

Rural Care (North Devon) Ltd

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## Inspection report

Studio B, Caddsdwn Business Support Centre  
Caddsdwn Industrial Park  
Bideford  
Devon  
EX39 3DX

Tel: 01237426550

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 24 July 2017 and was announced. Rural Care is a small domiciliary care agency situated in Bideford. It was registered with the Care Quality Commission (CQC) in July 2016 but did not commence business until September 2016. This was its first CQC comprehensive inspection.

The service provides personal care and support to older people in their own homes. The service currently covers the rural surrounding areas of Bideford.

At the time of our inspection, the service provided a service to approximately 14 people. The times of people's visits ranged from one hour to one and quarter hours. The frequency of visits ranged from one visit per week to 21 visits per week dependent upon people's individual needs. The service employed three care workers, two of whom were employed and one who was self-employed.

The service has two joint registered managers who were present during the inspection. A registered manager is a person who has registered with the CQC 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.

People and relatives expressed satisfaction with the management of the service, knew the registered managers well and spoke highly of the care workers. They valued the close, friendly and loving friendships that have developed. People felt staff often went 'the extra mile' for them and were complimentary of the service. One relative commented, "They (staff) are angels without wings ... we have fallen on gold here."

The service cared for people and their relatives by keeping them at the heart of the service. The focus was to deliver care in a compassionate, kind, caring and respectful way. Feedback from people and relatives was unanimously complimentary and very positive comments received. For example, "I couldn't live without them ... I thank God every day for them ... life took a decision for me and sent these girls to me ... it's very special having people you like who do anything I ask", "If you took them (care workers) away from me, I'd be 'pushing up the daisies' ... they are my lifeline" and "Would always highly recommend Rural Care. We feel very confident with the care given."

The service provided a high level of care to people towards the end of their life. They liaised with the local specialist hospice to home health care team to provide the appropriate care and support to enable people to remain in their own homes if they wished. They worked closely with the family and other professionals. One care worker said, "This is what my job is all about." A care professional said, "They are very dedicated ... I wouldn't hesitate to let them look after me ... they strive for such a high standard."

People benefitted from care workers who were safely recruited, trained and supported to do their jobs properly. They felt the care was very good and there were never any missed visits. People felt their needs,

preferences and wishes were the focus of the service and the care workers who supported them. They received consistent care from a small team of staff who knew them well and also cared for their family members. Meaningful and strong relationships had developed over time. Comments included: "The staff are absolutely amazing"; "The staff are brilliant, so kind and helpful"; "We very much appreciate the sensitive, good humoured but professional care provided", and "They are kind, thoughtful and cheerful."

Care and support was planned and focussed on people's individual needs, choices and preferences. The minimum care visits offered was one hour which the registered managers believed was necessary to give quality care. The service responded positively and quickly to any changes in people's conditions. People and relatives gave us examples of how the service had responded to meet people's individual needs.

People's independence was promoted and people were encouraged to do as much for themselves as possible. People were assisted to eat and drink meals of their choice. Medicines were given in a safe way by staff who had been trained.

The safety of the service was taken seriously and the providers and care workers were aware of their responsibility to protect people's health and well-being. There were systems in place to ensure any identified risks were managed and reduced as much as possible.

Rural Care had operated for almost a year and was managed jointly by the two registered managers who were also the registered providers. They both had several years of health and social care knowledge and experience in the local area. People, staff and relatives were complimentary about the style and leadership of the service and spoke highly of the registered managers. The service was open and inclusive and regular feedback was sought.

The provider had a range of quality monitoring systems in place and a range of audits. People knew how to raise any concerns or complaints and felt confident to do so.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People had confidence in the service they received and felt safe and secure when receiving support.

People's individual risks were assessed and reduced as far as possible, whilst maintaining independence.

People were protected from harm because staff understood signs of abuse and how to report any concerns appropriately.

People were supported by staff who arrived on time, stayed for the required length of time and did not miss visits.

People received their medicines on time and in a safe way.

People were protected by a safe staff recruitment procedure.

### Is the service effective?

Good ●

The service was effective.

The service ensured people received effective care that met their needs, preferences, choices and wishes.

People were cared for by staff who received the appropriate training and supervision to do their jobs properly.

People were supported with their health and dietary needs.

Staff recognised changes in people's health needs, reported concerns and followed professional advice where necessary.

Staff had an understanding of the Mental Capacity Act (2005) and how it applied to their practice.

### Is the service caring?

Outstanding ☆

The service was outstanding.

The service focussed on person centred care; care was given

based on people's needs, preferences and wishes.  
People spoke of care workers going the 'extra mile' and 'above and beyond' what they should.

Staff delivered care in a personalised and individual way. They were caring, compassionate and highly motivated.

They treated people with dignity and respect and were always polite.

People were supported with end of life care and the service provided worked with specialist health care professionals to ensure the appropriate care was provided.

People were able to express their views and be involved in decisions about their care.

People were supported by a team of regular staff they knew well and had developed strong meaningful relationships with them.

Staff also supported and cared for people's relatives.

### **Is the service responsive?**

**Good** ●

The responsiveness of the service was good.

The service was responsive to people's needs and care workers provided a dedicated and flexible service. This focussed on people's well-being and quality of life which were at the forefront of the service.

People received a personalised service which was planned with them and their relatives. Any changes in a person's condition were quickly responded to and their care visits reviewed.

People knew how to raise concerns and complaints and who to contact. They were confident they would be listened to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered managers promoted strong values, high standards and a person centred culture.

Staff were motivated and felt part of the team. They felt supported and valued.

The service put the person at the centre of the service.

The service used quality monitoring systems to monitor and improve the quality and safety of people's care.

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# Rural Care (North Devon) Ltd

## **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 24 July 2017. It was an announced inspection. The inspection team consisted of one adult social care inspector and an Expert by Experience (an Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service). The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before our inspection we reviewed the information we held about the home. This included information held by the Care Quality Commission (CQC), such as statutory notifications. A notification is information about important events which the service is required to send us by law. Prior to 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 spoke with the two joint registered managers (who were also the providers) and one care worker. We visited and spoke with two people in their own homes and with their relatives. We also undertook telephone interviews with two people, eight relatives and three care workers. We requested feedback from six health and social care professionals including the local GP, community nurses, the local authority, commissioners of the service and safeguarding teams. This enabled us to ensure we were addressing any potential areas of concern. We received three responses.

We reviewed information about people's care and how the service was managed. These included: three people's care files and medicine records; staff files which included recruitment records of the three staff

employed; staff rotas; staff training and supervision records; quality monitoring systems such as audits, staff spot and competency checks; complaints and compliments; incidents and accident reporting; minutes of meetings and the most recent satisfaction survey returned.



# Is the service safe?

## Our findings

People felt safe with the care workers who supported them. Comments included: "I feel safe because I see the same faces, that makes me feel safe"; "They make me feel safe and we enjoy their visits"; "I have absolute confidence in them ... so I'm safe", and "I am safe ...because we live in an isolated area we don't see people often but they keep me safe and are my absolute lifeline." Two relatives said, "Mum feels safe with them ... she loves their cuddles and their care" and "We feel safe and perfectly happy with them."

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Staffing levels were adjusted according to the needs of people. For example, when two care workers were required due to a person's complex care needs. One person said, "I feel safe because they adjust to my needs." Three care workers worked alongside the two joint registered managers. However, the registered managers were reviewing both the numbers of people receiving a service and the numbers of care workers employed. One new care worker was in the process of being employed; this would allow the registered managers to take on more training and leadership roles in the future and reduce their hands-on care hours. The low numbers of staff meant people received support from care workers they knew extremely well and had built up strong, positive and caring relationships with.

Care workers were always introduced to people before they visited them so they knew who to expect. Each person received a staff rota which confirmed which care workers were coming into their home at each visit and the minimum time of each visit was one hour. This enabled people to receive care in a safe, unrushed and patient way. One relative said, "They have time to spend with my (family member) ... they are as happy as a little sand boy." A care worker said, "The care visits are totally calm ... we have time to do our jobs properly ... makes such a difference to people." The registered managers said the one hour visits gave people time to build up relationships with people as individuals and the social interaction was important for people's well-being.

People were protected from potential abuse and avoidable harm. Staff had received protection of vulnerable adults (PoVA) training. This meant care workers knew how to recognise abuse, who to report it to and the correct action to take. Both registered managers had undertaken relevant safeguarding training and were in the process of applying for the highest level of training available from the local authority. They were aware of their roles and responsibilities and knew who to contact if necessary. Safeguarding and whistleblowing policies were in place. There had been no safeguarding concerns related to the agency since it had been registered.

Assessments were undertaken to assess any individual risks to people and to the care workers who supported them. Guidance was included about the necessary action to take to minimise the risk. Environmental risks were undertaken which included those related to furniture and external risks, such as slippery steps or poor lighting. One risk assessment had identified there was a lack of car parking available at one person's flat. The risk was the person may not be able to receive their care visits. The registered managers had approached the local Church and gained permission for them to be able to use the church grounds to park their vehicles. This meant there was no impact on the person.

Accidents and incidents were reported, reviewed and followed up by the registered managers. Any trends or patterns were identified and resolved to prevent the risk of recurrence. If people sustained any injuries, a body map was completed and the injuries monitored.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included obtaining references and undertaking a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Gaps in employment history were discussed but not always recorded. During the inspection, the registered managers updated their recruitment records to include this information; these records were put into immediate use.

People and their relatives were encouraged to manage their own medicines. However, for those who were unable to do this, they were supported by care workers who had successfully completed medicine management training. Care workers did not give out people's medicines until they had completed this training. People's medicines were managed, administered and reviewed in a safe way for the people who were unable to manage them themselves. People's medicine administration records (MAR) were completed and included clear instructions for staff to follow. MAR charts showed staff signed the MAR to say medicines had been given, prompted or refused.

Arrangements were in place to keep people safe in an emergency, such as poor weather or flooding. The registered managers and care workers knew which people required a priority visit. For example, due to their complex health needs, lack of relatives living nearby or were in an isolated area.

People were protected from cross infection. People said care workers wore protective clothing, such as disposable gloves and aprons, when providing personal care or dealing with food. During our home visits, care workers routinely wore gloves appropriately and had plentiful supplies available to them.

# Is the service effective?

## Our findings

People and relatives considered care workers had received the correct training and skills to perform their roles. All care staff employed had formal qualifications in care and received regular training. Training included: safe moving and handling; basic food hygiene; medicines management; basic life support, and safeguarding. Staff training records showed staff were up to date with their essential training. One person said, "The staff certainly know what they are doing ... no qualms about that." Relative's comments included, "All the staff are spot on with their training", "They (care workers) are all well trained ... (one of the registered managers) trains them and she is an absolute gem" and "It's the staff ... it's how they come across ... they are so professional." One care worker said, "We have lots of training."

New care workers, and those without a formal qualification in care, undertook the Care Certificate. This is a set of standards that social care and health workers are expected to adhere to in their daily working life. They had an induction period of approximately four weeks which included shadowing experienced care workers for as long as they needed, until they were assessed as able and comfortable enough to work unsupervised. This gave people the confidence in new staff when they were left on their own. All staff felt the induction and training was of a high standard and provided them with the skills they required to do their jobs properly.

Care workers received regular supervision every three months. These alternated between office supervision and a supervised practice. This gave care workers an opportunity to discuss further learning needs and receive feedback on their work performance. All supervisions were recorded and held on care workers' files. This helped to ensure staff continued to deliver effective care and support to people. Staff had not yet received an annual appraisal as the service had only operated for one year, but the registered managers had planned these to take place when required.

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 helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the Act and found they were.

Staff demonstrated a good understanding of the MCA and how this applied to their practice. All people receiving care and support from the service had the capacity to make their own choices and decisions. The service carried out an assessment of people's mental capacity and acted accordingly. People's consent was sought before any care or support was given. One person said, "Whatever they do, they always ask me before hand." The registered managers were aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order. People had signed consent forms to record and confirm their agreement to their care and support.

People were supported to have meals and snacks of their choice. Food was prepared and cooked as recommended and consisted of what the person wanted. People said care workers encouraged them to eat

and drink and were always left a drink by them before leaving. If care workers had any concerns about people's food or fluid intake, these were recorded in the daily records and the registered managers were informed.

People were supported with their on-going health needs. Care records showed evidence of health and social care professional involvement on an on-going and timely basis. This included GP's, community nurses, specialist nurses and the hospice team. A health care professional said, "We do proper joined up working together."

# Is the service caring?

## Our findings

People and relatives gave us very complimentary feedback and were unanimously happy with the registered managers and care workers. Common words used were "brilliant, wonderful and marvellous." People's comments included: "The staff are absolutely amazing"; "The staff are brilliant, so kind and helpful"; "We very much appreciate the sensitive, good humoured but professional care provided", and "They are kind, thoughtful and cheerful." A thank you card from a relative said, "Thank you for your professional, compassionate care of (family member) and support to us as ... your input has made all the difference to us." Two other relatives commented: "Each of them (care workers) are kind, charming ladies who are caring, wonderful and marvellous" and "We would definitely recommend Rural Care to others for providing a compassionate, flexible and efficient service which we have every confidence in."

People said the registered managers and care staff 'went an extra mile'. Two relatives said, "They go above and beyond what is expected of them all the time ... my mum likes them so much and has a rapport and a joke with them ... it's lovely to see ... they (care workers) give my mum a little kiss and are tactile with her ... that means a lot and makes her happy" and "Staff do over and above and more than they should ... they stay longer and they just don't mind." People's comments included: "I couldn't live without them ... I thank God every day for them ... life took a decision for me and sent these girls to me ... it's very special having people you like who do anything I ask"; "If you took them (care workers) away from me, I'd be 'pushing up the daisies' ... they are my lifeline", and "Would always highly recommend Rural Care. We feel very confident with the care given." Another person said, "If it hadn't been for (first registered manager) I would not have managed ... she is an incredible marvellous woman ... she is special."

We saw how the second registered manager was welcomed into people's homes in a genuinely, friendly and affectionate way. One person said to them, "We have missed you ... we have missed you so much." The person explained to us, "Well ... you saw the greeting I gave her (the registered manager) ... they are my absolute lifeline and I could not do without them ... I like to ask about her children and she 'brings the outside world into me' ... I miss her when she does not visit for a while." As the registered manager was leaving the person's home, the person checked their rota to see when they would be visiting again and said they were looking forward to it. The person said, "I get on with all four of them ... they do a brilliant job ... we are still 'breaking in' the new person" and "All are friends and we have a friendship ... this means such a lot to me I can't tell you."

People received compassionate, dignified and comfortable end of life care. The service worked closely with the local hospice team to enable people to remain in their own homes until the end of their life. One of the registered managers had specialist experience in this type of care from previous roles. They used their knowledge and skill to understand and meet people's needs at this time of their life. A specialist health care professional said, "They are very dedicated ... I wouldn't hesitate to let them look after me ... they strive for such a high standard." Care staff had ensured one person's bed had been made with their favourite colour bedding and their favourite duvet cover which meant a lot to the person. The person said, "I love this one with the flowers on ... it's my favourite". A care worker told us how they had visited the person the week before and found them in a distressed state after a sleepless and painful night. They asked what they could

do to make the person feel better and the person said, "I want some prayers." The care worker immediately went to the church next door and brought back the local vicar; they all said prayers together. The care worker said, "This is what my job is all about ... (person) was so calm after this and it is what she wanted." The person's relative agreed this had happened and said, "They (staff) are angels without wings ... we have fallen on gold here."

People explained care workers picked up items for them. One said if they ran out of essential shopping, they would just ring the office and ask. For example, milk or "some special biscuits you can only get from one shop." One person said, "Their main job in life is to keep us happy and they do this wonderfully well and with absolute courtesy ... I am highly delighted." Other examples of staff going 'above and beyond' included: picking up shaving foam; ordering a certain type of underwear for one person on an internet shopping site, returning them when the person did not like them and reordering and picking up from a high street store; going to garden centres; taking people on 'road trips'; taking people to the beach, and taking people out to local cafes. One relative said they liked a "little dance" with one of the care workers and another liked to sing. One relative was pleased a care worker had taken the time and interest to read the book they had written on their life story.

People said they were never rushed by care workers and were encouraged to take their time. Care workers had time to sit with them and meaningful relationships had been built up. Two relatives said, "It's the time they spend with you ... they're never rushed" and "It's amazing the time they spend with mum." People really enjoyed the fact care workers had the time to sit with them, get to know them and "chat over a cup of tea". A relative said, "They clean, they wash, they iron, they help dad have his breakfast, what more can you ask for?" One care worker said, "It's the little things that matter ... we have the time to spend with people and take our time looking after them properly". A relative said, "The care assistants are the best, friendly and co-operative ... nothing is too much trouble."

People and relatives said all care workers supported people with choices and preferences. For example, one care worker asked a person if they "were up to a wash" and the person said "in a while". The care worker replied in a kind and caring way, "We are in no rush ... just take your time and I'll get you a drink ... are you warm enough?" Two people said, "They always ask what I would like them to do for me" and "Whatever they do, they always ask me beforehand." A care worker said, "I always say to (person) 'What do you want today and what shall I do for you?' ... sometimes I first make a cup of tea and sit on the bed to chat with him until he is ready to get up."

People were treated with respect, privacy and dignity by the care workers. They said doors and curtains were closed when personal care was given. People were encouraged to remain as independent as possible. Details of how to maintain individual people's independence was recorded in their care plans. For example, how much people were able to do for themselves when having personal care. A care worker said, "I always encourage (person) to clean their teeth themselves and just remind him so he can do it himself". A relative said, "It's lovely to feel confident that (family member) is receiving care yet retaining as much independence as possible."

Relatives felt supported and included in their family members care. One person said, "They look after my husband as well and do the things he is struggling to do." Relatives said, "They look after me too ... they say 'Don't you worry, we'll do it'", "They stay here while I go home for a shower and my (family member) loves them" and "They do jobs for me too to save my legs walking into town ... they are kind, thoughtful, cheerful and all have smiley faces. Another relative explained how they had felt tired when the care workers visited. "They said, 'Go to bed, you look tired. Don't worry, I'll lock up and I'll put the keys through the letter box ... I really appreciated this." Other comments included, "We also appreciate the support given to us as carers"

and "Thank you for your professional, compassionate care of (family member) and support to us as carers ... your input has made all the difference to us."

## Is the service responsive?

### Our findings

People and relatives all described how the care was personalised and responsive to people's needs. A social care professional said, "They are always quick to respond." When new people were referred to the service, one of the registered managers undertook a comprehensive assessment of their needs. They involved family and those close to the person to develop individualised care plans. Relative comments included, "We are involved in making decisions about (family member)", "They keep us filled in all along the way" and "They came in and did everything for us and got us organised." The registered managers gathered as much information about the person's personal history, their abilities, their likes and dislikes and the care and support they required. They used this information to develop an initial care plan. This was then built up into a comprehensive care plan when they had gained more information on the person's needs. Information was added to and adjusted as care workers got to know the person better.

People and relatives said the care they received was focussed on their personal needs and welfare. One person said, "They deliver the exact care package I wanted." Care plans were very organised, well-laid out and contained all the relevant information which was important for each person. The care plans were individual for each care visit so staff could instantly recognise which one was applicable to each visit. For example, one person received three care visits a day and there was a separate care plan for staff to follow on each of these visits. These guided care workers in how to support the person. One care worker said, "I have a client that doesn't like change, and I adapt to that." Daily diary sheets contained the times of when care workers arrived and left which were regularly audited. Care workers kept in regular touch with the registered managers each day and updated them on any issues or concerns they found at each care visit; this enabled them to respond to people's changing needs.

People explained how the registered managers changed the times of their care visits on specific days to fit in with their individual personal lives. For example, when they were visited by a representative of the local church or when they had a hair appointment. Another person explained that, due to their physical and mental health, care workers understood their changes in mood and responded to them in the correct manner." The service worked closely with the local hospice health care team to provide the care and support people needed at the end of their life, particularly those people that lived in very rural areas. This meant they were able to respond quickly when people's conditions urgently deteriorated and they needed extra support. For example, when a second care worker was required to safely move a person. A relative described how the registered managers had instantly increased their family member's care visits when needed and said, "They've stepped up the visits due to my relatives deteriorating health." The impact on people and their relatives was that people were able to receive complex and frequent care, whilst remaining in their own homes and preventing an unnecessary hospital admission.

The service enhanced people's well-being and quality of life whenever possible. One example was when the registered manager had realised one person had become confined to their bed and small dark bedroom. They suggested the person had a bed in their living room so they could enjoy the light with all their personal possessions and sentimental items around them. The relative said, "It was all her (one of the registered managers) idea and makes such a difference ... she sorted it out." The person enjoyed their views and this



had given them a feeling of calm, comfort and peace. The person said, "It's lovely, but I can't always see it (sea view) because I have my eyes closed ... but I know it's there." The person now enjoyed visits from family and friends who were able to relax on comfortable chairs. This meant a lot to the person and their relatives and it also meant young children could visit who were not frightened. The relative said, "They (staff) have a little joke together and it really lifts her spirits ... lots of lovely cuddles and care ... they do much more than they should." Another example was when the registered managers had noticed two of the people they supported, who lived in different locations, felt isolated and lonely. Staff organised an outing for both people to meet and get to know each other. The two people had now become friends, regularly met up and enjoyed their outings together for 'coffee and cake'.

People and relatives knew who to contact if they needed to get in touch with the service. Contact details with telephone numbers were held in people's care files in their homes. If there was no one in the office, either carrying out care calls or out of office working hours, the out of hours mobile number was given. This meant people and care workers could get in touch 24 hours a day, seven days a week. People felt at ease to contact the service at any time and knew they would receive the help they required. The registered managers said their mobile phones were never turned off and were kept "by the bed". They took it in turns to provide emergency cover and felt this was particularly important for people at end of life when relatives may need support or help during the night. One relative said, "They (staff) go far and above what is expected of them ... they do more than they should ... they are always here for us." One care worker demonstrated how a person's health had deteriorated over the weekend and how they had contacted one of the registered manager's on call. The care worker said, "I spoke to (one of the registered managers) and they both came straight over on a Sunday so there were three of us here ... they made all the phone calls." This person's relative said, "They all came round when (family member) took a turn for the worse ... they go far and above than they should."

People and relatives said the service was extremely reliable, there were never any missed visits and care workers stayed the right amount of time, often longer. A care worker said, "We stay as long as necessary ... we will jump through hoops to get what we want for our clients." People were notified if there were any changes to the rota or if care workers were running late due to unforeseen circumstances. Late care calls were very few. However, if they did happen, it was either due to an unforeseen emergency at a previous care visit or an unexpected traffic delay. Some people lived in the centre of a holiday area and others lived in the centre of a farming area where delays were inevitable at certain times of the year. Staff rang the office if they knew they would be late and the office then telephoned people to let them know; or carried out the care visit themselves. One relative said, "They have never let us down with any visits" and another said, "They are here like clockwork." One relative explained how, the commissioners of their care contract suggested using an alternative care service for their family member. The relative said "There was no way this was happening ... we were not changing services ... it would never happen as I am more than happy with this service ... I would pay myself to continue to receive this service."

People were actively encouraged to give their views as a way of driving improvement and told us they knew how to complain and would contact one of the registered managers first. One person said, "I've had a few little niggles about some things, but they are all sorted out now." Another person said they had spoken to one of the registered managers about a small concern and it had been dealt with and resolved. A relative said, "I have no concerns but if I did I know about the complaints policy and what I need to do." No complaints had been received by the service as the registered managers dealt with minor issues before they escalated.

## Is the service well-led?

### Our findings

People, relatives and care workers had confidence in the style and leadership of the service and were positive the service was managed well. People's comments included, "The registered managers are marvellous ... they are amazing and couldn't be better ... they've organised everything" and "They are lovely ... I am more than happy with the service." One health care professional said, "The managers have such high standards ... if ever they have a problem they are straight on it." Two social care professionals said, "They are always pleasant, caring and amenable over the telephone" and "They are always professional."

People and relatives knew the registered managers personally and had built up positive relationships with them. One person said, "(One of the registered managers) took time and patience to help me ... I will not have a bad word said about her, not one ... they do a brilliant job ... she is an incredibly marvellous woman, very knowledgeable and always has the right answer." A relative said, "(The registered managers) are 'darling girls' ... they are marvellous and couldn't be better."

Rural Care had operated for almost one year. Both registered managers had many years of health and social care experience in the area. They had fostered community links with other health and social care professionals, such as the local hospice team, to develop policies and procedures relating to palliative care. One health care professional said, "(One of the registered managers) worked with me previously and taught me so much ... she is passionate about what they do." A commissioner of the service wrote: "Thank you for your support over the last year in the delivery of the service." Both managers were motivated and dedicated to the people who used their service; they understood their roles and responsibilities and were visible and contactable on a daily basis.

Staff felt supported, valued and listened to. The service promoted a friendly culture that was open and inclusive. Care workers said the managers operated an open door policy and were approachable for any concerns. One said, "They are always there for you ... you just have to ring at any time." One care worker gave an example of how they had been involved in liaising with the registered manager about a change in a person's health. The care worker said, "This Company allows you to do what you should do and give care in the right way ... I love it and it is a pleasure to work for them."

People's views and opinions of the service were regularly sought. The registered managers knew each person personally and used their care visits as a time to gain informal feedback and how the service could be improved. A quality assurance survey on the service had recently been sent out to people and their relatives. There had been a very good response rate (77 per cent) and comments were overwhelmingly complimentary of the service. These included: "The arrangement with Rural Care has surpassed all expectations and taken a lot of weight off mine and (family member's) shoulders. He is so much more relaxed and obviously enjoys his two daily visits" and "I would always recommend Rural Care."

The registered managers received informal feedback from care workers about the service during their regular 1:1 supervisions where they identified any areas for improvement. They were all in daily contact with the registered managers. Formal staff meetings were not held due to the low numbers of staff employed. Care workers were motivated, dedicated and felt part of the team.

The registered managers worked hard to deliver a quality service. Systems were in place to monitor the service and care delivery. These included regular comprehensive audits, such as those relating to care plans, medicine records, risk assessments and complaints. Audits included a scoring system and action plans to manage and monitor any improvements required. For example, missing documents in care records. The registered managers were aware of their legal obligations in contacting the Care Quality Commission as required and working in line with their registration.

The philosophy for Rural Care was "... to provide high quality, individualised, client centred care to service users in their own home in the same way we would expect our own loved ones to be cared for at home." Comments from people, relatives and care workers reflected this philosophy in practice. The registered managers' vision was for the service was to grow slowly, in order to keep the "personal and quality" feel of the service. They felt it was important to provide a small, quality service where they knew all the people themselves.