

Middleton Care Limited

Teesdale

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Middleton Care - Teesdale provides personal care for people living in their own homes in rural Teesdale and surrounding areas. The service provides care and support to around 60 people.

The service has a registered manager who was also the registered provider and was involved directly in the running of the business and the provision of care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered Nominated individuals, 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 was an active part of the local rural community, and we saw and heard how staff provided information for people not just on the work of its service but on a variety of services and opportunities for older people in the local rural community. The office was more of a 'hub' for the local area, with lots of information regarding services for older people which members of the public could access. The service won a local business innovation award in 2015 for its work to support older people in its community. We saw staff were highly committed and motivated to supporting people to remain in their own homes with support including the provision of exceptionally dedicated palliative care. The commitment shown by staff included using neighbourhood support and ensuring the service could get to people in isolated areas in extremely poor weather conditions.

The service worked very closely and collaboratively with partners such as the local pharmacy, GP service and district nurses and had developed strong links and solutions to overcome the difficulties that could come with being an older and more vulnerable person in isolated rural communities. The service served an area that was a minimum 25 miles away from any residential nursing provision. We heard from people and other professionals that the service would go 'the extra mile' to collect people's medicines and to support the district nursing service and GP in preventing social isolation. District nurses told us of the service's commitment to providing 'excellent' palliative care with a dedicated and trained team of caring staff.

Everyone we spoke with told us the registered manager, who was also the registered provider went 'above and beyond' in terms of their role and ensuring people were supported. They led by example in providing care that was person centred and in making people's lives better. We heard examples of them taking people's ironing home with them, looking after people's pets by taking them to the vets and going to see people to offer support when they had received difficult news.

Staff members told us they felt part of a team, were proud to work for the company and said the registered manager put the people who used the service and their needs before anything else. We were told the staff team shared the registered manager's vision and values of providing personalised high quality care by people and in feedback from relatives and professionals. Staff staying overnight with people when they were unwell and helping people sort out crises in their own time were examples of the caring nature of the staff team at this service.

People were protected by the service's approach to safeguarding and whistle blowing. People who used the service told us that they were safe, could raise concerns if they needed to and were listened to by staff. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management listened and acted on staff feedback.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and their care and support package met their needs. People who used the service and their relatives told us that they had a small team of staff, who were reliable and arrived when expected. Staff confirmed that they were not rushed and had time to provide the care people expected. People told us about the excellent care they received.

Staff told us they were very supported by their management and could get help and support if they needed it at any time. Staff received regular and meaningful supervision and appraisals.

The service had comprehensive systems to ensure staff were appropriately recruited, trained and supported. The service had introduced the Care Certificate for new staff and all staff had completed or were working towards National Vocational Qualifications in health and social care.

The staff undertook the management of medicines safely and in line with people's care plans. Staff were assessed by a senior carer on occasions to ensure they were carrying out medicines administration safely. The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care and their environment.

There was a very good quality assurance system in place to ensure the service and staff were delivering the desired level of quality and safety. There were regular reviews with people on the quality of their care to make sure they were happy with the service provided.

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.

We found that there were effective processes in place to make sure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and concerns.

The service had procedures and systems in place to ensure staffing was provided as consistently as possible. Effective recruitment procedures were in place. Risk assessments were undertaken of the environment and personal risks and these were regularly reviewed by the service.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

We found the service had taken measures to ensure the staff provided effective care and were able to meet people's needs. Staff were trained and supported to deliver the care and support people required.

Records showed and staff understood the importance of obtaining people's consent prior to any tasks and to ensure people's mental capacity was recorded.

Where the service provided support with mealtimes, we saw that people were provided with effective nutritional support by trained staff.

Is the service caring?

Outstanding ☆

The service was outstanding at caring.

We were told staff had developed therapeutic and positive relationships with people and their families and were extremely caring and kind.

People told us their privacy and dignity were very well respected.

Each care package was specifically designed to meet the exact requirements of the person including providing a consistent staff team.

Feedback from professionals was that care and especially end of life care was provided in an outstanding way.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained individual, person centred information about their needs and preferences.

Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances.

People had been provided with information on how to make formal complaints and said that they were listened to by the registered manager

Is the service well-led?

Outstanding ☆

The service was extremely well led in an outstanding way.

People received a reliable and caring service, and expressed very high levels of satisfaction with their care.

The service worked with closely with partners and went over and above expectations to ensure that people living in a rural community had the support to remain in their own homes.

The feedback from people, staff and other professionals regarding the registered manager, who was also the registered provider, told us they exceeded people's expectation in providing high quality care.

Staff told us they were proud to work for the service and experienced a high level of job satisfaction. They told us they felt part of a team that worked together at all levels.

Teesdale

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 checked whether the nominated individual 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.

We inspected Middleton Care - Teesdale on 26 April 2016. This was an announced inspection, we gave the registered provider 48 hours notice as they were often providing care themselves and we wanted to ensure they were available at the time of the visit. At the time of our inspection visit the service provided care and support to 60 people and there were 12 care staff members employed.

The inspection team consisted of an adult social care inspector and interviews with people who used the service were carried out by an Expert by Experience, a person who has used or experienced care at home services.

Before the inspection we reviewed all the information we held about the service including notifications and complaints (of which there were zero). We spoke with local authority commissioners who raised no concerns about the service.

The provider was not asked to complete 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 obtained information to contact people who used the service during the course of the inspection and sought people's permission to consult with them.

During the inspection we spoke with the local GP practice, the district nursing team and an external National Vocational Qualification training provider about the service.

During the inspection we spoke with nine people who used the service and one family carer. We also spoke with the registered manager (who was also the registered provider), the office manager, a liaison officer, a senior care staff and two staff members. We looked at five people's care records, four recruitment records for staff providing personal care, the training chart and training records, as well as records relating to the

management of the service.

Is the service safe?

Our findings

We spoke with nine people who the service had given us contact details for and said they used the services provided by Middleton Care - Teesdale. Everyone told us that they felt Middleton Care - Teesdale staff delivered safe care.

People said; "Yes I feel very safe because I have got to know them, and they me", and "Yes I feel very safe with them. No problems at all." There were no reports of people seeing anything untoward and everyone said they would have no problem speaking with management if necessary.

During the inspection we spoke with three of the care staff who provided personal care. All the staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence in the registered manager responding appropriately to any concerns. We saw from records that abuse and safeguarding was discussed with staff during supervision and staff meetings.

Staff members told us; "I would immediately contact the office and report any concerns I had", and "If we see or hear anything untoward then we know to ring the manager straight away."

Staff told us that they had received safeguarding training at induction and on a regular basis. Staff told us they understood the whistle blowing procedure and would not hesitate to follow this if it was required. The service had a safeguarding policy that had been regularly reviewed.

We looked at the arrangements that were in place for risk assessment and safety. The service provided a copy of their health and safety policy. This set out the health and safety duties related to the service and its staff, and referenced other relevant policies and procedures. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. These risk assessments had been personalised to each individual and covered areas such as moving and handling and issues relating to the local rural area such as lighting solid fuel fires. The risk assessments provided staff with the guidance they needed to help people to remain safe.

The four staff files we looked at showed us the service operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. The registered manager told us that employing the right people was paramount to the quality of the service they wished to provide. Currently the service had a staff vacancy that they were covering themselves and we were told that the service had advertised twice but had not received the calibre of applicant it wanted. Staff told us; "We are a little stretched at the moment but we help each other and want to get the right person to join the team. The wrong person could destroy our reputation so we want to get it right."

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. One person told us they felt very safe with the carers; "They help me out of bed and on the commode and I always feel safe with them."

There were policies and working guidelines in place for keeping people safe. People told us there were no problems with key safes or, if any shopping was done by care staff, the handling of money and receipts being given. One person told us; "I trust them implicitly. They have got a key and I always leave one next door for them anyway, if I am going to be out."

We saw there were plentiful supplies of personal protective equipment to ensure infection control risks were minimised and both people and staff told us they always wore gloves and aprons when carrying out personal care tasks.

We found that all the staff had completed recognised safe handling of medication qualifications.

The service provided us with a copy of their policy on managing medicines, which provided information on how the service assisted people with their medicines.

Medicine administration records (MARs) were in place to record the medicines staff had administered. The MARs had been developed with Middleton Care - Teesdale and the local pharmacy service and enabled not just clear recording of all prescribed medicines that were individual to each person but also other key information such as the name of the person's GP and next of kin as well as any allergies or other key medical information. The records we looked at had been completed fully and showed that people had been receiving their medicines safely and as prescribed. Staff and people told us that the service collected people's medicines from the pharmacy as part of their service in a rural location. One person said; "They get my tablets for me which is a great help."

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

We also looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. Staff we spoke with told us that any incidents or accidents were reported to the office, so that they could be recorded and monitored. There had only been one accident in 2015 when a person was found collapsed. The staff member followed their emergency procedures and stayed with the person until the emergency services arrived and took over. We discussed accident monitoring with the registered manager and saw they were fully reviewed quickly to ensure any measures to prevent future risks were taken.

Is the service effective?

Our findings

All the people we contacted told us they had confidence in the staff's abilities to provide good care. They told us the staff from Middleton Care - Teesdale were able to deliver the care and could readily carry out the tasks they had been requested from their assessment. People told us they were very happy with the arrangements. People said; "I look forward to them coming. They make my day" and another said; "Sometimes you need to talk to someone. They are there for you".

People told us they felt they had built excellent relationships with their care staff and told us; "I do feel listened to. They are brilliant", "They [care staff] know me very well and I couldn't manage without them" and "They just get on with it. They are so good".

Some people said that staff could be a little late sometimes but was not seen as a major problem and people said; "They are mostly on time" and "They are always on time". A relative told us; "They are normally on time. They can be a little late but that's ok". There were no reports of staff not staying the full allocated time, or not turning up at all.

People told us they had the same staff visit them and they found this very helpful; "I have the same team of six and I like that", and "I like the idea of the same person coming all the time." Another people said; "Yes it's usually the same carer, apart from holidays which is expected", and "Yes I have the same ones all the time."

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. Everyone we spoke with agreed staff were well trained and competent saying; "Oh yes they are very well trained", and "They are very efficient." A relative told us; "I help with [name's] care so I can see they are well trained yes".

From our discussions with staff and review of staff files we found people had obtained suitable qualifications and experience to meet the requirements of their posts. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to their role and this training was up to date. We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people who were at the end of their life and dementia care.

One staff member said; "I have just done moving and handling which was good, I got more tips and very hands on First aid training."

All staff had either completed or were working towards a National Vocational Qualification award in health and social care. One staff member told us; "I have just finished my NVQ Level 3, I found the end of life care very good for what we do and also dementia training." We spoke with the external NVQ training provider. They told us; "We enjoy working with the people there."

We saw induction processes were in place to support newly recruited staff. This included completing all of

the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us that they received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw appraisals and observational checks on staff had been carried out also. One staff member told us; "I have just had an appraisal, it was good. I don't keep things bottled up I will talk beforehand or at any time to be honest."

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 observed that the service had sought consent from people for the care and support they were provided with and also that prior to administering medicines, people's consent was sought. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA. People they supported had varying capacity to make decisions and where they did not; action had been taken to ensure relevant parties were involved in making best interest decisions.

Middleton Care - Teesdale staff supported people to have meals. This was in the form of preparing foods purchased by the person or family when they visited. They were not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as district nurses when needed. Some told us they needed help with meal preparation and said; "They left a sandwich for my lunch ready", and "They prepare vegetables for me because I can't use my hands very well" and "They give me my breakfast and then leave a sandwich or salad for my lunch in the fridge".

People told us the staff helped when they were not well and told us; "I am prone to falls and the carers ring the doctors for me when this happens" and "They are marvellous. If my back freezes I ring them and they come and get my morphine for me". The G.P service told us; "They really care about their patients." We saw records to confirm staff liaised with visiting healthcare professionals such as peoples G.P or district nurses and took instruction from these staff. We found the staff reviewed care records regularly and included any new healthcare professional advice or instructions in the care records. This meant that people who used the service were supported to obtain the health care that they needed.

Is the service caring?

Our findings

Everyone we spoke with told us the staff were exceptionally kind and caring; "They are very respectful", "Staff are very good", "Absolutely wonderful", "They are very helpful and go out of their way", and "They are marvellous. The older ladies are very good. And I like the fact they let new ones shadow them to learn how to do the job". A relative told us; "They are super. Very kind and helpful."

Staff were exceptional in supporting people to be independent. People said; "I had not been out of the house for six months before I had Middleton Care. They have given me my independence" and another person said; "They help me stay active which is important to me. I am able to do some voluntary work because of them". One staff member told us they try to let people maintain their independence; "We encourage people to mobilise even if only for a few steps. It takes longer but you encourage them to do it for themselves. It maintains their dignity that way." One person told us they felt the service had really helped them to maintain their independence; "They are very kind, helpful and flexible. I only have to ring up if I need anything." This showed that staff were committed to help people to remain independent for as long as possible and lead fulfilling lives in their own homes and local communities.

We read one recent letter from relatives thanking a senior carer who took it upon themselves in their weekend off to respond to a call from a family when there was an emergency with the person's carer. They ensured the person was safe and helped get the person to an emergency care home placement before leaving there late in the evening. The family wrote; "This lady was obviously very proud of the firm she worked for. She went above and beyond the call of duty in her own time to give us help in the name of Middleton Care." This showed how staff went the extra mile above and beyond what was expected of them and were committed to ensuring older members of the community were kept safe at all times.

The registered manager told us; "Providing end of life care is my baby. There are six of us in the team who provide this support. It's our love and I know we are good at it. We involve everyone, because everyone is at their most vulnerable time. It's about caring for the whole family as well as the person." We saw that staff had been trained by the senior district nurses from Middleton in Teesdale and Barnard Castle. The registered manager also told us; "We integrate other team members to build their skills in this area, but we would never dream of sending anyone without experience to provide end of life care."

The district nursing team told us they had worked with the service recently on palliative care support. They said; "They were spot on. They bent over backwards and fitted in extra calls. They have the knowledge of how to look after palliative patients. You can tell when their carers have been in; they carry out excellent skin and mouth care."

We read a letter from relatives of a person who had used the service. The letter stated; "The carers became part of our lives and were always ready to step in to give us a break at short notice. Two of the carers were with [relative] at the end and they made sure everything was sorted as well as supporting us, one staff member had even enabled us to get a night's sleep by sitting up overnight with our relative. Thank you for the wonderful care and companionship shown to us as a family." This showed the staff team had a distinct

motivation to provide empathetic and holistic care in partnership with others to provide dignity in dying. This showed that staff delivered safe and compassionate care not only to people using the service but those related to them who required support at a difficult time.

People we spoke with who received personal care said they were very happy with the care and support provided. We were told by people about how the liaison officer had visited to check people were receiving exactly the type of support they needed. We found a range of support could be offered, which could mean staff visited once a day or several times a day to assist with personal care tasks; or complete domestic tasks or provide companionship.

We reviewed five sets of care records and saw people had signed to say they agreed with their assessment and plan of care. The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported as part of their assessment. We found each person had a very detailed assessment, which highlighted their needs. The assessment led to a care plan and service plan being developed, which we found from our discussions with staff and individuals met their needs. One person said; "Yes I have a care plan and they [management] came to the hospital before I was discharged to see what care I needed."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. The care records we viewed included information about Middleton Care - Teesdale and the services they provided. Everyone we spoke with as part of this inspection told us they had information about the service included in the front of their care file, so that they could access it at any time.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. People told us; "They help me with my feed tube and there has never been a problem," and "Yes they help me shower with no problems."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. Staff members told us; "It's about making people feel comfortable and supported and another staff member said; "One person says we are more like friends than carers. We all know we can make time for individuals – that's what I like about working for Middleton Care."

We reviewed the staff rota and discussed these with the registered manager. One person told us they received a schedule each week, and knew which carer would be calling and when. One person told us; "They have never ever let me down." The registered manager told us producing the rota for people had been helpful and people looked forward to receiving them and knowing who would be coming and when. This showed the service provided information to people on an ongoing basis and were demonstrating good practice in line with NICE [National Institute for Health and Care Excellence] guidance on delivering home care [2015] by communicating regularly with people..

The registered manager and liaison officer regularly contacted people to ensure they were happy with the staff and service. People told us; "Yes, they come out about every six months to check all is ok"; "Yes the manager has been out. I would let them know if there was a problem" and "A supervisor has been out to check". The feedback the service received showed this was the case.

The registered manager and all staff we met and spoke with showed genuine concern for people's

wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships.

Is the service responsive?

Our findings

The service was an important part of the local rural community. As well as working with key partners such as GPs and district nurses, the office had lots of information about other community services and activities in the local area. The Teesdale area has many challenges in terms of geography, social isolation and access to services and we saw and heard examples of how the staff enabled people to attend key appointments such as hospital visits.

The service also provided support for people to do their own shopping and to support people to attend the dentist and doctors for any appointments. A couple of people were also supported to visit the local hairdresser. One person had companionship support and the office manager told us; "We take [name] out to Bowes Museum, a ride up the dale, once a month to an afternoon of entertainment with bingo and buffet which is held in the church at Barnard Castle." This showed the service supported people to attend community activities.

People had a very high opinion of the service and told us; "It is a family run business and it shows in the quality of care they give," and "They go over and above," and "I get the help when I need it."

People told us that Middleton Care - Teesdale staff always turned up as planned and that if, on odd occasions, they had been delayed by a few minutes the staff rang them to say why this had happened. Relatives and people using the service told us that they were kept very well informed of any changes to the appointments.

Staff told us they did not feel rushed and were able to have meaningful time with people. Staff also said they were able to have sufficient time allocated to travel between calls.

The liaison officer outlined the assessment process and we confirmed from the review of care records that this mirrored what had been outlined to us. We found that people's needs were assessed upon referral to establish if the service were able to meet the person's needs. The service obtained information about a wide variety of people's health and physical needs as well as their social and communication needs. Information was provided about people's care and support needs by, either the person or their carer or family member. This enabled the liaison officer to produce a care and service plan.

We found that care plans were person-centred, reviewed and updated on a regular basis. For example details included specifics such as; "Will you please bring me a drink of water upstairs so I can take my medicines" and "Can you make my bed and leave a mug of water by my bed". This showed how people wanted their care and support to be provided was recorded. We found that systems were in place to monitor people's needs and ensure the care records were accurate. The liaison officer reviewed the daily diaries completed by staff on a regular basis to ensure the service was still reflective of the person's needs. The liaison officer visited people with a senior carer every three months People told us; "Yes I have a care plan and it is updated".

Care staff told us they were allocated the same people, which meant they could build very good working relationships. People told us; "I like the idea of the same person coming all the time." We were told that no-one got a call without meeting the carer previously. The registered manager told us; "We go through the holiday list at our monthly meeting so we know people are covered and girls can go and meet people with the usual carer if they are going to cover their leave." This showed the service followed NICE [National Institute for Health and Care Excellence] for home care published in 2015 which states services should 'Prioritise continuity of care by ensuring the person is supported by the same home care worker(s) so they can become familiar with them.'

The people who used the service we spoke with told us they were given a copy of the complaints procedure when they first started to receive the service. Everyone said they would know how to complain, if necessary. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. The service had not received any complaints since our last visit. The management team told us that if they received any concern or issue no matter how minor, they immediately contacted the person via telephone or a visit to discuss and address their issues. They stated by undertaking this pro-active strategy that was why the perhaps the service did not have any formal complaints.

Is the service well-led?

Our findings

Every person we spoke with told us the service was extremely well led. When asked what was good about the service people said: "It is very local to us and accessible", "It is the best service there is" and "Gold stars from me." Asked about any improvements, they said; "Nothing at all. No, they couldn't do a thing better"; "Nothing could be done better" and "Nothing could be improved."

The registered manager was also the registered provider and had managed the service since taking over from the previous owners in 2005.

People, staff and other professionals spoke extremely highly of the registered manager and the staff team. People told us; "The manager goes over and above," and "She has taken clothes home to dry and iron in the past and, this week she is going to empty my car for me as I am changing it. I would be lost without her". One of the district nursing team told us; "[Name] goes above and beyond. I have seen her sleep over at people's houses when their partners have been ill, she has an absolute heart of gold." We were also told by one person of the registered manager taking their cat to the vet as they had mobility difficulties. The registered manager told us they helped this person source the cat from a local rescue centre when they mentioned they would like a companion and helped them to look after it. This showed how the service went above and beyond in considering individual wellbeing and aspirations in a very person centred led way.

The vision and values of the service were clearly communicated to staff. Staff were able to tell us; "I love working here, we are enabled to really care with a person centred approach, spending time with people." We heard examples of how the staff team mirrored the registered manager's focus on excellent person centred care with stories of how they exceeded expectations. One staff organised and supported a person who used the service into an emergency care home placement when their own family carer became ill. They did this on their weekend off and actually went to the person's home to provide support, make arrangements and then accompanied the person to this new environment, not leaving until late in the evening when the person was settled. This showed that people were at the heart of the service.

The service was in the small town of Middleton in Teesdale and served some exceptionally remote areas of Teesdale that often presented with extremes of weather. This presented a variety of challenges in terms of the amenities, geography, social isolation and access to services for older vulnerable people. The registered manager told us that during winter months that the service would always ensure staff had another person with them when travelling to remote locations, this second person was often someone from the local community; "We make sandwiches, fill flasks, feed animals, collect coal and speak to people's neighbours so they have enough support for the next day when the weather is bad."

We heard from people and from the service that the office location was used as a hub to provide information about many issues relating to older people in the local area. One person told us they were told about a local lunch club for older people by care staff, which they now attended and thoroughly enjoyed the meal and social interaction. We spoke with the office manager who handled most of the queries in the office and found them very knowledgeable in providing advice and giving people information about a variety of

services for older people at home. We observed the office manager dealing with a telephone enquiry from a prospective client's family. They clearly explained the service Middleton Care - Teesdale provided and gave further information and contact details for Social Services and funding arrangements so the person was helped in their enquiry. The office manager was extremely professional and courteous in their manner.

We were told about the partnerships the service had developed with the local GP practice, district nursing team, local pharmacy and a local voluntary organisation in the town. The district nursing team said; "They get to know the patients and they provide consistent care – we know when their carers have been in as the care has been excellent." We spoke with the external NVQ training provider. They told us; "They have a network of partnerships they have built up so solutions are found for people. That really stands out for me." The service had worked to develop a medication administration record sheet with the local pharmacy and staff collected people's medicines to take them to their home. People told us the service collecting their medicines was a massive help to them. We spoke with the local G.P practice manager. They told us; "We really support this service, it is fantastic. They really care about their patients." The service had worked with a local voluntary organisation to share training events with others in the community such as first aid. This meant this small service could share costs and training venues with others in the small local area. In 2015, the service was awarded the Best Community Engagement project in the Teesdale Business Awards.

The service held an annual party at Christmas and also held a summer fete this year where they provided entertainment, tea and bingo for the local community in the Middleton in Teesdale area. The registered manager told us they had about 40 to 50 people attending this year and it enabled the service to explain what it did and what services were available to people who may be in need of home care in the future. We saw the location's office had lots of information about services that people could access in the rural community such as dental and chiropody services who could visit people in their own homes and also how people could access funding opportunities such as Direct Payments.

The registered manager was fully involved in the day to day management and provision of the care service, and had very detailed knowledge of people's needs and explained how they continually aimed to provide people with high quality care that was responsive to people's needs. One person said; "I can honestly say that the service I receive is first class. I can guarantee [Name] goes above and beyond her duties. She always has a smile on her face and it is a pleasure to see her every time." Staff told us that the registered manager was open, accessible and approachable. One staff member said; "I know you shouldn't brag but I'm proud to work for this company, we are a great team."

The registered manager discussed the process they used for checking if people were happy with the service and showed us their system. We saw the service regularly visited people to check that the service was meeting their needs and had a system in place to make sure each person was contacted at least monthly via telephone or visited by the liaison officer or senior carer. People using the service told us; "Yes they come and visit me and check if I am happy with everything, I have also filled out a survey a little while ago."

We saw the annual survey had been carried out and we saw that comments were extremely positive about the care and staff provided. The leadership of the service including the senior carer and the liaison officer had explained issues of geography to people personally so that people understood how staff were deployed to meet the geographical constraints that occurred living in the rural dales. This showed the service listened and responded personally to any issues people raised.

Every staff member we spoke with told us they were very happy working at the service. Everyone told us they were proud to work for the service and they felt valued and listened to. One staff told us that anything they raised regarding work was listened to and we saw in regular staff meeting minutes that contributions about

care and any improvements were discussed by the whole team and adopted if everyone agreed them. The service had a programme for full team meetings in two different geographical locations so all staff could attend. One staff member said; "They are excellent in terms of work and family life. We meet before Christmas and discuss the rota together and the registered manager enables those of us with young families to have Christmas with them. I have never had a time when I am stuck and it means I want to pay that back by helping the team where I can."

We also looked at how Middleton Care - Teesdale was meeting the requirement to notify CQC of certain incidents and events. Notifiable incidents are events that the service has a legal requirement to inform CQC about and when we prepared for this inspection we reviewed what the service had submitted and on viewing records on our visit we found the service had submitted all appropriate notifications.