

Rural Care (North Devon) Ltd

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Inspection report

Studio B, Caddsdwn Business Support Centre
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Bideford
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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

About the service

Rural Care is a domiciliary care agency providing person care in people's own homes in the community.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, 16 people were receiving care from the service and all received personal care. The service provides care and support to people living in rural areas in the surrounding area of Bideford.

People's experience of using this service and what we found

Rural Care put people at the centre of their care and support. The service was managed and run on people's individual needs, choices and interests.

People felt safe and trusted the staff who cared for them. Staff were motivated, passionate and genuinely 'cared' in their roles. A relative said, "From the minute they arrived, the care worker put an arm on my relative's shoulder and said, 'It will be fine'." Another said, "I feel safe with them ... nothing they could do is better ... the little things make a difference ... they are great."

People, relatives and care professionals told us the staff team gave excellent care and were extremely caring, compassionate and kind. Everyone told us the service was well led and were complimentary of the two registered managers. They said, without hesitation, they would recommend the service to others.

People received a very personalised service to meet their specific needs and preferences. Staff worked with people and their families to put together a plan of care which was truly person centred and achieved people's desired outcomes and wishes.

People were protected because risks had been assessed and any measures required put in place. They received their medicines in a safe way and were encouraged to eat and drink well.

People benefitted from a small staff team who knew people extremely well. Staff were consistent and effective and positive relationships had been developed. Families were involved in people's care and told us staff were sensitive and empathetic to their needs as well. Staff identified any responded to changes in people's needs and took the necessary action.

People at the end of their lives received extremely compassionate and loving care. Staff spent time with people and their families at this stage of their lives and treated people with dignity and respect. Looking after people at the end of their lives was regarded as a privilege by the staff team. A relative said, "They are all angels for which I will always hold them very dearly."

Staff were recruited safely, well trained and supported by the registered managers. They were motivated

and passionate in their roles. There was an open and inclusive culture where staff felt valued and included.

Staff regularly went the extra mile for people. Staff comments included, "I believe if you are not willing to go above and beyond in this job then you shouldn't be doing it" ... I do what I need to" and "We all genuinely care for our clients and look at them in a holistic way."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Since the previous inspection, the registered managers (who are also the providers) have continued to develop and improve the service. This had led to improved outcomes for people and a high level of support. The registered managers worked in partnership with other professionals and organisations to share best practice and work closely together in a seamless service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 14 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Rural Care (North Devon) Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

The service had two managers registered with the Care Quality Commission. They jointly shared the management of the service. The registered managers were also the registered providers of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 February and ended on 19 February 2020. We visited the office location on 6 February 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

At the office visit, we reviewed a range of records. This included people's care records and multiple medication records. We spoke with the registered managers and a senior care worker. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We visited and spoke with four people in their own homes to gain their experiences of the service.

After the inspection

We continued to seek further evidence from the providers to validate evidence found.

We spoke with a further three people and five relatives. We contacted six health and social care professionals and all responded. We contacted all ten care workers and received six responses.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm by the staff who supported them. They knew the staff who would be visiting them and felt comfortable with them. One person said, "I am alright ... they are good girls and I feel safe with them ... nobody could be better."
- Staff were aware of their safeguarding responsibilities and how to protect people. They had received training and knew the actions they needed to take if they had any concerns. The registered managers had undertaken advanced safeguarding training; this meant they were able to support, advise and guide staff.
- There had been no safeguarding issues or concerns since the last inspection.

Assessing risk, safety monitoring and management

- Assessments were carried out to consider and mitigate any risks identified to people and staff. The service was in the process of transferring risk assessments from paper copies to electronic recording. This would enable risk assessments to be updated immediately if they had changed.
- People felt safe with the staff who supported them. One person said, "Staff look after me very well."

Staffing and recruitment

- People were protected because the service had a robust recruitment procedure in place and ensured staff were suitable to work with vulnerable people.
- Staff had the necessary pre-employment checks carried out prior to them starting work at the service.
- There were enough staff to cover people's contracted care hours. The registered managers worked together to ensure that when they considered a new package of care, they had the right number and skill levels of staff to meet it fully.
- People received visits at set times and staff stayed the length of time they should. There were never any missed visits. Two people said, "They (staff) are not tight on time" and "They (staff) take a lot of time and care."
- The electronic recording system highlighted to the registered managers if a visit was late. This was then followed up by a telephone call to the staff member to find the reason why. This system had improved the timings of people's care visits by the regular monitoring and oversight of all care calls.
- In the case of an emergency or unplanned staff absence, both registered managers delivered care when necessary. This meant people were not at risk of missing their visit.
- The service had an on-call system and the registered managers were available outside of office hours. They were available at any time of the day or night.

Using medicines safely

- Staff ensured people received their medicines in a safe way. All staff had received training, checks and support to ensure they were competent to give people their individual medicines.
- Medicine records were constantly monitored to ensure people received their medicines on time and completed the necessary medication administration records (MAR).
- People told us staff assisted them to take their medicines at the time required.

Preventing and controlling infection

- People were protected by staff who had received training in infection control
- Staff confirmed there were plentiful supplies of personal protective equipment (PPE) for them to use. They used different colour gloves and aprons for specific tasks.

Learning lessons when things go wrong

- Where incidents had occurred, action was taken to prevent a reoccurrence.
- The registered managers were proactive in identifying and preventing any incidents before they occurred. For example, they had strategic plans in place to manage people's care in the recent storms and flooding. They had the use of a 4x4 car to reach people via country roads and lanes. This meant people's visits were not missed due to inclement weather.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, choices and preferences were discussed prior to the service commencing. This meant the service was able to make an assessment to ensure they could meet people's needs fully.
- The assessment was carried out by a senior member of staff who visited the person in their current care setting, hospital or home. This looked at all aspects of the care and support required. This information was used to develop a care plan for staff to follow.

Staff support: induction, training, skills and experience

- People were supported by a team of well trained and experienced staff who delivered a package of care to them in their own homes.
- The registered managers ensured prospective staff shared the same core values and beliefs in care giving. People were confident staff understood their needs and had the right attitude and skills. One person said, "They (staff) do a good job ... of course they know what they are doing ... they deal with it because they are very good."
- All staff told us they felt well trained to do their jobs and that training was encouraged by the registered managers. A relative said, "They (staff) all know what they are doing and appear well trained."
- Staff had regular training in all aspects of health and safety. Where staff had not undertaken any required training, the registered managers discussed the importance of this with them. They took any necessary action required.
- Any staff new to care undertook the Care Certificate (recognised as best practice induction training).
- Staff received regular supervision and appraisals in their roles and felt this was useful to discuss their performance and training needs. Staff had their hands-on care and competency checks carried out to ensure they were working in a consistent and effective way.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink if this was part of their care package.
- Before staff left people's homes, they ensured they had drinks and snacks within easy reach until the next care visit.
- Where necessary, staff monitored people's fluid or diet intake if there was a risk identified. Staff reported any changes in people's eating or drinking to the office if they had concerns. The registered managers then followed this up with family, GP and nurses if necessary.
- Staff recorded on daily records the meals, snacks and drinks they had prepared and if they had been consumed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Both of the registered managers had many years of nursing experience in providing health care. This meant they had a good knowledge of health-related illnesses, conditions and knew when to refer people to specialist professionals.
- The service worked closely with the community nursing teams and GPs to ensure they were delivering care and support in line with people's specific needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. At the time of inspection nobody was subject to a Court of Protection order.

- Staff understood the principles of the MCA and had received training on this.
- Staff worked in the least restrictive way and always ensured consent was gained prior to any care of support being given.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The service continued to provide an outstanding service in caring for people and their families. Management and staff focussed on building honest, open and positive relationships with everyone involved in individual people's care. They made sure they knew the smallest details about each person and matched staff to people where they shared common interests about hobbies or life skills.
- For example, the positive impact experienced by one person was described by a healthcare professional. They told us two staff were particularly matched to the needs of one person with a complex mental health need. They were complimentary of the way Rural Care had worked with them to build up a relationship. They said, "Support staff were excellent ... able to effectively establish rapport and build up trust ... they demonstrated excellent interpersonal skills, with active listening and reflective skills". They went on to tell us how staff had built up strategies for support based on the person's strengths but "also understood what caused anxiety and distress". The professional added, "... staff demonstrated initiative, compassion, care and commitment to providing safe community support." The outcome for the person was that they experienced three months of support which enabled them to undertake many opportunities to join groups and try new interests."
- People had gained confidence and built trusting and positive relationships with a consistent core of staff. This had enabled them to get to know people very well. A relative said, "By having the same staff, this means they are consistent, and they have been excellent. This has helped my (family member) gain confidence ... Rural Care has been such a positive experience on them, they are now doing the stuff they used to do."
- One relative told us how grateful they were when staff had been sensitive when their relative had needed care. Their relative had been wary of people coming into their home. They said, "From the minute they arrived, the care worker put an arm on my relative's shoulder and said, 'It will be fine'. This put their minds at rest and gave my (family member) what they needed."
- Another relative told how they had been "reluctant to let go" of the care for their family member and allow an agency to take on the role. They told us how positive this move had actually been and all their concerns had disappeared. They said, "We are now getting back to a place where we should be and this has had such a positive wellbeing effect on my (relative). If it hadn't been for Rural Care, we wouldn't be where we are today."
- Staff were particularly sensitive, empathetic and compassionate to people when needed. When people's care needs changed, management and staff discussed any changes with them and ensured their choices and preferences were met. Staff were exceptionally skilled at giving emotional and practical support when people's conditions deteriorated and they were at the end of their lives.

- For example, one relative said, "They (staff) supported me through lots of tears and were always there for a hug when I needed it ... to say they were a rock for me would be an understatement". Another relative said how much they appreciated the staff staying when they had received very bad news about their family member. The staff had offered to leave but the relative had asked them to stay. They said, "The support from these girls was far beyond their remit". A health care professional said, "They are very good at working with families. They keep them up to date and are very responsive when they (person) deteriorate."
- One relative whose family member had recently passed away wanted to share the positive and outstanding experience they had experienced. They told us of the care received during and after their relative had died. They said, "(Staff member one) stood next to me and held my hand as I was struggling to keep it together. (Staff member two) had her arm around my shoulder ... they are all angels for which I will always hold them very dearly."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives received individualised care from a service which was small, family orientated and focussed on delivering quality care. This was important to people and their families as they could relate to the management and staff. Two relatives commented, "The girls are local and live in the village; this makes a difference to us as we know and trust them ... we have faith and confidence in the care ... they are part of our community" and "They (staff) know what a farming life is like ... they understand rural families ... this makes a difference."
- One person told us how having a regular set of staff had a positive effect on their life as they had no family of their own. They told us of the positive impact this had made on them. They said, "All of them (staff) are kind ... I look forward to them coming ... one staff member is special to me and feels like she's my sister ... it makes a difference to my life that she treats me like she's my best friend."
- Staff enjoyed their jobs and took pride in the care they give. They all felt part of the service and were passionate in making people's lives better. Staff felt doing extra tasks for people was 'normal' and did not see it as going above and beyond. Staff comments included, "I believe if you are not willing to go above and beyond in this job then you shouldn't be doing it" and "I run into my own time which has never bothered me ... if I can make life easier for that person it makes me feel good".
- People and relatives told us how caring and compassionate both the registered managers were and that this was reflected in the staff team. Two relatives said, "... their staff have the same high standards they (registered managers) do" and "I wasn't going to go anywhere else ... the girls are all like them ... they are genuine and they actually do care."
- Compliments, comments and thank you cards were testament to the outstanding care given to people and their families. Comments included, "We were all so grateful for the many hours of excellent care and attention you all so kindly gave" and "Thank you for your professional, compassionate care ... your input has made all the difference to us."
- The registered managers and staff understood the importance of the Equality Act 2010 which was embedded in their service. They ensured people were protected from discrimination and received positive outcomes. They were passionate about ensuring all staff had a good knowledge of how to meet people's diverse, cultural, ethnic, religious and social needs. The service regularly monitored equal opportunities to ensure they complied with legislation. Information was analysed which showed the example that there was diversity with both people who used the service and with the staff team.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about how they wanted to be cared for. Before the service started a new package of care, the registered managers always ensured they met with the person and discussed their needs and wishes to include in their care plan. One relative said of the initial assessment, "...

going into detail to make sure they knew everything they needed. From the smallest of details". A social care professional said, "They are very good at getting ready a package of care."

- Staff were skilled at communicating with people's relatives, where appropriate. Two relatives said, "There is great communication" and "They are very professional and keep up updated." A care professional said, "Communication was at all times timely and detailed ... communication was at all times excellent as was the Company's ability for flexibility and change of approach when required."

- The service signposted people and their relatives to sources of advice and support and helped people to complete forms and letters. One person said, "I can't write very well and staff help me ... they do lots of silly little things for me which make a difference ... everything is wonderful."

Respecting and promoting people's privacy, dignity and independence

- The management and staff fostered a culture of care where privacy and dignity were at the heart of the service.

- People and their families told us how very respectful and kind staff were to them, particularly when helping with personal care. One person said, "They always keep me covered and let me do bits for myself where I can."

- With consent from relatives, and if appropriate, staff felt honoured to offer last offices when a person had passed away. One relative was so complimentary of them of how they carried this out with compassion and respect. They said, "They asked if I would still like (relative) to be washed and made presentable ... they treated (relative) with complete dignity, they even continued to talk to them and tell them what they were doing. A definite above and beyond in my book".

- Staff encouraged people to achieve their independence. One person told us how a senior care worker had worked with them; firstly, to have surgery which was required and secondly, to regain their independence and mobility after the surgery. They told us how one day was the "turning point" for them after they had asked the senior care worker for an honest opinion. They said, "They (staff member) said I wasn't going to get any better and knew it wasn't my choice to have the surgery. It was a turning point and it was all down to them. I now have a better quality of life." The care worker shared the person's success of learning to walk again and celebrated by taking videos of their progress. The person went on to say, "They have helped to rehabilitate and make me independent ... the first time I walked again was emotional ... it was all worth it ... I can't thank them (care worker) enough."

- Health and social care professionals were complimentary of the service and how they encouraged people to be independent. One said, "They are very good at promoting people's independence by increasing their living skills. They work in partnership and are not afraid to reduce the amount of care required."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

End of life care and support

- People were supported to make decisions regarding their end of life care. As far as possible people remained at home to have a comfortable, respectful and pain free death.
- The service ensured their wishes on their death were explored and recorded in their individual care plans. One relative said, "They discussed the tiniest of details to make sure they knew everything was how my (relative) wanted it at the end."
- Another relative told us how important it was for their relative to stay at home. They said, "If it wasn't for Rural Care then I would not have been able to cope with (relative) to the end of their life. It's because of them that we were able to keep them at home."
- Both the registered managers had advanced skills, knowledge and experience from their previous roles in caring for people at the end of their life. They kept these updated and shared their knowledge with the staff team. They considered looking after people at this time of their lives both a privilege and an honour. This meant people and families received the most dignified care possible.
- The service worked very closely with other healthcare professionals who said the service involved them and provided truly personalised care to people and their relatives. Pain management was kept under control and regularly reviewed with the help of the local community nursing teams. Health care professional's advice was sought and regular feedback given between both organisations. One health care professional said, "They (registered managers) do a lot and they are very good at feeding back to us (community nursing team) to tell us what went well and what not so well. They are one of the better ones (services)". This meant people received the best integrated care and support from professionals.
- People received an exceptionally personalised service to meet their specific needs, preferences and wishes. Staff worked with people to put together a care plan that was person centred and achieved people's individual outcomes. The plans gave clear information about the support people needed to fully meet their needs.
- People received care that was extremely responsive to their needs, on occasions this was out of normal hours. The service was flexible and responded quickly to requests for additional visits or changes. For example, a person's family member fell over in their garage at 11.30pm. They rang the on-call service and spoke with the registered manager who went out to help them. They assisted them, phoned for the ambulance and waited with them. One person said, "I feel safe with them ... nothing they could do is better ... the little things make a difference ... they are great."
- On another occasion, one of the registered managers was driving home from shopping on their day off. They noticed a person sat outside of their home in the dark. The registered manager responded by taking them indoors, giving them a hot drink, settling them into bed and calling the family. They waited until the family arrived and returned the next day to take a urine specimen which showed an infection. The meant the person was kept safe and had an infection diagnosed by the prompt actions of the registered manager.

- The service was exceptionally good at responding to emergency situations. One relative told us how the service had responded when they had a power cut at their home which meant they had no heating which meant the electric bed their relative was in had collapsed. The staff of Rural Care minimised any adverse effect on the person. The relative said, "When (staff) arrived I was beside myself; (staff name) was like 'wonder woman' calm and collected ... from then all it was all hands on deck." Several staff members responded to this urgency which included the registered manager picking up a mattress from the local community hospital, a care worker rearranging the furniture and the second registered manager organising help all at the same time. The relative said, "It was like a military operation ... but while all this was going on, they kept (relative) calm, happy and reassured though the whole situation."
- The service was in the process of transferring all people's personal information from paper to electronic recording. As a result, some of the personalised information, such as life histories, had not yet been transferred over. When completed, this will provide comprehensive personalised electronic care records which all staff can access. Where relatives had requested to be kept up to date with their family member's day to day care, they were granted a log in to access the records. This meant that people who lived some distance away were able to feel part of their relative's life. This also meant relatives could check on their family member when away, to give them peace of mind, such as on holiday.
- All care records and risk assessments were reviewed monthly or sooner if required. We saw how these flagged up on the system if they were due. This meant people's care records reflected their current needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service encouraged people to be part of the local community in order to reduce isolation. However, this was difficult in most of the areas due to the isolation of people's homes. The service had identified this and were in the process of planning a 'social group' for people to meet up together and make friends. They were looking at venues and had planned activities, speakers and hobbies which would be taking place. Staff would help to facilitate this.
- Where possible and if people wanted it, staff supported them to go out in the local community. For example, one person had not been outdoors alone due to falls. A care worker offered to take them out in a wheelchair around the local village. This gave them time to mix and talk with people they had known for many years but not seen recently. This had a positive impact on their wellbeing, and they told us how this had made them reflect on their lives and made them happy. They said, "I could see the world ... I met a lot of my friends to chat to ... I had my hat, jacket and shoes on ... it was wonderful and a kind thing for them to do for me, it meant a lot."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records demonstrated how people were able to communicate and whether they had any sensory or cognitive impairment which may affect their understanding.
- Where people used aids to improve their communication, staff ensured these were in place and working, such as hearing aids. One person struggled to communicate due to loose dentures; care records ensured staff applied some adhesive to the teeth, so they could speak more easily.

Improving care quality in response to complaints or concerns

- There had been no formal complaints since the last inspection. The registered managers worked hard to

resolve any issues before they became complaints.

- People and relatives were confident any concerns or niggles would be dealt with appropriately. Two people said, "If I have a problem, I tell them (staff) and it is dealt with" and "There is never any complaints"
- The service had received lots of 'thank you' cards which were complimentary of the care given. These included, "Thank you for your wonderful care" and "Thank you so much for all your loving care and attention you gave my (relative)".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from a well led service. Everyone we spoke with told us how happy they were the care and support delivery. When we asked people if the service was well led, one said "Oh yes, they are lovely, and I can always get in touch with them." A relative said, "The registered managers and staff are all patient and understanding. I know who the managers are and it is easy to get hold of them." Health and social care professionals confirmed their confidence in the management team.
- The joint registered managers continued to lead and oversee the care and support together. They were honest and inclusive with staff. They were also 'hands on' and this enabled them to work with staff and visit people along with their relatives. This enabled them to continually improve their service and put people first.
- Staff felt involved in the running of the service and that their opinions mattered. Two staff members said, "They (registered managers) are very approachable ... I like the way they ask our opinion on the service users and the way the service is going" and "They are always there on the end of the phone or in person to give you suggestions or advice."
- The service valued staff which helped to promote their wellbeing and retention. Staff felt valued and motivated in their roles and told us how happy they were in their work. Staff received regular praise about their work and told us how they 'loved' working for Rural Care. Two care workers said, "... they look after and treat everyone as an equal" and "I find the support we get is 100%".
- Since the previous inspection, the registered managers have continued to develop and improve the service. This has led to improved outcomes for people and improved systems to manage people's care and support. One of these was to introduce electronic care records so the registered managers could monitor people's care in 'real' time. This meant people's care was always up to date and any problems resolved quickly, such as a late visit. The registered managers had also increased the number of team leaders to help them oversee the care delivery.
- The number of people receiving care had not increased. However, the care delivered to each person had increased due to their individual needs becoming more complex.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were aware of their responsibilities to provide CQC with important information.
- The registered managers understood their legal duty to people and relatives by their duty of candour. They were open and honest with people and relatives if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and staff benefitted from a strong leadership and oversight of the service. The management and staff structure provided clear lines of accountability and responsibility.
- Staff understood what was expected of them, were enthusiastic and motivated. The management team ensured all staff understood their philosophy for the service to put people at the heart of everything they did.
- Effective quality monitoring systems were in place to continually review and improve the service. For example, the daily care records. This highlighted how the team communicated and whether these had been completed in the appropriate way. This had led to improved record keeping and more communication between staff. Checks and observations to monitor staff competency were carried out regularly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered managers demonstrated their commitment to improving the service. People were asked for their views about how the service was run and whether they could improve. This included visits, phone calls and questionnaires sent out every three months. Questionnaires explored the CQC Key Lines of Enquiry to focus on specific areas when sending out questionnaires. Results were analysed and displayed in graph format. This enabled the service to identify any areas of improvement required and focus on resolving any issues.
- People and relatives felt fully consulted and could call the office any time to speak with the registered managers. One person said, "They are always there for a chat".
- Staff had meetings and one to one supervision where they could discuss any concerns. Staff comments included, "It is great ... we are supported and can phone up with anything" and "Even though it mainly a lone working role, you don't feel like that as they are always at the end of a phone if you have any concerns about a service user however small."

Continuous learning and improving care; Working in partnership with others

- Any accidents or incidents were fully audited to see if there were any lessons to be learnt.
- The registered managers ensured there was continuous learning for staff and for them as an organisation. This was through formal training, sharing best practice and keeping themselves updated on changing legislation.
- The service worked closely with other health and social care professionals in line with specific people's needs. Professionals were very complimentary of the way the registered managers worked with them. Comments included, "Management are very good and very willing to work in partnership" and "They are very good ... they are good at feeding back information."