



Healthwatch Wirral Report

Care Provider: Autism Together (AT)

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Date : July - August 2020



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Acknowledgements

Healthwatch Wirral would like to thank the management, staff, service users and relatives at Autism Together (AT) who took the time to inform Healthwatch Wirral about their experiences during the Covid-19 pandemic.

What is Enter and View?

Part of the Healthwatch Wirral's work programme is to carry out Enter and View visits. Local Healthwatch Representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

Unable to conduct Enter and View visits to services in person during the Covid-19 pandemic restrictions, a number of local Healthwatch organisations decided to carry out 'Virtual Visits' and worked in partnership with Care organisations, Local Authority Commissioners and the Care Quality Commission to carry out interviews via questionnaires, video links, over the telephone or on-line with service users, their families and staff.

Type of visit undertaken

Virtual visit

Methodology

When planning our work plan for 2020-21 we identified that, due to the pandemic, a number of restrictions were put in place across the country in hospitals and care home settings which would prevent us to carry out our usual Enter and View activity.

Healthwatch England advised local Healthwatch not to hold face-to-face events or return to do their work on health and care premises, including 'Enter and View' activity.

Healthwatch Wirral decided that the safest way to conduct any visits was by talking to Management and asking staff, families, and service users to complete questionnaires or complete online surveys. This ensured the safety of the providers' staff and service users as well as the Healthwatch Authorised



Representatives. This method, “a Virtual Visit”, would be used to prevent any extra pressure on the provider.

The Virtual Visit was not designed to be an inspection, audit or an investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service and how it was managing to adapt and provide specialist care and support during the pandemic.

The Virtual Visit to AT took place during the first wave of the Coronavirus pandemic (July-August 2020).

To collect feedback, questionnaires were made available to AT’s management, staff, families, and people who used the services during July and August 2020.

Introduction

Our aim was to gain an understanding of the service changes during the pandemic and what impact they had on staff and those who received care.

The experiences and observations in this report relate to those we were able to reach through our survey. The report therefore is not representative of the experiences of all management, staff, relatives, and people who use the services.

Background/ General Profile of Service

AT supports over 400 adults with Autism, and many more families with children on the Autism Spectrum.

AT also offers a wide range of residential services, supported living, day services and community support in Wirral.

They were formed in 1968 when a group of parents established The Wirral Society for Autistic Children, which later became AT. Research has shown that specialist

education and structured support can really make a difference to the life of a person with Autism.

As every person with Autism is unique, AT provide person centered support and care, and work with each individual to help them overcome the difficulties Autism presents. This can enable a meaningful and fulfilling life.



Services provided

It should be noted that due to the ongoing lockdown restrictions AT have had to reduce some services.

Children & Family Service

AT's Children & Family Service focuses on providing autism-specific services for children, young people, and their families, helping them to better understand their Autism, and to overcome social and communication difficulties.

Community and Vocational Services [CVS]

Community and Vocational Services offer, people with autism, training, on the job work experience, activities, and valuable life skills.

Home Care and Supported Living

Support is provided for those who need home care, daytime activities, work opportunities, training, respite & short stay breaks. AT is committed to delivering the best Autism support available and provides service users or their families the chance to discuss any concerns.

We were informed that AT are committed to understanding each individual with this complex, lifelong condition. They strive to provide each person with the structure to live life to the full, based on their personal needs and aspirations.

Support offered depends on the needs of the individual and might include help with everyday tasks, such as going to the shops or cooking, through to a full support package which enables individuals with Autism to live on their own

Residential Services

Registered residential care is provided in a wide variety of different types of housing across Wirral, Chester & Cheshire West, and Wrexham.

People they care for are offered a specifically tailored package of care which involves a full day time, evening, and weekend programme.

All the residential care settings are registered with and inspected by the Care Quality Commission.



Advice, Guidance and Workshops

These sessions provide opportunities for people with Autism, or those undergoing diagnosis and their families, to talk openly in a confidential and safe environment,

During these sessions AT can provide support by looking at strategies that can help a person cope, offer a listening ear to reduce anxiety, or give advice in how to approach employers for example.

If an individual requires advice on financial or legal matters, they can be signposted to other organisations that may be able to support in specific areas.

During the pandemic restrictions, virtual sessions were available using Skype, FaceTime, WhatsApp or other digital methods

Other facilities offered at AT

Bromborough Pool Garden Centre was opened in 1992. It provides opportunities for adults with Autism as part of AT. The garden centre also sells benches and planters made by their woodworking group.

A canal boat was built by the ship worker apprentices at Cammell Laird and was donated to AT. The narrow boat allows clients to experience life on the canals of Cheshire.

Giles Shirley Hall is named after entrepreneur Dame Stephanie Shirley after her donation to refurbish the property. The building is used for theatre and dance classes.

Following the appointment of AT to manage Port Sunlight River Park, originally a closed landfill site, it was transformed into a 28-hectare park with walkways, wildlife, wildflowers, and a wetlands area. It is maintained by the Community Vocational Service's Landscape Teams.



Healthwatch Wirral had conversations with Management via email and received the following responses to the questions we asked.

What services do you provide in Wirral?

AT has 19 registered residential care homes (17 of these are in Wirral, 1 in Cheshire and 1 in North Wales) along with 2 registered supported living offices covering Wirral and Cheshire. People living within these services come from 40 different local authority areas.

The day care provides services in Wirral to a number of local authorities across 5 different areas: Health and Wellbeing, Creative Arts, Performing Arts, Social Enterprise and Kitchen Gardens. They operate out of numerous sites across Wirral offering activities such as Horticulture, Animal Husbandry, Ceramics, Music, Drama, Media, IT, Arts and Crafts and Work Experience

How many staff are employed?

There are approximately 900 staff employed across the services.

How many people are supported by AT?

There are over 450 individuals with Autism supported.

Healthwatch asked whether they had made any adjustments to the running of the organisation during the Covid-19 Pandemic.

What measures have you taken in the prevention of spread for staff, clients, and their families?

Early in the pandemic we decided to lock down services and prevent the movement of staff between services to prevent transmission of the virus.

We provided transport for staff to get in and out of work.

We provided a shopping service for people to get food so that they didn't have to go to the shops.

We bought PPE in bulk and centralised procurement for this to ensure good stocks across services.

Have you made any changes to the way you work and engage with clients?

Individuals are not able to engage in their usual daily routines, this has been hard for some people, therefore creative ways have been developed to ensure that people are able to be kept busy and active. This included resources such as



activity packs for services, online music sessions, online gym sessions, Award Scheme Development and Accreditation Network [ASDAN] awards for completion within houses.

A lot of the day staff worked in the houses to supply cover or additional support. This change has really helped the teams come together.

We have undertaken virtual reviews and facilitated virtual contact with family members.

Have you had any issues in dealing with Government Guidelines, social distancing, PPE etc?

The government guidance has been written predominantly for the older residential care homes and therefore we have had to interpret this for our settings which has proved challenging. The guidance was changing constantly in the beginning and sometimes the local guidance differed from the government guidance. A lot of the people we support cannot understand social distancing, so we had to think of ways to support them in this e.g. through the use of easy read and social stories.

PPE was extremely difficult to get hold of initially - we introduced a central purchasing system which meant that we could distribute supplies to where they were needed.

Have you had any issues in dealing with testing for Covid-19 and Track & Trace?

Mass swabbing in the care homes has begun, this is extremely time consuming for managers to undertake as the administration process around this is lengthy. The plan is to do this weekly for staff in care homes and has begun first in elderly care, if this happens some dedicated resource will need to be made for it. It's also challenging to catch all the staff as they work so many different shifts.

Up to now all the tests have come back as negative thankfully. Supported Living services and CVS services are not required to test staff. However, as good practice, we are sending staff working in these services for testing to the local testing centre. At the time of writing, no-one has been contacted by test and trace but we are ready for when that happens.



Have you had issues in dealing with staff, client, and their families' concerns over the pandemic?

There has been a lot of concern from all the above. The people we support have required a lot of reassurance about the pandemic, some people have really struggled with the lock down and not being able to follow their usual routines, others have really enjoyed the peace and quiet and having to no demands placed on them.

Staff have been concerned and we have provided as much reassurance as we can. We introduced risk screens for staff very early on in the process, this helped reassure people that we were taking potential risks to their health seriously. We have stepped up our mental health support and ensured that people have access to help lines and counselling services. Managers have been keeping in touch with their staff and have continued to be a visible presence in services as much as restrictions allowed. The Senior Leadership Team [SLT] have been having weekly meetings and have made a phone call to every house/service to check on the welfare and wellbeing of the people we support and staff.

Families have been kept in touch throughout with regular letters from the organisations as a whole. Managers have been in touch with individual families and the people we support have been supported to keep in touch through virtual means. We have made good use of technology using face book portals, WhatsApp and FaceTime for video calling.

Have you used Risk Assessments?

A huge number of risk assessments have been completed across the board, this includes risk assessments on buildings, individuals we support and staff along with larger more strategic risk assessments regarding the potential for claims and loss of fee income.



Are AT considering long term changes to ways of working and costs?

What is obvious is that there will be a lot of changes to the way that we work - it is unlikely we will go back to having as many face-to-face meetings or travelling for meetings. We will need to ensure that we can re-open our day services as quickly as possible in order to secure funding and provide for people that are referred to us.

There are implications for a number of services should local lockdowns come into place. The ongoing cost of PPE and testing implications for residential care is a large factor that we will need to consider going forward.

We will also be assessing the individual implications of actually ensuring that support is appropriate for people going forward, e.g. do people actually wish to return to day services or would they prefer to be supported in a different way?

The following questions were sent to different departments/divisions and responded to by senior staff.

Administration base: What changed?

Office went to minimal staffing, we had to ensure that everyone could work from home and continue to undertake their roles. Training ceased apart from induction and outside visitors ceased. Governance procedures went online.

Admissions team have been supporting communication and data collection as referrals slowed down (although have since stepped up again). Fundraising activities have been virtual/concentrated on grants etc.

What worked well?

Everyone was able to work from home, early planning meant people were prepared and ready for the lockdown when it came. IT resources worked well. Friday lunchtime quizzes kept peoples spirits up! Continuing with induction has meant that we are able to fill vacancies that we have had. Fundraising managed to get some fantastic donations through, a lot of people were very generous.

What did not work well?

There were a few teething issues when getting used to new ways of working mainly in relation to staff morale and support for each other. Managers have been



working hard to keep in contact with all staff and we have been having regular managers briefings and using virtual video calling.

What good practice was learnt?

Everyone became familiar with remote working and communicating by using virtual means, which will improve things in the long run and allow us to make cost efficiencies.

How difficult will it be to come out of lockdown?

Relatively straight forward - social distancing will be in place in the office and enforced by the department heads and risk assessments completed. Office staff will continue to work from home at least 50% of the time. Screens, one-way systems and additional hand sanitising stations will be used. Staff anxiety will be supported using staff risk screens and a series of wellbeing questions supported through the management structure.

Residential Care: What changed?

There was a lot of planning and risk assessments completed in the early days. We created bubbles around services which meant that we didn't have to move staff between services which has led to us not experiencing outbreaks.

People we support are not attending their usual day care services to prevent movement. Staff are wearing masks all the time, which has taken some getting used to by the staff teams. Getting used to supporting staff and people we support to be tested for the virus is the most recent area that we are getting used to.

What worked well?

Centralised procurement of PPE meant that we had sufficient stocks through the pandemic. Introduction of the bubbles has meant that we have seen very few outbreaks and actually no confirmed cases within services.

Communication using technology, we have used remote working tools such as virtual video conferencing for meetings with professionals. We have used What's App and Facebook portals for people communicating with their loved ones.



What did not work well?

Everyone has struggled with the ever-changing guidance from the government. Most of the care home guidance is targeted at elderly homes and presume that all residential services are large services with cleaners, separate laundries and visiting rooms, whereas the majority of our registered care homes are very domestic in scale without these facilities, so we have had to interpret the guidance.

What good practice was learnt?

The ability to work remotely has proved effective and a great learning curve for managers. Ability of the staff to provide creative in-house activities for the people we support to provide structure when people weren't attending day service and out of routine.

How will the changes/good practices that have been mentioned influence future care?

Additional ways to communicate with staff and families through the use of technology will continue to be used long after the pandemic restrictions have eased.

How difficult will it be to come out of lockdown?

One of the main issues is around the fact that residential care is coming out slower than the rest of the country. We have young individuals that wish to go out for a meal, but this is currently against guidance as the staff have to wear PPE - we are having to balance everything (the rights of the individuals and the risk of the virus, using a risk assessment and ethical framework).

Supported Living: What changed?

Similar to residential we created bubbles around services early on to try to limit the movement of people across services. This has led to us having no outbreaks in any of the services.



Managers had to work from home rather than in the office, this meant getting used to using virtual communication. As we didn't want to break bubbles, it has meant that face-to-face contact has been limited for staff with managers.

Staff are wearing face masks at all times. Guidance for the sector has not been forthcoming, therefore we have had to interpret the care home guidance to make it fit for the supported living services and this is very difficult.

We have now started to send staff for testing, even though it is not required regardless of if people are symptomatic or not.

What worked well?

Staff have been very creative in the ways that the tenants have been supported throughout the pandemic. A lot of routines have changed and staff have had to come up with new ways to structure days and ensure that people do not become bored. Everything from arts and craft to music to sensory play has been recreated in services to support the tenants.

Staff have been supported to have meetings in different ways, they have been supported to have email meetings - where they email questions to managers for answers.

The support required for the tenants to provide reassurances to manage anxieties has been a challenge that the staff have risen to - through the use of social stories and support we have managed to enable individuals to undertake tests for coronavirus successfully, even though prior to this we did not think that this would be possible.

What did not work well?

The tenants have found it incredibly difficult to not see their families for so long. The families have also found this very difficult, therefore the use of technology to support virtual contact has really come into its own.

What good practice was learnt?

Using virtual technology, to complete ASDAN programs in house has been really successful and involving the supported living staff in the delivery of these has meant that the tenants don't just see this as something that is only done in day services.



How will the changes/good practices that have been mentioned influence future care?

Changes to the way that day services are delivered, being completed more within homes may support more individuals to actually achieve and engage with the activities that are on offer.

How difficult will it be to come out of lockdown?

Similar to residential care, we are faced with challenges through the easing of lockdown, although a lot of the people we support are very able and can make their own decisions, enforcement of social distancing is difficult and therefore we need to balance keeping people safe with their human rights.

We have also seen an increase in some individual's mental health deteriorating as a result of the restrictions of lockdown.

Community Vocational Services [CVS] / Day Care: What changed?

During the run up to the pandemic, we saw a lot of the people we support on day services stop attending of their own accord, this was in line with the media reporting. We closed the bulk of the services when we went into lockdown, we kept Raby Kitchen Gardens open for some individuals that would struggle to not attend the service.

Staff were redeployed across supported living and residential services to cover people we support?? where they would normally attend CVS and also vacancies and rota gaps due to sickness levels.

Welfare checks were set up for families whose loved ones were now not attending CVS to check all was well at home. There were issues that became clear within this process and therefore during lockdown we had to put in additional support in the community or bring individuals back into service where the risk for them not having support was too great.

Since the easing of lockdown, we have been busy reopening areas slowly, this has involved the development of risk assessments around social distancing measures and new hygiene procedures etc. More and more individuals that are day services only are returning to services, but this is very different from before, they are



only coming to one site and therefore we are trying to find ways for them to be able to access the range of services that they accessed before. We are also still supporting colleagues in residential and supported living with staff in order for them to maintain bubbles.

We have kept in touch closely with local authorities about what was happening regarding fees and luckily most of them have supported the continuation of our payments which has supported our cash flow for this period. We are now working closely with them regarding reopening the services and bringing back as many people as we can.

What worked well?

Having enough trained staff to cover the gaps in residential and supported living to keep those bubbles tight has enabled the services to stay covid free. It also meant that we didn't have to furlough people.

Being able to now bring people back into service slowly has helped us adjust to the new ways of working.

What did not work well?

It was difficult for CVS managers to support staff that were working in residential and supported living services, this is being addressed by moving those staff over temporarily to be supported by residential and supported living managers.

What good practice was learnt?

The need for flexible working from the CVS staff has been something that they majority of the staff team embraced, and a number have really enjoyed supporting people in other locations.

The development of online resources and different ways of keeping individuals engaged although not in service.

How will the changes/good practices that have been mentioned influence future care?

We are hoping to introduce virtual day services, which will provide online support to individuals that cannot access the full service due to social distancing restrictions.



How difficult will it be to come out of lockdown?

There are numerous changes for CVS when coming out of lockdown.

Timetables have had to be completely rewritten in order to accommodate individuals in one location (rather than them changing), increasing the offer in areas so that people can access all activities that they used to enjoy from one location is another challenge. Some individuals in supported living and residential are not priority to return, therefore are desperately missing seeing people on CVS.

Garden Centre: What changed?

The garden centre closed when non-essential businesses closed in line with the government guidance. It was reopened on 19th May with no people we support working there. The garden centre and retail space was open, but the café and the toilets remained shut. We have since taken the decision to shut the garden centre to the public (from 17th July) and offer an online service only. This will allow the people we support to return to CVS in a safe way.

What worked well?

During lockdown, we used the garden centre as a central hub for centralised food ordering, which meant that we were able to buy food in bulk and distribute this to the houses (meaning that they didn't have to go to the shops and stand in long queues). This was organised by the garden centre team and really showed the ability of the organisation to come together as a whole team.

What did not work well?

Obviously, the public have been disappointed that the offer from the garden centre is not as it was, but this is required to keep the people we support safe. In addition, they have appreciated the big sale that we had on plants etc.

What good practice was learnt?

Engagement with stakeholders and the development of online ordering was learnt by the team in the service.

How will the changes/good practices that have been mentioned influence future care?



We will continue to offer an online purchasing service, which will allow us to roll this out into other areas of the organisation.

How difficult will it be to come out of lockdown?

Social distancing measures have meant that we will find it incredibly difficult to open the garden centre to the public for some time. This will disappoint a lot of people, however, the priority is still to control the virus and keep people safe.

Engagement with external agencies / stakeholders: What changed?

There was a great deal of information coming through from all the different local authorities via email initially, a lot of it was the same and we had to sift through it and pull out what was relevant to us. We used the Admissions Teams to complete this. We also had to report data daily to local authorities about staff and people we support along with PPE levels, this was coordinated centrally to support the operational teams.

Managers were fast tracked to be given NHS email addresses so that meetings could be held using Teams.

Regular virtual mutual support aids were set up with local authorities and there was a lot more engagement with the Contracts teams.

Families were communicated with via regular letters and updates via emails.

GP surgeries and nursing teams engaged to provide infection control support.

We received an incredible amount of support from the local community - including shops, restaurants etc with donations of food and equipment.

What worked well?

The implementation of swift virtual communication with the local authorities allowed us to ask questions and receive responses in a timely way.

What did not work well?

The amount of data requests within short time scales has been onerous, all very repetitive also (Wirral have 3 sets of data sent to them daily).



What good practice was learnt?

Centralising our communications and the data collection through the admissions team has worked extremely well and has allowed the managers to be able to concentrate on their services and people we support.

Will you work collaboratively with other local autism providers to share your expertise?

Yes

Respite Care: What changed?

Respite was cancelled and has not operated since the beginning of lockdown; we are now just making plans to reopen the new respite unit with social distancing measures in place.

What worked well?

Making the decision to cease respite has kept our services and staff Covid free.

What did not work well?

Some families have not had respite for a long time, and this has impacted on them. Due to ongoing restrictions and social distancing, we will not be able to offer a full respite service for some time. This has also impacted on the cost of the respite service.

How will the changes/good practices that have been mentioned influence future care?

There will be a need to ensure that services remain free of Covid, therefore additional checks will be in place to ensure that people are safe.

How difficult will it be to come out of lockdown?

We would imagine that referrals will increase for respite due to people not having received respite for so long.



Healthwatch contacted Staff via e mail and asked the following questions

1. How has Covid-19 affected you in your working life?

Good level of staff [21] responding with a wide range of comments, highlighting changing work patterns, issues of working from home, keeping up with government changes, dealing with the impact on service users, and changes to working habits e.g. wearing masks all the time.

2. Have you had any problems with transport to and from work?

Most staff responding reported no issues but AT assisted in some cases by providing minibuses from local stations.

3. Do you feel you have had support for your personal wellbeing during the pandemic?

70% of the 23 staff responses were positive.

Families/carers responses: [Families / carers [3] sharing their comments have agreed that their feedback can be included in this report]

How did you feel about your son/daughter during lockdown?

Very worried but reassured she was safe and supported. The difficulties were managing her expectations of what was normal now. Her staff worked very hard at this and she was relaxed and not too anxious as a result.

Did you feel that they were safe?

Were you able to have contact with your son/daughter during lockdown?

Yes. Because she is so very violent when she cannot understand and gets so distressed. We were, but only because the risk assessment was done and clear. The organisation worked very hard on this and communicated well with us.

What, in your opinion, did your son/daughter miss about not being able to go to CVS?

She misses routine and her normal. I am very concerned that this is not being restarted. I think funding will be withdrawn for it if she doesn't go back soon.



Did you feel that you were given enough information on the to day care of your son/daughter?

I ask the staff. They are always available and always helpful.

.....

How did you feel about your son/daughter during lockdown?

We were greatly concerned about how our son would react, especially as the lockdown occurred almost without warning and we had had no opportunity to try and explain to him what was happening (he is autistic and has no speech, so we have no way of measuring what/how much he has understood). We also had no idea for how long the lockdown was likely to last. We were even more concerned about what would happen, and how he would cope, if he contracted with Covid-19 virus and needed to be admitted to hospital - where he would be on his own in unfamiliar surroundings - without any support or contact with his regular residential support staff or family members.

We were also deeply concerned that hospital staff would be out of their depth trying to care for a non-verbal autistic patient with whom they could not communicate. This, for us, was the nightmare scenario. Happily, with the greatest of good fortune, this situation has not arisen.

Despite our initial concerns, the residential support team - who have been with him - for several years - listened to our concerns and did everything possible (and more) to explain by talking and by using line drawings etc what was happening and why his regular daily routines were completely disrupted. Every member of the support team was brilliant, were/are heroes, and deserve our undying thanks.

Did you feel that they were safe?

Knowing the residential accommodation and its facilities and, more importantly, knowing well all the support staff with whom we are/were in contact every two or three weeks when we collected/returned our son for weekend home trips, we were confident that he was safe and extremely well looked after. Our only concern was how our son would cope with the circumstances. Throughout the lockdown, there have been no incidents which would have given us cause for concern

Were you able to have contact with your son/daughter during lockdown?

On the weekends when our son would not normally have been home, we have had a long-established routine of phoning him on Sundays. Even though he has no



speech, his laughter and grunted prompts have given us a clear picture of how he is/was, and his mood.

Since the start of the lockdown, we (his parents) and his younger brother, and his sister have stepped up our communication with him, his sister ringing on Tuesdays, we (Mum & Dad) ringing Thursdays, and his brother and us (Mum & Dad) ringing him Sunday afternoon and evening, respectively. More importantly, we have successfully introduced visual contact using Facetime. The staff have been enormously helpful with this, setting up his iPad and helping him operate it (but respecting his privacy during our calls). As the weeks have rolled by, we have increased the quality of our communication and his level of participation by creating photo “puppets” of family members, favourite film and cartoon characters, and holiday locations. Before each of these sessions, staff members have updated us about how he has been coping and what he’s been doing. We have also received regular phone calls from the residential team leader, or one of his deputies, to update us on any issues.

What, in your opinion, did your son/daughter miss about not being able to go to CVS?

It is difficult to answer this. Over the weeks, our son has become much more relaxed and seemingly content with remaining in his flat. Although he goes out for walks with a member of staff once or twice a day - and, we believe, goes out into their small, fenced garden - he seems happy looking through his photos, looking at his TV magazines, and watching TV. Staff also try to engage him in other activities.

We, (parents & staff) are all wondering how he will react when CVS resumes.

.....

How did you feel about your son/daughter during lockdown?

I was anxious & distraught that I couldn’t see my son during lockdown. From our point of view, our son does not really reveal his inner feelings and keeps things to himself. So, although the staff were saying he was fine, it is never clear whether he is suffering inside.

Did you feel that they were safe?

Yes, I did feel he was safe. The staff team are well-known to my son and have remained consistently with him throughout the lockdown. Also, a member of the



team rings me twice a week to allay any fears and I am able to contact the Team Leaders & Residential Manager if I have any concerns.

Were you able to have contact with your son/daughter during lockdown?

Most unfortunately, no. We couldn't visit, obviously, and having attempted phone calls to him in the past, the staff said that it upset him and, possibly confused him. So we didn't try to Zoom or skype for that reason. We are missing him terribly as we visit him normally twice a week at least, and we assume he is missing us. We are trying to arrange with the Residential Manager for a risk-assessed visit but am still waiting for the answer.

What, in your opinion, did your son/daughter miss about not being able to go to CVS?

The staff team have been taking him for walks and, latterly, drives and walks to keep him occupied, but CVS gave him the opportunity of some structure in his life and I think he is missing that. Also, he loves music & the trampoline & gym & has been unable to take part in these activities, which are so important to him as he has low muscle tone and needs the exercise & help he gets at trampolining and the gym.

Did you feel that you were given enough information on the to day care of your son/daughter?

The Team Leader sends me the daily reports, which is very helpful, as are the twice-weekly phone calls, but I can never have enough information on how my son is doing! My son has bad vision and, of course, we had to cancel our visit to the Consultant at the Royal Hospital due to the lockdown. As anyone would know, the best information a parent can have is to be able to be with their child and monitor for oneself how well, or badly, he is doing.

I would also like to say how well AT has done during lockdown and has organised the strategies put in place very well and was delighted to learn that there has not been one case of Covid within the Society and pray that continues.

I am so hopeful that I will get to see my son very soon but of course, filled with anxiety that I don't want to bring Covid to his flat, although we will be following all the guidelines strictly. We just know that the human presence is so much better for everyone and this is the longest time ever in his 36 years that we have



been away from him and that must surely have an impact on him - it certainly does for us!

Responses from people who are supported by AT [2]

How did you feel during lockdown?

Bored, stir crazy, worried about catching Covid 19. I was self isolating and did not like not being able to go food shopping with my parents. I was worried about the death rate. I was sad about the death rate and the people who have died due to corona virus.

Did you feel safe?

Yes, when I was in the house. I enjoyed helping in the garden.

What have you missed about not going to CVS?

Friends, doing activities I enjoy with them

.....

How did you feel during lockdown?

Not happy

Did you feel safe?

Yes, in the house

What have you missed about not going to CVS?

My friend.

The answers from people who use AT's services and their families who contributes have been included within this report verbatim.



Conclusions

The extensive information shared in producing this virtual Enter & View Report has been extremely open and demonstrates a very outward looking and caring organization.

AT is a large organisation with a wide local and regional footprint for both staff, people being cared for and their families. To say that they appear to have risen to the challenges that Covid-19 has thrown at them is an understatement. The organisation and their very supportive Board of Trustees should be congratulated for the immense number of practical and organisational changes that they have embraced during the pandemic. There are a number of very positive changes noted in this report, e.g. sharing good practice with other organisations, the high level of support for those who use their services in particular in dealing with additional stress and in managing stress. Dealing with external agencies' demands for information may have added considerably to the organisation's administrative workload.

It is obvious from the positive comments made by parents of those who use this charity's services and people being cared for that staff at all levels have risen to the ongoing challenges that Covid-19 has and is still presenting.

Healthwatch Wirral appreciates the candid input given by AT to this report at a very busy time of constant changes and challenges in implementing government advice, with the need to protect all staff and people being cared for.

Recommendations/considerations

It is hoped that changes in dealing with any subsequent Covid-19 outbreaks might be reflected in learning from the first wave as well as the impact of any major organisational change. A confidential resumé of all staff comments will be shared with AT's SLT. Due to the pandemic, this report will be presented for comment to AT in November 2020.



Supplementary feedback from the provider post visit

Autism Together's Response to the Healthwatch virtual visit report

Autism Together are very proud of the staff and managers for the way in which they have responded to the coronavirus pandemic. Staff responded flexibly to the fast changes and demands, which were made of them. Throughout these changes the needs of the people we support has been at the heart of every decision we have made.

As the report details, staff creatively supported people who have autism to stay safe, calm and engaged throughout the pandemic. People who have autism can find changes to routines difficult to understand and to copy with. The staff have supported people to have alternative activities to ensure that their anxiety and mental health are not affected by the pandemic.

The staff have continued to work to reduce the possible chances of infections, following extra cleaning regimes and wearing of PPE. Many of the people we support needed additional help to understand these new regimes, and the staff have creatively been able to support people to learn to wash hands more often and wear a facemask whilst in the community.

Contacts with families have been especially difficult, and again the staff and managers have worked to create innovative ways in which families can keep in touch with their loved ones in a safe manner.

As the challenge of responding to a pandemic continues, so will we continue to rise to any challenges we made need to face in order to keep the people we support as safe as possible.

We thank Healthwatch for this opportunity to show how the pandemic has affected social care providers like ourselves and how as an industry we have risen to those challenges.



Glossary

AT:	Autism Together
ASDAN:	Award Scheme Development & Accreditation Network
CQC:	Care Quality Commission
CVS:	Community Vocational Services
SLT:	Senior Leadership Team

Distribution of report

Healthwatch Wirral will submit the report to the Provider, Commissioner and CQC.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.



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