Exmoor Community Care

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 25 April 2017 and was announced.

Exmoor Community Care is a small domiciliary care agency situated in Lynton, North Devon. It was registered with the Care Quality Commission (CQC) in 2014 and this was its first inspection. Professionals told us how the service had been set up initially in response to there being no care for people living in their homes in this specific area.

The service provides personal care and support to older people in their own homes. The service was set up in response to there being no care for people living in their own homes in the Lynton area. Approximately half of the people using the service live there. The remaining people live in the nearby towns of Combe Martin and Ilfracombe.

At the time of our inspection, the service provided a service to approximately 31 people. The times of visits ranged from half an hour up to two and half hours. The frequency of visits ranged from one visit per week to 28 visits per week dependent upon people's individual needs. The service employed 14 care workers who worked both full and part-time.

The service has a registered manager who was 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.

The service cared for people, relatives and their pets keeping them at the heart of the service. There was a strong emphasis on compassion, kindness, caring and respect. Feedback from people, relatives and health and social care professionals was excellent. They all expressed great satisfaction with the management of the service and spoke highly of the providers and the care workers. People spoke of them being "part of the family." Words repeatedly used about care workers included that they "go the extra mile" and "go above and beyond." People said, "They go above and beyond what they need to do … they deserve the highest score", "They'll do anything for me, I just have to ask" and "They are very good … I don't know what I would do without them … they do extra jobs and always have time to sit and talk to me."

People felt the care was faultless and could not be improved upon. People felt their needs and wishes were the focus of the service and the care workers who supported them. The management team had a 'can do' attitude and tailor made the service to fit around people. People, relatives and healthcare professionals gave us examples of how the service had responded to meet people's individual needs, sometimes at very short notice. Care workers also took into account people's well-being and undertook jobs like dropping items off at charity shops; taking dogs for a walk; picking up shopping; picking up medicines; picking up newspapers; picking up fish and chips; picking up pet medication from the vets, and returning to take people's washing in.

Care and support was planned on people's individual needs, choices and preferences. The service responded positively and quickly to any changes in people's conditions. They worked hard to keep people in their own homes and worked closely with the local GP's and community nurses. One healthcare professional commented, "The service is faultless … they are extremely flexible and very good at what they do … I can't speak highly enough of them."

People's independence was promoted and people were encouraged to help themselves as much 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 well trained in this area. The service sought to care for people at the end of their life. They worked closely with the local GP and community nursing teams to do this. They also closely supported family members and relatives. This enabled people to remain in their own homes for as long as possible.

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.

People benefitted from care workers who were safely recruited, trained and supported to do their jobs properly. They received consistent care from care workers who knew them well. Meaningful and strong relationships had developed over time with teams of regular care workers. People's comments included, "They are excellent … all of them are excellent … they do everything for me and nothing is too much trouble", "They are lovely, wonderful, very nice … they are all very good to me" and "They are truly wonderful … absolutely so kind and lovely."

Exmoor Community Care had operated for two years and was managed jointly by the providers. They both had many years of management and leadership experience. The service was open and inclusive and regular feedback was sought. People, staff and professionals were complimentary about the style and leadership of the service. A healthcare professional commented, "… for personal, individualised care and multi-disciplinary team working, I would commend Exmoor Care as outstanding care provider."

The provider had a range of quality monitoring systems in place which included spot checks, regular staff meetings, surveys and a range of audits. People knew how to raise any concerns or complaints and felt confident to do so. Where concerns were raised these were investigated and the appropriate action taken.

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.

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 and wishes. People experienced positive outcomes as a result of the service they received.

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 involved professionals where necessary.

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

Is the service caring?

Outstanding ☆

Staff were caring, compassionate and highly motivated. These principles were embedded in the care they provided. They

treated people with dignity and respect and went the 'extra mile'.

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.

The service cared for people at the end of their life which enabled them to remain in their homes.

Is the service responsive?

Outstanding ☆

The responsiveness of the service was outstanding.

People received a personalised service which was planned proactively with them at the centre of the care. This was kept under review and the service was flexible and responsive to people's changing needs and preferences.

People benefitted from the service working proactively and in close liaison with the multi-disciplinary team.

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 providers promoted strong values, high standards and a person centred culture. These values were upheld by everyone.

Staff were motivated and supported in their work.

The service was focussed on improvement and 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.

Exmoor Community Care

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 25 April 2017. It was an unannounced inspection. The inspection team consisted of one adult social care inspector. 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. The CQC sent 23 questionnaires out to people who use the service, their relatives and friends; 18 were returned. This information was used during the inspection.

We spoke with the two providers, (one of whom was the registered manager), two care staff and a visiting community nurse. We visited two people in their own homes and spoke to two relatives. Following the inspection, we received feedback from the local GP, community nursing team, an occupational therapist, eight care staff and two relatives. We also spoke with the local authority, commissioners of the service and safeguarding teams. This enabled us to ensure we were addressing any potential areas of concern.

We reviewed information about people's care and how the service was managed. These included: two people's care files and medicine records; staff files which included recruitment records of the last three staff to be appointed; staff schedules; staff training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incidents and accident reporting; minutes of meetings and the most recent quality survey returned from people, relatives and staff.

Good

Is the service safe?

Our findings

People felt safe being supported of Exmoor Community Care and the care workers who assisted them. One person said, "I feel safe … they are very good to me" and "They (staff) are ever so good they make me feel safe." Another person said, "I was nervous about having people in my house at first but I had no need to worry … I am so safe with the agency and I have no worries." A relative said, "My (family member) is very happy and feels safe with the wonderful girls." The Care Quality Commission (CQC) questionnaire stated 93 per cent of people felt "safe from abuse and or harm." The majority of staff who provided care in the Lynton area had lived there for most of their lives which meant they knew people and their family members well. Staff in the Combe Martin and Ilfracombe areas also lived in the area and had good local knowledge.

People benefitted from a safe service where staff understood their safeguarding responsibilities. Staff had received regular training and knew how to recognise abuse, who to report it to and the correct action to take. Protecting vulnerable adult's policies and procedures were in place; the registered manager was aware of their role and responsibilities and knew who to contact if necessary. There had been no safeguarding concerns raised by the agency in the last 12 months.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. For example, one risk assessment identified risks from wires, frayed carpets and excess furniture. Guidance was included about the necessary action to take to minimise the risk. For example, an electrician was called to make the wiring safe and furniture moved to make the area safe. Individual risk assessments in place included those relating to skin damage, safe moving and handling and nutrition.

People were cared for by sufficient staff with the right skills and knowledge to meet their individual needs. These were adjusted according to the needs of people. The Provider Information Return (PIR) stated three care workers had left the service in the last 12 months and eight new staff had been recruited due to additional care contracts. This meant the service gave continuity of care for people in their homes with a low staff turnover. One care worker said, "Exmoor Care is a close knit team, we all seem to get along and encourage and support each other."

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 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.

Care workers were introduced to people before they visited them so they knew who to expect. The CQC questionnaire said 93 per cent of people were introduced to the care worker before they provided care and 93 per cent of people received familiar and consistent care workers.

People and care workers received a schedule of care visits for the following week. If there were any changes

to the schedule, the office contacted people to let them know. This meant people felt safe by knowing which care workers to expect in their home on each day. One relative said, "We always know who is coming as we get a schedule every week."

People's medicines were managed, administered and reviewed in a safe way. Staff had successfully undertaken comprehensive medicine training. Care workers did not give out people's medicines until they had completed this training. The majority of people's medicines were in monitored dosage systems (MDS) to reduce the risk of incorrect medicines being taken. Staff signed the medicine administration record (MAR) to say medicines had been given. The PIR stated five medicine errors had been made in the last 12 months. These had been recorded and the appropriate action taken to prevent a recurrence, such as refresher medicine training. The registered manager discussed medicines at supervision sessions with care workers and checked their competency skills.

There were arrangements in place to keep people safe in an emergency and staff understood these. In the case of an emergency, such as poor weather and flooding, the registered manager and care workers knew which people required a priority visit. For example, this may be because they had complex health needs, no relatives living nearby or were isolated. The service would ensure these visits were carried out where possible.

When people had accidents or incidents these were recorded. The necessary people were contacted, such as the person's relative, GP or community nurse. Where a person sustained a bruise, mark or injury, these were documented on a body map so they could be monitored.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Care workers had access to training which was delivered in-house and by outside training organisations. Training included: safe moving and handling; health and safety; infection control; safeguarding; medication; food hygiene, and first aid. The staff training record showed staff were all up to date in their necessary training. One care worker said, "Training is something that is readily available … we are offered a selection of courses that may be of interest. (The providers) also listen to any ideas from staff if they want any training on a particular subject."

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 a period of shadowing with the registered manager or a senior care worker. This was for as long as they needed, until they felt comfortable to work unsupervised. The registered manager said, "New staff shadow the run with the people they will be caring for … we never plan visits to people who have not been introduced first … if it is an emergency we tell them who will be going … we hold the carer's hands and show them where to park etc."

Care workers received regular supervision and an annual appraisal. These took place in one to one office meetings, 'spot checks' (where a care worker's practice is observed), competency checks and staff meetings. 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. One care worker said, "We have regular supervision but because the managers are so approachable and support each other, there is always something to learn."

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.

When the PIR was completed all the people the service supported had capacity to make their own decisions. However, on our visit the registered manager said one person now had fluctuating capacity and gave examples of this. The registered manager and care workers had undertaken MCA training, had an understanding of the Act and how it applied to their practice. They had involved the appropriate health and social care professionals in making best interest decisions. However, these had not been recorded in the care records, nor had the Mental Capacity Assessment. The registered manager assured us they would enter all the information in the care. The registered manager was 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's wishes and preferences had been followed in respect of their care and support. People had signed

consent forms to record and confirm their agreement to their care and support. People told us how care workers always asked before they carried out any personal care and if they refused personal care, their decision was respected. One relative said, "The (staff) always ask do you want this or do you want that … are you comfortable … can I do this for you … they are wonderful."

People were supported to have a meal of their choice and type which was prepared or served by care workers. Where people required assistance to eat or drink, they were happy with their support. Food was prepared and cooked as recommended. Meals mainly consisted of ready cooked meals which were cooked in a microwave, although people said care workers peeled vegetables and "put teddies (potatoes) on". Care workers ensured any out of date food was brought to the person's attention and disposed of if necessary. Care staff made sure people had food, drinks or snacks within reach before they left. One person said, "They always ask if I need anything or if I have everything I want before they go." If care workers had any concerns about people's food or fluid intake, these were recorded in people's daily diaries and the office informed. This was so they could pass the information over to other care workers.

People were supported to see appropriate health and social care professionals to meet their individual healthcare needs. Care records showed evidence of health and social care professional involvement on an on-going and timely basis. For example, community nurses and GPs. All professionals confirmed the service contacted them and sought advice appropriately. They also said they worked closely with the service in a proactive way to prevent hospital admissions or conditions occurring. For example, good skin care to prevent unnecessary damage.

Outstanding ☆

Is the service caring?

Our findings

People, relatives and healthcare professionals were unanimously positive and complimentary about the caring attitude of the management team and care workers. People said: "They are excellent … all of them are excellent … they do everything for me and nothing is too much trouble", "They are lovely, wonderful, very nice … they are all very good to me" and "They are truly wonderful … absolutely so kind and lovely." A health care professional said, "(Providers) are both knowledgeable, caring individuals who are always happy to work with ourselves for the best outcome for the patient … their carers always consider the patients' needs and wishes." The providers ensured they delivered hands-on care as well as managing the service. They felt this allowed them to keep in touch with people who used their service and did not want to lose the "family feel" of the service. It also meant they "picked up if something was not right." It was evident this was successful and they were well respected, liked and fondly spoken about. One common phrase used was, "I just ask (registered manager) and she sorts it, whatever it is."

People felt the care was faultless and could not be improved upon. People felt their needs and wishes were the focus of the service and the care workers who supported them. The management team had a 'can do' attitude and tailor made the service to fit around people. For example, one person's relative was admitted to hospital unexpectedly. The care staff took it in turns to sleep at the person's house as it was in a very rural area and they did not want the person to be on their own. No care was required but they wanted to make sure the person remained safe "just in case". On another occasion, one person's personal alarm was not working. The care worker stayed the night until it was resolved the next day. Another person had an important personal appointment on the regular care worker's day off. The care worker visited the person in their free time and supported them so they were able to attend the appointment. One care worker said, "I feel that we all go above and beyond what is expected of us on a daily basis. Example I travelled 25 miles to visit one of my ladies in hospital after she had a hip operation."

People spoke how care workers went 'above and beyond' what they needed to do. Comments included: "I can't begin to tell you how good they are … they are marvellous … I am so pleased with them … they do everything I can't do … they are absolutely fantastic … they go above and beyond what they need to do"; "They are very good … I don't know what I would do without them … they do extra jobs and always have time to sit and talk to me"; They go above and beyond what they need to do … they deserve the highest score" and, "They'll do anything for me, I just have to ask."

People received a service designed to meet their individual needs. People gave us lots of examples how the care worker's looked after them and spent time with them as well as completing care needs. They all had confidence in the staff and how they had developed relationships with them that had improved their well-being. One person said, "They are so kind and sit and talk to me while they are here. It really makes a difference to me. They fill up my bird feeder in the garden and put fat balls out. I wouldn't be able to feed the birds otherwise and I saw five woodpeckers yesterday." Another person said, "They do everything for me I can't do myself … absolutely fantastic. If I run out of milk, I just ring the office and they pick me some up on the way … one of them said the other day 'that window needs a clean, I'll just go and do it' … they are super, duper girls and like family friends." A relative said, "They are like family coming in … they are amazing and

talk to my (family member) a lot. They are never rushed and they always take time to sit and have coffee with my (family member) which is what she wants". Another person told us "Nothing is too much trouble for them … they go collect my pension if I ask them and sometimes I get them to look at the television if I have a bad signal. They also look at my computer for me and help me out when I get stuck. They do everything for me and cheer me up when they come in … they are marvellous." The providers ensured each person received a birthday card and present, together with a Christmas card and present. They felt it was important people's special days were celebrated and people knew the providers cared. The providers also sent one person a bunch of flowers to celebrate Mother's Day as they had no family of their own.

People and relatives had developed very positive interactions with the registered manager. We saw how warmly they were welcomed into two people's homes. This was in a friendly, affectionate and genuinely warm way. They were treated as part of the family with familiarity and greeted them in a way that had developed over time with trust. The registered manager knew the person very well and what mattered to them. The person explained how much they thought of the registered manager and how caring they were.

In the Care Quality Commission (CQC) questionnaire 100 per cent of people and their relatives confirmed they were happy with the care received, were always treated with respect and dignity and care workers were caring and kind. This was also unanimous with the people and relatives we spoke with. One relative said, "They always treat my (family member) with privacy and dignity – especially in the bathroom." Two people said, "They absolutely treat me with respect and dignity … they respect my home" and "I was worried about having somebody in my home but they are all so kind and lovely and so polite and respectful … I'm so pleased."

People told us care workers knew them well and care workers were always introduced to them first. They said this was important as they had confidence and familiarity with them before they supported them. The providers understood the impact of a stranger in a person's home and how they might be affected. A relative said, "… they (staff) made sure the newest person knew everything before she came on her own" and another said, "They make sure if a new person starts, they are orientated before they come on board … they make sure she knows everything and fits with my (family member)."

After the initial visit, people were supported by a regular team of up to a maximum of four care workers. This helped to develop caring relationships and ensured continuity of care from regular staff. People were encouraged to maintain their independence and do as much for themselves as possible. One person said, "They help me do as much for myself as I can." The CQC questionnaire said 93 per cent of people were encouraged to be as independent as they could be.

When prospective care workers were interviewed, the providers ensured they chose the right staff to work at the service. Not only did the providers look at the knowledge and previous skills a person had, they ensured they had the right personality and nature to care for people supported by the service. A thorough interview was undertaken and questions on specific scenarios asked. Prospective staff were then scored which was an indicator of their suitability and considered whether they would fit in the team. The registered manager said, "We have a really good care team and ensure all our staff give person centred care that is not rushed. We are very choosy who we employ and we don't just take anyone on … we have high standards." This was evident in the unanimous feedback we received when asking people about the care workers who supported them.

Healthcare professionals spoke of the caring nature of the management team and care workers. Comments included, "Staff are very kind and patients are always talking about the carers and say things like 'she is such a lovely girl' and 'I can talk to her about anything' … they always mention how fond they are of them and they have certainly built up relationships", "The carers are all very caring of the people they visit" and "They

are good at meeting and seeing clients … one client was reluctant to allow carers in but they contacted this service and have never looked back."

The service cared for people who were at the end of their life. The management team helped people to stay in their own homes as long as they could. Whilst no one was receiving specific end of life care at the time of the inspection, several healthcare professionals gave us feedback about how well the service had managed this in the past. One said, "… they provided end of life personal care … it worked well … I was impressed how the service worked together."

Outstanding ☆

Is the service responsive?

Our findings

Professionals told us how the service had been set up in Lynton in response to there being no care for people living in their homes in this isolated area. Following the closure of a local residential and day care service, the providers set up the service to continue to care for these people in their own homes. Two health care professionals said, "We are very impressed with the service they provide for our patients and before they came to be we had great difficulties filling care packages locally … the service they provide fills that gap and more … and is a clear significant benefit to the local community" and "When this agency started it transformed our working relationship … they pulled out all the stops to provide this service and we have all never looked back."

The providers described how they always visited a person prior to a package of care being set up. They gathered as much information about the person's abilities, independence and their supports needs as well as their individual daily routines, wishes, likes and dislikes. They used this information to develop a plan where the person and their wishes were fundamental to the care. The plans included detailed guidance for staff to follow on how to support the person, ensuring their personal preferences were met. For example, "(Person) will be in bed and often drinking her cup of coffee … when (person) is ready, carer to assist them to sit on the edge of the bed …" The plan informed staff to use warmed towels, hot water and "reassurance throughout the visit." When people's needs changed, with either an increase or decrease in care hours, the provider made commissioners aware. This had a positive on people by ensuring they had a care package which reflected their current needs.

The providers always attended a new person for the first visit. The registered manager said, "We want to know what their needs are and make sure we know what we are talking about … we are both hands-on and like it that way." Care plans were focussed on the person's whole life and how they preferred to manage their health. For example, people chose the days and times when they wished to receive their care. This was planned around their personal circumstances to fit in with their lifestyle. For example, one person liked to be last person visited on an evening. This was so they could spend time chatting with the registered manager (who made the care visit) whilst they watched television and had a cup of tea together. The registered manager said, "I don't mind, I don't go to bed early so we watch TV together before I go as we like the same programmes."

All health and social care professionals told us the service was extremely responsive to meet people's individual needs and provided an outstanding flexible service to the local community. One commented, "The service is faultless … they are extremely flexible and very good at what they do … I can't speak highly enough of them." Another said, "I have just had a report today from a nurse who worked over the Easter bank holiday with a terminal patient, who was dying and living alone. One of the carers spent all day with the patient, while potential hospice admission was being arranged and family contacted to come and see them." Healthcare professionals felt the service was exceptional in its approach and provided a unique and distinctive service. For example, because of their responsiveness, people were able to remain in their own homes for longer and avoid hospital admission. As the nearest hospital was 25 miles away, this avoided a negative impact on people and their families.

Health care professionals gave examples to demonstrate the immediate responsiveness of the service. They commented: "Last year they (service) put in care for a terminal patient who wanted to stay at home and be cared for by his wife. In addition to their planned visits, they did their best to respond to calls to assist with helping his wife at short notice. This was not easy to achieve as it could be at any time of the day, and the person lived in an outlying area, necessitating a car journey. The patient and his wife were very grateful for this input, which supported them both and helped him maintain his dignity"; "… (person) who became unwell was looked after over two consecutive nights when they would otherwise have to be admitted to a nursing home"; "a terminal patient had night time problems and the family felt unable to cope with his social care needs at that time; they phoned (registered manager) at home … she stopped cooking her supper and visited to assist them … they were extremely grateful.", and "(Registered manager) spent a significant amount of time with a patient at home after her partner passed away unexpectedly … these are examples of many … even when sometimes stretched for staff they (service) usually find a way to priorities patient's needs."

Care worker's gave examples when they responded to people's unplanned needs. One said, "As a dedicated carer I think we are often going above and beyond what is expected of use without realising, I sat with the wife of a gentleman while we waited for an ambulance which I had organised, she had rung her son and reassured him that I was with her and for him not to drive too fast as I was willing to stay." Another said, "I quite often go above and beyond as it is just in my nature … a lot of the time it is my choice as I would worry about my clients, if I left them if I was concerned. I just recently went back to check on one of my clients who wasn't well and sat with him for two hours after I had finished work, to wait for the out of hours doctor … he had terminal cancer and I knew he was frightened and alone and his family weren't close by." Another care worker explained how they had helped one person remain in their home. They said, "… I organised my partner and a friend to move a double bed from a property so as a hospital bed could be delivered."

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. Although, some people had the telephone numbers of individual care workers also and contacted them directly. People knew where care worker's lived due to close-knit community. There were times when care workers responded to people following a knock on their door with a request for help or support. For example, giving first aid. The management team provided a 24 hour seven day a week on call system seven days a week. This provided people and care workers with support, guidance and advice out of hours. In periods of short notice absence, such as unplanned staff sickness, both providers either arranged for another care worker to take the care visits or they did it themselves. This meant there was always a senior person available when the office was closed and mobile phones were never switched off. Due to the availability of the service, the impact on people and their relatives was that they felt safe, supported and comfortable. They felt at ease to contact the service at any time and knew they would receive the help they required.

People's care and support was planned in partnership with them, their relatives and healthcare professionals. People's needs were met in a way which responded to their needs and preferences. Healthcare professionals gave lots of examples of where people received the care and support they actually wanted, and not just needed; this included providing care outside of the agreed times and days. People told us the providers and care workers had an in-depth knowledge of their needs and treated them as part of the family. They told us care workers knew how to care and support people without being directed. One person said, "The girls are wonderful … sometimes I can't get up (if unwell) and sometimes I do get up … they just change how they look after me."

People said staff supported them to make their own decisions about their daily lives and took into account their individual references and needs. Everybody said care staff were always willing to respond to extra

requests for help. Examples included: care workers dropping items off at charity shops; taking dogs for a walk; picking up shopping; picking up medicines; picking up fish and chips; picking up pet medication from the vets, and returning to take people's washing in. One person said the care worker picked up a newspaper (from a shop several miles away) on their way to their visit and delivered it to them each day. The ethos of the service was to help people as much as possible and respond to their needs. Many of 'extra' visits were made in the care worker's own time. A healthcare professional told us how the registered manager had continued to visit a person's cat to feed it after their owner had passed away. This had a very positive impact on people's sense of well-being and quality of life, as care workers understood what was important to people and supported them in a person-centred way.

All the health and social care professionals said the service worked closely with them to support people to stay in their own homes for as long as possible. All the professionals had many examples to give us as they explained the care given to people was a joint and integrated way of working. Comments included, "… for personal, individualised care and multi-disciplinary team working, I would commend Exmoor Care as outstanding care providers … they are good at communicating concerns to the nursing team regarding health issues with patients … this is one of the reasons we are able to prevent hospital admissions by prompt intervention", "We all work together as a team … we all know each other and value what we do … we work together closely and they go over and above … they facilitate good care." A social care professional explained how they were working with the service. They said, "Together we are trying out various solutions, endeavouring to find the best combination … the care team are balancing their needs with those of the patient and have been happy to try out various options … taking into account her preferences."

We saw the registered manager had a discussion with a community nurse as to how they would manage a person's discharge from hospital the next day. The person had developed increased health needs whilst in hospital and required extra care, support and equipment. As it was too short notice to change staff schedules and ask a care worker to visit the person, the registered manager agreed to do the care visits on their days off in order for them to be able to return home. If this had not been facilitated, the person would have stayed in hospital for a further weekend. Another recent example was given by a health care professional who said, "We were dealing with a rapid response situation with a couple who had been unwell and both needed input in order to avoid admission for urgent respite; Exmoor Community Care responded quickly to organise visits to start that day to enable us to manage their care at home."

People and relatives said the service was very reliable, there were never any missed visits and care workers stayed the right amount of time. The CQC questionnaire said that, for 93 per cent of people, their care workers arrived on time, stayed the right length of time and completed all the tasks they should do during each visit. The Provider Information Return (PIR) said there were no missed visits in the last seven days with 412 hours of care delivered. People said care workers often stayed longer than the allocated time and sometimes in their own time. For example, one person told us the care worker stayed on longer when they had finished their care visit. They appreciated the care worker spending time and chatting with them. A relative said, "They always stay the length of time and they never rush." If a care worker was going to be 30 minutes late to a visit, or in the event of an emergency, they contacted the office who then telephoned the person to inform them. This was inevitable in the holiday season as the area is a popular tourist attraction with a heavy amount of traffic passing through.

People and their relatives told us how the care workers were always willing to come outside of their agreed care hours and support them if required. One relative explained how the care workers were "part of the family" and "wouldn't have it any other way." Professionals gave examples of how the service supports relatives as well as the people receiving a service. One said, "They provided a very high quality level of care over a long time … they also supported the daughter and looked after the family … she (daughter) saw

them (care workers) as friends and valued their support and friendship."

The service was actively involved in the local community and involved in forging links with appropriate organisations and agencies. The service takes a lead role in the hands-on care provision in the area. It is pivotal to meeting people's on going health and social care needs and involved partner agencies. Due to its rural location, staff were aware of social isolation in the area and the need to give 'extra' support to people to living on their own. People told us they rang the office if they needed anything fetching, such as a loaf of bread, some milk, a prescription, a newspaper or dog walking. One person said, "I ran out of bread the other day … I just rang the office and asked them to drop me one off." Care workers also arranged outings for people and took them shopping or in to the town for an ice-cream.

The service had a positive approach to handling concerns and complaints from both people and staff. People were actively encouraged to give their views as a way of driving improvement and told us they knew how to complain. The PIR said the service had received two concerns in the last 12 months. The complaints file showed the concerns were not related and were separate incidents. They had been taken seriously, fully investigated, responded to and ways looked at how to improve the service. For example, one concern had been raised which resulted in changes in communication between care workers. The PIR also stated 30 compliments had been received in the same length of time; this showed a high degree of satisfaction for the service.

Good

Is the service well-led?

Our findings

People, staff and professionals were complimentary about the style and leadership of the service. Exmoor Community Care had operated for two years and was managed jointly by the providers. They both had many years of management and leadership experience in the local area. They were passionate and dedicated to the people who used their service. Their philosophy of care was to enable people to remain in their own homes for as long as possible, most of whom had lived in the area most of their lives. The providers understood their roles and responsibilities. They were visible and contactable on a daily basis. A professional said, "The agency is very well led by (the providers) who are always happy to work with ourselves for the best outcome for the patient … easy to contact and good at communicating concerns to the nursing team." A relative commented, "All the staff are wonderful … but this comes down from the management."

The views and opinions of people were sought in a variety of ways. This included annual surveys. The most recent one sent out in July 2016 asked people their views of the service; these were very complimentary of the service. The providers knew each person they provided care for personally and visited each person weekly. They used this time to gain informal feedback and how the service could be improved. For example, one person did not get on with a particular care worker; they did not visit the person again. When the service had interviewed a prospective male care worker, each person using the service had been asked for their choices and preferences. The majority of people preferred a female care worker and this was respected.

Annual surveys were sent out to care workers. The last one sent out was in January 2016. Care workers felt listened to, involved in the running of the service and felt happy to bring concerns to the attention of the management team. They felt motivated and supported in their roles.
If they had concerns, care workers were supported and their concerns addressed. One care worker said, "The managers are so approachable any problems or concerns are dealt with and I never feel that things are left to escalate." Regular staff meetings took place and care workers were kept updated. They also received a regular newsletter which contained relevant and useful information. The providers were in the process of sending out the 2017 survey.

The views of health and social care professionals were sought. The last survey sent out was in February 2017. Very positive feedback had been received. Comments on the management of the service included, "Always respond quickly – easy to get hold of … we work as a team" and "As a registered nurse I am able to do my job better with the support of the excellent Exmoor Community Care team. We work together for the same goal – effective, caring, compassionate, supportive care of our patients."

The providers strived to deliver a quality service. Robust processes were in place to monitor the systems and care delivery. These included regular audits, such as those relating to care plans, medicine records, risk assessments, financial records and complaints. For example, after auditing medicine records, the registered manager had identified a necessary change in medication training to reduce the risk of errors occurring. The registered manager met their legal obligations. They notified the CQC as required, providing additional information when required and working in line with their registration.

The service promoted a friendly culture that was open and inclusive. There was an open door policy at the office and care worker's dropped in for an informal chat, a coffee or just to say 'hello' between visits. There was a comfortable, inclusive and friendly atmosphere at the office where it was clear care workers felt comfortable speaking with the management team. Care workers also fed back information to the management team, such as changes in a person's condition

The providers intended the service to remain at its current size. Their vision was "to remain small and tight knit, be perfect care providers and treat people respectfully." They felt this enabled them to provide a small, quality service where they knew all the people personally. The registered manager said, "We know each person personally and that's how we want to stay." The Care Quality Commission (CQC) questionnaire stated 100 per cent of people knew who contact at the service if they needed to. This culture was reflected by the people and relatives who used the service.