

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

QUARTER 3 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 October and December 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, **6** 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:

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

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

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 2** shows **12** reports published between October and December 2021 (inclusive).

APPENDIX 1**ADULT SERVICES**

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

Provider Name	Action for Care Limited	
Service Name	Springwood	
Category of Care	Learning Disabilities	
Address	66 Darlington Back Lane, Stockton-on-Tees TS19 8TG	
Ward	Bishopgarth & Elm Tree	
CQC link	https://api.cqc.org.uk/public/v1/reports/738614cd-0a65-440c-8707-613487440a74?20211211130000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Good
Date of Inspection	11th October 2021	
Date Report Published	11th December 2021	
Date Previous Report Published	30th August 2019	
Breach Number and Title		
None		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Business as Usual / Standard Monitoring)		
Level of Engagement with the Authority		
<p>The manager has a positive relationship with the QuAC Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>However, engagement with the Transformation Managers has been sporadic over the last year and this is hoping to improve moving forward.</p>		

Supporting Evidence and Supplementary Information

CQC undertook this inspection as part of a random selection of services rated ‘Good’ and ‘Outstanding’ to test the reliability of their new monitoring approach.

People were very happy and content living in the home and described staff as “wonderful” and “perfect.” They received person-centred care where they were at the heart and focus of the support provided to achieve positive outcomes.

People were kept safe. Staff were confident in protecting people from abuse and risks were well managed. The provider learned from previous accidents and incidents to reduce future risks. Staff were recruited in a safe way and there were enough staff deployed to meet people’s needs. Infection control processes were embedded into the service and staff followed government guidance in relation to infection control and prevention practices relating to COVID-19.

People’s needs were assessed before they started using the service. Staff were suitably trained and received regular supervisions and annual appraisals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff were respectful towards people and supported them in a dignified way. People were encouraged to be as independent as possible and develop daily living skills and they received support from appropriate advocacy services, when needed.

Support plans were detailed and reflected people’s individual needs and choices, and staff involved people and their relatives when planning support and activities which incorporated people’s interests and wishes.

An effective quality assurance process was in place. Key stakeholders were regularly consulted about the quality of the service and staff were involved in the ongoing development and improvement of the service through regular meetings as well as daily communication.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date / Rating	Not yet assessed	

Provider Name	Willow View Care Limited	
Service Name	Willow View Care Home	
Category of Care	Residential / Residential Dementia	
Address	1 Norton Court, Norton Road, Stockton-on-Tees TS20 2BL	
Ward	Norton South	
CQC link	https://api.cqc.org.uk/public/v1/reports/9121aaaf-1b39-4cab-bd39-9a54564181b8?20220105130000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Inspected but not rated
Safe	Requires Improvement	Inspected but not rated
Effective	Good	Not inspected
Caring	Good	Not inspected
Responsive	Good	Not inspected
Well-Led	Requires Improvement	Not inspected
Date of Inspection	22nd & 24th November 2021	
Date Report Published	21st December 2021	
Date Previous Report Published	17th March 2021	
Breach Number and Title		
<p><u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u> Unvaccinated staff had been allowed to work following the change in legislation. 12(3) Medicines were not safely managed. 12(2)(g) Risks were not being correctly assessed and risk assessments did not always contain enough information to mitigate risk. 12(2)(a)(b)</p> <p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u> Systems and processes in place to monitor the quality and safety of the service were not effective. 17(2)(a) Care records were not accurate, complete, or up to date. 17(2)(c)</p>		
Level of Quality Assurance & Contract Compliance		
<p>Level 2 – Moderate Concerns / Supportive Monitoring</p> <p>The Quality Assurance and Compliance officer (QuAC) will liaise with CQC who will monitor progress against their action plan and support the provider to ensure they improve and progress against the outstanding breaches.</p>		

Level of Engagement with the Authority		
<p>The manager has a positive relationship with the QuAC Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>The manager has completed the Oral Health returns and is almost at monthly compliance with NEWS. The manager has always provided positive feedback about the Social Care Protection Operational group support and newsletter.</p>		
Supporting Evidence and Supplementary Information		
<p>An unannounced inspection took place due to concerns that unvaccinated staff were been allowed to work in the home. It was found that three staff members had not received any vaccinations. One staff member did meet the exemption criteria but had not self-certified or been asked to do so prior to 11 November by the registered manager. The other two staff were not medically exempt and had been allowed to work a number of shifts after the deadline. Although the provider addressed this following CQC feedback, they had been aware of the new legislation prior to the visit and had failed to act in a timely manner.</p> <p>The CQC also found that medicines were not well managed. Topical medicine application charts were not in place for all creams. Where charts were in place, they did not always contain the correct information or instructions for staff. In one treatment room, there was no recording of the temperature of the room. The home is currently working on an action plan devised by the NECS Meds Optimising Team regarding medication.</p> <p>Risks to people's health and wellbeing were not well managed. Risk assessments did not always accurately reflect people's current needs. Some risk assessments were not completed, and others were not detailed enough to guide staff on how to safely support people. During PAMMS assessment it was identified that assessments were written in a more generic and task orientated way and required improvement.</p> <p>Records were not always fully completed or up to date. A few examples where the care plans and risk assessments did not fully reflect people's current needs were found. During recent PAMMS assessment inconsistency of care plans was discussed with the manager. It was documented that some care plans were of a better standard than others and the manager was made aware that some care plans had signatures missing, and that not all paperwork had been completed correctly. This was marked as required improvement within PAMMS.</p>		
Participated in Well Led Programme?	No	
PAMMS Assessment – Date / Rating	12/10/2021	Good

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:

Provider Name	Mr & Mrs J Elliott
Service Name	Park House Rest Home
Category of Care	Residential / Dementia
Address	2 Richmond Road Stockton-on-Tees TS18 4DS
Ward	Parkfield & Oxbridge
CQC link	https://api.cqc.org.uk/public/v1/reports/1ed99c81-7ca7-48c9-8fab-f6472f950825?20211002120000
	CQC Assurance
Visitors	Assured
Shielding	Assured
Admissions	Assured
Use of PPE	Assured
Testing	Assured
Premises	Assured
Staffing	Assured
Policies	Assured
Date of Inspection	16th September 2021 (focused inspection)
Date Report Published	2nd October 2021
Breach Number and Title	
None	
CQC Findings and Supplementary Information	
<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"> • They were assured that the provider was preventing visitors from catching and spreading infections. • They were assured that the provider was meeting shielding and social distancing rules. • They were assured that the provider was admitting people safely to the service. • They were assured that the provider was using PPE effectively and safely. 	

- They were assured that the provider was accessing testing for people using the service and staff.
- They were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- They were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- They were assured that the provider's infection prevention and control policy and associated procedures were up to date.

Current CQC Assessment - Date / Overall Rating	18/08/2018	Good
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PRIMARY MEDICAL CARE SERVICES

No reports published.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

Provider Name	Butterwick Limited	
Service Name	Butterwick Hospice Stockton	
Category of Care	Hospice (for adults)	
Address	Middlefield Road, Hardwick, Stockton-on-Tees TS19 8XN	
Ward	Hardwick & Salters Lane	
CQC link	https://api.cqc.org.uk/public/v1/reports/53f05d65-3d9e-492e-b80e-25db54cb6e25?20211115103031	
	New CQC Rating	Previous CQC Rating
Overall	Inspected but not rated	Inadequate
Safe	Inspected but not rated	Inadequate
Effective	Not inspected	Inadequate
Caring	Not inspected	Good
Responsive	Not inspected	Inadequate
Well-Led	Inspected but not rated	Inadequate
Date of Inspection	7 th – 9 th September 2021 (focused inspection)	
Date Report Published	15 th November 2021	
Date Previous Report Published	15 th July 2021	
Further Information		
<p>Butterwick Hospice Stockton was operated by Butterwick Limited. Butterwick Limited was registered as a charitable trust and received funding from the NHS. The hospice had seven inpatient beds and a day hospice and provided care for adults from Stockton, Middlesbrough, and surrounding areas. At the time of the inspection, the hospice was admitting a maximum of two adults each week, Tuesday to Sunday for respite care.</p> <p>Butterwick Hospice is registered to provide treatment of disease, disorder, or injury. The CQC inspected hospice services for adults. At the time of the inspection, there was a registered manager in post.</p> <p>The CQC previously inspected Butterwick Hospice Stockton in May 2021 and raised significant concerns with the provider by issuing a warning notice relating to breaches of Regulation 12 and 17. In addition, the CQC issued the provider with requirement notices and told the provider that it must take prompt action to comply with the regulators. In response, the provider issued an Action Plan outlining how the service had taken action to address these concerns outlined within the warning notice.</p> <p>This inspection was an unannounced focused inspection of the safe and well-led domains to gain assurance the provider had acted in response to the concerns highlighted in the warning notice that had been issued to the provider following the May 2021 inspection.</p>		

This inspection found significant concerns and found continued breaches of regulation which meant that the provider had not complied with the warning notice issued following the inspection in May 2021. A final version of this report, which the CQC will publish in due course, will include full information about its regulatory response to the concerns they have described.

Provider Name	Butterwick Limited	
Service Name	Butterwick House	
Category of Care	Hospice (for children and young people)	
Address	Middlefield Road, Hardwick, Stockton-on-Tees TS19 8XN	
Ward	Hardwick & Salters Lane	
CQC link	https://api.cqc.org.uk/public/v1/reports/3565bcdd-0e99-4224-8a93-7fb891e351bc?20211115103031	
	New CQC Rating	Previous CQC Rating
Overall	Inspected but not rated	Inadequate
Safe	Inspected but not rated	Inadequate
Effective	Not inspected	Inadequate
Caring	Not inspected	Good
Responsive	Not inspected	Inadequate
Well-Led	Inspected but not rated	Inadequate
Date of Inspection	7th – 9th September 2021 (focused inspection)	
Date Report Published	15th November 2021	
Date Previous Report Published	15th July 2021	
Further Information		
<p>Butterwick House is operated by Butterwick Limited. The service provides hospice services for children and young people from Stockton, Middlesbrough, and surrounding areas. It is registered as a charitable trust and receives funding from the NHS. The hospice has six inpatient beds for the provision of respite care. At the time of the inspection, Butterwick House were admitting a maximum of two patients per week for respite care. Butterwick House is registered to provide diagnostic and screening procedures and treatment of disease, disorder, or injury. At the time of the inspection, there was a registered manager in post.</p> <p>The CQC previously inspected Butterwick House in May 2021 and raised significant concerns with the provider by issuing a warning notice relating to breaches of Regulation 12 and 17. In addition, the CQC issued the provider with requirement notices and told the provider that it must take prompt action to comply with the regulations. In response, the provider issued an Action Plan outlining how the service had taken action to address the concerns outlined within the warning notice.</p> <p>This inspection was an unannounced focused inspection of the safe and well-led domains to gain assurance the provider had acted to address concerns highlighted in the warning notice that had been issued to the provider following the May 2021 inspection.</p> <p>This inspection found significant concerns and found continued breaches of regulation which meant that the provider had not complied with the warning notice issued following the inspection in May 2021. A final version of this report, which the CQC will publish in due course, will include full information about our regulatory response to the concerns they have described.</p>		

Provider Name	Tees, Esk and Wear Valleys NHS Foundation Trust	
Service Name	Tees, Esk and Wear Valleys NHS Foundation Trust	
Category of Care	Mental Health (adults and children / young people)	
Address	West Park Hospital, Edward Pease Way, Darlington DL2 2TS	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/39d313da-63b8-4a46-a423-11f1958c89b0?20211223164650	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Requires Improvement
Safe	Requires Improvement	Requires Improvement
Effective	Good	Good
Caring	Good	Good
Responsive	Requires Improvement	Requires Improvement
Well-Led	Requires Improvement	Good
Date of Inspection	14th June 2021 – 5th August 2021	
Date Report Published	10th December 2021	
Date Previous Report Published	3rd March 2020	
Further Information		
<p>The CQC carried out an unannounced inspection of forensic inpatient wards because they were made aware of a number of issues including unsafe staffing numbers and poor culture within the service. They also carried out short-notice (24-hours' notice) announced inspections of community mental health services for working age adults, crisis and health based places of safety, and community child and adolescent mental health services because they received information giving them concerns about the safety and quality of these services.</p> <p>The CQC inspected the well-led key question for the Trust overall.</p> <p>At this inspection, the CQC rated one of the four core services they inspected as 'inadequate', two as 'requires improvement' (RI) and one as 'good'. Findings regarding each service can be found in the CQC report (link above) at:</p> <ul style="list-style-type: none"> • Page 30-43: Community-based mental health services for adults of working age - RI • Page 44-66: Forensic inpatient or secure wards - Inadequate • Page 67-86: Mental health crisis services and health-based places of safety - Good • Page 87-105: Specialist community mental health services for children and young people - RI <p>Following this inspection, the CQC issued a warning notice, under Section 29A of the Health and Social Care Act 2008, on the 23rd August 2021. This identified specific areas that the Trust must improve and set an overall date for compliance of the 1st March 2022. Some areas for improvement had a compliance date of 1st November 2021. The Trust had taken steps to make the required improvements. For more information on action the CQC have taken, see the sections on 'Areas for improvement'.</p>		

APPENDIX 2**PAMMS ASSESSMENT REPORTS**
(for Adult Services commissioned by the Council)

Provider Name	Allison House Thornaby Limited	
Service Name	Allison House Care Home	
Category of Care	Dementia Nursing	
Address	Fudan Way, Thornaby, Stockton-on-Tees TS17 6EN	
Ward	Mandale & Victoria	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Requires Improvement
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Requires Improvement	Poor
Quality of Management	Good	Requires Improvement
Date of Inspection	13th August 2021	
Date Assessment Published	8th October 2021	
Date Previous Assessment Published	31st March 2020	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The provider had improved significantly since its original assessment in 2020. In this assessment, 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 areas were identified for improvement, including evidencing service user / family involvement in care planning, quality of daily records, staff recruitment and induction records.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The provider will complete an Action Plan addressing the areas identified for improvement to ensure full compliance.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
<p>Level 1 – No concerns / minor concerns; standard monitoring.</p>		

Level of Engagement with the Authority		
<p>The provider’s engagement with the Local Authority has been very good; the Manager and Deputy have been receptive to feedback from the QuAC Officer and usually respond to information requests in a timely manner.</p> <p>The Manager has attended the Well Led course and the Deputy is on the upcoming cohort starting in January. Managers attend Leadership and Peer support sessions, completed the DSPT, engaged in Oral Health projects and prior to the pandemic engaged in some one-to-one work with the Transformation Managers. The Manager also presented at the Adult Health and Social Care (AHSC) committee during the pandemic. Alliance engagement has been patchy; however, they are sourcing face-to-face training from other providers. They also take part in the Activity Coordinators network.</p>		
Current CQC Assessment - Date / Overall Rating		Not yet rated

Provider Name	Bondcare (Ambassador) Limited	
Service Name	Elton Hall Care Home	
Category of Care	Residential / Residential Dementia / Functional Mental Health Unit	
Address	Elton Village, Elton, Stockton-on-Tees TS21 1AG	
Ward	Western Parishes	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Requires Improvement	Good
Quality of Management	Good	Good
Date of Inspection	23rd August 2021	
Date Assessment Published	12th October 2021	
Date Previous Assessment Published	3rd May 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Following the previous PAMMS assessment completed in 2019, a new manager joined the home in July 2021.</p> <p>This current PAMMS assessment for 2021 resulted in an overall rating of 'Good', however some elements still require improvement.</p> <p>Staff were safely recruited, however records demonstrating that other people who provide extra services in the home are subject to any suitable and necessary checks were missing. The former manager had not provided frequent supervision to the staff, and there was no evidence that medication competency assessments had been completed this year. In terms of mandatory requirements, training records revealed a 60 percent compliance rate. This resulted in the 'Requires Improvement' rating in the Suitability of Staffing domain.</p> <p>Risk assessments had been completed and all essential information had been recorded. The response from service users was extremely positive. Service users were noted to be pleasant and respectful of care staff. Staff members displayed a strong knowledge in key areas and stated that they felt well supported by the new management.</p> <p>The home appears to be clean and tidy, and it is currently being renovated. Records show that the provider collects and reviews data on the quality of services provided on a regular basis to ensure that clients receive safe and effective care and support.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The provider will complete an action plan to address areas identified for improvement to ensure full compliance.</p> <p>Quality Assurance and Compliance (QuAC) Officer will monitor progress on this during contract visits.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
<p>Level 1 – No concerns / minor concerns</p>		
Level of Engagement with the Authority		
<p>They have attended Leadership and Peer support and the ‘Good to Outstanding Collaborative’. They have held a ‘Focus on Under Nutrition’ training session for other home managers and they have supported the development of the Oral health resources and completed their returns. They regularly access North Tees and Hartlepool Education Alliance training and have put in requests for additional topics. They’ve completed Data Security Protection Tool and started the Well Led program but didn’t complete it.</p> <p>Overall, they’ve been really engaging with the Local Authority and are supportive of the work we’ve been doing.</p>		
Current CQC Assessment - Date / Overall Rating	07/12/2019	Good

Provider Name	Nationwide Healthcare Limited	
Service Name	Ashwood Lodge Care Home	
Category of Care	Residential / Residential Dementia	
Address	Bedale Avenue, Billingham, Stockton-on-Tees TS23 1AW	
Ward	Billingham South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Requires Improvement
Involvement & Information	Requires Improvement	Good
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Requires Improvement	Requires Improvement
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Requires Improvement
Date of Inspection	1st July 2021	
Date Assessment Published	14th October 2021	
Date Previous Assessment Published	31st January 2020	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Although the overall PAMMS rating remains at 'Requires Improvement', there have been several areas where improvements have been implemented and the service has improved.</p> <p>During this assessment, the service was rated as 'Excellent' for their Key Worker System, evidencing a good system, with excellent communication between Key Worker, Resident and also including family in the process.</p> <p>Recruitment and staff files were much improved and evidenced all required information.</p> <p>Staff felt they now received appropriate support and training, and this was evidenced in the staff files and through staff discussions.</p> <p>The Manager had worked hard to maintain good communication with her staff through the pandemic and even though there were times when supervisions/appraisals were not completed in line with their matrix (due to pressures of COVID) she found other ways that were more accessible to her staff to keep in touch with them i.e., Facebook groups and WhatsApp groups.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>There were a few areas within the assessment that remained as 'Requires Improvement' and had not improved. One of these areas was the overall environment of the home.</p> <p>While some decoration had taken place since the last assessment, there were areas that needed some significant investment to ensure they met infection control standards such as the bathrooms. There were also some areas in the kitchen where equipment was not suitable for purpose i.e., cooker with broken knobs and an oven door did not close properly. The Manager has raised this with the owners.</p>		

The dependency tool for the service is a self-developed tool that is dependent on the Manager’s knowledge rather than a recognised scoring system. This was also identified at the last assessment, and the Manager had tried one recognised system but found it too difficult. The Manager was advised to contact other Managers through the Provider forums or the Hub to seek recommendations for a more usable system.

There were some issues identified with the medication recording and management. This was discussed with the Manager and the Quality Assurance and Compliance Officer contacted the Medication Optimisation Team and they are currently supporting the Manager to improve their systems and medication management.

The provider will complete an action plan to address areas identified for improvement to ensure full compliance. Quality Assurance and Compliance (QuAC) Officer will monitor progress on this during contract visits.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate concerns (Supportive Monitoring)

Level of Engagement with the Authority

The Manager has a very good relationship with the Quality Assurance and Compliance Officer and has no hesitation in seeking support or advice.

This service is taking part in the new Recruitment and Retention pilot.

The service regularly completes the NEWS and are ranked second overall for compliance of all services in Stockton.

Current CQC Assessment - Date / Overall Rating

27/02/2021

Good

Provider Name	Mrs J Stead	
Service Name	Chestnut Lodge Nursing Home	
Category of Care	Residential / Residential Nursing	
Address	302 Norton Road, Norton, Stockton-on-Tees TS20 2PU	
Ward	Norton South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Requires Improvement
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Requires Improvement
Date of Inspection	28th – 30th July 2021	
Date Assessment Published	15th October 2021	
Date Previous Assessment Published	30th January 2020	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>This provider has positively engaged with the PAMMS process, really taken on-board the previous PAMMS assessment and has worked hard to address all the areas that were rated as 'Requires Improvement'. The results of this commitment from this small provider has shown in the significant improvements across all domains in the assessment.</p> <p>The provider has worked hard to improve their care plans and use the electronic system to its best advantage. A lot of work has been completed to ensure the care plans are more personalised and more accurately reflect the resident's wishes, along with giving better direction to staff on how to achieve this. There was also evidence of additional training, both formal and informal, for all staff around MCA and DoLS, which was evidenced throughout the care plans.</p> <p>The provider had also significantly improved its recording of complaints / compliments, even now recording small grumbles, and has evidenced a clear action path and outcome that was satisfactory to the resident / family member / visitor involved. The provider does collect and review data on the quality of service, which is then shared with staff / residents / families to continuously improve the service.</p> <p>This home is not a purpose-built care home, but a converted house. There has been investment in the building since the last assessment with ongoing re-decoration, and most of the windows have also been replaced.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The provider will complete an Action Plan for all questions marked as 'Requires Improvement' and the Quality Assurance and Compliance Officer will monitor this progress through contract visits.</p>		

Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / minor concerns		
Level of Engagement with the Authority		
<p>The provider engaged with and completed the Well-Led programme in the first cohort in 2018-19. The Manager used to engage with the networks, but this role is now being undertaken by the Administrator.</p> <p>Completed Data Security and Protection Toolkit (DSPT) and Oral Health. Currently not engaging with NTHEA training.</p> <p>NEWS usage has been well over expected levels for over 17 months, until the last month, but the provider is having problems with their tablets (NEWS team are aware).</p>		
Current CQC Assessment - Date / Overall Rating	20/02/2018	Good

Provider Name	Elysium Care Limited	
Service Name	Stockton Lodge Care Home	
Category of Care	Residential / Residential Dementia	
Address	Harrowgate Lane, Stockton-on-Tees TS19 8HD	
Ward	Hardwick & Salters Lane	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	17th August 2021	
Date Assessment Published	19th October 2021	
Date Previous Assessment Published	20th December 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The Provider has continued to improve and develop its service to maintain its PAMMS rating of Good.</p> <p>Staff had excellent knowledge and were able to talk confidently about Safeguarding and MCA and DoLS. The Provider also had a very good DoLS matrix and management programme.</p> <p>The Provider had good evidence that they listened to residents and worked to support their wishes i.e., one resident wanted to smoke and was at serious risk of dropping his cigarette on himself, but he did not want staff to stay with him when outside smoking. The Provider purchased some flameproof aprons for the resident to wear, and staff now observe from inside the home at a distance and the resident is very happy.</p> <p>The Provider had received a CQC inspection since the last PAMMS and unfortunately some medication management issues were identified. The Provider has put a lot of work into their medication management processes and staff training to address these issues and this assessment found no significant concerns at all. The NECS Medication Optimisation team have also worked with the home and also found no significant issues.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The Provider will complete an action plan for all questions identified as Requires Improvement and the Quality Assurance and Compliance Officer will monitor this progress through contract visits.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		

Level of Engagement with the Authority		
<p>This Provider attended and completed the Well Led programme in the first cohort 2018 - 19. Currently limited engagement with the Leadership and Peer Support network (due to management team illness), attends Provider forums and asked about resources following sessions. They are active in the Activity network.</p> <p>Completed DSPT and Oral Health training. Active with NTHEA.</p> <p>Second best service for engagement and use of NEWS system.</p>		
Current CQC Assessment - Date / Overall Rating	23/10/2020	Requires Improvement

Provider Name	Stockton Care Ltd	
Service Name	Primrose Court Nursing Home	
Category of Care	Nursing Dementia / Complex Mental Health	
Address	South Road, Stockton-on-Tees TS20 2TB	
Ward	Norton South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	n/a
Involvement & Information	Good	n/a
Personalised Care / Support	Good	n/a
Safeguarding & Safety	Good	n/a
Suitability of Staffing	Good	n/a
Quality of Management	Good	n/a
Date of Inspection	16 th September 2021	
Date Assessment Published	29 th October 2021	
Date Previous Assessment Published	n/a	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>This is the first PAMMS assessment for the home as the CQC carried out their first inspection in August of 2020.</p> <p>It was evidenced that the provider has utilised electronic care planning for several years and in addition, they have recently moved to electronic MAR charts which the service will benefit from moving forward. The provider had created a good service user guide which contained an abundance of information, some in pictorial formats that supports and enhances the resident experience.</p> <p>Care plans and risk assessments were detailed and regularly reviewed. The provider was observed to be supporting unwise decision making and promoting service user choice which was having a positive impact on an individual's health by reducing their nicotine intake on a daily basis.</p> <p>The provider delivers a full training programme including specialist mental health topics.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The provider will complete an action plan to address minor areas identified for improvement to ensure full compliance and improvements to the service. Quality Assurance and Compliance (QuAC) Officer will monitor progress on this during contract visits.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		

Level of Engagement with the Authority		
<p>The provider engages with the local authority and is transparent in their approach. Timely submission of general information and documentation could be improved upon. They make full use of the NEWS kit and have good usage scores each month. The provider also accesses the North Tees and Hartlepool Education Alliance training. The manager has previously attended the well led programme.</p>		
Current CQC Assessment - Date / Overall Rating	04/09/2020	Requires Improvement

Provider Name	Care UK Community Partnerships Ltd	
Service Name	Hadrian Park	
Category of Care	Residential / Residential Dementia	
Address	Marsh House Avenue, Billingham, Stockton-on-Tees TS23 3DF	
Ward	Billingham East	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	21st September 2021	
Date Assessment Published	15th November 2021	
Date Previous Assessment Published	13th November 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Since the previous PAMMS assessment was completed in 2019, a new manager joined the home in September 2021.</p> <p>This current PAMMS assessment for 2021 resulted in an overall rating of 'Good'.</p> <p>There were extremely personalised care plans in place. Risk assessments had been completed and all essential information had been recorded. The response from service users was extremely positive. Staff members displayed good knowledge in key areas and stated that they felt well supported by the new management.</p> <p>Staff were safely recruited, and records demonstrated that other people who provide extra services are subject to any suitable and necessary checks. All staff had frequent supervision, and there was evidence to show that medication competency assessments had been completed. In terms of mandatory requirements, training records revealed a 96.07 percent compliance rate which exceeds contractual targets.</p> <p>The home appears to be neat and tidy, and it is currently being renovated. Records show that the provider collects and reviews data on the quality of services provided on a regular basis to ensure that clients receive safe and effective care and support.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The Provider will complete an action plan for all questions identified as Requires Improvement and the Quality Assurance and Compliance Officer will monitor this progress through contract visits.</p>		

Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		
Level of Engagement with the Authority		
Hadrian Park have attended the leadership and peer support sessions intermittently, and the new manager has completed the well led programme. Hadrian Park engage with the Alliance training and have a good NEWS usage. They have completed the Data Security Protection Tool and have engaged with Oral health. All in all, good general engagement.		
Current CQC Assessment - Date / Overall Rating	04/03/2021	Good

Provider Name	Willow View Care Ltd	
Service Name	Willow View Care Home	
Category of Care	Residential / Residential Dementia	
Address	1 Norton Court, Norton Road, Stockton-on-Tees TS20 2BL	
Ward	Norton South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	12th October 2021	
Date Assessment Published	15th November 2021	
Date Previous Assessment Published	27th March 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>This current PAMMS assessment for 2021 resulted in an overall rating of 'Good'. There were personalised care plans in place however these lacked in person centred information. Risk assessments had been completed and all essential information had been recorded. The response from service users was extremely positive. Service users and family members spoke very highly of the care staff. Staff members displayed good knowledge in key areas and stated that they felt very well supported by management.</p> <p>Staff were safely recruited, and records demonstrating that other people who provide extra services are subject to any suitable and necessary checks. All staff were seen to have frequent supervision, and there was evidence to show that medication competency assessments had been completed. In terms of mandatory requirements, training records revealed an 80 percent plus compliance rate which meets contractual targets.</p> <p>Willow View upper floor is starting to look tired however the rest of the home is immaculate and very well presented. Records show that the provider collects and reviews data on the quality of services provided on a regular basis to ensure that clients receive safe and effective care and support.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The home manager is aware the care plans need improving and the home is to facilitate staff training regarding personalised care plans. During the assessment it was found that the home did not have a grab bag in the event of an emergency. Home to implement grab bag as soon as possible. Quality Assurance and Compliance Officer will monitor progress on this during contract visits.</p>		

Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		
Level of Engagement with the Authority		
The manager has completed the Oral Health returns and is almost at monthly compliance with NEWS. The manager has always provided positive feedback about the Social Care Protection Operational group support and newsletter.		
Current CQC Assessment - Date / Overall Rating	29/05/2019	Good

Provider Name	Cleveden Care Limited	
Service Name	Teesdale Lodge Nursing Home	
Category of Care	Residential / Nursing / Nursing Dementia	
Address	Radcliffe Crescent, Thornaby, Stockton-on-Tees TS17 6BS	
Ward	Mandale & Victoria	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	28th – 30th September 2021	
Date Assessment Published	16th November 2021	
Date Previous Assessment Published	12th April 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The home has undergone new Ownership and a new Manager in post since the last PAMMS assessment. Some environmental work had commenced to modernise the home, however due to Covid this has not been completed as expected and there is still further work to be undertaken.</p> <p>The Provider had in place some excellent tools for residents who had difficulties with their communication, such as an Easy Read Picture book, which showed pictures of everyday situations i.e., a picture of a bed and someone yawning, that the resident could point to, to let staff know they were tired and wanted to go to bed. They also had a book with common phrases in different languages (with translation) that the residents could use i.e. I am in pain, I am hungry.</p> <p>The home is looking to move forward with Electronic Care plans and possibly Electronic Medication Management systems in the New Year.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The Provider will complete an action plan for all questions identified as Requires Improvement and the Quality Assurance and Compliance Officer will monitor this progress through contract visits.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		

Level of Engagement with the Authority		
<p>Engages very well with the Local Authority through Leadership and Peer Support Network, Activity Co-ordinators Network, Provider Forums and completed DSPT.</p> <p>Excellent engagement with NTHEA Training Alliance and top Provider for using NEWS kits.</p> <p>They work very closely with IPC team at North Tees and have completed Oral Health Requirements. The Nominated Individual is presenting at the IPC Conference with the Transformation Managers.</p> <p>Good engagement with and use of the Social Care Protection Group.</p>		
Current CQC Assessment - Date / Overall Rating	20/11/2020	Good

Provider Name	The Poplars (Thornaby) Limited	
Service Name	The Poplars Care Home	
Category of Care	Residential / Nursing / Dementia	
Address	375 Thornaby Road, Thornaby, Stockton-on-Tees TS17 8QN	
Ward	Village	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Good
Date of Inspection	27th August 2021	
Date Assessment Published	25th November 2021	
Date Previous Assessment Published	21st October 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans and risk assessments were completed using the Person-Centred Software system, they were generally completed to a very good level of detail and reviewed regularly, however did not always evidence service user/relative involvement/agreement.</p> <p>Observations of practice and feedback from residents and relatives were generally positive. An Activity Coordinator was employed, however was on long term sick leave at the time of the assessment. Care staff had been trying to facilitate activities, however said this could be quite difficult to fit in amongst their other duties. Whilst some activities were taking place, improvement was required to ensure all residents have sufficient opportunity to partake in meaningful, stimulating activities on a regular basis.</p> <p>Staff demonstrated good knowledge in key areas such as dignity and respect, MCA/DoLS, Safeguarding and whistleblowing. Staff confirmed they received regular supervision. Training was taking place, however records showed some shortfalls in compliance which needed to be addressed.</p> <p>The home had quite a high reliance on agency staff and recruitment was ongoing. The provider had obtained profiles for agency staff and recorded orientation sheets when they first started working in the home.</p> <p>The building appeared predominantly well maintained, clean and tidy, with no hazards apparent. Some recent refurbishments had taken place including the upstairs lounge/dining area. New flooring and carpets had been fitted in many areas as well as new curtains, fixtures/fittings and decoration updated. Appropriate IPC measures were in place.</p> <p>Medication was stored and administered safely. A programme of regular management audits was taking place and relevant health and safety checks were being carried out.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an action plan addressing the small number of areas identified for improvement to ensure full compliance.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		
Level of Engagement with the Authority		
<p>The provider’s engagement with the Local Authority has been good; the Manager liaises with the QuAC Officer as required and responds to information requests in a timely manner.</p> <p>The Registered Manager has attended Leadership and Peer support sessions. The provider has completed the Oral Health project. The Nominated Individual supported with digital ideas and contacts during the pandemic. The provider has not utilised NTHEA training, but they do complete NEWS scores. They are compliant with DSPT and NHSMail.</p>		
Current CQC Assessment - Date / Overall Rating	24/12/2020	Good

Provider Name	SSL Healthcare Ltd	
Service Name	The White House Care Home	
Category of Care	Residential	
Address	76a Darlington Road, Hartburn, Stockton-on-Tees TS18 5ET	
Ward	Hartburn	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Excellent	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	29th September 2021	
Date Assessment Published	21st December 2021	
Date Previous Assessment Published	5th April 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were personalised, comprehensive and consistently reviewed on a monthly basis. Relevant risk assessments were in place. Detailed records of regular health professional involvement were maintained. The provider's NEWS compliance was consistently very high; NEWS scoring was being carried out weekly and temperature checks daily.</p> <p>Residents gave positive feedback about the staff, support, food/drink and particularly the activities. Staff were observed to have a good rapport with the residents, were respectful and offered choices, allowing residents time to communicate their wishes and following these.</p> <p>Staff received regular training & supervision and demonstrated a good understanding of MCA/DOLS, Safeguarding, whistleblowing, IPC and medication. Staff said they found the managers approachable and felt able to share feedback and ideas. Regular meetings took place and staff were encouraged to raise questions, concerns & suggestions.</p> <p>The home was very clean and tidy with appropriate IPC measures in place. Medication was stored and administered safely. Robust quality assurance systems were in place and statutory health and safety checks were carried out. The managers were very proactive around partnership working and had been involved with a lot of local initiatives.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
DOLS authorisations were reviewed each month as part of the care plan review/audit processes, however there was no overarching log, which the provider agreed to implement.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		

Level of Engagement with the Authority		
<p>The managers are always positively engaged with projects and networking with care homes in Stockton. They use their NEWS kits, took part in the Oral Health collaborative project and completed DSPT / NHS mail. They attend all leadership meetings and Activity Coordinator forums.</p> <p>They have taken part in the Well Led programme and have participated and presented at numerous presentations and conferences alongside the Transformation Managers.</p> <p>They are great supporters of other managers and often share good practice and learning, recently also signing up to take part in Research in Care Homes through ENRiCH.</p>		
Current CQC Assessment - Date / Overall Rating	12/02/2021	Outstanding

Provider Name	Community Integrated Care	
Service Name	Teesside Supported Living - Kirkdale	
Category of Care	Supported Living	
Address	Kirkdale, Radcliffe Crescent, Thornaby, Stockton-on-Tees TS17 6BS	
Ward	Mandale & Victoria	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	n/a
Involvement & Information	Good	n/a
Personalised Care / Support	Good	n/a
Safeguarding & Safety	Poor	n/a
Suitability of Staffing	Requires Improvement	n/a
Quality of Management	Requires Improvement	n/a
Date of Inspection	16th November 2021	
Date Assessment Published	22nd December 2021	
Date Previous Assessment Published	n/a	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The Kirkdale scheme is a commissioned Supported Living service which consists of 23 apartments on the old Kirkdale care home site. The scheme opened Monday 5th April 2021.</p> <p>There were personalised care plans in place and risk assessments had been completed and all essential information had been recorded. Observations confirmed that responses from service users were very positive. Staff members displayed a good knowledge in key areas and stated that they felt supported by the new management team.</p> <p>Staff were safely recruited; however, not all staff were seen to have had recent supervisions, and although there was evidence to show that medication competency assessments had been completed, medication was not seen to be administered safely. In terms of mandatory requirements, all staff training was seen to be up to date.</p> <p>Staff were not seen to be following guidance around PPE, and records show that the provider complies a range of appropriate and effective audits which have been analysed and action plans developed however evidence shows actions have not been actioned. These areas had contributed to the rating of 'Poor' in the 'Safeguarding and Safety' domain.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The provider will complete an action plan to address areas identified for improvement to ensure full compliance.</p> <p>To alleviate concerns around medication the provider has carried out a competency assessment on all staff around the administration of medication. A complete overhaul of the process of medication and medication files was put in place by the Service Leaders to alleviate the</p>		

problems of MAR charts and documentation in response to initial concerns. The medication files meet organisational policy or procedure however medication incidents continue to occur when management teams are not on site, indicating a conduct concern round appropriately following process and procedure.

Staff were challenged about them not wearing PPE during medication administration. Extra posters have been put up to remind staff, and the advanced support workers and service manager are reminding all staff before the start of their shifts as well as doing checks. The advanced support workers are mentoring staff with medication administration and completing hand washing reviews and audits.

Infection control has been addressed with the staff team directly on the day the concerns were raised. Staff have been informed that PPE breaches will result in formal disciplinary action and further IPC training will be provided and discussions taking place in team meetings. Advanced support workers and service leaders are completing “walk about” audits to spot check compliance.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

Community Integrated Care have previously been involved in our leadership meetings and have engaged with the peer support network and other registered managers.

The previous regional manager completed the last round of the well led programme and the new regional manager is registered to participate in the next round of the programme which begins in January 2022.

Current CQC Assessment - Date / Overall Rating

16/11/2019

Good