

Education and Services for People with Autism Limited

Cedars Lodge

Inspection report

3 Cedars Court
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2015

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 29 September 2015. This was the first inspection of this care home which was registered with the Care Quality Commission on 28 October 2014.

Cedars Lodge is a large detached house that is registered to provide four places for people with autism spectrum

condition. The bedrooms are spacious and the accommodation is modern for the young people who lived there. There were three people living at the house at the time of this inspection.

Cedars Lodge had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People said they liked the home and felt comfortable there. Relatives and care professionals told us the service was safe. Staff were clear about how to recognise and report any suspicions of abuse. They told us they were confident that any concerns would be listened to and investigated to make sure people were protected. Potential risks to people's health and safety were well-managed in a way that did not compromise their independence. People who could manage their own medicines were supported to do so; otherwise staff managed these in a safe way for people.

Relatives and care professionals said the service provided effective, specialist support for people with autism spectrum condition. Staff were very well trained in autism to help them understand the individual challenges faced by the people who lived there. New staff received in-depth induction training when they started work. Staff said they felt "supported" by the registered manager and by the provider.

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 take acceptable risks so they had as independent a lifestyle as possible. People were involved in shopping, choosing and preparing meals so that they increased their daily living skills.

People's needs were continuously reviewed by the provider and external health care professionals. One healthcare professional told us, "The communication between the staff and us is very good. They are always able provide us with comprehensive information about how [my client] has been."

People said the staff were "very nice" and "very pleasant". One person commented, "The staff are great." Staff had a very positive, encouraging and supportive approach with each person. Relatives and care professionals said all the

staff were "very caring", "friendly", "warm" and "very welcoming". One relative told us, "I never thought I would find anywhere or anyone who could look after [my family member] as well as I could – but I have!"

Staff engaged with people in an empathetic and respectful way. One relative told us, "My [family member] tells me staff speak to him with dignity and compassion and I have seen this myself." Another relative told us, "The staff are consistently caring and attentive and seem to genuinely enjoy their work there." One relative described how staff always came out to welcome someone back into the house if they had been away for a few days. The relative commented, "They always greet [my family member] so warmly and ask how he's been and what he's been doing."

People had been individually assessed and their care was planned to make sure they got the right support to meet their specific needs. People enjoyed a range of vocational activities outside of the home. People's choice about whether to engage in these activities was respected. One person had been supported to find paid and voluntary work and staff also helped people to find activities in the local community that they might be interested in.

People had information about how to make a complaint or comment. They said they would comfortable about telling the registered manager if they had any concerns. Relatives said any issues, however minor, were always acted on. There had been no formal complaints about this service.

People, relatives and care professionals felt they could comment on the service at any time as well as and at regular reviews. Relatives and staff felt the organisation was well run and the home was well managed. There was an open, approachable and positive culture within the home and in the organisation. Staff felt there was good teamwork within the home and that there was good communication between staff at all levels of the organisation. The provider had a quality assurance system to check the quality and safety of the service provided.

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. People felt safe and comfortable at the home.

There were enough staff to support each person with their individual needs. The provider made sure only suitable staff were recruited.

People were supported with their medicines in the right way. People who could manage their own medicines were supported to do this in a safe way.

Good



Is the service effective?

The service was effective. People and their relatives said the service was very good and met their needs.

Staff were well trained and experienced in supporting people with their autism needs. Staff had regular supervision and appraisals to help them with their professional development.

Staff worked closely with health and social care professionals to make sure people's well-being and health was maintained.

Good



Is the service caring?

The service was caring. People said they liked the staff and that staff were "very pleasant".

Relatives described the service as exceptional and excellent. They said there was a consistently high standard of caring, sensitive and compassionate approach by all the staff.

Healthcare professionals felt the staff provided caring, compassionate and personalised care for people.

Good



Is the service responsive?

The service was responsive. People and relatives felt able to make complaints about the service.

Staff understood each person and supported them in a way that met their specific needs. Care was planned in a personalised and individual way for each person.

People were involved in a range of occupational and vocational activities including paid and voluntary work, community-based classes and leisure activities.

Good



Is the service well-led?

The service was well led. There was a registered manager in place who was experienced in providing care services for people with autism.

People, relatives and staff felt the registered manager was open and approachable, and listened to their views. Staff felt the provider supported and valued them.

The provider had a system for checking the safety and quality of the service.

Good



Cedars Lodge

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 29 September 2015 and was carried out by an adult social care inspector. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information

included in the PIR along with other information about any incidents we held about the home. We contacted the commissioners of the relevant local authorities as well as health and social care professionals 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 inspection we spoke with the three people who lived there and joined two of them for a lunchtime meal. We asked relatives for their views of the service. We spoke with the registered manager, acting assistant manager, three support workers and a general manager of the organisation. With people's permission we looked at some bedrooms and communal areas of the premises. We 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 a new staff member, training records and quality monitoring reports.

Is the service safe?

Our findings

People told us they felt “safe” and comfortable with the staff who supported them and with the service they received. One person commented, “I feel safe here, even though it’s not my own home.” Relatives were also very positive about how people were supported in a way that made them feel settled. One relative commented, “[My family member] has told me he feels really safe there” and “They are safe and well cared for”. One health care professional told us, “Staff have been fantastic at making this a safe placement for my client.”

Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was regularly updated at least every two years. Staff were able to describe the procedures for reporting any concerns and told us they would have no hesitation in doing so. This meant staff understood their duty to report any potential concerns. There had been no safeguarding concerns since the home was registered as a care service in October 2014. A care professional told us, “I have found the staff team to be knowledgeable ...in keeping clients safe.”

The provider had clear policies on safeguarding vulnerable adults and whistleblowing (for staff to report any poor practices). Staff showed us they had access to these procedures, which were displayed in the office. This included the on-call arrangement for contacting senior managers, who were the safeguarding leads for the organisation, for advice. One support worker told us, “I would feel very comfortable if I had to raise any concerns. The on-call management is brilliant and they are always able to advise.” Another staff member told us, “I have had the training many times over, including a recent update, and definitely know how to make alert.”

All of the staff and visitors we spoke with felt the service was safe place for people to live and learn new skills. One support worker told us, “We actively promote people’s rights to independence whilst making sure they are safe.”

Risks to people’s safety and health were appropriately assessed, managed and reviewed. There were risk management plans in place for each person that described how they could participate in activities that might involve acceptable risk-taking. For example, all three people prepared meals but some people needed supervision in the kitchen. All three people were able to manage their

own personal care but one person was a risk of falls in the bathroom. As a result a full-length pole had been fitted in the bathroom and staff discreetly waited outside the bathroom to make sure they remained safe whilst protecting their privacy. In this way risks were individually assessed and any identified issues were managed so that people’s safety was upheld without compromising their rights to independence.

The accommodation for people was warm, modern and comfortable. People told us they “liked” their rooms and relatives described the standard of the premises as “excellent”. There were no hazards 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. People understood how to respond to the fire alarm and would follow staff instruction to vacate the building in the event of an emergency.

Relatives, staff and health care professionals felt there were sufficient staff to support the current people who lived there. One health care professional told us, “Staffing is very good. It’s one-to-one support.”

The registered manager described the staffing levels as “safe and flexible”. The staff rota had been designed to provide the optimum support for each of the people at the times when they needed it. One person had one-to-one support from staff throughout the day. The other two people were out most days so the staff start times were staggered until later in the afternoon when those two people would return home. This meant there were three staff on duty for much of the afternoon and evening when all three people were at home. In this way staffing levels were sufficient to make sure everyone had the chance to go out when they wanted. There was one sleep-in staff on duty overnight at the home.

Many of the staff had worked for the organisation for several years and were experienced in supporting people with autism. The contingency arrangements for staff absence were that existing staff could cover, or if necessary

Is the service safe?

staff from several other similar small homes operated by the provider could support. There had been a very low turnover of staff. Only one new member of staff had started to work at the home since it became a registered service.

We looked at recruitment records for the newest member of staff and spoke with them about their recruitment experience. The recruitment practices 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.

There were suitable arrangements for helping people to manage their medicines. One person could manage their own medicines so they kept a day's supply with them when they went out each day. They told us, "I do my own medicines and take them to work with me." All other medicines were kept in a suitable lockable medicine cabinet. A relative told us, "We are kept up to date with any appointments or medication changes and are aware all medicines are stored safely."

Staff understood what people's medicines were for and when they should be taken. Also, we saw staff gently made sure a person understood what their medicine was before they administered it. Staff members who were responsible for managing medicines were trained in 'safe handling of medication' and had competency checks by an external trainer.

Medicines were administered to people at the prescribed times and this was recorded on medicines administration records (MARs). Wherever possible two staff members signed when medicines had been given to show this had been checked and witnessed by another staff member. At night, when there was only one staff on duty, the person receiving their medicine also signed to confirm they had been given it. Staff kept a daily stock count of medicines that had to be managed in a special way, and two staff always signed to say this was correct. All other medicines were checked on a weekly basis. In this way the service aimed to make sure that people were supported with their medicines in a safe way.

Is the service effective?

Our findings

Relatives told us the service met each person's needs in an individual and effective way. One relative commented, "The care is so good. All the staff are wonderful and understand my [family member]. They take all the time people need." Another relative told us, "The staff communicate well with all concerned and plan well to help [my family member] overcome the challenges they experience. I believe [my family member] is very fortunate to have the opportunity to be there where he is offered a holistic package of interventions which will help him develop into an adult who can contribute to society."

Health and social care professionals were also very positive about the effectiveness of the service in meeting each person's specific needs. One care professional told us, "Care needs are met to a good quality. From meeting my client and having discussed how he was before he went here shows a good improvement of his needs." Another care professional told us that the home had been particularly effective at supporting one person who had moved in as an emergency. They told us, "The staff responded quickly and professionally to ensure the best induction that could be achieved in the circumstances for the client."

Relatives and care professionals told us staff were well trained and competent in their roles. One relative commented, "They are trained so well in autism by ESPA. They are really on the ball and understand people's autism."

Staff told us, and records confirmed, that they received relevant training to meet the needs of the people who lived at the home. All staff received specialist training which was designed for care professionals working with people with autism. Staff also received necessary health and safety training such as fire safety, first aid and food safety and this was regularly updated. Staff comments included, "The autism training we do is really good" and "we get very good training, if we ever ask for any training they try to accommodate it".

A health care professional told us, "Staff are well trained and very confident. They know how to help people with autism. It feels like it really is a 'specialist' service."

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 the training was "impressive" and this made them feel equipped to provide support to the people who lived there.

Staff confirmed they had regular one-to-one supervision sessions with a supervisor. Each staff member also had an annual appraisal of their performance and development with the registered manager. Staff told us they felt supported by the manager and acting assistant manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Staff had received training in MCA and DoLS and understood how to make sure people were not restricted unnecessarily, unless it was in their best interests. One person had a DoLS authorisation from the respective local authority involved in their placement. This was because the person needed 24 hour supervision and also needed support from staff to go out. In this way the provider was working collaboratively with local authorities to ensure people's best interests were protected.

Staff asked for and awaited permission before they provided any support to people. For example one person required support with medicines and staff respectfully asked "if it was ok" to get their medicines several times over a period of time until the person was ready to accept this.

There were protocols for staff to support people if they became upset or angry. One person needed occasional physical interventions to keep them safe. All staff were trained in 'Studio 3' which is an accredited way of supporting people in the least restrictive way that promotes positive behaviour. A behaviour specialist nurse who worked for the provider had been involved in assessing people's needs in this area to make sure that staff were supporting people in right way. We saw clear risk assessment, support plan and analysis about this that guided staff in the right way. There were detailed reports of the occasions when a person had to be redirected.

A relative told us, "My [family member] has had to have some restraint in the past year and this has been done in a non-confrontational way. The staff keep it really low key and relaxed to help him calm down."

The three people who lived at Cedars Lodge had individual support with their nutritional well-being. Each person had their own menu plan and had their own fridges to keep

Is the service effective?

their foods. People were supported with grocery shopping and preparing meals, where necessary. Some people were more independent in these tasks. People chose their own foods and were able to dine when they wanted. Everyone was guided by staff to look at healthy meal choices, but staff recognised that this had to be balanced with people's own choices. One person told us, "I do my own shopping and I decide what I'm having."

A relative commented positively on the proactive approach that staff took to encourage one person to broaden their diet, despite the person's long standing resistance to changing their foods. No one had a specialist diet and enjoyed occasional meals out and takeaways. One person commented, "Of course I like the food! It's my food and I cook it myself!"

Relatives also made positive comments about how people were supported with health care needs. One relative told us, "There are lots of meetings between ESPA and all

relevant health care professionals, so they are all involved in supporting people with their individual health needs." Another relative told us, "They manage his health so well. Staff take notice if a medication isn't working and they go straight back to the GP or consultant."

It was clear from health care records that people were supported to access community health services whenever this was required. Each person had access to community health care services such as GPs, dentists and opticians. The provider also employed a range of health care professionals including psychologists and speech and language therapists.

People's needs were continuously reviewed by ESPA professionals and external health care professionals. One healthcare professional told us, "The communication between the staff and us is very good. They are always able provide us with comprehensive information about how [my client] has been."

Is the service caring?

Our findings

People said they “liked” the staff. One person told us, “The staff are really nice, very pleasant.” Another person commented, “The staff are great.” We saw people spent time chatting and engaged with staff members and there were very positive interactions between them. One relative told us, “I never thought I would find anywhere or anyone who could look after [my family member] as well as I could – but I have!”

Relatives felt Cedars Lodge provided an “excellent” and “exceptional” service for each of the people who lived there. They had very positive views about the “kind” and “compassionate” attitude of all of the staff. One relative said, “The staff are so kind and so lovely towards everyone including family visitors.” Another relative commented, “[My family member] has told us the staff are kind and helpful.”

The service aimed to increase people’s opportunities to develop their life skills by using their knowledge of people’s individual interests. For instance, one person had been supported by the organisation to take a part-time job at one of the ESPA administrative offices. Another person was very interested in wildlife so staff helped them to research conservation issues at the library and to visit wildlife centres. One relative commented, “My family member now goes out every day with staff. They’ve got him doing things he’s never done before. It’s a massive difference to where he was before.”

People’s independent living skills were promoted and encouraged. One person was able to travel to work and back independently and another person was being supported by staff to start to do this with some initial supervision. One relative told us, “Staff are patient, assertive, encouraging and promote him learning new skills and maintaining the ones he has.”

Relatives described the staff as “very caring”, “friendly”, “warm” and “very welcoming”. They felt fully involved and included by the home staff in the care of their family members. One relative told us, “I feel ESPA staff have genuine compassion for people and their parents too.”

The 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. One relative told us, “The staff take a lot of time to talk with people and get an understanding of what they are trying to say and work out what’s on their mind.”

People were given time and encouragement to make their own choices about daily events, meals, shopping and activities. We saw people were fully included in managing the pattern of their day. Each person had a printed timetable that helped them plan their week and helped them decide whether they wanted to participate or not. A relative commented, “[My family member] gets the chance to make lots of his own choices and they are involved in everything.” This meant people’s views were sought and respected.

The home had arranged for advocacy services to support people with any major decisions. One person had an independent advocate, and arrangements were already in place for the other people to be provided with advocacy services if this was needed in the future.

Staff spoke with people in an empathetic and respectful way. One relative told us, “My family member tells me staff speak to him with dignity and compassion and I have seen this myself.” Another relative told us, “The staff are consistently caring and attentive and seem to genuinely enjoy their work there.” One relative described how staff always came out to welcome someone back into the house if they had been away for a few days. The relative commented, “They always greet [my family member] so warmly and ask how he’s been and what he’s been doing.”

One social care professional told us, “The home have always afforded my client dignity and respect.” Another care professional told us, “Staff have been respectful towards the client and supported him to understand why I was visiting. The client has built a good rapport with the staff.”

Staff respected people’s privacy. Some people showed us they had their own keys for their bedrooms and the house front door, wherever this was acceptable and appropriate. One person had designed a privacy notice for their bedroom door to remind other people that their room was private. Staff knocked and waited for people to open their door if they wanted to discuss anything with them. Staff asked for people’s permission to enter their bedrooms.

All the staff we spoke with felt their colleague were caring and compassionate in their roles. One newer staff member

Is the service caring?

told us, “They are really nice staff here. Very patient with people.” Another staff member told us, “My colleagues are very compassionate. They have the best interests of people at heart and get such positive satisfaction from people’s progress.”

Is the service responsive?

Our findings

All the relatives and care professionals we contacted told us the service provided personalised care that met the individual, complex needs of each person. One relative said, “The staff communicate well with all concerned and plan well to help my family member overcome the challenges he experiences.” A social care professional commented, “The service is very responsive and definitely looks at the needs of the individual and how to get the best outcomes for them individually.”

Staff on duty were knowledgeable about how to support each of the three people who lived there. We saw staff adapted their support to meet each person’s individual requirements. For example, one person needed lots of discussion and reassurance about what they were going to do and how it would impact on them. Another person, who had a range of independent living skills, mainly needed prompts from staff to manage their own care. For example, this person managed their own daily medicines by staff ringing or texting them as a reminder when they were out of the house.

People had care records that set out their individual abilities and goals, as well as any care needs. The two people’s care records that we looked at were highly personalised and detailed. The care records included clear information about how their autism spectrum condition affected each person and were written in a sensitive way that valued and respected each person. This included, for example, sections about “what works well for me”, “what must happen in my life”, “things I like to do”, “things I really do not like”, and “how my autism affects me”.

Each person had a key worker who spent some one-to-one time with them and included them in monthly reports of their well-being. The reports included clear, achievable goals that were relevant to each person. For example, one person who had very restricted food preferences had a goal of “to make healthier food choices with staff support”.

It was clear from reading the narrative of care records that people had been involved in discussions about their support plans and goals. For example, one person had recently had discussed with a senior staff their potential transitional plan with all the various possible future options for more independent living. However they had not been asked to sign to show their inclusion in the plan. Some

people carried out acceptable risk-taking which was recorded on a risk assessment but had not been asked to sign these documents. The registered manager agreed that records could demonstrate more how people had been involved in decisions about their support, where this was appropriate.

Each person had a range of daily vocational and social activities that were relevant to them. For example, one person had paid employment at an ESPA administrative office and also carried out some voluntary work at a stable. Another person was a student at a college that was also operated by ESPA. The third person was supported by staff to broaden his daily activities in the community and to learn new practical and social skills. All of the people who lived here also enjoyed social occasions such as meals out.

One health care professional told us, “The staff help my client to do lots of therapeutic and social activities. In the future he would also benefit from a more structured programme, but staff are very good at supporting him with boundaries and understanding the pattern of his day.”

People and relatives knew how to make a complaint and were confident these would be dealt with. One person told us, “If I wasn’t happy I would say so. I could say anything to Frank [the registered manager] or [the senior support worker].” A relative commented, “Senior staff have been supportive with any concerns and address any issues with effectiveness.”

The three people who lived at Cedars Lodge had been given easy-read information about what to do if they wanted to make a complaint. Two people kept this information in their bedrooms and were aware of their rights. The third person had chosen not to keep it, but was able to say if he was not happy with a situation.

There had been no formal complaints since the home was registered. There had been two comments made by relatives relating to clothing. Relatives had expressed that these were not complaints but were requests for changes. Although these were not complaints the registered manager had discussed these matters and reached a satisfactory outcome with the relatives and there were records about this. We did note that the comments had been recorded by staff in a notebook (‘compliments/complaints’) which was kept in the hallway of the home, so were not confidential. The registered manager

Is the service responsive?

acknowledged this and agreed that any future comments or complaints records would be recorded in a clear, systematic way that would show the actions and outcomes for future analysis.

Is the service well-led?

Our findings

People or their relatives told us the service was well-organised by ESPA and well-run by the registered manager. People spent time chatting with the registered manager in the office and actively sought him out to discuss any plans or anxieties they had. Relatives comments included, “The manager is so respected” and “he’s wonderful with people and with the staff”.

The registered manager was experienced in managing services for people with autism. The office door was always open and people came to see him or the senior staff member in the office if they wanted to discuss any anxieties or plans. At the time of this inspection the registered manager was also temporarily overseeing the management of a nearby ESPA college whilst the organisation was in the process of recruiting to this post. The registered manager told us this short-term additional role had not impacted on the running of Cedars Lodge and that he was still accessible at all times to home staff. Staff confirmed that there were “very good” management on-call arrangements so that they had the support of the registered manager or other senior staff at any time for advice and guidance.

People had opportunities to give their views about the service. ESPA used an annual satisfaction survey for people and relatives to comment on the service. The last survey for people was in February 2015 and this had been completed by one person. (At that time the other two people had only been at the home for a few weeks so had not completed the survey.) Relatives’ surveys were sent to parents of people who used all the ESPA residential services. The responses had been collated by the organisation to show the overall results, which were very positive. Relatives of people who used Cedars Lodge told us they felt they had opportunities at 6 monthly and annual reviews to comment on the service.

A ‘house meeting’ had taken place in February 2015 which had given people an opportunity to discuss general issues together, such as whether anything could be improved. However there had been no further ‘house meetings’ for people. The registered manager confirmed this was an oversight and had been raised as an area for improvement with staff at recent staff meetings. It was agreed the house meetings should recommence so people could discuss their views about the service and be reminded about their rights and responsibilities.

All the staff we spoke with felt they could approach the registered manager or senior support worker at any time. Care professionals were also very positive about the open management style of the registered manager. A social care professional told us, “The manager is very approachable and has a good rapport with the client.” A healthcare professional told us, “We have regular communication with the manager which is really helpful. He is very approachable.”

Staff felt there was good teamwork within the home and that there was good communication between staff at all levels of the organisation. Staff told us, and records confirmed, there were monthly staff meetings in the home. The meeting minutes showed these were open, informative discussions about relevant matters including people’s needs and improvements to the service. There was good attendance at the meetings by staff and they had made suggestions about making the service better for the people who lived there. For example, staff had suggested changing the evening rota to finish at a later time and this had been put into practice. This was to prevent ‘rushing’ people back home if they were out on an evening activity or meal.

Staff said they felt supported by the provider. One staff member told us, “ESPA is a good organisation. We all want to pull in the same direction.” Another staff member commented, “ESPA is ok. I know what’s expected of me. Everything is updated and to hand. If I’ve got any queries I always get a response.”

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. There was also information about Cedars Lodge on the website but this required some amendment as it referred to its previous use for people using ESPA’s educational facilities.

The provider’s had a quality assurance system to check the quality and safety of the service provided. This included ‘peer review’ visits by the managers of other services operated by ESPA. These unannounced visits monitored areas such as involvement and information for people, care and welfare, safeguarding and safety, equipment, staff and quality of life. We saw the detailed report of the peer review visit that had taken place in April 2015. Areas for improvement or suggestions were recorded in an action

Is the service well-led?

plan. These had been reviewed by the general manager in August 2015 and signed off as completed. ESPA aimed for each of its services to receive four peer review meetings each year.

The organisation's general manager carried out quality monitoring visits to Cedars Lodge. The general manager showed us the plans for future checks of Cedars Lodge over the next year focussing on specific areas at each visit. These would include medicines management, staffing, premises and customer focus.

The provider had a range of senior managers who supported the organisation and were responsible for checking the quality and safety of the service. Any incidents or accidents were reported to senior managers and monitored for any trends. Monthly health and safety audits were carried out by home staff. The provider's health and safety team made sure all maintenance checks were carried out. This meant the provider monitored incidents and risks to make sure the care provided was safe and well-managed.