

# CARE QUALITY COMMISSION (CQC) INSPECTION OUTCOMES & STOCKTON-ON-TEES BOROUGH COUNCIL (SBC) PROVIDER ASSESSMENT AND MARKET MANAGEMENT SOLUTIONS (PAMMS) ASSESSMENT REPORTS

## QUARTER 1 2021-2022

The CQC is the national inspectorate for registered health and adult care services. Inspection reports are regularly produced and these are published on a weekly basis.

The CQC assesses and rates services as being 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate'. Where providers are found to be in need of improvement or inadequate, the CQC make recommendations for improvement and / or enforcement action. Specific actions taken in each case can be found in the relevant inspection report.

Where inspections are relevant to the Borough, a summary of the outcome is circulated to all Members each month. An update from Adult Services is included which summarises the position in relation to service provision and any actions taken at that time.

### Quarterly Summary of Published Reports

This update includes inspection reports published between April and June 2021 (inclusive). These are included at **Appendix 1** and contain the results of all inspections of services based in the Borough (irrespective of whether they are commissioned by the Council).

During this quarter, **9** inspection results were published (1 of which was a focused inspection). Please note: there is a time lag between dates of the inspection and the publication of the report. In addition, where concerns are identified by the CQC, re-inspections may take place soon after the initial report is published. When the outcomes are made available within the same quarter, the result of the most recent report is included in this update.

The main outcomes from the reports are as follows:

- 9 Adult Care services were reported on (5 rated 'Good'; 2 'Requires Improvement'; 1 'Inadequate'; 1 'Inspected but not rated');
- 0 Primary Medical Care services were reported on;
- 0 Hospital / Other Health Care service were reported on.

A summary of each report and actions taken (correct at the time the CQC inspection report was published) is outlined below<sup>1</sup>. Links to the full version of the reports, and previous ratings where applicable, are also included.

### Overall position – Commissioned Services

**Appendix 2** outlines the current overall position for those Adult Social Care services that are commissioned by the Council.

## **NEW: PAMMS Assessment Reports**

SBC are utilising the Provider Assessment and Market Management Solutions (PAMMS) in the quality assurance process. PAMMS is an online assessment tool developed in collaboration with Directors of Adult Social Services (ADASS) East and regional Local Authorities. It is designed to assist in assessing the quality of care delivered by providers. The PAMMS assessment consists of a series of questions over a number of domains and quality standards that forms a risk-based scoring system to ensure equality of approach. The PAMMS key areas are:

- Involvement and Information
- Personalised Care and Support
- Safeguarding and Safety
- Suitability of Staffing
- Quality of Management

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings.

**Appendix 3** shows reports published between April and June 2021 (inclusive).

**APPENDIX 1****ADULT SERVICES**

(includes services such as care homes, care homes with nursing, and care in the home)

<b>Provider Name</b>	<b>Knights Care (2) Ltd</b>	
<b>Service Name</b>	<b>The Maple Care Home</b>	
<b>Category of Care</b>	<b>Residential, Nursing, Dementia</b>	
<b>Address</b>	Dover Road, Stockton-on-Tees TS19 0JS	
<b>Ward</b>	<b>Newtown</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/f3148c02-2013-4ea2-93b1-cc28831cc67e?20210424120000">https://api.cqc.org.uk/public/v1/reports/f3148c02-2013-4ea2-93b1-cc28831cc67e?20210424120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Safe</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Effective</b>	<b>Good</b>	<b>Good</b>
<b>Caring</b>	<b>Good</b>	<b>Good</b>
<b>Responsive</b>	<b>Good</b>	<b>Good</b>
<b>Well-Led</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Date of Inspection</b>	3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> & 9 <sup>th</sup> March 2021 (part inspection)	
<b>Date Report Published</b>	9 <sup>th</sup> April 2021	
<b>Date Previous Report Published</b>	23 <sup>rd</sup> May 2018	
<b>Breach Number and Title</b>		
<p><u>Regulation 12 HSCA RA Regulations 2014 - Safe care and treatment</u>  Risks to people were not always correctly assessed or recorded. Appropriate precautions had not been taken to minimise the risk to people in the event of a fire.</p>		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Quality threshold level 2 – moderate concerns / supportive monitoring.		
<b>Level of Engagement with the Authority</b>		
<p>The Registered Manager signed up to the Well Led programme and completed approximately 50% of the course. He also attended some online leadership sessions and engaged with the Data Security and Protection toolkit and oral health project.</p> <p>The provider has been accessing the North Tees and Hartlepool Education Alliance Training.</p>		

Supporting Evidence and Supplementary Information		
<p>A focused inspection was undertaken to review the key questions of Safe and Well Led following some concerns being raised regarding the management oversight and staffing levels at the service. Infection prevention and control measures were also reviewed under the Safe key question.</p> <p>The inspection found that not all risks were adequately addressed. Fire drills did not take place in line with the provider's policy. A more robust system was required to investigate allegations of abuse. The home was fully staffed in line with the tool used by the provider to calculate safe staffing levels, however some staff raised concerns about staffing levels.</p> <p>CQC were assured with the infection control measures in place, however initial screening of visitors to the home needed to improve.</p>		
<b>Participated in Well Led Programme?</b>	<b>Yes (50%)</b>	
<b>PAMMs Assessment – Date / Rating</b>	<b>April 2019</b>	<b>Good</b>

<b>Provider Name</b>	<b>Gradestone Ltd</b>	
<b>Service Name</b>	<b>Roseworth Lodge Care Home</b>	
<b>Category of Care</b>	<b>Nursing Dementia, General Nursing, Residential</b>	
<b>Address</b>	Redhill Road, Stockton-on-Tees TS19 9BY	
<b>Ward</b>	<b>Roseworth</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/f956288a-c9f5-460a-a1d7-12e6bcd1afaf?20210429120000">https://api.cqc.org.uk/public/v1/reports/f956288a-c9f5-460a-a1d7-12e6bcd1afaf?20210429120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Good</b>	<b>Good</b>
<b>Safe</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Effective</b>	<b>Good</b>	<b>Good</b>
<b>Caring</b>	<b>Good</b>	<b>Good</b>
<b>Responsive</b>	<b>Good</b>	<b>Good</b>
<b>Well-Led</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>13<sup>th</sup> April 2021</b> (part inspection)	
<b>Date Report Published</b>	<b>29<sup>th</sup> April 2021</b>	
<b>Date Previous Report Published</b>	<b>21<sup>st</sup> November 2017</b>	
<b>Breach Number and Title</b>		
n/a		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 1 – Standard Monitoring		
<b>Level of Engagement with the Authority</b>		
<p>The provider fully engages with the Quality Assurance &amp; Compliance Officer regarding all aspects of quality assurance. They are open and honest and happy to accept support where needed and work collaboratively. Prior to the CQC inspection the provider had identified issues with their management of medication. As a result a new audit tool was implemented.</p> <p>Following a joint visit by the Quality Assurance &amp; Compliance Officer and the CCG, significant improvements had been made. The provider has continued to manage those issues which were picked up via the audit tool and addressed them with the staff team.</p> <p>CQC found some medicine stock counts were incorrect. The providers audits had picked up on this, however these were found to still be continuing. Other aspects of medicines management were safe. CQC stated that “There was good oversight and management of the service. The provider had a good quality assurance system in place. The registered manager had started to put an action plan in place to correct the concerns with the counts of medicines”.</p>		

Supporting Evidence and Supplementary Information		
<p>A focused inspection was undertaken to look at the key lines of enquiry, Safe and Well lead.</p> <p>The provider has been referred to the medication optimisation team for further support.</p> <p>The report has some very positive comments from staff, family and service users about both the home and its management team.</p>		
<b>Participated in Well Led Programme?</b>	Yes	
<b>PAMMs Assessment – Date / Rating</b>	07/07/2019	<b>Good</b>

<b>Provider Name</b>	<b>Classic ResourcesUK Ltd</b>	
<b>Service Name</b>	<b>Classic ResourcesUK Ltd</b>	
<b>Category of Care</b>	<b>Homecare</b>	
<b>Address</b>	3 Bramfield Way, Ingleby Barwick, Stockton-on-Tees TS17 5AU	
<b>Ward</b>	n/a	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/3cb4ca3f-56bc-4346-84be-33116fb51d51?20210506120000">https://api.cqc.org.uk/public/v1/reports/3cb4ca3f-56bc-4346-84be-33116fb51d51?20210506120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Good</b>	n/a
<b>Safe</b>	<b>Good</b>	n/a
<b>Effective</b>	<b>Good</b>	n/a
<b>Caring</b>	<b>Good</b>	n/a
<b>Responsive</b>	<b>Good</b>	n/a
<b>Well-Led</b>	<b>Good</b>	n/a
<b>Date of Inspection</b>	26 <sup>th</sup> April 2021	
<b>Date Report Published</b>	6 <sup>th</sup> May 2021	
<b>Date Previous Report Published</b>	n/a	
<b>Further Information</b>		
<p>Classic Resources is a domiciliary care service providing personal care to people in their own homes. Classic Resources also provide an emergency support service for hospital discharges. At the time of inspection, they were supporting two people.</p> <p>Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, CQC also consider any wider social care provided.</p> <p>This service was registered with CQC in June 2017 and this was the first inspection.</p>		

<b>Provider Name</b>	<b>Comfort Call Limited</b>	
<b>Service Name</b>	<b>Comfort Call-Stockton</b>	
<b>Category of Care</b>	<b>Care at Home (standard framework)</b>	
<b>Address</b>	Tower House, Teesdale South Business Park, Stockton-on-Tees TS17 6SG	
<b>Ward</b>	n/a	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/ec236cc2-3865-469e-af1d-79aea1adaa38?20210519120000">https://api.cqc.org.uk/public/v1/reports/ec236cc2-3865-469e-af1d-79aea1adaa38?20210519120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Good</b>	n/a
<b>Safe</b>	<b>Good</b>	n/a
<b>Effective</b>	<b>Good</b>	n/a
<b>Caring</b>	<b>Good</b>	n/a
<b>Responsive</b>	<b>Good</b>	n/a
<b>Well-Led</b>	<b>Good</b>	n/a
<b>Date of Inspection</b>	15 <sup>th</sup> , 16 <sup>th</sup> & 19 <sup>th</sup> April 2021	
<b>Date Report Published</b>	19 <sup>th</sup> May 2021	
<b>Date Previous Report Published</b>	n/a	
<b>Breach Number and Title</b>		
None		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 1 – no concerns/minor concerns		
<b>Level of Engagement with the Authority</b>		
<p>The Provider has a very good level of engagement with the Authority.</p> <p>The Registered Manager and Regional Manager are in regular contact with the Quality Assurance and Compliance Officer and always provides the monthly dashboard information on time.</p> <p>The Provider also engages with the Forums and Support Sessions led by the Authority and are members of the Peer Support Network delivered by the Transformation Managers.</p>		



Supporting Evidence and Supplementary Information		
<p>This was the first inspection of this service, since Comfort Call split the Care at Home and Extra Care registrations and offices.</p> <p>The inspection found the service was good in all areas and relatives and clients were happy with the care they received. People and their relatives provided very positive feedback about the care and support they received. One relative told us, "I'm often surprised that they are so good with [my relative]. They enjoy their time together. They chat and laugh with him. I can hear even when he's a bit grumpy they remain polite and encourage him. Staff supported people in a respectful way, involved them in decisions and encouraged independence".</p> <p>The report identified that the Manager and staff were clear about their roles, and understands quality performance, risks and regulatory requirements.</p> <p>Comfort Call is currently moving all branches to a full electronic recording system, using systems such as New Insight / Model Branch / Access Care Planning. The Stockton office is being used as the example of good practice and demonstration of excellent implementation across the whole national company.</p>		
<b>Participated in Well Led Programme?</b>	<b>No</b>	
<b>PAMMs Assessment – Date / Rating</b>	<b>06/08/2019</b>	<b>Good</b>

<b>Provider Name</b>	<b>Stockton-on-Tees Borough Council</b>	
<b>Service Name</b>	<b>Reablement Service</b>	
<b>Category of Care</b>	<b>Homecare</b>	
<b>Address</b>	Tithebarn House, High Newham Road, Stockton-on-Tees TS19 8RH	
<b>Ward</b>	n/a	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/40ab9f3d-8d99-463f-a538-6e615a29fb73?20210521120000">https://api.cqc.org.uk/public/v1/reports/40ab9f3d-8d99-463f-a538-6e615a29fb73?20210521120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Good</b>	<b>Good</b>
<b>Safe</b>	<b>Good</b>	<b>Good</b>
<b>Effective</b>	<b>Not inspected</b>	<b>Good</b>
<b>Caring</b>	<b>Not inspected</b>	<b>Good</b>
<b>Responsive</b>	<b>Not inspected</b>	<b>Good</b>
<b>Well-Led</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	11 <sup>th</sup> May 2021 (part inspection)	
<b>Date Report Published</b>	21 <sup>st</sup> May 2021	
<b>Date Previous Report Published</b>	4 <sup>th</sup> October 2017	
<b>Further Information</b>		
<p>Reablement Service provides assessment and rehabilitation services for people in their own homes to promote their daily living skills and independence. At the time of the inspection, 55 people used the service.</p> <p>Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, CQC also consider any wider social care provided.</p> <p>This report only covers findings in relation to the key questions 'safe' and 'well led' as CQC were mindful of the impact and added pressures of the COVID-19 pandemic on the service. CQC reviewed the information it held about the service. No areas of concern were identified in the other key questions – CQC therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.</p>		

<b>Provider Name</b>	<b>Partners4Care Ltd</b>	
<b>Service Name</b>	<b>Winford House</b>	
<b>Category of Care</b>	<b>Extra Care</b>	
<b>Address</b>	The Causeway, Billingham, Stockton-on-Tees TS23 2HF	
<b>Ward</b>	<b>Billingham Central</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/12dbc24f-2c7b-43cf-8050-71fffedf10d7?20210527120000">https://api.cqc.org.uk/public/v1/reports/12dbc24f-2c7b-43cf-8050-71fffedf10d7?20210527120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Good</b>	<b>n/a</b>
<b>Safe</b>	<b>Good</b>	<b>n/a</b>
<b>Effective</b>	<b>Good</b>	<b>n/a</b>
<b>Caring</b>	<b>Good</b>	<b>n/a</b>
<b>Responsive</b>	<b>Good</b>	<b>n/a</b>
<b>Well-Led</b>	<b>Good</b>	<b>n/a</b>
<b>Date of Inspection</b>	<b>29<sup>th</sup> April 2021</b>	
<b>Date Report Published</b>	<b>27<sup>th</sup> May 2021</b>	
<b>Date Previous Report Published</b>	<b>n/a</b>	
<b>Breach Number and Title</b>		
None		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 1 – no concerns/minor concerns		
<b>Level of Engagement with the Authority</b>		
<p>The management team have a positive relationship with the QuAC Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>Managers have attended some provider forums, however, overall engagement with the Transformation team has been relatively poor.</p>		
<b>Supporting Evidence and Supplementary Information</b>		
<p>This was the first CQC inspection of the newly registered service under Partners4Care (the former care provider at Winford House was Brookleigh Caring Services).</p> <p>The inspection found that the service was safe. Medicines were well managed and staff were aware of how to identify and report safeguarding concerns. Staff followed infection control procedures.</p>		

People were involved in their care planning. Records were regularly reviewed to ensure people's up-to-date needs were reflected. Staff ensured people had access to healthcare professionals. People were supported with meals and any special dietary requirements were met.

Staff received appropriate training and support. Quality assurance systems were in place to monitor the quality of care and support people received. The management team were receptive to feedback and keen to improve the service.

<b>Participated in Well Led Programme?</b>	<b>No</b>	
<b>PAMMs Assessment – Date / Rating</b>	<b>n/a (due June 2021)</b>	

<b>Provider Name</b>	<b>Milewood Healthcare Ltd</b>	
<b>Service Name</b>	<b>Oxbridge House</b>	
<b>Category of Care</b>	<b>Residential; Learning Disabilities</b>	
<b>Address</b>	187 Oxbridge Lane, Stockton-on-Tees TS18 4JB	
<b>Ward</b>	<b>Grangefield</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/e163de3e-01e8-4c49-9fef-9d327d23f833?20210609120000">https://api.cqc.org.uk/public/v1/reports/e163de3e-01e8-4c49-9fef-9d327d23f833?20210609120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Safe</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Effective</b>	<b>Good</b>	<b>Good</b>
<b>Caring</b>	<b>Good</b>	<b>Good</b>
<b>Responsive</b>	<b>Good</b>	<b>Good</b>
<b>Well-Led</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Date of Inspection</b>	25 <sup>th</sup> May 2021 (focused inspection)	
<b>Date Report Published</b>	9 <sup>th</sup> June 2021	
<b>Date Previous Report Published</b>	16 <sup>th</sup> December 2017	
<b>Breach Number and Title</b>		
<p><u>Regulation 12 HSCA RA Regulations 2014 - Safe care and treatment</u> The provider was not doing all that was reasonably practicable to mitigate risks and ensure the proper and safe management of medicines.</p> <p><u>Regulation 16 HSCA RA Regulations 2014 – Good governance</u> The provider failed to ensure they had appropriate systems in place to check and maintain good care.</p>		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 3 – serious concerns; enhanced monitoring		
<b>Level of Engagement with the Authority</b>		
<p>The provider generally engages well with the QuAC Officer; the Manager provided weekly telephone updates during the Covid-19 pandemic and has been responsive to requests for information.</p> <p>There have been some concerns about communication with professionals and the quality of responses to Safeguarding concerns, with a lack of robust investigations and outcomes evident.</p>		

The Registered Manager signed up for the Well Led programme but did not complete this, despite encouragement from the QuAC Officer and a request to the Nominated Individual to support this.

Following the recent CQC inspection, the provider has acknowledged that improvements are required and assured the Council that they are willing to work openly and transparently with us to achieve the expected standards of service.

**Supporting Evidence and Supplementary Information**

A focused inspection was undertaken to review the key questions of Safe and Well Led. The report highlights several concerns in relation to leadership, auditing systems, care records, management of medicines and completion of fire drills.

Prior to this, there had been ongoing quality & compliance concerns regarding Oxbridge House since its initial PAMMS quality assessment in August 2019, when all 5 domains were rated Requires Improvement. An action plan was produced, and follow-up visits were carried out, however there was a lack of sustained progress evident. Quality monitoring visits were then suspended during the Covid-19 pandemic.

Following further concerns being raised via Safeguarding and professionals, a monitoring visit was undertaken on 8th February 21, where several compliance shortfalls were identified. A Concerns Meeting was subsequently held with relevant professionals and the provider on 22nd February 21, where it was agreed that they would be given 3 months to complete an action plan. CQC then carried out their inspection on 25th May 2021, where further concerns were identified.

As the provider has failed to satisfactorily address a number of quality & compliance concerns over a long period of time, and its recent CQC inspection has highlighted safety concerns and breaches of regulations, the Council made the decision to place the service under the Responding to and Addressing Serious Concerns (RASC) Protocol.

Oxbridge House will be placed under an enhanced level of contract monitoring. Their action plan will be monitored, and regular telephone calls & support visits will be maintained. Feedback will be sought from all partner agencies.

The home is currently under a 4-week embargo on new admissions. The embargo will remain in place until the Local Authority has assurance that sustained improvements have been made in the required areas.

Five of the current nine placements at Oxbridge House are funded by other Local Authorities. Those LAs will be contacted to inform them of the situation, and they will be invited to attend the next RASC meeting in 4 weeks.

<b>Participated in Well Led Programme?</b>	<b>No</b>	
<b>PAMMs Assessment – Date / Rating</b>	<b>02/08/2019</b>	<b>Requires Improvement</b>

<b>Provider Name</b>	<b>Akari Care Limited</b>	
<b>Service Name</b>	<b>Piper Court</b>	
<b>Category of Care</b>	<b>Nursing / Residential / Functional Mental Health</b>	
<b>Address</b>	Sycamore Way, Stockton-on-Tees TS19 8FR	
<b>Ward</b>	<b>Hardwick &amp; Salters Lane</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/bbef3380-699d-4f7f-820b-5c9a09399470?20210626120000">https://api.cqc.org.uk/public/v1/reports/bbef3380-699d-4f7f-820b-5c9a09399470?20210626120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Inadequate</b>	<b>Good</b>
<b>Safe</b>	<b>Inadequate</b>	<b>Requires Improvement</b>
<b>Effective</b>	<b>Not inspected</b>	<b>Good</b>
<b>Caring</b>	<b>Not inspected</b>	<b>Good</b>
<b>Responsive</b>	<b>Not inspected</b>	<b>Good</b>
<b>Well-Led</b>	<b>Inadequate</b>	<b>Good</b>
<b>Date of Inspection</b>	18 <sup>th</sup> & 19 <sup>th</sup> May 2021 (focused inspection)	
<b>Date Report Published</b>	26 <sup>th</sup> June 2021	
<b>Date Previous Report Published</b>	7 <sup>th</sup> June 2019	
<b>Breach Number and Title</b>		
<p><u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u></p> <ul style="list-style-type: none"> <li>• Risk to people's health and wellbeing were not adequately assessed. 12(2)(a)(b)</li> <li>• Environmental health and safety checks were not regularly completed and fire drills were not taking place. 12(2)(d)(e)</li> <li>• Medicines were not managed safely and medicines policies and procedures were not followed. 12(2)(g)</li> </ul> <p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u></p> <ul style="list-style-type: none"> <li>• Checks and audits carried out to ensure compliance with regulations and to monitor standards at the service were not carried out effectively and had failed to identify areas of concern. 17(1)(2)(a)</li> <li>• Records were not always up to date, accurate or complete. 17(2)(c)</li> </ul>		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 3 – Major Concerns – Enhanced Monitoring		

Level of Engagement with the Authority		
<p>Prior to the CQC inspection, the level of engagement from the provider with the Local Authority (LA) and other professionals has been poor. There was a lack of engagement in relation to training for Infection Prevention Control (IPC) and the support the nurses from North Tees had offered. In addition, the provider was not utilising the National Early Warning Sign (NEWS) kit and there was a lack of engagement with the team who support this equipment.</p> <p>This is currently improving, and the provider is currently welcoming the support that is being offered and the level of engagement is increasing.</p>		
Supporting Evidence and Supplementary Information		
<p>A CQC focused inspection was undertaken to review the key questions of Safe and Well Led. The report highlights several concerns in relation Infection Control, Care Records, Management of Medicines and Completion of Fire Drills.</p> <p>Due to the overall rating of 'Inadequate', CQC have placed Piper Court into special measures. This means we will keep the service under review, and they will re-inspect within 6 months to review for significant improvements. If the provider has not made the required improvements within this timeframe and there is still a rating of 'Inadequate' for any key question or overall rating, the CQC will take action in line with their enforcement procedures. This will usually lead to cancellation of their registration or to varying the conditions of their registration.</p> <p>CQC found that residents they spoke with told them that they felt safe and would report any concerns to staff. One person told them, "Of course I feel safe as they look after me. Staff had received safeguarding training. They were knowledgeable around safeguarding procedures and where to report and escalate any concerns.</p> <p>Following initial feedback from CQC and a number of professional and LA Quality Assurance and Compliance visits, a 4-week embargo was imposed to assess the level of concern and consideration of risks. Identification of further concerns has resulted in Piper Court being referred into Responding to and Addressing Serious Concerns (RASC) under the Teeswide Safeguarding Adults Board (TSAB) protocol as from 15/6/21. An 8-week embargo on admissions is now in force.</p> <p>Weekly Quality Assurance &amp; Compliance visits are being carried out along with enhanced monitoring of their action plans and their proposed improvements in quality of service and contractual compliance. There is an intensive presence of senior Akari management on-site alongside support from the Regional Director and Internal Quality Managers and a commitment from the provider to demonstrate sustained improvements.</p>		
<b>Participated in Well Led Programme?</b>	<b>No</b>	
<b>PAMMS Assessment – Date / Rating</b>	<b>14/02/2020</b>	<b>Requires Improvement</b>



**FOCUSED INSPECTIONS**

In addition to the above, the following 'focused inspections' have been carried out – these inspections involve checks on infection prevention and control management:

<b>Provider Name</b>	<b>Anchor Hanover Group</b>
<b>Service Name</b>	<b>Millbeck</b>
<b>Category of Care</b>	<b>Residential / Dementia</b>
<b>Address</b>	High Street Norton Stockton-on-Tees TS20 1DQ
<b>Ward</b>	<b>Norton North</b>
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/a9619106-a2af-4cf4-a038-32b1a132c09e?20210420120001">https://api.cqc.org.uk/public/v1/reports/a9619106-a2af-4cf4-a038-32b1a132c09e?20210420120001</a>
	<b>CQC Assurance</b>
<b>Visitors</b>	<b>Assured</b>
<b>Shielding</b>	<b>Assured</b>
<b>Admissions</b>	<b>Assured</b>
<b>Use of PPE</b>	<b>Assured</b>
<b>Testing</b>	<b>Assured</b>
<b>Premises</b>	<b>Assured</b>
<b>Staffing</b>	<b>Assured</b>
<b>Policies</b>	<b>Assured</b>
<b>Date of Inspection</b>	<b>22<sup>nd</sup> March 2021</b> (focused inspection)
<b>Date Report Published</b>	<b>20<sup>th</sup> April 2021</b>
<b>Breach Number and Title</b>	
None	
<b>CQC Findings and Supplementary Information</b>	
<p>As part of CQCs response to the coronavirus pandemic, they are looking at the preparedness of care homes in relation to infection prevention and control. This was a targeted inspection looking at the infection control and prevention measures the provider has in place.</p> <p>The CQC's findings in this inspection were:</p> <ul style="list-style-type: none"> <li>• They were assured that the provider was preventing visitors from catching and spreading infections.</li> <li>• They were assured that the provider was meeting shielding and social distancing rules.</li> <li>• They were assured that the provider was admitting people safely to the service.</li> </ul>	

<ul style="list-style-type: none"> <li>• They were assured that the provider was using PPE effectively and safely.</li> <li>• They were assured that the provider was accessing testing for people using the service and staff.</li> <li>• They were assured that the provider was promoting safety through the layout and hygiene practices of the premises.</li> <li>• They were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.</li> <li>• They were assured that the provider's infection prevention and control policy and associated procedures were up to date.</li> </ul>		
<b>Current CQC Assessment – Date / Overall Rating</b>	<b>13/12/2018</b>	<b>Good</b>

## **PRIMARY MEDICAL CARE SERVICES**

No reports published.

**HOSPITAL AND COMMUNITY HEALTH SERVICES**  
(including mental health care)

No reports published.

## **APPENDIX 2**

### **OVERALL POSITION FOR COMMISSIONED SERVICES**

The CQC have announced that they are changing their strategy which incorporates new methods and inspection criteria, and the Council are currently observing this through their published inspection reports. Therefore, currently there is no trend analysis data available that would accurately portray the current position in relation to the overall summary of CQC ratings for Adult Social Care services commissioned by the Council for Quarter 1 2021-2022.

**APPENDIX 3****PAMMS ASSESSMENT REPORTS**  
(for Adult Services commissioned by the Council)

<b>Provider Name</b>	<b>Bondcare Willington Ltd</b>	
<b>Service Name</b>	<b>Allington House Care Home</b>	
<b>Category of Care</b>	<b>Residential, Dementia</b>	
<b>Address</b>	Marsh House Avenue, Billingham, Stockton-on-Tees TS23 3ET	
<b>Ward</b>	<b>Billingham North</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Involvement &amp; Information</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Personalised Care / Support</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	<b>Good</b>
<b>Suitability of Staffing</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Date of Inspection</b>	<b>22<sup>nd</sup> April 2021</b>	
<b>Date Assessment Published</b>	<b>17<sup>th</sup> May 2021</b>	
<b>Date Previous Assessment Published</b>	<b>18<sup>th</sup> April 2019</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>The provider was found to be largely compliant with requirements in relation to care planning, staffing, the environment and safety, leadership and management. Very positive feedback was given by residents, relatives and visiting professionals.</p> <p>Some minor areas were identified for improvement including obtaining regular feedback from residents, ensuring service user consent is clearly evidenced and Mental Capacity Assessments are always decision-specific, and ensuring that staff wear face masks correctly at all times.</p>		
<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
<p>The provider will complete an action plan addressing any areas identified for improvement to ensure full compliance.</p>		
<b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>		
Level 1 – No concerns/minor concerns		

<b>Level of Engagement with the Authority</b>		
<p>The provider's engagement with the Local Authority has been excellent, including:</p> <ul style="list-style-type: none"> <li>• Providing regular updates to QuAC Officer throughout the Covid-19 pandemic</li> <li>• Regularly attended Leadership and Peer Support network</li> <li>• Registered Manager and Deputy Manager both attended Well Led</li> <li>• Regularly attended the Good to Outstanding Collaborative</li> <li>• Engaged with Oral Health and supported the development of resources</li> <li>• Engage regularly with the North Tees and Hartlepool Education Alliance and NEWS</li> <li>• Take part in the Activity Coordinators network</li> <li>• Have worked with the Transformation Managers on a Covid-19 recovery Pilot</li> <li>• Presented at ADASS Conference, ASH committee and Members' briefing session</li> <li>• Previously completed DSPT to entry level and attended all of those meetings</li> </ul>		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>12/09/2019</b>	<b>Good</b>

<b>Provider Name</b>	<b>Indigo Care Services Limited / Orchard Care</b>	
<b>Service Name</b>	<b>Green Lodge</b>	
<b>Category of Care</b>	<b>Residential / Residential Dementia</b>	
<b>Address</b>	The Green, Billingham, Stockton-on-Tees TS23 1EW	
<b>Ward</b>	<b>Billingham South</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Involvement &amp; Information</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Personalised Care / Support</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Safeguarding &amp; Safety</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Suitability of Staffing</b>	<b>Good</b>	<b>Good</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Date of Inspection</b>	<b>30<sup>th</sup> April 2021</b>	
<b>Date Assessment Published</b>	<b>24<sup>th</sup> May 2021</b>	
<b>Date Previous Assessment Published</b>	<b>28<sup>th</sup> May 2019</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Since the PAMMS assessment was completed in 2019, a new Manager came into the home, and along with the Deputy Manager has made a significant impact into the quality of the care and the service as a whole.</p> <p>One of the biggest areas of concern identified in the PAMMS of 2019, were the care plans. The service has now moved to Electronic Care Plans. The Deputy Manager has led on this and all care plans have been re-written to an extremely high standard, very personalised and written in such a way that they could be used as an example of good practice across the sector. The Deputy has also disseminated this good practice to all staff, so that this standard is observed across all staff.</p> <p>The staff member who was observed on the medication round was extremely confident and capable and did not let our presence interfere with his round in any way. It gave confidence in the service that staff were that comfortable in the role and the task they were undertaking, when being observed.</p>		
<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
<p>The main areas noted for improvement were around the environment and decoration – the home is very tired and in need of upgrading. This was discussed with the Peripatetic Manager (regional support) who was in the home on the final day of the assessment. He has already highlighted this on his own internal assessments, but this will now be supported by the PAMMS assessment to evidence the need.</p>		



Level of Quality Assurance & Contract Compliance Monitoring		
<p>Level 1 – No concerns/minor concerns</p> <p>Even though the home is currently without a Manager, the Deputy Manager is very experienced and has led the home through a lot of the COVID pandemic and she is fully supported by the Peripatetic Manager, who is in the home weekly. Due to the good working relationship with the Quality Assurance and Compliance Officer, the Deputy would have no hesitation to contact us if there were any issues, or any help needed.</p>		
Level of Engagement with the Authority		
<p>The current Management have excellent communication levels with the Quality Assurance and Compliance Officer and has a very open and transparent relationship.</p> <p>The Provider has participated in Leadership &amp; Peer Support Network, Activity Co-ordinators Network, previously engaged in DSPT prior to the pandemic and have completed Oral Health returns.</p>		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>30/09/2020</b>	<b>Good</b>