

Kingston upon Hull City Council

Pennine Resource Centre

Inspection report

Pennine Way
North Bransholme
Hull
Humberside
HU7 5EH

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Tel: 01482839311

Website: www.hullcc.gov.uk

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Pennine Resource Centre is registered to provide care and accommodation for 19 adults who are living with a learning or physical disability. The service offers mainly permanent placements to people. However, there are two people who use the service to alternate care between their home in the community and the service. Nine bedrooms have en-suite facilities. The service had several communal areas, private and accessible garden areas, and car parking to the front of the building. It is situated close to shops and local amenities.

During our inspection, there were 18 people who used the service.

The service had a registered manager in post. 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. During our inspection, the registered manager was on leave so the deputy manager facilitated the inspection and submitted the requested documentation following the inspection.

The service was last inspected on 30 September 2015 and was rated as Good. We undertook this inspection on 19 September 2017 and it was unannounced. At this inspection, we found the service remained 'Good' overall, although we judged the responsive domain 'Outstanding'.

The person-centred support plans were extremely effective and reflected people's needs very well; these were regularly reviewed. The professionals we spoke with felt support plans were exceptional in meeting people's needs and staff always updated them following their advice. People were well-supported with meaningful occupations and activities. Relatives of people who used the service and staff had been creative in designing sensory areas where we saw people engaged in activities. Learning logs enabled staff to assess the success of activities for people who used the service. People were enabled to maintain positive family connections and support networks which significantly enhanced the quality of their lives.

Staff responded to people's needs and went 'over and above' to ensure these needs were met. Behaviour management plans were detailed and included least restrictive interventions. All staff were enthusiastic about their role and the quality of care they provided. This meant that people who had previously challenged other services were being successfully supported by an outstanding responsive approach to their individual needs. This had included working closely with relatives to develop a consistent approach for some people and had been very successful.

People were protected from the risk of harm. Safeguarding concerns were appropriately managed. Staff had completed training in relation to safeguarding vulnerable people from abuse and understood their responsibilities to report any abuse they became aware of. Checks and auditable processes were used to ensure people's finances were safeguarded.

Individual risk assessments for people who used the service were in place. These identified potential risks and were sufficient in guiding staff to support people safely. The service was safe, clean and tidy. Staff told us the infection control practices were good and we saw the service was well-maintained. Equipment was serviced regularly and there were systems in place for reporting issues.

People's health and nutritional needs were met and they had access to a range of professionals in the community for advice, treatment and support. Staff monitored people's health and wellbeing and responded quickly to any concerns. People received their medicines as prescribed and there were safe systems to manage medication.

People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and best interest meetings had taken place as required.

Staffing levels were sufficient to meet people's needs. We found staff were recruited in a safe way; all checks were in place before they started work and they received an in-depth comprehensive induction. Staff were kind and caring and they knew about people's needs and preferences. We observed staff treated people with dignity and respect and it was clear they knew people well and their preferences for how they wished to be supported. This ensured people were fully involved in all decisions and were enabled to take control of their lives; staff gained consent before undertaking any support tasks.

We found an open management culture, which enabled staff to raise concerns, discuss ideas and contribute to the development of the service. The provider had a clear strategic direction and was committed to providing a quality service to meet people's individual needs and minimise risks to health and safety. Quality assurance systems were used effectively to highlight areas requiring development and to drive continuous improvement in the service. The senior staff demonstrated strong values and a desire to learn about and implement best practice throughout the service.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service was outstanding.

Staff were enthusiastic, well-motivated and committed to supporting people to achieve their potential. They had an excellent understanding of people's individual needs and responded effectively to ensure these were met in the service and the community.

Staff understood people's individual complex communication needs because detailed information had been created that clearly described each aspect of the person's communication and its purpose. This ensured people were supported to maintain as much independence as possible in their lives.

Care records were individualised, person-centred and reflected the needs of the people who used the service. They were updated regularly and comprehensively detailed the level of support people required, their preferences and history.

The service worked alongside community healthcare professionals and used innovative ideas to ensure people attended appointments.

Staff enabled people to take part in activities and attend events, and supported them to express their opinions and make choices.

Is the service well-led?

The service remains well-led.

Good 

Pennine Resource Centre

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 September 2017 and was unannounced.

The inspection was undertaken by two adult social care inspectors. Following the inspection, an expert-by-experience spoke with relatives of people who used the service, to gain their views of the care given. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had expertise in learning disability and mental health services.

Prior to the inspection, we contacted relevant stakeholders such as the local authority to gain their views on the service. They told us there were no safeguarding investigations and they had no current concerns. We considered this alongside information that we already held. The provider had submitted notifications as required. Notifications tell us how the provider manages accidents and incidents for the people in their care. The provider had 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.

During the inspection, we spoke with two relatives of people who used the service, two visiting healthcare professionals, two maintenance workers, the deputy manager and three members of staff. We looked at comments from people who used the service and professionals that had been written in a 'compliments' book. After the inspection, the expert-by-experience spoke with the relatives of three people who used the service. Not all of the people who used the service were able to share their experiences of the service. We relied on our discussions with relatives, staff and professionals and our observations of staff interactions throughout our inspection, to help form our judgement.

We looked at the care records and medication administration records (MAR) of four people who used the service. We also looked at how the service used the Mental Capacity Act 2005 to ensure that when people

were assessed as lacking capacity to make their own decisions, best interest meetings were held to make important decisions on their behalf. Three staff files, which included recruitment, induction, supervision, and training records were also reviewed.

Other documentation we looked at related to the management and running of the service. This included minutes of meetings, recruitment information for three staff, staff training records, the shift handover book, complaints and compliments, audits, quality monitoring information and maintenance of equipment records.

We completed a tour of the premises to check general maintenance, cleanliness and infection prevention and control practices.

After the inspection, we asked the deputy manager to send us further information detailing the vision and values of the provider and the lead roles of some members of staff. We also requested care plan documents and learning logs for people who used the service. The deputy manager sent all of the requested information by the agreed date.

Is the service safe?

Our findings

Relatives of people who used the service told us their family member was safe. Their comments included, "They're safe here", "[Name] is lovely and safe", "We know they're safe" and "Respite does mean respite; no worries, they're safe, anything untoward and the staff contact me immediately."

People who used the service were protected from abuse and avoidable harm. In our discussions with staff, it was clear they had a good understanding of their safeguarding responsibilities and what to do if they had any concerns about poor practice. Staff were knowledgeable about the types of abuse that may occur and the signs that could indicate someone was experiencing abuse. Safeguards were in place for people's finances. Checks and auditable processes were used to ensure the management of funds were robust in safeguarding people's monies.

We saw individual risk assessments for people who used the service were in place. These covered areas such as medical issues and accessing the outside areas of the service. They identified potential risks and were sufficient in guiding staff to support people safely. We found accidents and incidents were recorded and appropriate medical assessments and treatments had been sought where necessary.

We found medicines continued to be well-managed. Medicines were ordered in a timely way, stored safely and people received them as prescribed. Relatives of people who used the service confirmed this in discussions with them. The Medication Administration Records (MAR) we looked at were fully completed and accurate. There was clear guidance for staff on people's preferences when taking medicines; this included how they preferred staff to offer their medicines and any specific administration instructions. Arrangements were in place to ensure people took their medicines when they participated in community events.

Staff were recruited safely with full employment checks in place before they started work. The deputy manager told us staff were recruited through a values based interview so the provider assured themselves staff were suited to the vision and values of the service prior to employment. We saw Disclosure and Barring Service (DBS) checks had been updated regularly. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in the care industry.

We found staffing levels were sufficient to meet the individual needs of people who used the service. The deputy manager told us the provider used a tool to calculate the staffing levels and the skill set required. Relatives of people who used the service told us, "The staff are good and there's enough of them."

The service continued to be safe, clean and tidy. The provider had policies and environmental risk assessments in place to minimise risks to the people who used the service; monthly audits on infection control and health and safety were completed. A member of staff told us the provider was preventative rather than responsive and commented, "Everyone is encouraged to have annual vaccines and I've never known any infection control issues in all the years I've worked here." Equipment was serviced in accordance with manufacturer's instructions and there were systems for reporting any maintenance requests or issues.

There were comprehensive business continuity plans, which provided guidance on what to do in case of emergencies such as fire or utility failures. People had personal emergency evacuation plans (PEEPs) and they had recently been updated. Fire zones were clearly indicated throughout the service and all staff were trained as fire wardens. This meant staff had clear responsibilities to help in the management and promotion of fire safety.

Is the service effective?

Our findings

Relatives of people who used the service told us staff were well-trained to provide for the needs of their family member and their comments included, "Training is on-going, staff are always improving things for [Name]" and "We appreciate all the staff here and what they do for [Name]." A visiting healthcare professional said, "Staff have really good knowledge."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service had submitted DoLS applications for the people who required these and in discussions with staff it was clear they understood their responsibilities regarding MCA and DoLS. Staff were able to correctly identify people who used the service who were subject to DoLS and the reasons for this.

We found best interest meetings had taken place when important decisions were needed and people lacked capacity to make them. Staff confirmed they had been involved in best interest meetings and we saw the minutes from these. The minutes showed us relatives and professionals were involved in decisions about people's care to ensure support was provided in the least restrictive way. Staff had a good understanding of the need to gain consent prior to carrying out care tasks for people. They said, "I always ask them what they want" and "I explain what and how I'm going to support."

People who used the service were supported to eat and drink sufficiently according to their individual needs. Clear guidance was given to staff to ensure people's individual needs were met. A member of staff told us that copies of people's care records relating to dietary needs were located in the kitchen area and that advice from healthcare professionals was followed. This meant the cooks were aware of people's individual needs and preferences and could cater for them. We observed each person who used the service had a placemat that detailed their individual eating and drinking needs in text and picture format so staff had the information they required when needed. The deputy manager told us, "They [the placemats] were developed in conjunction with professionals so we can best meet people's needs."

A pictorial menu was displayed in the dining room to assist people when making choices about meals. Relatives of people who used the service told us the food was good and choices were given. Their comments included, "The food is extremely good, so good they gained weight" and "They are always offering drinks and little snacks."

We found the induction process was well-established and the provider supported staff in developing their skills by providing training opportunities. Training continued to be linked to the Care Certificate which is a set of national minimum standards that health and social care workers should work to. Staff told us they had received a good level of training to do their jobs and could request training as necessary. Records showed staff had completed a range of training, which provided them with the skills and knowledge to meet people's needs.

Staff said they received regular supervisions and appraisals, which they could use effectively to develop their practice. They commented, "I have regular supervision and you can request it if you want it more frequently" and "You can discuss anything."

Is the service caring?

Our findings

We found staff were kind and ensured people's needs were met. Relatives said that their family member enjoyed spending time at the service and their comments included, "[Name] loves it here", "I can tell from facial expressions [name] gets excited to be here [at the service]", "When I visit they are always wearing appropriate clothing", "The care here is excellent" and "[Name's] very well cared for." Professionals commented, "It's a wonderful place, very person centred and caring" and "Staff are always friendly and the place has a wonderful atmosphere; staff always very helpful."

We observed staff being attentive to the individual needs of people, and interactions were patient and caring. The deputy manager explained they had recently carried out an exercise over seven days whereby staff focused on the value of dignity. They said the aim of this was to enable staff to reflect on their own practices, improvements they could make and to explore what best practice means. Staff had also received training which involved them experiencing how it felt to be supported by others. For example, staff had their sight restricted by wearing a blind fold and then were given food without any explanation. Staff told us this was a valuable experience and provided them with an opportunity to look at their own care practice and ensure that it was at the level they would expect for themselves or their own family. New staff to the service told us the exercise had helped them to increase their awareness of how they should always communicate their actions to the people who used the service. They told us their approach to caring for people had developed due to this training, as they had a better understanding of what it would be like to receive care.

There was information displayed on dementia and dignity for both staff and people who used the service. The displays included 'principles of dignity', what people should expect, and how staff could implement them in their practice. We also observed there was positive interaction information displayed throughout the service. This gave advice to staff on supporting people and enabling communication. Staff told us how they were mindful of people's privacy and dignity. Their comments included, "We keep bedroom and bathroom doors closed [when delivering personal care]" and "We cover people during care."

We found people were given choices and supported to live as independently as possible. People were able to choose where to eat their meals and one person chose to eat in the hallway. The deputy manager told us the person preferred to eat there on occasions and was independently mobile so could move if they chose to. We saw the provider had enabled this choice by placing a table in the hallway and ensuring the person had sufficient space to eat.

People were supported to use advocacy services where required. We saw some people had court appointed representatives that were involved in making decisions about their health and welfare and other people were supported by Independent Mental Health Advocates (IMHAs) when required. Information was provided in an accessible format for the people who used the service and provided guidance for members of staff to ensure the person's individual needs were met.

People who used the service were supported by a regular team of staff and were each allocated a key-worker which helped to ensure there was continuity in people's care. A member of staff said, "I'm a key-

worker for [Name] so I take lead responsibility in their care." Another said, "There's very little turnover, everybody comes together and it works well." A relative of a person who used the service said, "Most staff stay here long term."

The provider enabled relatives of people who used the service to visit their family member and placed no restrictions on visiting times. The deputy manager told us the provider encouraged relatives to maintain strong relationships with people who used the service and gave us examples of how the provider had facilitated visits for people and their relatives, including home visits. Relatives of people who used the service and staff confirmed there were no restrictions on visits and one relative told us, "Friends come to visit [Name] at the service; staff always make them welcome and feedback [from our friends to us] is always that everything is perfect."

Is the service responsive?

Our findings

There were very positive comments made by people who used the service; these were in the form of compliments cards. One person who used the service had written, "I love coming to Pennine; the staff are fantastic, caring, supportive and always there if you need them." Relatives used quite descriptive words for staff and the care received by their family member such as 'fantastic' and 'excellent'. Some comments included, "The staff know her better than I do", "Staff are excellent at keeping us informed" and "We'd be happy for this to be [Name's] home when we are not here any longer."

Staff were enthusiastic, well-motivated and committed to supporting people to achieve their potential. Visiting health professionals told us, "The care here seems fantastic" and "They're [staff] always on the ball and very easy to work with; if we ask for something to be done, they always do it." Other comments included, "Staff are accommodating; it's no hassle for us to ask them to change a care plan" and "Staff are forthcoming with information; they use evidence-based care plans and are able to answer all my questions." A social care professional described how they had seen a huge difference in their client's presentation from being distressed and anxious to one of being settled. They stated, "A massive thank you to everyone here for the amazing care and support you have given to [Name]. I left you with a very unhappy and distressed young person and today I have seen the [Name] I know so well. I cannot thank you enough for all your hard work. You are all brilliant."

Each person had a comprehensive assessment of their needs completed which included any risk areas. These were very thorough. Care records were individualised, person-centred and reflected the needs and wishes of the people who used the service. They detailed the level of support that people needed and gave crucial information such as preferred daily routines and life history, what was important to the person and how staff were to ensure this was met. For example, there were details about how one person preferred their hair to be brushed and how another person communicated pain, happiness, their mood and distress.

We saw records were regularly reviewed and support plans updated. The deputy manager told us that reviewing people's daily notes enabled patterns and trends to be identified, so staff could consider what was and wasn't working. They said this meant staff could amend their practices to better meet people's individual needs. We found behaviour management plans gave very detailed step-by-step descriptions and guidance for staff in responding to behaviours. They included least restrictive interventions and scripts for staff to ensure a consistent approach.

We found the service was extremely responsive to the individual needs of the people who used the service. The deputy manager and staff gave us numerous examples where they had responded over and above expected levels to meet the needs of the people. One example was staff working with the people who used the service to develop individualised place mats. These mats were designed in bright colours with details of people's dietary needs, their likes and dislikes, how they needed to have their food prepared and what assistance and equipment they needed in order to support their eating and drinking. This was a positive way of engaging people who were unable to express their wishes and preferences verbally to be involved and consulted about their needs. People knew which placemat was theirs and were keen to show us their

creations during our inspection.

The provider had responded to people's individual communication needs by ensuring staff had skills and instructions on how to use specialised sign language. There were posters around the service with pictorial signs and the meaning underneath in written form. This helped new staff to become acquainted with different communication methods.

The deputy manager and staff described to us how they had worked together to plan and deliver a consistent package of care for a person with complex needs who had previously experienced a high number of failed placements. The registered manager and deputy had met with staff to share all the information about the person and their identified needs and as a team they had worked through the information and considered how they could work with the person to provide them with a positive outcome. Following this, the person was introduced to the service, other people and staff. The staff worked with the person, thinking 'outside of the box' and using innovative ways to address each issue, the individual experienced. The deputy manager explained through the perseverance and dedication of staff working alongside the relatives of the person and professionals, the person now ate a balanced diet, had a suitable medication regime and would now sleep in their own bed. They had reduced their weight to within recommended levels and their mobility had increased as a result. This supported the person not only to make a successful transition into the service and maintain this, but also meant the person had the opportunity to enjoy a full and fulfilling life, something that was previously considered unachievable.

Similarly, another person who used the service was reluctant to access any type of medical appointment or health checks. The staff approached the person's General Practitioner (GP) and worked with them to share information about the person and the type of support and approach that was needed in order to gain their trust and confidence. Staff provided this information and a copy of it was retained by the GP. This meant every time the person required an appointment, the information was available for staff at the surgery for them to put into place, to ensure the person was comfortable and did not have a long wait to be seen. The staff at the GP surgery would ensure the person was supported to a quieter area while waiting and they were offered a drink. Following this process, the person is now happy to attend health appointments. Similar information has been collated and shared with other people's GP and practice staff.

A further example was for another person with a diagnosis of a life-threatening condition that required surgery. The deputy manager told us, "Such a diagnosis would be hard enough for anyone to take on-board, without having the additional associated difficulties of a learning disability and other sensory problems. As a staff team we worked with the person and the health professionals to ensure the surgery could be done with the least detriment to the person possible." As a result of good planning, staff were able to stay with the person to support them until they had their anaesthetic, and to be a presence in the recovery room and during their hospital stay. The person managed the experience of their surgery very well, making a full recovery.

The provider had developed an 'Interaction Programme'. The programme ensured people with profound and complex needs received positive interactions with members of staff every day. The programme provided ideas for staff to try with individuals to promote and enable communication and to achieve positive outcomes. We observed members of staff communicating effectively with people who used the service and staff told us of many positive outcomes they had achieved with individuals. Staff documented the responses of people to activities and interactions and used the information to enable better communication in the future. For example, records showed staff had noted actions that distressed or settled individuals. This meant staff were aware of the positive steps to take and the actions to avoid, to improve the quality of life for people.

During our inspection, we observed the people who used the service engaged in activities. It was clear staff had an excellent understanding of people's individual needs and encouraged them to engage in activities. There was a pictorial board in a communal area detailing the planned activities for the week, however we saw people who used the service were able to choose different ways to spend their time including accessing the garden and listening to music. People also had a personal activity box containing activities and items they enjoyed using based on their personal preferences. During the inspection, we saw people accessed their own boxes independently and spent time using these, which included sensory items.

Staff told us they accompanied people who used the service to engage in activities in the community. They said, "We can plan activities and take them [people who used the service] to places they enjoy" and "There are plenty of activities both indoors and outdoors, and they [people who used the service] can have their own space too." Relatives of people who used the service confirmed their family member engaged in activities and enjoyed them. They said, "Their one-to-one [member of staff] takes them out for coffee and shopping; they enjoy that" and "They [people who used the service] have tried lots of activities; they keep trying things they might like, [Name] likes the bowling." We saw the staff completed learning logs for people who used the service. The learning logs detailed the response of people who used the service to stimuli and activities, and staff recorded what worked well and not so well. This enabled members of staff to learn the preferences of people and could use the information to inform future activity planning.

We saw the people who used the service were also able to attend events in the community. There were protocols and policies in place giving clear guidance to staff for these events, including the use of photography and adhering to disabled access routes where necessary. Staff told us relatives were involved in different aspects of the service including reviews, activities and events. They said this meant staff developed professional relationships with the relatives of the people who used the service which helped to provide a better quality of care for the individuals through joint working.

We saw no complaints had been received since our last inspection. Relatives of people who used the service and members of staff told us they were certain their complaints would be taken seriously if they ever had need to complain. A member of staff told us, "Staff can raise issues and we're listened to."

During our tour of the environment, we observed the provider had responded to the needs of individual people by adjusting and enhancing the environment. The deputy manager described to us how relatives of people who used the service and members of staff had worked together to improve the outside areas over the previous year. We saw a sensory garden had been created and colourful and tactile areas created for people to enjoy. We observed people who used the service in the outside areas engaging in activities. We noticed the décor inside the service reflected the individual needs of people and the deputy manager told us, "We put the sensory objects on the wall as a distraction technique for [Name] and to reduce previously destructive behaviours." They also said, "It's working well so we plan to put up sensory pictures and items on the walls of their room." This showed the provider trialled ideas, reflected on them and implemented ones that worked for people on an individual basis.

Is the service well-led?

Our findings

Relatives of people who used the service told us the provider had an open culture, welcomed feedback and kept them informed. Their comments included, "It's well-managed; nothing should be changed", "They ring me about anything I need to know" and "There have been some issues with a food supplier, but management always tell you what's going on and keep you informed; they sort things as quickly as they can."

Staff told us the registered manager promoted an open-culture and was supportive. Their comments included, "They're approachable and fair and they'll see where they can help you." Staff also said the whole management team were accessible and their comments included, "I can speak to any of the seniors", "There's an open door policy" and "If I ever have an issue I can speak to [Name]; they've been supportive."

The provider had a clear communication strategy and staff told us this worked well. They said managers always gave them opportunities to attend team meetings by repeating the meeting on different days so staff could attend. Staff told us the registered manager encouraged them to express their opinions at meetings and gave them credit for the good work they had done. The deputy manager told us the senior management team valued the ideas of members of staff and encouraged them to share ideas and make suggestions for improving the service. Staff told us they felt their ideas were valued and implemented if appropriate. The deputy manager said, "Putting the hand sanitisers in specific locations came from staff learning this on a course; we took notice of their suggestions and implemented them." A member of staff told us, "They're [management] always ready to listen to new suggestions."

Staff were encouraged to take the lead on areas such as dignity and communication. Meeting minutes discussed these key areas and showed the actions to be completed. We found some of the ideas discussed in the meetings had been implemented in the service. The deputy manager told us they were responsive to feedback from staff, the provider and auditors, as it helped them to drive continuous improvements in quality for the individual people who used the service.

There was a clear focus on health and safety. The deputy manager told us they took the lead to ensure the safety of the premises and also to ensure staff received the information they required to do their jobs safely and effectively. There were audits and procedures in place to monitor items such as first aid boxes and to ensure the accessibility of fire routes. We saw relevant information displayed around the service and noticed health and safety was a regular agenda item on the team meetings. Staff took their roles and responsibilities seriously. Staff told us, "We had a best interest meeting to discuss COSHH [control of substances hazardous to health] due to the behaviour of [Name] as we wanted them to be safe" and "Everyone has an individual sling, we keep them organised and clean." In the staff survey, all 25 staff who returned their survey stated they knew where policies and procedures were located. In discussions, staff told us the provider had systems and processes in place to direct them in their roles.

Quality assurance systems were in place and used effectively. We saw weekly and monthly audits and safety checks were carried out. Audits of temperatures, waste disposal, fire safety equipment, nurse call bells,

amongst numerous other checks were undertaken regularly and the results analysed. There were appropriate systems in place to monitor and audit the quality of work provided by the service. The deputy manager told us the service had recently received an audit, which assessed their work with people who were living with learning disabilities and/or dementia and gave advice on how they could improve their practice. We saw this advice had been taken and improvements in practice had been made. The provider's governance systems were used to drive continuous improvement in the service.

The provider had a clear statement of purpose, which showed their values and commitments to the people who used the service. The provider worked in partnership with the adjacent day care service and was committed in their mission statement to take an interest in all new initiatives within the city of Hull. We saw the provider worked with community healthcare services to enable the people who used the service to receive high quality care. Staff told us referrals to other services were submitted in a timely manner and all appropriate information was shared effectively.