly updated. We saw that staff intervened with some people in an empathetic and skilled way when people wished to do something that they were not able to because of a restriction. All the people were restricted in accessing the community independently and for other matters, because this had been decided was in their best interest. Some people had progressed so much whilst living in the Willows that it was considered by the managers and staff to be a real possibility that these restrictions may be able to be lifted in the future.

When we asked a relative about their understanding of the deprivation of liberty safeguard that was in place for their relative in the home, they told us, "I have been involved all the way. I've gone through all the DoLS processes with him. I've talked to my relative's DoLS officer about him and I know that if I have any concerns about his DoLS or general safety I will raise a concern". When talking about the environment relating to the DoLS another relative told us that they considered that the home, because of the design and the way staff supported people, that it, "It was a very safe and appropriate environment".

New staff went through a probationary period where they received induction training. We saw the documentation relating to the topics covered in induction which included



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such things as fire safety, health and safety, moving and handling, whistleblowing and safeguarding training. Staff had received an ongoing training programme after their induction training. We saw that there had been frequent training events to enable staff to improve their skills and update their training. One relative told us they thought new staff, “Should shadow a bit more and be introduced to the people living in the home”, but also said that new staff were well informed and read the care plans.

Specific training relating to individual people they were supporting had been provided and staff told us that they had benefited greatly from this training. They had also received specific training to enable them to support people in the transition from their previous home, to The Willows. Staff told us they felt encouraged to develop the skills necessary to support all the people living at the Willows and they appreciated the in-depth input which enabled them to promote people’s independence as much as possible whilst living in the home and accessing the community. A relative told us, “The training is ongoing and they are all well trained; that’s the key to empowerment and improvement”. Another relative said about the staff, “Everyone seems to know what they are doing”.

One example was that we saw that one person enjoyed being outside for much of the day. They also liked a lot of physical contact and staff provided this, taking turns to physically and verbally engage with the person whilst the other was available and in the vicinity. In the time the person had been living at The Willows, staff had also been able to encourage the person to go a little further from the building itself, which encouraged a little more independence each step of the way. Another example was that staff were able to better judge how to approach people, according to their mood. We saw people being supported to cook and to create things and staff told us they had been trained to provide this support.

We saw that staff regularly received supervision from the home manager. Records showed us that this was a two-way process with action plans being developed as a result of the meeting. Many staff had been transferred from the providers’ other homes and had received appropriate appraisals which were carried over to their employment at the Willows.

The home manager was an ‘autism champion’ and this status had been granted by one of the provider’s most senior managers. An autism champion is a person who has

an in-depth knowledge and understanding of conditions on the autism spectrum (Autism). They help to develop expertise with their colleagues within the home and organisation and improve practice in supporting people and their families and champion people’s rights, including their human, legal, and community rights.

One of the people living in the home was being supported by both NHS staff and the staff at the Willows. This was an innovative program for people with autism, called ‘hospital from home’, which was supported on a daily basis by the NHS staff who also delivered specific training to the staff members’ supporting this person.

The NHS staff we spoke with told us that it would not have been possible to provide this program without the benefit of the providers’ involvement and support, the new buildings’ facilities and the staff who had been trained specifically to engage with the new program. A healthcare professional involved in the scheme, told us, “We couldn’t do it without the support and commitment of the staff here. It’s unique; it’s new and with a dedicated team this is a new model we are all hoping will be the start of a new way of supporting people with complex autism spectrum conditions, without the need for hospital intervention”. They went on to say that they and the staff had all had individualised training around one particular person’s needs such as how to deal with their anxieties and how to support them with their anxieties and with any physical intervention that was necessary.

We saw an email from a senior manager in the NHS who wrote, ‘In the future I anticipate this approach will be more widely used to avoid hospital admissions, and this case is providing positive feedback in its effectiveness’. This showed there was close working between the two organisations and demonstrated the strong links between the staff and the health and welfare of the people in the home.

We were told that the building had been a ‘dream’ of one of the providers’ senior management for some time. They had undertaken a lot of research in relation to the best environment for people with autism. The building had been designed by an architect who had a special interest in environments and building design for people with autism. There were multiple design aspects that had greatly enhanced the effectiveness of the service and these included the highest sound and heat insulation materials available, wide corridors with curved edges, lowered



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ceilings and mood lighting. This was because people with autism often had heightened sensory perception to heat, sound, shapes and light which could lead to anxiety. The atmosphere was calm and the home was warm and quiet. A relative told us, "The actual design has helped; very much so. It is spacious and calming. Something must be working, he's settled here". Another relative said, "I don't know whether it's the environment itself or what; whatever, it's been amazing. Such an improvement in him".

The home had eight individual bedrooms with an ensuite. Four bedrooms, a lounge and a kitchen/dining area were on one side and on the other side there were four bedrooms, an activities room, kitchen/ diner, lounge and a sensory room. This was a room with special lighting, sounds and equipment designed to appropriately stimulate or calm the senses such as touch, sight and hearing. One staff member told us, "I think the layout is perfect for the guys; the separate lounges and the dining rooms are great". Another staff member said, "It's more intimate".

People had been able to choose the decor and the soft furnishings for their bedrooms. The furniture in the bedrooms was of sturdy, good quality and was attractive. It had been specifically designed and built for the people living in the home by a specialist furniture maker. This meant that the furniture was able to withstand being moved or used roughly, during people's times of high anxiety, but was also similar to ordinary, domestic furniture which people might experience in other settings.

Some of the people living in the home showed us their rooms. It was obvious by their demeanour and actions that they were proud of their rooms and they were pleased to be able to show them off to us. One person showed us his bed and mattress, with a grin on his face. Another was keen for us to view his ensuite bathroom. The people living in the home had been given a choice about whether they wanted a wet room or a conventional bathroom. All but one of the people had chosen a wet room. A relative told us that having the ensuite facility was, "Such a bonus; it's meant a huge improvement to the support and care that he needs".

Each bedroom has its own under floor heating, lighting, water systems which were operated separately from a central console. This enabled any system to be isolated should there be a problem with anything. The main lighting was provided by small lights in the ceiling which allowed for a spectrum of colour to be used alongside a rhythmic

on/off or dimming facility which could be adjusted to suit the person's preferences and mood. The triple glazed windows were built with an integral electrically operated blind which was sandwiched between panes of glass which meant that the blind could not be tampered with or be any danger to the person. People's doors were clearly signposted as were the other doors leading to the other facilities.

Both kitchens were large and this enabled staff to support people to learn new skills in a safe environment to promote their independence. There were labelled cupboards and any dangerous equipment was locked away. Adjacent to each kitchen was a large dining room. People from each side of the building generally cooked and ate in 'their' kitchen and dining room, although there was good intermingling at other times. A staff member told us, "The kitchens are fantastic".

The staff supported people to choose and prepare their own food and cook it. Some people were better able to do this than others. Sometimes there was a communal menu. Those people who were unable to actively participate would be involved in the kitchen through staff talking with them and telling them what was happening. None of the people, prior to moving into the Willows, had any skills relating to food preparation or cooking. Staff told us that they were amazed at how independent some people had proven to be, given the facilities of the kitchens and the staff time to be able to support and teach them. There was no cook employed; either staff cooked or they and people prepared meals together. Some people were now able to independently make their own hot drinks and toast; staff told us that these skills had never been apparent in their previous home and people had never shown any signs of wanting to do anything in the kitchen until they had come to this home.

Staff told us that people got involved in the weekly menu planning and the weekly online food shop. We saw that the menus had been checked by dieticians and that healthy eating was promoted. All the food was made from fresh ingredients and the aim was a balanced diet. People were involved in deciding their dietary needs, after information had been given to them. They were able to discuss and choose their preferences in line with any dietary needs. They had agreed a plan and we were told that with encouragement, they stuck to it. The people we saw, who helped prepare the food for their group, looked happy and



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engrossed in the task and they indicated they were looking forward to the finished meal. A relative told us, "It's such an

enabling building, place and staff. Now they get involved in cooking; it's how it used to be when he was at home. [Name of a relative who had died] would have been absolutely delighted with this home.



Is the service caring?

Our findings

One relative told us, "They do a good job, but they do a lot more than the job; they really care".

Another told us, "He has become more independent, definitely".

A health care professional told us, via email, 'I have found staff knowledgeable about their clients and very caring'.

The service had supported people to make significant changes to their own lives, for example, one person had not been able to cope with soft furnishings and bedding, but since moving to The Willows their behaviour had changed and they were now able to live with these items. Their relative told us, "He's changed his behaviour so much. He takes pride in his room. He now sleeps in his own bed when he was never able to manage that before. Now it's different. Staff are there but he does it all himself. It's because of staff caring so much that he's done this".

People were encouraged to develop their own person specification in order to choose the staff who supported them. A panel of various people who used the provider's services and who were involved in interviewing staff, would judge according to that specification, whether an applicant was suitable for the person they were possibly about to support and consider this during applicants interview. None of the people who lived at The Willows were able to be part of the panel, due to their support needs.

We saw that the staff were patient, positive and supportive to all the people living in the home. Where people required constant monitoring, we noted that this was done in a patient, considerate, un-obtrusive and empathetic way. Staff interacted with people appropriately, joking and laughing but always being professional and caring. We heard from the managers that the staff had actively wanted to have one person home from hospital. They went on to say that staff had also happily invested a great deal of emotion and time to ensure that the home was a success and that the people living there benefitted from the care and support staff gave.

The registered manager and the home manager told us that since people had moved into The Willows their anxiety levels had 'gone down' and their independence had increased. This was confirmed by the relatives we spoke

with. One told us, "He's much happier. He's shown no sign of unhappiness going back to the Willows, not like before. The staff are very good and caring. Since he's been here his independence has improved immensely".

Another relative told us, "It's a very good service; I can't fault it. They've made such a difference to him; he's happier and more confident. There's more staff time; everyone has at least one to one, all the time".

A third relative talked to us about their own experience of the home. They told us that before, in the previous home, it had been difficult to visit because they always had to go somewhere else to get some privacy. At The Willows, they said, it was so much easier to do either a visit in the home or to go out; the choice was theirs. They told us that this made for a much better experience for both their relative who lived in the home and to themselves because they were more relaxed and actually felt 'at home' and welcomed into the home itself. They said they could go anywhere in the home and felt that the bedrooms were ideal to facilitate a good visit and that this in turn made their relative in the home much happier. They said, "We are both benefiting from it".

The Willows has been designed to be 'a home for life' for the people who lived in the home, whilst allowing and encouraging them to be as independent as possible. The staff had supported the people so well and the design of the building had enabled people's independence to such an extent, that we were told by the manager that possible alternatives were being considered for a couple of people living in the home. These options included the possibility of them going into supported housing at some point in the future. The manager told us that whilst the staff team had worked towards promoting people's independence, they had not envisaged that such possibilities were part of people's options at the time they moved into the home.

A staff member told us, "We've had a lot of training to promote people's support and independence. Only last week we did personal communication such as Makaton (a language programme using signs and symbols to help people to communicate) and TEACCH" (which is a programme to help prepare people with autism to live or work more effectively at home, at school and in the community).

This staff member told us that people's independence had increased and that the home had a much more relaxed



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environment which led to people's well-being. They told us of several examples where people's behaviour had changed beneficially because of the support staff gave them and because the environment was much more conducive to people with sensory issues. One example was that one person had improved their interpersonal skills and was now able to mix more sociably, with the other people in the home and with the staff.

A relative told us, "They are trying to approach people differently and encourage as much independence as possible. They get involved with the house cleaning at the weekend, with cooking, laundry and those sorts of things. He is really involved and participates in it as much as possible". Another relative told us that staff and the provider had enabled the purchase of an iPad. They said, "He's just started using his iPad, I think it was funded by Wirral Autistic Society and some other charity. It can only help him more". This relative told us this had helped in the person's communication skills and we saw the iPad being used for this purpose.

The provision of people's own rooms provided privacy for both visitors and people living in the home. A relative told us that, "[Name] was so happy to have his own room" and they went on to say, "They were very much involved because they were part of planning. They watched the building concept move from a drawing to a building site and then to a building. They were completely involved and he helped carry his things from the previous home into his new room. He's put his own pictures in the room".

One healthcare professional told us that, in relation to one person, during their hospital stay the staff had approached the healthcare professionals and asked that they be allowed to care for this person at home, telling them that, 'They would be better off there'. This professional went on to tell us that the staff had 'gone the extra mile' to ensure that both this person and the other people living in the home, where all supported to the best of their ability. The professional told us that the staff were committed to the people living in the home and had found innovative ways to provide care all of them. A staff member told us, "We were desperate to have him, we knew we could support him with the right support ourselves".

Another healthcare professional emailed us and said, 'The staff at The Willows have done particularly well in supporting [Name] which has enabled them to remain at home and receive treatment'.

We saw that staff had worked in partnership with health care colleagues to create an innovative programme and package of care. In an e-mail we received from a healthcare professional they noted, "I attended a review of this package today and the MDT were very impressed with [Name] support teams input".

The person centred culture of the home was very apparent to us. All the support given to people in the home was completely geared to that person's needs and wants. Staff were able to tell us and demonstrate to us that they knew about each person's needs and about each person's preferences.

We saw that people were very comfortable with the staff and often sought their advice and looked to them for suggestions. An example was that one person came into the office to discuss what they wanted for their next meal. They asked staff what they thought they should have. Staff in the office directed this person to the pictorial menu, joined them at the notice board and verbally gave them explanations and options whilst pointing to the menu.

Another example we saw was during the preparation for lunch in one of the kitchens. A staff member and one other person were preparing lunch and we saw the staff member supporting the person and giving information and explanations about what was being prepared and how they would go on to cook it. The person was given tasks to do and proceeded to do them well with supervision.

We saw another person who was over excited, being calmed patiently by the two staff who supported them. They talked with them and chatted and involved them in decisions about what they were doing and where they wanted to go. This enabled the person to help themselves remain calm and focused on what they were about to do.

One relative told us that, "He's changed his behaviour so much. He takes pride in his room. He now sleeps in his own bed when he was never was able to manage that before. Now it's different. Staff are there but he does it all himself. It's because of staff caring so much that he's done this".

The registered manager told us that the providers' specialist department continuously researched and found ways to improve practice in order to support and care for people. They themselves had been involved in several learning opportunities and had attended various national conferences recently. This was confirmed by the home manager who had also attended such events.

Is the service responsive?

Our findings

A relative told us, "We are over the moon. The Willows has been the making of him. I can't praise them enough. The Willows has allowed him to do more daytime activities. He's gained more confidence; he uses the computer, does woodwork, but the staff helping at the activities places are not trained as much as The Willows staff. They [staff at The Willows] are such good support. We are very, very fortunate with this placement, we know we are". They went on to tell us that they were involved in the reviews and were always kept informed.

Another relative told us, "There are so many things he can access now".

A third relative told us that, "He's been in residential care for a long time; The Willows is a breath of fresh air, it's not so noisy, as noise triggers a reaction in him and he gets individual care".

A healthcare professional told us, "There are people doing things now we never knew they could do".

A healthcare professional, in an email to a senior manager for the provider, had said, 'Your staff are supporting this [new scheme] by providing specialist support, excellent record keeping and rapid response to changes in plans'. They went on to say, 'Staff have provided all the required information for reviews; they have been well prepared'.

We saw that the care files we looked at all contained essential information about the person. The files all had photographs of people they were about, contained a pen picture of their needs and documented such information as 'my support plan', 'my behaviour plan' and 'my communication passport'. Other information was available such as guidelines from the occupational therapist for use of weighted blankets which were beneficial to comfort and support some people. We were shown an example of a weighted blanket which had been made by a staff member. The blanket was designed to wrap around a person in bed so that they felt as if they were being held comfortably. This enabled the person, when they had elevated levels of anxiety, to be supported in a way which benefitted their specific needs as an individual.

Risk assessments had been completed and included activities such as going out and about, accessing various places and activities, and visiting healthcare professionals

such as the dentist. The personal information in the care files were supported by other documentation as, 'disability distress assessment tools', 'information about risk assessments relating to behaviour' and best interest decision details. Within the files we saw that there were copies of important documents, such as DoLS applications and decisions, records of recent healthcare interventions and the proposal relating to the hospital at home scheme.

People were involved in music, art, drama, cooking, gardening and IT according to their preferences. These were activities provided at the provider's other establishments throughout Wirral. Some of these involved providing services to the community, such as the gardening and landscaping enterprises. People also attended outside activities, such as going to the 'Riding for the Disabled' sessions at a nearby horse riding centre. These activities enabled people to develop their own interests and skills and to engage in social activities with other users of the provider's services, with other people with various abilities and support needs and with the wider community. One relative told us, "They [staff] take him out all the time" and another said, "He never has time to be bored". They went on to tell us about their relatives trips out on the bus and the train, supported by The Willows staff, to places like Liverpool and some of the attractions and shops there.

The relatives confirmed to us that some of the activities provided offered good community links and therefore prevented social isolation, such as the local shops, which welcomed the people who lived in the home, there. One person had attended a local community club for many years, previously facilitated by his parents who had recently died. Staff from the home had taken over the job of escorting the person to the home as he had developed strong ties to it and the service recognised the importance of it, to him. The provider had a commitment to cultural diversity and promoted people's choices relating to such things as dietary needs, spiritual needs or attendance at places of religious worship. The managers told us they would enable any such requests. There were signs on the noticeboard about the upcoming Christmas celebrations such as a pantomime specifically produced for people with autism and some activities provided by local churches, such as carol services.

Outside the home was a large, fenced and mainly flat garden, gently sloping to the rear. There was a pathway around it and we saw that there was activity/gym

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equipment for people to exercise on with a specialist surface underneath. We were told that plans were in place to create, in the spring, a sensory garden (which usually consists of scented plants and interesting foliage) and a raised veg patch, for people to use, access and learn new skills.

Much of the information in the care files was also available in easy read format. We also saw that various documents relating to the home in general were in easy read format notices around the home. These included information about safeguarding, menus and various activities which were planned for the people living at home, such as a pantomime specially produced for people with autism.

We saw that care files were reviewed quarterly or more frequently as they required. Families told us that they were involved in reviews where possible and if they lived some distance away and unable to attend, were still invited to contribute to and were told of the outcomes of the review.

Staff told us that there were very aware that people were able to develop life skills and become more independent. They told us that this had become much more apparent since moving into the Willows. One staff member told us, "I've seen a lot of change in [name]. He is a lot happier and a lot more confident; before he would not sit alone; now he does. I have also seen a lot of change in [name] and he now has his own keys. He is doing really well. It's because it's a smaller building and smaller staff teams". A relative said, "I've seen people's behaviour change a lot, all for the better. They considered the individuals and the right mix for the home; it's worked very well".

Other staff members told us that person centred care was core to their practice and that they and the service used the provider's autism practice department to ensure their skills were up to date.

We saw that the transition between people's previous homes and the Willows had been carefully structured and organised. A schedule of events and tasks had been done prior to the opening of the home. Staff were briefed and involved in the plans and then received specific training to refresh their knowledge. We saw that individual transition plans had been put together by the staff team, with, where possible, family input. Ongoing, individual positive intervention plans were completed which attempted to map any areas of possible concern and promote strategies for staff to deal with people's individual needs, to aid the transition between the services and to ensure a consistent approach afterwards.

Where one person had been transferred to the home from hospital, we saw that detailed plans had been put in place and that staff had received special training in order to support that person. The staff worked in close co-operation with NHS staff and we were told that some progress had been made in this person's situation as a result of the joint working.

We saw that the service had a complaints policy and that information about how to complain was on a poster outside the office and was in easy read format. The registered manager showed us the complaints log which was short, but which showed that any issues raised had been investigated and an appropriate response sent to the complainant.

Is the service well-led?

Our findings

There was a registered manager in post who was also supported by a home manager. One relative told us, “We knew this registered manager before; they are very good. They are very approachable and they talk to us.”

A second relative told us, “From what I’ve seen, The Willows is managed well”.

Another relative told us, “[The home manager] is great. They call me if there are any issues and we speak at least once a month and will email or text as well”.

A fourth relative told us, “[The home manager] is wonderful, they are exceptional”.

A professional, via email, told us that ‘The team manager has been accessible’.

The registered manager and the home manager, who was a deputy manager within the organisation, were available during our inspection. Both the registered manager and the home manager were experienced managers of services and both had many years’ experience of supporting people with autism.

The interaction between both the registered manager and the home manager and the people living in the home showed us that the people were very familiar with them and that they knew each other well. There was a lot of chat and banter between them as we were shown around the building and we noted that people and staff were very relaxed with them and with us.

It was also obvious to us that the registered and the home manager were held in high esteem by both people and the staff; one staff member told us, “I am very happy with all the support I get from them both”. We saw that people in the home were all happy and comfortable to be with both managers and appeared to like them very much.

The managers kept abreast of current practice and research by attending courses and conferences and using the facilities of the providers own learning and research department. They had used this knowledge in partnership with people, relatives and staff, to develop and build The Willows.

The chief executive for the provider told a local newspaper, at the time The Willows opened, that it was tremendously satisfying to see The Willows take shape and commented that many people had put their hearts and souls into the project.

The home was designed to be a home for life and promote as much independence as people were able to have, but we were shown that it had proved to be more than the original vision had hoped for. This was because, as we were shown, it had been able to promote independent living to a point where people might be able to live, with support, independently in the community. The individual people in the home had indicated to the managers and staff that they may be able, with the right support, to further develop and the staff team had seized that opportunity and nurtured it.

The registered manager was very enthusiastic about the now developing vision for The Willows. He told us that he, the home manager and the staff had been in close consultation about the home from its beginnings to the present day and how they all hoped to promote it as a flagship for future care for people with autism, who needed residential care. He also told us that it was because the staff team were so keen about the whole project, which was developing, that they had been able to do the work to further enable peoples’ independence. This meant the managers’ leadership, their championing of the home and their and the staff’s obvious pride in the home and the achievements of the people who lived there, evidenced their dedication to the service.

The registered manager told us that they had all been pleasantly surprised at the way people had “Blossomed” since living in The Willows. They said that because of the environmental restrictions most of the people had in their previous home, they were not entirely sure about individuals’ potential for more independent living, but that the environment of The Willows had confirmed their vision as they saw peoples improved behaviours and increasing independence. Staff confirmed with us that they felt part of this emerging vision for The Willows. One staff member told us, “In two or three years’ time, I think some of these guys will be making their own decisions and their own lives”.

The registered manager and the staff had prepared a power point presentation, entitled ‘Eight men share their journey of life’. Several of the people who had lived in the home for several months, had agreed for their names to be used and for information and photographs of them to be

Is the service well-led?

shared with a wide audience over several different occasions. This audience consisted of various staff and interested parties and professionals in specialist fields dealing with people with autism. The presentation was also used to train staff within the providers organisation, as a model of the way the provider wanted to progress.

We saw that the leadership was transparent, informed and open and that staff did not have any hesitation in talking with the registered manager or the home manager. There was a feeling of a team approach between the staff group and the managers. The registered manager and the staff demonstrated to us that the care, comfort and safety of the people at The Willows was their prime concern. A relative told us, "All things of importance are discussed; there is complete visibility and transparency".

Staff had taken on a slightly different role in supporting people at The Willows. Previously they had been more of a 'supporter', they told us. Now, they said, they were more of an 'enabler'. They told us that they welcomed it, that it was challenging but very rewarding. One staff member told us, "It's been a really good time; it's such a change; it's so much better. Another said, "The managers have been brilliant". The staff told us they were motivated by the managers, the vision, culture and the opportunities the home provided for the people living there. They told us that they had good leadership and that on a personal level, gained a lot of satisfaction from their work. Relatives told us that they were involved with the support plans and with the work of the unit. They told us that the managers kept them updated about any issues concerning their relatives or the home and they told us the management was open, responsible, transparent and accountable. They had been consulted and were still involved in reviews and proposals. One told us, "It's inspirational".

A relative told us that staff had taken on more responsibility, willingly. They said, "The staff have a lot more responsibility; I think the staff enjoy it and they are a lot happier. There is a much better rapport between staff and residents".

Both managers told us that they kept up-to-date with current policies, procedures and good practice by attending training sessions and attending various national conferences.

We saw that all the documentation relating to the people living there, the staff, the environment, health and safety and other records relating to the running of the home had been completed properly and in a timely manner. The service had submitted the required statutory notifications to CQC.

It was obvious from the care plans that there was good partnership working between staff at The Willows and other professionals involved in the care of people living there. This was especially true of the 'hospital at home' project which had been trialled at The Willows. This had been an innovative project inspired by the managers and staff team at The Willows which was seen by the partners of the scheme, the NHS trust, to be a model for the future care of people with severe autism. A senior manager had emailed to say, 'I'm just emailing you to complement your team on the care and support given to [Name]'.

We noted that care plans, policies and procedures were up-to-date and other documentation such as medication records, fire and other health and safety checks had been regularly had been audited regularly and amended or updated as necessary, with action plans where necessary. The home was new with new equipment and some things, such as fire extinguishers and portable appliances, did not need testing at the time of our inspection, but had been checked by staff regularly.

All the documentation was stored appropriately and safely in various locked cupboards within the home and locked staffroom.