

Community Care Direct Limited

# Community Care Direct

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 30 May 2017 and was announced.

Community Care Direct is a domiciliary care agency providing care to people with complex health needs in their own homes. At the time of the inspection Community Care Direct was providing care to 18 people and employed 36 staff.

Following an inspection in November 2015 the service was rated Inadequate and placed in special measures. Enforcement action was taken and we served a notice that restricted the service from accepting any new service users until the necessary improvements had been made. We inspected the service again in May 2016 and rated it Inadequate for a second time. At our inspection in November 2016 the service was rated as inadequate for a third time with persistent breaches of regulation. The service remained in special measures while the Commission considered its regulatory response.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. At this inspection we found improvements in all areas and all previous breaches of regulations had been met. Because of the improvements the overall quality rating has been raised to 'requires improvement' and the service has been removed from special measures.

A registered manager was 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.

At the previous inspection we found that the service was in breach of regulation relating to safe care and treatment and in particular; the management of risk, safe management of medicines and the management of incidents and accidents.

We found that risk assessments had been significantly improved. Each record contained an environmental risk assessment as indicated in the provider's action plan and other records were sufficiently detailed and showed evidence of regular review. The service was no longer in breach of regulation in this regard.

At the previous inspection we identified a concern with the clarity and consistency of records relating to the administration of medicines. As part of this inspection we checked a sample of Medication Administration Records (MAR's) and saw that they were completed correctly.

At the last inspection we were provided with information to suggest that incident and accidents records had not been completed as required or that appropriate action had not been taken following incidents and accidents. We saw that records were completed in sufficient detail and had been analysed to look for

patterns and trends which could help reduce risk in the future. The service was no longer in breach of regulation in this regard.

At our last inspection we found that the service was in breach of regulation because consent was not always considered in accordance with the principles of the Mental Capacity Act 2005 (MCA). At this inspection we saw the service was operating in accordance with the principles of the MCA and was no longer in breach of regulation relating to consent.

At the last inspection we found the service to be in breach of regulation because the quality of communication with staff was not consistent. This meant that people were at increased risk of calls being delayed or missed. As part of this inspection we checked paper-based and electronic communication records to ensure that they were complete. The records that we saw were significantly improved since the last inspection. Each communication was clear and resulted in an action where appropriate. The service was no longer in breach of regulation in this regard.

At the last inspection we received information of concern indicating that staff did not always stay for the duration of the scheduled call. During this inspection we spoke with people receiving care, staff and the registered manager. None of the people that we spoke with expressed concern that staff did not stay for the full duration of the call. We also looked at records to establish if care had been delivered in accordance with contractual requirements. People told us that staff were occasionally late, but we were told that communication regarding late calls had improved. The records that we saw supported this view.

The staff that we spoke with had received training in safeguarding and understood their responsibility to report concerns internally and externally as required. There had been no recent incidents which required a safeguarding referral. Staff were deployed in sufficient numbers to meet people's needs and were recruited safely following a process which included individual interviews and shadow shifts.

We looked at records relating to staff training and support and spoke with staff. We saw that training which was appropriate to the needs of people using the service had been provided on a regular basis.

Following the previous inspection we made a recommendation regarding the Care Certificate. The registered manager confirmed that all staff were expected to complete the Care Certificate to demonstrate their competency. The records that we saw indicated that the process had been completed appropriately.

Following the previous inspection we made a recommendation because staff had not received formal supervision consistently. As part of this inspection we spoke with staff and checked supervision records. Staff told us that they had access to formal supervision at least twice per year, but they also confirmed that they could ask for additional supervision and support as required.

At the last inspection we made a recommendation because communication regarding people's care was not always completed in a timely manner or to a sufficient standard. Both people using the service and staff told us that the timeliness and quality of communication had improved since the last inspection.

At our last inspection we found the service remained in breach of regulation relating to person-centred care. The records that we saw contained sufficiently detailed, person-centred information to support staff in the provision of care. We saw that the plans had been signed by the person or their nominated relative and had been subject to regular review.

During the previous inspection we saw that call times were regularly subject to change at short notice.

During this inspection we saw that the situation had stabilised and showed signs of improvement following the introduction of the electronic planning system. The service was no longer in breach of regulation in this regard.

We checked records relating to receiving and acting on complaints. Since the last inspection records indicated that each complaint had been processed in a timely manner and had generated a written response.

At our last inspection we found the service was in breach of regulation regarding governance. The records we saw and the comments made by people using the service and staff clearly indicated that significant improvements had been made and sustained since the last inspection. The service was no longer in breach of regulation in this regard.

People and their relatives spoke positively about the attitude of staff and the quality of care that they provided. Staff understood the need to provide dignity in the provision of personal care and offered examples of how they achieved this in practice.

It was clear that the staff we spoke with were honest about the pressure that they experienced because some calls were short, but the majority of calls allowed sufficient time for staff to spend time speaking with people as well as providing care.

The staff that we spoke with were enthusiastic about their roles and were motivated to provide good quality care. Staff spoke positively about the quality of management, communication and the impact of the new electronic systems.

The registered manager and owner were able to describe a clear vision for the development of the service and were realistic about targets. They confirmed that any growth would be managed in a manner that did not compromise the improvements that they had made.

## 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.

Improvements had been made to risk assessment processes and associated records.

Staff were safely recruited and provided safe care in accordance with the relevant plan.

Incidents and accidents were recorded in appropriate detail and subject to analysis to reduce risk.

Records relating to medicine's administration were completed correctly.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Safe' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Staff were adequately trained for their roles and supported through regular supervision.

Consent to the provision of care was sought and recorded in accordance with the principles of the Mental Capacity Act 2005.

People were supported to access healthcare as required.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Effective' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service caring?

The service was caring

**Good** ●

People spoke positively about the caring nature and attitude of the staff.

People were listened to by the service and changes made to the provision of care where possible.

People's rights to privacy and dignity were understood by staff and considered when providing care.

### Is the service responsive?

The service was responsive

The service had improved its approach to person-centred care and people's care needs were accurately reflected in records.

Concerns and complaints had been dealt with in accordance with the relevant policy.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Responsive' at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led

A registered manager was in post.

The provider had adhered to their action plan and improvements had been made to the management of the service following the last inspection.

Staff understood what was expected of them and were motivated to provide good quality care.

Ratings from the previous inspection were displayed as required.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Well-led' at the next comprehensive inspection.

**Requires Improvement** ●

# Community Care Direct

## **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.

The inspection took place on 30 May 2017 and was announced. The inspection was conducted by an inspection manager, an adult social care inspector and an expert by experience. An expert by experience is someone who has personal experience of using this type of service.

The provider was given notice because the location provides a domiciliary care service and we needed to be sure people we needed to speak with would be available.

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.

We had received notifications from the provider and updates from the registered manager on a regular basis prior to our inspection. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

During the inspection we spent time looking at records, including four care records, four staff files, staff training records, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

During our inspection we spoke with nine people using the service and two relatives by telephone. We also spoke with the registered manager, the owner, a care coordinator and four care staff.

# Is the service safe?

## Our findings

At the previous inspection we found that the service was in breach of regulation relating to safe care and treatment and in particular; the management of risk, safe management of medicines and the management of incidents and accidents. Following the inspection the registered manager produced an action plan which detailed how improvements would be made to meet regulations. As part of this inspection we checked records to see what progress had been made in relation to the safe management of risk.

We looked at four care records to evaluate risk assessment processes and documentation. Since the last inspection the provider had implemented an electronic system which was able to store records. They had maintained paper copies of all essential documents as the system was developed and so we looked at both sets of records. We found that risk assessments had been significantly improved following the last inspection. Each record contained an environmental risk assessment as indicated in the provider's action plan and other records were sufficiently detailed and showed evidence of regular review. The service was no longer in breach of regulation in this regard.

Prior to the inspection we received information of concern which indicated that staff had been deployed without receiving some essential training. We checked records relating to staff training and their deployment and spoke with the registered manager. We found that one member of staff had been deployed without completing some of their training, but they had been working under the supervision of an experienced carer as part of their induction. One of their records indicated that all essential training had been completed, but other records contradicted this. The staff member in question had confirmed on their application form that they had completed some of the essential training previously. The registered manager confirmed that they would be more vigilant in cross-checking records to ensure that staff were fully trained to provide safe, effective care. The service was no longer in breach of regulation in this regard.

At the previous inspection we identified a concern with the clarity and consistency of records relating to the administration of medicines. As part of this inspection we checked a sample of Medication Administration Records (MAR's) and saw that they were completed correctly. We spoke with the registered manager about the completion of MAR sheets. They told us that staff experienced problems because the MAR sheets were produced in different formats by different pharmacies. They told us that they hoped to produce electronic MAR sheets which would eliminate this problem. The checking of MAR sheets was included as part of a regular audit. Care records contained information about people's medicines and their administration. None of the people that we spoke with reported any concerns regarding the management of their medicines. The service was no longer in breach of regulation in this regard.

At the last inspection we found that incident and accident records had not been completed as required and that appropriate action had not been taken following incidents and accidents. As part of this inspection we checked records relating to incidents and accidents and spoke with people using the service. We saw that records were completed in sufficient detail and had been analysed to look for patterns and trends which could help reduce risk in the future. In one example, care practice had been changed following a fall and in another, repairs had been made to a wheelchair after a concern was reported. None of the people that we



spoke with expressed any concern about the management or recording of incidents. The service was no longer in breach of regulation in this regard.

At the last inspection we received information of concern indicating that staff did not always stay for the duration of the scheduled call. During this inspection we spoke with people receiving care, staff and the registered manager. We also looked at records to establish if care had been delivered in accordance with contractual requirements. None of the people that we spoke with expressed concern that staff did not stay for the full duration of the call. People told us that staff were still occasionally late, but we were told that communication regarding late calls had improved. Comments included; "They do let me know when they are late", "One care worker comes on time. The others can be slightly late. If traffic is bad then obviously they will be late", "No problem with timing" and "No real problem. If there is a traffic problem the care worker will call me."

The electronic system implemented by the service required staff to check in and out of people's homes using their mobile phone. This system produced alerts to the registered manager and other users if the start or end times were outside of agreed parameters. This meant that the service was able to effectively monitor the length of calls and improve performance where required. The electronic records that we saw indicated that almost all calls had been delivered as commissioned. We also saw evidence that people had been contacted to inform them if staff had been delayed.

People told us that they felt their care was delivered safely. Comments included; "Girls are very good. I always feel safe", "Yes I certainly do feel safe" and "I am extremely safe with the care workers."

The staff that we spoke with had received training in safeguarding and understood their responsibility to report concerns internally and externally as required. There had been no recent incidents which required a safeguarding referral.

Staff were deployed in sufficient numbers to meet people's needs and were recruited safely following a process which included individual interviews and shadow shifts. Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. DBS checks were renewed on a regular basis. Staff records contained photographic identification, application forms and evidence of training. The files were generally well-organised, however, those relating to long-standing members of staff contained out of date information which made them more difficult to navigate.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Safe' at the next comprehensive inspection.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are supported 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.

At our last inspection we found that the service was in breach of regulation because consent was not always considered in accordance with the principles of the MCA when people's capacity fluctuated. Following this finding the registered manager provided an action plan which outlined how the service would comply with regulation. As part of this inspection we checked care records to see if practice had improved. We saw that people's capacity was assessed and consent recorded in relation to various aspects of care. In the majority of cases, people had signed to indicate their consent to care. We had been provided with evidence prior to the inspection regarding one person whose capacity fluctuated due to a medical condition. The service was operating in accordance with the principles of the MCA and was no longer in breach of regulation relating to consent.

At the last inspection we found the service to be in breach of regulation because the quality of communication with staff was not consistent. This meant that people were at increased risk of calls being delayed or missed. As part of this inspection we checked paper-based and electronic communication records to ensure that they were complete. The records that we saw were significantly improved since the last inspection. Each communication was clear and resulted in an action where appropriate. The electronic system allowed managers and staff to communicate concerns and changes in real time. This had served to improve the overall quality of communication and experience of people using the service. The service was no longer in breach of regulation in this regard.

We looked at records relating to staff training and support and spoke with staff. We saw that training which was appropriate to the needs of people using the service had been provided on a regular basis. The training was a mix of on-line content and face to face learning as required. For example, moving and handling training required staff to observe the trainer and demonstrate competency. Records provided by the service indicated that the majority of staff training had been completed as required by the provider. Each staff member had an individual log-in to access on-line training and completion was monitored by the registered manager. Staff had been given access to other training to enhance their skills. For example, level two and three qualifications in social care and specialist training in bowel care.

Following the previous inspection we made a recommendation regarding the Care Certificate. The Care Certificate is a recognised set of standards that requires inexperienced staff to complete a programme of learning before being observed and signed off as competent within 12 weeks of commencing employment. The registered manager confirmed that all staff were expected to complete the Care Certificate to demonstrate their competency. The records that we saw indicated that the process had been completed appropriately. A member of staff described their induction to us. They said, "It was hands-on. You went out

with an experienced carer. We did on-line training too."

Following the previous inspection we made a recommendation because staff had not received formal supervision consistently. As part of this inspection we spoke with staff and checked supervision records. Staff told us that they had access to formal supervision at least twice per year, but they also confirmed that they could ask for additional supervision and support as required. One member of staff said, "I've had two supervisions in the past year. Anytime we've got concerns we can come in to the office and speak to people." The registered manager confirmed that one supervision session per year was identified as an annual appraisal where performance and development were discussed. We saw that additional support and supervision were available during spot-checks and at team meetings.

We checked to see if people who use the service were receiving enough to eat and drink. None of the people that we spoke with expressed any concern regarding access to food and drink. Staff told us that they prepared food and drinks in accordance with people's care plans.

We saw that the service worked with healthcare professionals and changed the delivery of care when required to do so. For example, we saw in one instance that a referral had been made to an occupational therapist following an incident. A revised plan of care was implemented as a result of the referral. One person using the service told us, "I had a rash. They [care staff] noticed and they called the doctor."

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Effective' at the next comprehensive inspection.

## Is the service caring?

### Our findings

At the last inspection we made a recommendation because communication regarding people's care was not always completed in a timely manner or to a sufficient standard. As part of this inspection we checked to see if improvements had been made. Both people using the service and staff told us that the timeliness and quality of communication had improved since the last inspection. For example, the service was now issuing rotas earlier than before and copies of the rotas were being shared with people using the service. This meant that people were better placed to be involved in decisions about their care and express their preferences.

The records that we saw clearly indicated that people had been involved in decisions about their care. Each of the people that we spoke with was able to advocate for themselves or did this with the support of a relative. None of the people that we spoke with expressed any concern regarding decision-making. One person said, "The girls are fine. We talk things through together." We saw evidence in care records of people changing their arrangements for care at short notice. In some cases they had cancelled or re-arranged calls because they had made other plans.

People and their relatives spoke positively about the attitude of staff and the quality of care that they provided. Comments included; "The girls are lovely, very professional, well dressed. I cannot fault them at all"; "They look after me well. They are more like friends. We have a laugh"; "I can only praise my girls [care staff]. The little things they do make such a difference" and "The carers are wonderful. I am really very blessed."

We asked people if staff supported their dignity and treated them with respect. One person told us, "Yes, they're very nice to me. They are very caring and kind." Staff understood the need to provide dignity in the provision of personal care and offered examples of how they achieved this in practice. For example, announcing their arrival when accessing someone's home using a key safe and closing curtains and blinds when delivering personal care.

Staff knew people and their care needs well. For example, one member of staff was able to explain in detail how a plan of care had been developed to meet the social care needs of a person using the service. This had required the adjustment of the rota to allocate two staff, but the member of staff said that it had had a noticeable, positive impact on the person's motivation and wellbeing.

It was clear that the staff we spoke with were honest about the pressure that they experienced because some calls were short, but the majority of calls allowed sufficient time for staff to spend time speaking with people as well as providing care. The service provided vehicles to some staff to ensure that they travelled efficiently between calls. This served to ensure that calls started close to their scheduled time and were not rushed.

The service had supported people to access an independent advocate in the past. We saw that information on a local advocacy service was displayed in the office.

## Is the service responsive?

### Our findings

At our last inspection we found the service remained in breach of regulation relating to person-centred care. This was because care records did not contain sufficient person-centred information to provide genuinely person-centred care and had not been updated consistently in accordance with the provider's action plan. As part of this inspection we checked care records to see if the actions had been completed to an appropriate standard.

We looked at four care records in detail. The records that we saw contained sufficiently detailed, person-centred information to support staff in the provision of care. The records contained care plans which made good use of professional, person-centred language. They covered personalised topics such as; preferred environment, what upsets me and food preferences. The care plans relating to clinical care were equally detailed and respectfully worded. Each care plan was well-structured and provided clear information and guidance for staff. The information was available as a paper copy in the office and in people's homes and as a secure electronic record on staff mobile devices. The records were developed as hard copies and then uploaded to the electronic system. This ensured that electronic records were consistent with those held in the office, but the service was still required to check that the records in people's homes were up to date as part of their audit processes. We saw that the plans had been signed by the person or their nominated relative and had been subject to regular review.

Care records also contained 'At A Glance' personal information to assist staff in developing a better understanding of people's likes, dislikes, personal histories and other important information. For example, one record contained information on; birthdays, important people and 'tips to talk to me'. Other records provided staff with important information about cultural and religious preferences. We were provided with examples where this information had been used to change the way care was delivered. For example, one person had been supported to go to a local pub to have a meal with staff.

During the previous inspection we saw that call times were regularly subject to change at short notice. This meant that the service could not be certain that it was allocating staff with the right skills and experience to meet people's needs and could not always meet people's preferences for particular staff. During this inspection we saw that the situation had stabilised and showed signs of improvement following the introduction of the electronic planning system. The system was still in development, but allowed for better rota management and matching of staff. The people that we spoke with did not express any specific concerns regarding these issues or the provision of person-centred care. The service was no longer in breach of regulation in this regard.

We checked records relating to receiving and acting on complaints. We saw that there had been eight formal complaints between 1 January 2017 and 30 May 2017. The last recorded complaint was on 11 April 2017. The provider had been reporting on complaints and missed calls as part of their response to the previous inspection. We saw that the records were in-line with the information previously provided. Since the last inspection records indicated that each complaint had been processed in a timely manner and had generated a written response. We saw that action had been taken as a result of the complaints. For example,

in one case the receipt of the complaint had led to a formal investigation in conjunction with the local authority.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Responsive' at the next comprehensive inspection.

## Is the service well-led?

### Our findings

At our last inspection we found the service was in breach of regulation regarding governance. This was because systems had not been embedded to ensure they were effective, the action plan provided following the previous inspection had not been completed, audit processes were not robust and the registered manager had not always provided effective leadership. As part of this inspection we looked at the action plan in detail. We also looked at other records and processes and spoke with staff and the registered manager at length. We also spoke with the owner of the service at various points during the inspection.

The action plan provided following the last inspection detailed how the service would meet regulation and the associated timescales. The registered manager had provided weekly reports to the Commission in relation to missed calls, complaints and other key performance indicators. The records we saw and the comments made by people using the service and staff clearly indicated that significant improvements had been made and sustained since the last inspection.

Concerns relating to risk assessment, consent, medicine's records, communication and incidents had been addressed. The introduction of the electronic planning and record system had been well-managed and completed in tandem with improvements to paper-based records. The system had capacity to generate further improvement.

Staff spoke positively about the impact of the new systems and general improvements in the quality and frequency of communication. It was clear from discussions with the owner and registered manager that they were open and honest about historical concerns and had taken effective measures to drive sustainable improvements in a number of areas. This extended to areas which were not previously assessed as breaches of regulation. For example, the safety and security of lone-working had been improved by the allocation of mobile devices that could be tracked in an emergency.

The registered manager provided us with updated audit records which they had completed. Audits covered a range of relevant topics and made reference to issues identified previously. This provided a prompt to ensure that actions had been completed. Examples of issues identified included; a requirement for a review of care, the receipt of a complaint and an update on recruitment. The audits focussed on issues arising from previous inspections and had been completed regularly. They were basic, but effective in identifying concerns. We spoke with the registered manager about the potential limitations of the current audit processes. They confirmed that they were developing a more comprehensive audit tool which aligned more effectively with their policies and procedures and their electronic systems. They also confirmed that the new audit tool would continue to allow monitoring of safety and quality while providing greater capacity to drive improvement and better provider oversight. The service was no longer in breach of regulation in this regard.

The provider made use of an externally produced set of policies and procedures. Each was written to a high standard and had been personalised to Community Care Direct as required. The policies were regularly reviewed and updated on a contractual basis. Staff were aware of the policies and knew how to access them if required.

Staff meetings had taken place on a regular basis. Senior staff had met monthly to discuss progress towards the action plan, the implementation of the electronic system and other matters relevant to the management of the service. Records of these meetings were made available during the inspection and staff confirmed that they had attended.

The staff that we spoke with were enthusiastic about their roles and were motivated to provide good quality care. One member of staff said, "I love my job. I feel appreciated." While another told us, "Management have hammered on about hygiene and the quality of care, but I'm happy."

Staff spoke positively about the quality of management, communication and the impact of the new electronic systems. Comments included; "I've no problems with the management", "We get loads of updates and messages" and "Information comes out with the rota."

The registered manager and owner were able to describe a clear vision for the development of the service and were realistic about targets. They confirmed that any growth would be managed in a manner that did not compromise the improvements that they had made. They were clearly aware of the day to day issues and culture of the service and provided effective support for each other. The owner was based in the office and was actively involved in some aspects of the management of the service. Other staff knew their roles and responsibilities in detail and worked effectively as a team.

There had been no requirement to submit statutory notifications since the last inspection. The ratings from the previous inspection were displayed as required.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'Well-led' at the next comprehensive inspection.