

Education and Services for People with Autism Limited

Education and Services for People with Autism Limited - 8-8a The Cedars

Inspection report

8 The Cedars
Ashbrooke
Sunderland
Tyne and Wear
SR2 7TW

Website: www.espa.org.uk

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19 April 2016
26 April 2016

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08 June 2016

Ratings

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

Summary of findings

Overall summary

We carried out this inspection of 8-8A The Cedars on 19 and 26 April 2016.

The last inspection of this service was carried out on 3 December 2013. The service met the regulations we inspected against at that time.

8 The Cedars is registered to provide care and support for up to 10 people with autism spectrum condition and associated complex needs. There were eight people living at the service at the time of this inspection, six in the main house and two people in adjacent coach house. This home does not provide nursing care.

The service had a registered manager who had been in post at this home for five years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people who lived at this home were subject to deprivation of liberty safeguards (DoLS) which meant they needed supervision both inside and outside the home for their safety. It is a legal requirement that services tell us about the outcome of DoLS. During this inspection we found that the service had not told us the outcomes of applications that had been made during 2015-2016 about the DoLS. This had been an oversight, as DoLS notifications from the previous year had been submitted to the Care Quality Commission (CQC). We have written to the provider about this outside of the inspection process.

The people who lived at the home had complex needs that meant they were unable to fully express their views. Relatives said people were "safe and well looked after". One relative told us, "I have always found [my family member's] needs to be safely managed to a high level."

Staff were clear about how to recognise and report any suspicions of abuse. There were good systems for staff to be able to raise concerns with senior managers at any time of day or night. Relatives and staff felt there were enough staff on duty at all times to make sure people were safe.

Staff were vetted before they started work at the service to make sure they were suitable to work with vulnerable adults. Staff managed people's medicines in a safe way for them.

Relatives felt staff were competent and experienced at caring for people with the complex needs associated with autism. Staff said they felt well trained and supported in their roles. Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and Deprivation of Liberty Safeguards to make sure they were not restricted unnecessarily.

People were supported to have as independent a lifestyle as possible. They were encouraged to enjoy a

healthy lifestyle and balanced diet. A relative commented, "Nutrition is always high on the agenda and a good variety of meals are provided."

People who were able to express a view said they "liked" the home. Relatives made positive comments about how people reacted to the home and the support they received from staff. One relative told us, "I know [my family member] is very happy there and is always ready to go back after home visits."

A relative commented, "I believe my family member is well looked after by some genuinely caring, enthusiastic staff." Staff felt there was a "caring culture" at the home and they promoted this with new staff coming to work there.

The records about how to support people were personalised, individual and detailed. People had a range of social and vocational activities that were tailored to their preferences and choices.

People and their relatives were asked for their views about the home and their suggestions were used to improve the service. People and relatives had clear information about how to make a complaint or comment.

The provider involved people and their relatives in reviews about the individual care service people received. Staff felt there was an "open" and "approachable" culture within the home and in the organisation. Staff said they felt valued and fulfilled in their roles.

Relatives felt the service was well run and felt able to discuss any issues with the registered manager or assistant manager. The registered manager and staff carried out checks of the safety of the service. The provider had a quality assurance system that included audits by managers of other services and a general manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff to meet each person's needs, including two-to-one support where this was needed.

The provider only employed staff who had been checked to make sure they were suitable to work with vulnerable people.

Medicines were managed in a safe way.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had specific training in autism.

Staff felt well trained and supported to care for the people who lived at the home.

People had good access to health care services and their well-being was kept under review.

Is the service caring?

Good ●

The service was caring.

People said staff were helpful and they liked them.

Relatives said staff were genuinely caring.

People were treated with dignity and their choices were respected.

Is the service responsive?

Good ●

The service was responsive.

Care was planned in a personalised and individual way for each person.

People were offered a range of vocational and leisure activities that they enjoyed.

People and relatives had information about how to make a complaint and their concerns were listened to.

Is the service well-led?

The service was not always well led. The service had not always sent notifications when required to do so.

Relatives and staff said the service was well managed and there was an open and approachable culture in the service.

The provider, registered manager and staff carried out checks to make sure the service was safe and good quality for the people who lived there.

Requires Improvement 

Education and Services for People with Autism Limited - 8-8a The Cedars

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 19 and 26 April 2016. The provider was given 24 hours' notice because the location was a care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before our inspection we reviewed the information we held about any incidents at the home. We contacted the commissioners and safeguarding adults officers of the local authority to gain their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the visit we spent some time with people and joined two people for an evening meal. We asked relatives for their views of the service. We spoke with the registered manager, assistant manager, senior support worker and three support workers. With people's permission we looked at some bedrooms and communal areas of the premises. We also viewed a range of records about people's care and how the home was managed. These included the care records of two people, the recruitment records of three staff, training records and quality monitoring records.

Is the service safe?

Our findings

The people who lived at this home had autism. Their complex needs meant they had limited communication and some people found it difficult to express views about the service. They had lived at this house for several years together.

We asked their relatives for their views about whether people were safe at this service. One relative told us, "I believe [my family member] is safe and well looked after." Another relative commented, "I have always found [my family member's] needs to be safely managed to a high level."

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults. Staff were also completing specific training in safe practices and safe culture. The provider had clear policies about safeguarding vulnerable adults and whistleblowing (for staff to report any poor practices). Staff were able to describe the procedures for reporting any concerns and told us they would have no hesitation in doing so. A staff member told us, "We're all trained in safeguarding and it's regularly updated. We all know the on-call system and how to report anything."

It was good practice that senior managers within the organisation were designated safeguarding leads who were available on an on-call system. There was a poster in the office with the telephone details of the safeguarding lead for each day so that staff could contact them with any queries or concerns at any time. There had been no significant safeguarding incidents at the home over the past year. Commissioning officers and safeguarding officers told us they had no concerns about the service.

Risks to people's safety and health were assessed, managed and reviewed. People's records included individual risk assessments which provided staff with information about identified risks and the action they needed to take, for example risk relating to behaviours. There were also assessments about acceptable risk taking. For example one person had been assessed as able to keep their own medicated creams in their bedroom. A relative told us, "I know risk assessments for outings are carried out on a regular basis." This meant people's safety was assessed and protected.

Any accidents were recorded and forwarded to the provider's health and safety officer each month for their oversight. Any incidents were recorded and sent to the provider's behaviour nurse specialist for their analysis and any input in people's behaviour management plans.

The main house provided two units (upper floors and downstairs floor) and an adjacent building provided two flats. The accommodation was spacious and comfortable. At the time of the visit the provider's maintenance team were redecorating the walls and stairways in the main house. There were no hazards noted within the home's premises that would present a risk to the people who lived, visited or worked there. The organisation's health and safety team visited the home regularly to check that the premises were well maintained, and all required certificates were up to date. The staff carried out regular health and safety risk assessments and told us there were no premises issues that would make the home unsafe.

Relatives told us there were enough staff to provide the right support for people. One relative said, "The house is usually well staffed." Staff also felt the staffing levels were sufficient to provide the required level of support that people needed. A support worker told us, "There's always a safe number of staff on and we're never less than four staff in the building at any time."

At this time there were six people living in the main house with six members of staff on duty. This meant people had sufficient support to go out either individually or in a small compatible group. The two people who lived in the flats in the coach house had two-to-one support through the day so there were four staff on duty there. At night there was one waking and one sleep-in staff in the main house and one waking and one sleep-in staff in the coach house.

Staff felt they provided very good continuity of care for the people who lived there. They said that any gaps in the rota were covered by existing staff who were familiar with people's specific needs. This was very important because people with autism can find it difficult to cope with change and unfamiliarity. One staff member told us, "It's a nice place to work so staff are always happy to cover."

There were four vacant post at this home. These were being covered by existing staff until new staff could be appointed. The provider's systems for recruiting new staff were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people. New staff had a probationary period to make sure they were right for the role before being permanently employed.

People received support from staff with their medicines and prescribed creams. A relative told us this was carried out in a safe way. They said, "When medicines are given out I know two members of staff are present and they are checked before being given to the residents."

Staff who were responsible for administering medicines had been trained and their competency to continue to do this was regularly checked. The home received people's medicines in blister packs from a pharmacist. The blister packs were colour-coded for the different times of day. This meant staff could see at a glance which medicines had to be given at each dosage time. In discussions staff understood what people's medicines were for and when they should be taken.

Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). There were clear guidelines for staff about when to support people with 'as and when required' medicines, such as anti-anxiety medicine for someone before they visited the dentist. The staff kept a daily count of each medicine to make sure these had been administered and that the remaining amount medicine was correct.

Medicines were stored in locked cabinets in secure areas of the home. However one of these rooms was very warm and staff acknowledged that the room became hot in the summer. The registered manager agreed to consider how to address this to make sure the room temperature remained below 25°C, which is the safe temperature limit for the storage of medicines. Staff described plans to introduce individual medicines cabinets in people's own rooms so that it was "more personalised". This meant people would be supported with their medicines in the privacy of their own rooms.

Is the service effective?

Our findings

Relatives told us staff were competent at supporting the people who lived there and had a good understanding of the impact of autism spectrum condition. One relative described how their family member was looked after by "experienced people familiar with caring for those with complex needs".

Staff told us, and record confirmed, they had suitable training to carry out their roles. All staff received specialist training which was designed for care professionals working with people with autism. Some training was tailored around individual people's specific needs. For example the assistant manager was becoming a trained trainer in 'epilepsy' so this could be rolled out to all other staff. Staff also received necessary health and safety training such as fire safety, first aid and food safety and this was regularly updated. One staff commented, "The training is first class. ESPA (the provider) are also very on the ball with refresher training."

All staff, except a new member of staff, had achieved a national care qualification such as a diploma in health and social care. The new staff member was completing the Care Certificate (a set of national minimum standards of safe care that care workers should cover as part of their induction training). New staff received a three week induction training package before they started to work with people who used the service, which included all necessary training. A new staff member told us, "I had three weeks training which covered everything before I even started working at the home."

We looked at how the provider supported the development of staff through supervisions. Supervisions are regular meetings between a staff member and their supervisor, to discuss how their work is progressing and where both parties can raise any issues to do with their role or about the people they provide care for. It was evident from supervision records that some care staff had a slightly reduced number of supervisions last year, for example three instead of the four that the provider aimed for. However the registered manager demonstrated that a new, structured programme of supervision and appraisals were in place for this year. One staff commented, "I have regular supervision with the assistant manager and appraisal with the registered manager. But they are there all the time anyway for any discussions."

Staff had completed recent training in the Mental Capacity Act 2005 (MCA) which 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 is 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 found that the provider had made applications to the relevant local authorities in respect of people's 24 hour supervision at 8 The Cedars. The provider had held 'best interest' meetings when decisions had to be made about individual people's care needs. For example, a recent best interest meeting had been held about a person's need for an increase in medicine.

The meeting had included the person's relative, a consultant neurologist, epilepsy nurse and home staff.

Staff had training in 'positive behaviour support', which is an accredited way of supporting people in the least restrictive way that promotes positive behaviour. Due to the complexity of their autism some people had difficulty in managing their behaviour. Incident reports were kept of any occasions where people had been upset or agitated and required support. One staff member told us, "I had great training in Studio 3 with [ESPA's behaviour nurse]. It was excellent and made me feel confident about how to support people in the right way."

Staff provided safe support such as diversion and time and space for people to calm down, and any physical intervention was only used as a last resort if people were at risk of harm. The registered manager stated the main challenge to the service was making sure people were compatible and providing a low arousal environment to reduce their anxieties. The current people had lived there for some years and were familiar with each other. Two people lived alone in their own apartments in an adjacent building to the main house.

People were encouraged to enjoy a healthy lifestyle and balanced diet. A relative commented, "Nutrition is always high on the agenda and a good variety of meals are provided." The menus had been designed by a dietitian and were prepared by the home's full time cook (or by support staff in the coach house). None of the current people had any specific dietary needs, although some people had limited preferences. Most people were not involved in grocery shopping as they could not tolerate large, noisy supermarkets due to their autism. Instead, some people were able to go to local shops as a learning activity where they could choose their own grocery items.

People dined in either the dining room on their floor or in their individual apartments in the coach house. One person often chose to dine in their own bedroom and this choice was respected. Most people in the main house were involved in making their own breakfasts with staff support. There was a kitchenette upstairs in the main house, a large family kitchen on the ground floor and individual kitchens in the two apartments in the coach house. Staff kept a record of each person's meals in their daily diary.

Each person was supported to access community health services whenever this was required. They had access to community health care services such as GPs, dentists and podiatry, as well as specialist services such as epilepsy nurse. The registered manager said the staff had a good relationship with health professionals. People were registered with a local GP who carried out annual health checks with each person. If people felt unable to attend the surgery due to their anxieties the GP was willing to visit them at the home. Each person had a 'hospital passport' which included clear and detailed information about their health, communication, abilities and needs in case these were ever needed by other care professionals.

The provider also employed a range of health care professionals including psychologists, an occupational therapist and a speech and language therapist. A monthly review of people's well-being, called a 'clinical review', was held by ESPA care professionals. These included an overview of the person's well-being and details of any referrals for specialist input or other health referrals being made. This meant the provider made sure each person received the right support with their physical and psychological health.

Is the service caring?

Our findings

People who were able to express a view said they "liked" the home. Relatives made positive comments about how people reacted to the home and the support they received from staff. One relative told us, "I know [my family member] is very happy there and is always ready to go back after home visits." Another relative commented, "I believe my family member is well looked after by some genuinely caring, enthusiastic staff."

People seemed at ease with staff and comfortable in their presence. People spent a lot of their time out with staff on activities. When they were at home they appeared relaxed and enjoyed chatting to staff about their day. One staff member told us, "We try to make it as relaxing as possible to help them reduce their anxieties and behaviours."

Staff were patient, encouraging and supportive when talking with people. Staff gave people the time they needed to process information and make an informed decision or response. This meant people were not rushed or overwhelmed with information.

People were encouraged to make their own everyday choices and decisions. Some people had been supported to use communication aids, such as talking mats and pictures, to make informed decisions and to communicate their preferences. People had been supported to access advocacy services where they needed independent, impartial support to make more complex decisions.

Staff were very aware of people's individual ways of showing their choices. For example, one staff member told us, "People make their own choices and that's respected. If a person chooses not to get out of the minibus when we arrive somewhere, then that's them saying they don't want to go and that's fine."

People were supported to be as independent as possible. Staff promoted and encouraged independent living skills, such as preparing breakfast and clearing away. One staff member commented, "We encourage people to do things for themselves – even if it's just bringing dishes into the kitchen or putting their clothes away."

Relatives felt people were treated with dignity. For example, one relative commented, "[My family member] is treated with compassion, kindness, dignity and respect without doubt."

In discussions staff talked about people in a valuing and positive way that celebrated their individuality. Care records were written in a sensitive and positive way that outlined people's abilities and strengths, as well as their support needs. For example, one person's front page profile in their care records started off by saying '[Name] is an amazing young man who is a pleasure to support'.

All the staff we spoke with said their colleagues were caring and supportive towards people who lived there. For example, one staff member commented, "The staff I work with are definitely caring. There is a caring culture here, so if anyone came to work here that didn't have a caring attitude they would soon end up

going." Another staff member told us, "Everyone who works here is very caring. If not, it would be noticed and reported immediately."

We saw the home had received a number of compliments from relatives about the care of their family members. Those comments included, "staff have gone way over and above their responsibilities" and "no words to express our gratitude".

Is the service responsive?

Our findings

Relatives felt their family members received a personalised service. One relative told us, "Staff are very aware of individual needs within the house and try to meet those needs when possible."

In discussions staff were very knowledgeable about the individual ways of each person and were able to describe intricate and subtle behaviours that were clear to them. There had been a stable core staff team for some years and this had led to the continuity of care of people. Staff had a detailed understanding of each person and how they were progressing in their lives and abilities. One staff member told us, "I've seen big improvements in people in the past few years. The service is really forward-looking for people and has positive goals for them."

The two people's care records that we looked at were personalised and very detailed. Each person's care records had specific information about them, for example 'things I like, things I don't like, how my autism affects me'. Care records also included details about what worked well for each person. For instance for one person these included 'structure, consistency, visual support, staff who sign and relaxing activities'. This helped to make sure people were supported in the way that they preferred.

People had a 'This is me' book which included photographs and easy read information which gave a really personalised and clear picture of the person. For example it included information such as '[person] likes to go to the bedroom when it is noisy' and '[person] can make their own drinks in the kitchenette'.

Each person had individual support plans that included guidance for staff on people's communication, understanding, decision-making skills and personal care. The care records described people's abilities as well as their support needs. This meant all staff had access to information about each person's well-being and how to support them in the right way.

People's care records showed how they were involved in consultations about their care. For example, people had monthly meetings with their keyworkers, were involved in meeting potential new staff and invited to attend six monthly and annual reviews. It was good practice that the service had begun to put the annual review minutes in easy-read and pictures. People were encouraged to say what was important to them and what their wishes were for the future. For example, one person's wishes from a recent review were recorded as 'to have a meal in a pub; to ride a horse; and to have more holidays'. These wishes would be included in their future goals.

People's abilities and challenges with their goals were recorded each day in their dairies. Keyworker meetings were held monthly and the progress of each person with their individual goals was reviewed.

Staff felt the service responded to any changes in people's health or behavioural needs. A senior staff member commented, "Whenever someone's needs change, ESPA has a multi-disciplinary team which is quick and easy to refer to and to get support quickly."

Relatives told us they were kept up to date with any changes and were also involved in their family member's annual reviews. One relative commented, "The home always keeps me informed of any likely changes that would affect [my family member]."

People had a schedule of activities that they had chosen and enjoyed. Three people had placements at a workshop where they made items from wood and received a small amount of pay for this. Four people enjoyed sessions at ESPA's nearby day centre, such as pottery, art and craft, IT and dance and drama classes. People also enjoyed activities in the local community sports centres such as swimming, trampolining and gym sessions. Everyone also had some time for domestic and household tasks such as cleaning, cooking and laundry which were an essential part of their goals towards greater independent living skills.

Staff felt there was a good range of activities for people that were tailored to people's individual interests. One staff member commented, "They each have a programme of activities based on what they like. They're out somewhere every day. [Name] loves going to deer parks or anywhere with animals so we take lots of photographs for them and to show their family."

One person had a shed in the garden and enjoyed spending time there with staff. There were plans for another person to have a summer house because they were very keen on spending time in the garden. One of the support staff was also a gardener and they supported people to be involved in planting and keeping the garden in a good state.

People had a timetable of their weekly activities, where this was appropriate for them. Other people, who might become anxious about future events, had information boards with the next activity on. One person chose not have a schedule and this was respected.

There was clear information for people about how to make a complaint which was in pictures and easy read format. This was in the new handbook which had been discussed with people. In the main house people were asked if they had any concerns or were unhappy about the service at their house meetings. In the coach house apartments staff were very aware of people's demeanour and would recognise if people were dissatisfied with a situation.

Relatives knew how to make a complaint and were confident these would be dealt with. One relative told us, "If at any time I have needed to address any concerns I have had, it has never been a problem to speak to a member of staff and any problems have always been sorted out."

Another relative commented, "I am always listened to albeit not always agreed with. I feel able to approach [registered manager] or [assistant manager] with any concern regarding [my family member] and am always met with respect and reassurance."

There had been one complaint about this service in the past two years. This related to transport for one person and the complainant told us it was being addressed.

Is the service well-led?

Our findings

During this inspection we found that the service had not told us the outcomes of applications that had been made during 2015-2016 about people who lived at the service who were subject to Deprivation of Liberty Safeguards (the DoLS). It is a legal requirement that services tell us about the outcome of DoLS. This had been a management oversight, as DoLS notifications from the previous year had been submitted to the Care Quality Commission (CQC). We have written to the provider about this outside of the inspection process.

Relatives felt the service was well managed by the registered manager and well run by Education and Services for People with Autism organisation (ESPA). One relative commented, "The manager is very approachable and her first priority is the residents at all times. I feel we are very lucky to have her, she leads her team very well."

The registered manager was experienced in managing services for people with autism. She had an 'open door' policy and made herself available to people and staff. The service also had an assistant manager who led the staff team in the coach house.

All the staff we spoke with felt they could approach the registered manager or assistant manager at any time. One staff member commented, "The registered manager and assistant manager are very open to any ideas." Another staff member said, "The managers are very approachable."

People were invited to hold house meetings in the main house with the registered manager. The meeting minutes showed lots of consultation with people. It was good practice that the minutes included photographs and pictures to support people's memory of the discussions they had. The last meeting included a discussion on the new service user guide, which was going to be simpler and would be called a handbook. People had also discussed fire training to check they would know what to do if the fire alarms went off. People had been asked if they had any concerns. One person said they needed their shed fixed and this was now being addressed.

Earlier this year Gentoo Housing carried out a quality insight report, called 'Over2You', of the care provided at 8 The Cedars. (Over2You aims to work as a critical friend to help care and health providers listen to the views of people and their families and include them in decisions about their care.) Gentoo spoke to four people using a standard questionnaire. The overall responses were very positive. People had said they felt safe, comfortable, lived in a nice house with helpful staff and they went out a lot.

Relatives said they felt able and encouraged to make suggestions or comments about the service at any time. One relative commented, "I have put forward ideas and these have been acted upon by the staff, although my family member may not always have been receptive. The management at No. 8 run the home very well in my eyes and welcome me any time."

We saw copies of the survey results for people for 2015-16. All eight people had indicated that they liked living here, felt safe and comfortable and that staff listened to them.

We saw copies of the 'parent survey' for 2015-16 which had been completed by seven relatives. Relatives were asked to show whether they were happy with the care, whether they had opportunities in making decisions and whether the provider maintained high standards of safety and care. The results were positive with all seven relatives scoring top marks for whether their family member was happy with their life at ESPA and whether they would recommend ESPA as a service provider. When the survey was carried out some relatives had felt the decoration of the house could be improved. Since then ESPA had arranged for a team of decorators to redecorate the hallways and communal areas of the house.

Staff felt the organisation was well run and that they were asked for their suggestions. One staff member said, "They ask for our input and opinions at meetings and I feel they really do want our ideas and views." Another staff member commented, "We have staff meetings and you're free to voice your opinions."

Staff meetings were held regularly in both parts of the service. The meeting minutes showed that staff were invited to discuss people's individual needs and any changes, behavioural guidelines for people, organisational changes within ESPA and future plans for the service. The registered manager also met with a smaller 'hub' of managers to discuss best practice and to explore innovation within the services. These discussions were shared with the managers' meetings. In this way the registered manager and provider were committed to continuous improvement of the service at 8 The Cedars and its other services.

The provider, ESPA, was a registered charity that has been providing services to people with autism for 24 years. Staff were aware of the provider's vision and values about supporting people with autism to lead fulfilling lives and these were set out on its website.

Staff said they felt supported and valued by the organisation. One staff member told us, "ESPA keep us well informed. I think ESPA does appreciate what we do." Another staff member commented, "ESPA is good to work for. I thoroughly enjoy working here. The staff are very helpful and the lads are well looked after."

The registered manager and staff had designated roles to check the quality and safety of the service. These included daily checks of the premises, weekly medicines checks and weekly infection control check by a housekeeping staff member. Staff carried out monthly audits of medicines, accidents, safeguarding and clinical needs.

The provider's quality assurance system also included 'peer review' visits by the managers of other services operated by ESPA. These unannounced visits monitored whether the home was compliant with the regulations and fundamental standards, for example safe care and treatment. We saw the detailed report of the last peer review visit that had taken place in September 2015. For example one suggestion had been to make risk assessments more person centred and this had been actioned in people's support plans.

The general manager for ESPA also carried out quality monitoring visits to 8 The Cedars. These checks included medicines management, staffing, premises and people and staff views. Any actions required were recorded with timescales for completion and signed off by the registered manager when addressed. For example an action from the most recent quality monitoring visit in January 2016 was to sign off a complaint record. This was completed within the timescale. In these ways, the provider had thorough quality assurance systems for ensuring that people received a safe, good quality service.