

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

## QUARTER 4 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 January and March 2022 (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 (6 of which were focused inspections). 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:

- 7 Adult Care services were reported on (1 rated 'Requires Improvement', 6 'Inspected but not rated');
- 1 Primary Medical Care service was reported on (1 rated 'Good');
- 1 Hospital / Other Health Care service was reported on (1 rated 'Good').

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 **13** reports published between January and March 2022 (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>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/f519cfd4-73ae-4ffa-9af4-13499720215f?20220114130000">https://api.cqc.org.uk/public/v1/reports/f519cfd4-73ae-4ffa-9af4-13499720215f?20220114130000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<b>Safe</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<b>Effective</b>	n/a	<b>Good</b>
<b>Caring</b>	n/a	<b>Good</b>
<b>Responsive</b>	n/a	<b>Good</b>
<b>Well-Led</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<b>Date of Inspection</b>	25 <sup>th</sup> & 26 <sup>th</sup> November 2021 (focused inspection)	
<b>Date Report Published</b>	12 <sup>th</sup> January 2022	
<b>Date Previous Report Published</b>	26 <sup>th</sup> June 2021	
<b>Breach Number and Title</b>		
Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely, and medicines policies and procedures were not always followed. 12(1)(2)(g)		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 2 – Moderate concerns (Supportive Monitoring)		
<b>Level of Engagement with the Authority</b>		
Piper Court Staff maintain good engagement with the LA and there is a transparent and professional relationship.  Commendations have been made by the Trust Infection Control Nurse in relation to IPC Champion at Piper Court and their level of engagement.		

Engagement with the NEWS kit is slowly improving and is currently being monitored.

The Manager is new to her post at Piper Court, but is familiar with the requirements of the Local Authority (LA). She has strong links with stakeholder professionals and health colleagues and is professionally known to the QuAC officer.

**Supporting Evidence and Supplementary Information**

A CQC focussed inspection was undertaken to review the key questions of Safe and Well Led.

**Safe:** Although the arrangements for medicines management within the home had improved there were areas which required further improvement to ensure people were kept safe. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 (Safe Care and Treatment). The provider had made sufficient improvement since the last inspection in areas such as preventing and controlling infection, assessing risk, safety monitoring and management. Improvements saw that the provider was no longer in breach of regulation 12, Safe care and treatment.

**Well-Led:** requires managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and incorporating continuous learning and improving care. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvement was required to ensure audits identified all areas of concern. A new electronic care plan system had been introduced and care records had improved. The provider and management team had taken on board feedback from the previous inspection. CQC saw evidence of positive changes being made as a direct result of CQC's feedback. The manager had good oversight of the home and knew the areas where further improvements were needed. This service has been in Special Measures since 16 June 2021. During the inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

<b>Participated in Well Led Programme?</b>	<b>Yes</b>	
<b>PAMMS Assessment – Date / Rating</b>	<b>10/03/2022</b>	<b>Good</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>St. Martin's Care Limited</b>
<b>Service Name</b>	<b>Woodside Grange Care Home</b>
<b>Category of Care</b>	<b>Residential / Nursing / Dementia / Learning Disabilities</b>
<b>Address</b>	Teddar Avenue, Thornaby, Stockton-on-Tees TS17 9JP
<b>Ward</b>	<b>Stainsby Hill</b>
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/8475858e-4e34-4dee-8024-b606d46dfb58?20220114130000">https://api.cqc.org.uk/public/v1/reports/8475858e-4e34-4dee-8024-b606d46dfb58?20220114130000</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>11<sup>th</sup> January 2022</b> (focused inspection)
<b>Date Report Published</b>	<b>14<sup>th</sup> January 2022</b>
<b>Breach Number and Title</b>	
None	
<b>CQC Findings and Supplementary Information</b>	
<p>As part of CQC's 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>• The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.</li> <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>	

- 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 was up to date.
- They were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

<b>Current CQC Assessment – Date / Overall Rating</b>	<b>27/01/2021</b>	<b>Good</b>
---	-------------------	-------------

<b>Provider Name</b>	<b>Annfield Care Limited</b>
<b>Service Name</b>	<b>Longlast</b>
<b>Category of Care</b>	<b>Learning Disabilities</b>
<b>Address</b>	Thorpe Road, Carlton, Stockton-on-Tees TS21 3LB
<b>Ward</b>	<b>Western Parishes</b>
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/763b1183-c872-4201-b6a3-5c49b51bc437?20220209130000">https://api.cqc.org.uk/public/v1/reports/763b1183-c872-4201-b6a3-5c49b51bc437?20220209130000</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>27<sup>th</sup> January 2022</b> (focused inspection)
<b>Date Report Published</b>	<b>9<sup>th</sup> February 2022</b>
<b>Breach Number and Title</b>	
None	
<b>CQC Findings and Supplementary Information</b>	
<p>As part of CQC's 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>• The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.</li> <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> <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 was up to date.</li> </ul>	

<ul style="list-style-type: none"> <li>• They were assured visiting aligned to Government guidance. Relatives had been kept up to date about visiting arrangements. People were supported to have contact with their loved ones.</li> <li>• The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.</li> </ul>		
<b>Current CQC Assessment – Date / Overall Rating</b>	<b>14/03/2018</b>	<b>Outstanding</b>



<b>Provider Name</b>	<b>Voyage 1 Limited</b>
<b>Service Name</b>	<b>Saxon Lodge</b>
<b>Category of Care</b>	<b>Learning Disabilities</b>
<b>Address</b>	South Road, Norton, Stockton-on-Tees TS20 2TB
<b>Ward</b>	<b>Norton South</b>
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/47aa1702-47c0-45ab-9ff5-1b5f8e7b5436?20220211130000">https://api.cqc.org.uk/public/v1/reports/47aa1702-47c0-45ab-9ff5-1b5f8e7b5436?20220211130000</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>20<sup>th</sup> January 2022</b> (focused inspection)
<b>Date Report Published</b>	<b>11<sup>th</sup> February 2022</b>
<b>Breach Number and Title</b>	
None	
<b>CQC Findings and Supplementary Information</b>	
<p>As part of CQC's 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>• The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.</li> <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> <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 was up to date.</li> </ul>	

<ul style="list-style-type: none"><li>• They were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.</li><li>• The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.</li></ul>		
<b>Current CQC Assessment – Date / Overall Rating</b>	<b>18/12/2019</b>	<b>Good</b>

<b>Provider Name</b>	<b>Akari Care Limited</b>
<b>Service Name</b>	<b>Ayresome Court</b>
<b>Category of Care</b>	<b>Residential / Nursing / Dementia</b>
<b>Address</b>	Green Lane, Yarm TS15 9EH
<b>Ward</b>	<b>Yarm</b>
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/8a487cb7-9d08-4f33-a6bb-07564cdb4da8?20220215130000">https://api.cqc.org.uk/public/v1/reports/8a487cb7-9d08-4f33-a6bb-07564cdb4da8?20220215130000</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>13<sup>th</sup> January 2022</b> (focused inspection)
<b>Date Report Published</b>	<b>15<sup>th</sup> February 2022</b>
<b>Breach Number and Title</b>	
None	
<b>CQC Findings and Supplementary Information</b>	
<p>As part of CQC's 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>• The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.</li> <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> <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 was up to date.</li> </ul>	

<ul style="list-style-type: none"><li>• The provider was facilitating visits for people living in the home in accordance with current guidance.</li><li>• The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.</li></ul>		
<b>Current CQC Assessment – Date / Overall Rating</b>	<b>26/02/2020</b>	<b>Good</b>

<b>Provider Name</b>	<b>Bondcare Wellington Limited</b>
<b>Service Name</b>	<b>Allington House</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>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/3e58a7a3-e178-4656-9108-faf5d2f222e1?20220218130000">https://api.cqc.org.uk/public/v1/reports/3e58a7a3-e178-4656-9108-faf5d2f222e1?20220218130000</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>27<sup>th</sup> January 2022</b> (focused inspection)
<b>Date Report Published</b>	<b>18<sup>th</sup> February 2022</b>
<b>Breach Number and Title</b>	
None	
<b>CQC Findings and Supplementary Information</b>	
<p>As part of CQC's 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>• The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.</li> <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> <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> </ul>	

- They were assured that the provider's infection prevention and control policy and associated procedures were up to date.
- The service encouraged visiting to take place in line with government guidance.
- The service offered indoor visits where appropriate, pod visits and window visits. The service also encouraged video contact to take place.
- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

<b>Current CQC Assessment – Date / Overall Rating</b>	<b>12/09/2019</b>	<b>Good</b>
---	-------------------	-------------

<b>Provider Name</b>	<b>Barchester Healthcare Homes Limited</b>
<b>Service Name</b>	<b>Briardene Care Home</b>
<b>Category of Care</b>	<b>Residential / Residential Dementia / Nursing</b>
<b>Address</b>	West Avenue, Billingham, Stockton-on-Tees TS23 1DA
<b>Ward</b>	<b>Billingham South</b>
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/72bf41e8-5776-496a-87b3-dd5bc277b285?20220222130000">https://api.cqc.org.uk/public/v1/reports/72bf41e8-5776-496a-87b3-dd5bc277b285?20220222130000</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>17<sup>th</sup> January 2022</b> (focused inspection)
<b>Date Report Published</b>	<b>22<sup>nd</sup> February 2022</b>
<b>Breach Number and Title</b>	
None	
<b>CQC Findings and Supplementary Information</b>	
<p>As part of CQC's 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>• The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.</li> <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> <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> </ul>	

- They were assured that the provider's infection prevention and control policy and associated procedures were up to date.
- The provider's visiting policy was not in line with government guidance at the time of CQC inspection. They had introduced stricter rules on visiting numbers and were also not allowing friends and relatives to visit unless they were fully vaccinated. In order to minimise impact on people there had been scope for some relaxation of the policy. At the time of writing this report the policy had changed and was now in line with government guidance.
- The Government has announced its intention to change the legal requirement for
- vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

<b>Current CQC Assessment – Date / Overall Rating</b>	<b>06/03/2019</b>	<b>Outstanding</b>
---	-------------------	--------------------



## PRIMARY MEDICAL CARE SERVICES

<b>Provider Name</b>	<b>Northern Circumcision Clinic</b>	
<b>Service Name</b>	<b>Northern Circumcision Clinic – Billingham</b>	
<b>Category of Care</b>	<b>Doctors / GPs</b>	
<b>Address</b>	Abbey Health Centre, Finchale Avenue, Billingham TS23 2DG	
<b>Ward</b>	<b>Billingham Central</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/02ff1a51-74af-4ced-a68d-b9cc755ca2db?20220316080054">https://api.cqc.org.uk/public/v1/reports/02ff1a51-74af-4ced-a68d-b9cc755ca2db?20220316080054</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Good</b>	<b>Inspected but not rated</b>
<b>Safe</b>	<b>Good</b>	<b>Inspected but not rated</b>
<b>Effective</b>	<b>Good</b>	<b>Inspected but not rated</b>
<b>Caring</b>	<b>Good</b>	<b>Inspected but not rated</b>
<b>Responsive</b>	<b>Good</b>	<b>Inspected but not rated</b>
<b>Well-Led</b>	<b>Good</b>	<b>Inspected but not rated</b>
<b>Date of Inspection</b>	<b>23<sup>rd</sup> February 2022</b>	
<b>Date Report Published</b>	<b>16<sup>th</sup> March 2022</b>	
<b>Date Previous Report Published</b>	<b>14<sup>th</sup> January 2019</b>	
<b>Further Information</b>		
<p>Northern Circumcision Clinic is an independent circumcision service provider which is registered in Billingham, Cleveland, and operates from locations in Leeds and Billingham. The Billingham based service operates from accommodation within Abbey Health Centre, Finchale Avenue, Billingham, Cleveland, TS23 2DG. The service provides circumcision to those under 18 years old for both medical and cultural and religious reasons under local anaesthetic and carries out post procedural reviews of patients who have undergone circumcision at the clinic. The majority of circumcisions carried out by the clinic are on children under two years of age.</p> <p>The service is hosted within Marsh House Medical Practice which operates from Abbey Health Centre. The health centre is a modern building which is easily accessible for those bringing children or young people to the clinic, for example it has level floor surfaces, automatic doors and parking is available. The Northern Circumcision Clinic utilises the minor surgery room within Marsh House Medical Practice for the delivery of services, as well as ancillary areas such as waiting areas and toilets. One of the directors of the service is a partner at the Marsh House Medical Practice.</p> <p>The service is led by two directors (one male / one female) and is delivered by two clinicians (all male – one of whom is also a director). These clinicians are all trained and experienced in this area of minor surgery. Other staff working to support the clinic includes a booking clerk, a receptionist, and a procedural assistant. The Billingham based service provides sessions when required led by patient demand.</p>		

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

<b>Provider Name</b>	<b>HCRG Care Services Ltd</b>	
<b>Service Name</b>	<b>Lawson Street Health Centre</b>	
<b>Category of Care</b>	<b>Community Health (Sexual Health Services)</b>	
<b>Address</b>	Health Centre, Lawson Street, Stockton-on-Tees TS18 1HU	
<b>Ward</b>	<b>Stockton Town Centre</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/88ab9f19-909c-4804-83e6-2b8af711a794?20220303080244">https://api.cqc.org.uk/public/v1/reports/88ab9f19-909c-4804-83e6-2b8af711a794?20220303080244</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>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>11<sup>th</sup> – 12<sup>th</sup> January 2022</b>	
<b>Date Report Published</b>	<b>3<sup>rd</sup> March 2022</b>	
<b>Date Previous Report Published</b>	<b>18<sup>th</sup> September 2017</b>	
<b>Further Information</b>		
<p>Lawson Street Health Centre (known locally as Teesside Sexual Health Service) was provided by HCRG Care Services Ltd at the time of the inspection although formerly owned by Virgin Care Ltd. The service had been registered with CQC since 10 April 2013.</p> <p>The Lawson Street service is contracted to provide specialist sexual health services in the Teesside area to adults and young people aged 13 years and over. This includes the provision for both contraception and genito-urinary medicine services.</p> <p>The provider is registered with the Care Quality Commission to provide the following regulated activities:</p> <ul style="list-style-type: none"> <li>• Treatment of disease, disorder and or injury</li> <li>• Diagnostic and screening procedures</li> <li>• Family planning</li> <li>• Transport services, triage and medical advice provided remotely</li> </ul> <p>The service, which has a registered manager, operates from four locations:</p> <ul style="list-style-type: none"> <li>• Lawson Street Medical Centre, Stockton on Tees</li> <li>• The Live Well Centre, Middlesbrough</li> <li>• The Fens Medical Centre, Hartlepool</li> </ul>		

- Redcar and Cleveland Leisure Centre and Community Heart, Redcar

The service is commissioned by Stockton Borough Council on behalf of Hartlepool, Stockton-on-Tees, Middlesbrough and Redcar & Cleveland Local Authorities, Tees Valley clinical commissioning group and NHS England.

There had been two previous inspections of this service, carried out on 13 September 2013 and 28 February 2017 – 1 March 2017 and 13 March 2017. These inspections found the provider to be meeting all standards inspected.

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

<b>Provider Name</b>	<b>Anchor Hanover</b>	
<b>Service Name</b>	<b>Millbeck Care Home</b>	
<b>Category of Care</b>	<b>Residential</b>	
<b>Address</b>	High Street, Norton, Stockton-on-Tees TS20 1DQ	
<b>Ward</b>	<b>Norton North</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	<b>Good</b>
<b>Involvement &amp; Information</b>	<b>Good</b>	<b>Good</b>
<b>Personalised Care / Support</b>	<b>Good</b>	<b>Good</b>
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	<b>Good</b>
<b>Suitability of Staffing</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>16<sup>th</sup> September 2021</b>	
<b>Date Assessment Published</b>	<b>18<sup>th</sup> January 2022</b>	
<b>Date Previous Assessment Published</b>	<b>29<sup>th</sup> January 2020</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Care plans were well structured and generally completed to a good level of detail. Mental capacity assessments had been completed but were not always decision specific. Relevant risk assessments were in place.</p> <p>Resident feedback and observations of practice were predominantly positive. The home had a calm and pleasant atmosphere, residents appeared well presented and cared for. Residents spoken with confirmed they were happy with the food provided and were offered a choice of meals each day. Staff liaised with relevant health professionals as required.</p> <p>Medicines were administered by Team Leaders with appropriate training, who appeared to have a good rapport with residents. However, some shortfalls were noted from an IPC perspective, such as staff not always using the 'no touch' method or changing their gloves between administering.</p> <p>A staffing dependency assessment tool was being used; however its rationale was not clear, and some staff and residents said they felt that staffing levels should be a bit higher. Staff were observed to respond to residents' requests for assistance in a timely manner, regularly checked on their welfare and provided prompts as needed, for example with fluids. Staff spent time engaging with residents and doing activities.</p>		

<p>There were some shortfalls in recruitment records, specifically around references and checking gaps in employment, and there was a lack of evidence available to demonstrate that robust inductions were being completed for new staff. Supervision was usually taking place regularly, although there were some gaps, and training compliance was relatively high. Staff said there was a strong focus on training and demonstrated good knowledge and skills.</p> <p>The home was generally maintained and decorated to a high standard, with good quality furniture. Domestic tasks took place during the visit and most areas looked clean and tidy. Signs were displayed around the home with regard to social distancing and use of PPE. The provider had an internal quality assurance system in place including regular audits.</p>		
<p><b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b></p>		
<p>The provider will complete an action plan to address areas identified as requiring improvement, progress will be monitored and validated.</p>		
<p><b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b></p>		
<p>Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)</p>		
<p><b>Level of Engagement with the Authority</b></p>		
<p>The provider has a good relationship with the QuAC Officer and responds to requests for information in a timely manner. The provider engaged with the Oral Health project and DSPT, however does not utilise Alliance training. The Manager completed the Well Led course in 2019/20, attending all four sessions.</p>		
<p><b>Current CQC Assessment - Date / Overall Rating</b></p>	<p><b>13/12/2018</b></p>	<p><b>Good</b></p>

<b>Provider Name</b>	<b>Royal Mencap Society</b>	
<b>Service Name</b>	<b>Chestnut House</b>	
<b>Category of Care</b>	<b>Learning Disability Residential Home</b>	
<b>Address</b>	141 Acklam Road, Thornaby, Stockton-on-Tees TS17 7JT	
<b>Ward</b>	<b>Mandale &amp; Victoria</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	n/a
<b>Involvement &amp; Information</b>	<b>Good</b>	n/a
<b>Personalised Care / Support</b>	<b>Good</b>	n/a
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	n/a
<b>Suitability of Staffing</b>	<b>Good</b>	n/a
<b>Quality of Management</b>	<b>Good</b>	n/a
<b>Date of Inspection</b>	<b>29<sup>th</sup> November 2021</b>	
<b>Date Assessment Published</b>	<b>31<sup>st</sup> January 2022</b>	
<b>Date Previous Assessment Published</b>	n/a	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>The PAMMS assessment evidenced there were extremely personalised care plans in place and risk assessments had been completed and all essential information had been recorded. Observations confirmed responses from service users were extremely positive about the home and staff. Staff members displayed a good knowledge in key areas and stated that they felt 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. Staff were seen to have had regular supervision and medication competency assessments had been completed. In terms of mandatory requirements, all staff training was seen to be up to date.</p> <p>The home was very homely, well presented and maintained. Records show that the provider complies a range of appropriate and effective audits which have been analysed and action plans developed.</p>		
<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
The provider will complete an action plan to address areas identified for improvement to ensure full compliance.		
<b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		

<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>Engagement with the Transformation team has been poor. Hopefully this will improve moving forward.</p>		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>01/04/2020</b>	<b>Good</b>

<b>Provider Name</b>	<b>T.L. Care Limited</b>	
<b>Service Name</b>	<b>Mandale House</b>	
<b>Category of Care</b>	<b>Residential / Residential Dementia</b>	
<b>Address</b>	136 Acklam Road, Thornaby, Stockton-on-Tees TS17 7JR	
<b>Ward</b>	<b>Mandale &amp; Victoria</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>Good</b>
<b>Personalised Care / Support</b>	<b>Good</b>	<b>Good</b>
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	<b>Requires Improvement</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>1<sup>st</sup> October 2021</b>	
<b>Date Assessment Published</b>	<b>1<sup>st</sup> February 2022</b>	
<b>Date Previous Assessment Published</b>	<b>22<sup>nd</sup> May 2019</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>There was clear evidence of improvements following the last assessment in areas such as Safeguarding and Safety and Quality of Management. The provider had completed an action plan following the last assessment. Despite challenges that the home faced throughout the pandemic, improvements had been made and maintained.</p> <p>There was evidence of an excellent varied activity programme which was being carried out in the home. Residents really got involved in making items and improving the home. Service users had great links to the local community and intergenerational projects. The activities Co Ordinator engaged with visitors, visiting professionals and families to support the ongoing Bird Hyde project. Families are very involved with the hens who live at the home via the Hen Power project which is now well established.</p> <p>Staff were knowledgeable of service users and their medication. There was evidence that the provider improves the service by acting upon and learning from information gathered across the service and feedback from service users and families.</p> <p>Care Plans and service user information were person centered. Staff were knowledgeable of the Mental Capacity Act and capacity assessments were extremely detailed to support DoLS applications where applicable.</p>		
<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
<p>The provider will complete an action plan to address the minimal areas which require improvement. This will be monitored for progress via contractual meetings.</p>		



<b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		
<b>Level of Engagement with the Authority</b>		
<p>The manager engages well with the local authority and often contacts the Quality Assurance &amp; Compliance (QUAC) officer for support or to discuss ideas and plans. The provider regularly updates Capacity Tracker and is part of the occupancy support scheme and provides weekly vacancy information in a timely manner.</p> <p>The provider makes use of the National early Warning Score (NEWS) kits, although usage could be improved.</p> <p>The manager is new to her position and has not yet taken part on the Well Led programme.</p>		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>19/07/2019</b>	<b>Good</b>

<b>Provider Name</b>	<b>Royal Mencap Society</b>	
<b>Service Name</b>	<b>71 Middleton Avenue</b>	
<b>Category of Care</b>	<b>Learning Disability Residential Home</b>	
<b>Address</b>	71 Middleton Avenue, Thornaby, Stockton-on-Tees TS17 0LL	
<b>Ward</b>	<b>Village</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	n/a
<b>Involvement &amp; Information</b>	<b>Good</b>	n/a
<b>Personalised Care / Support</b>	<b>Good</b>	n/a
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	n/a
<b>Suitability of Staffing</b>	<b>Good</b>	n/a
<b>Quality of Management</b>	<b>Good</b>	n/a
<b>Date of Inspection</b>	<b>2<sup>nd</sup> November 2021</b>	
<b>Date Assessment Published</b>	<b>1<sup>st</sup> February 2022</b>	
<b>Date Previous Assessment Published</b>	n/a	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>There were extremely personalised care plans in place and risk assessments had been completed and all essential information had been recorded. Observations confirmed response from service users was extremely positive. Staff members displayed a good knowledge in key areas and stated that they felt supported by management.</p> <p>Staff were safely recruited, and records evidenced that other people who provide extra services are subject to suitable and necessary checks where required. Staff were not seen to have had regular supervision and this was discussed with the manager in order that this is addressed in line with contractual arrangements. However, there was evidence to show that medication competency assessments had been completed. In terms of mandatory requirements, all staff training was seen to be up to date.</p> <p>The home was very homely, well presented and maintained. Records show that the provider complies a range of appropriate and effective audits which have been analysed and action plans developed.</p>		
<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
The provider will complete an action plan to address areas identified for improvement to ensure full compliance.		
<b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		

<b>Level of Engagement with the Authority</b>		
<p>Middleton Avenue have engaged positively. They completed the Cruse bereavement training, and regularly attend the Provider Forums. There has been no opportunity lately to take part in wider projects, but for the projects and opportunities that have been presented to date, they have engaged well.</p>		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>26/01/2018</b>	<b>Good</b>

<b>Provider Name</b>	<b>Royal Mencap Society</b>	
<b>Service Name</b>	<b>Mencap – Teesside Domiciliary Care Agency</b>	
<b>Category of Care</b>	<b>Supported Living</b>	
<b>Address</b>	Tower House, Teesdale South Business Park, Thornaby Place, Stockton-on-Tees TS17 6SF	
<b>Ward</b>	<b>Mandale &amp; Victoria</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	<b>n/a</b>
<b>Involvement &amp; Information</b>	<b>Good</b>	<b>n/a</b>
<b>Personalised Care / Support</b>	<b>Good</b>	<b>n/a</b>
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	<b>n/a</b>
<b>Suitability of Staffing</b>	<b>Requires Improvement</b>	<b>n/a</b>
<b>Quality of Management</b>	<b>Good</b>	<b>n/a</b>
<b>Date of Inspection</b>	<b>22<sup>nd</sup> November 2021</b>	
<b>Date Assessment Published</b>	<b>3<sup>rd</sup> February 2022</b>	
<b>Date Previous Assessment Published</b>	<b>n/a</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>There were extremely personalised care plans in place, however no care plans around DOLS/MCA's and Best Interest Decisions. All risk assessments had been done, and all necessary data had been collected. Observations indicated that service users' reactions were incredibly positive. Staff demonstrated a high level of expertise in key areas and reported that they were supported by management.</p> <p>Staff expressed concern that there are insufficient staff to cover all shifts and that they are under pressure to perform extra shifts as needed. Staff reported varied feelings about supervisions and suggested that they were irregular. The provider's records were lacking in evidence, and it did not appear that employees receive supervision on a regular basis.</p> <p>Staff were safely recruited, and records show that anyone who provides extra services is subjected to any appropriate and necessary background checks. All staff training was found to be up to date in terms of mandatory standards.</p> <p>Fire safety checks lacked in evidence to show that regular fire safety checks had been carried out. The services were very homely, kept well, and maintained. According to records, the provider undertakes a variety of suitable and effective audits that have been analysed and action plans produced highlighting areas of improvement.</p>		
<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
<p>The provider will complete an action plan to address areas identified for improvement to ensure full compliance which will be monitored by the Quality Assurance and Compliance (QuAC) officer via contractual meetings.</p>		

<b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		
<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>There has been little engagement with the Transformation team previously, however this should be improve moving forward.</p>		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>06/08/2019</b>	<b>Good</b>

<b>Provider Name</b>	<b>St Martin's Care Limited</b>	
<b>Service Name</b>	<b>Woodside Grange Care Home (Older People's service only)</b>	
<b>Category of Care</b>	<b>Residential / Nursing / Dementia</b>	
<b>Address</b>	Teddar Avenue, Thornaby, Stockton-on-Tees TS17 9JP	
<b>Ward</b>	<b>Stainsby Hill</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	<b>Good</b>
<b>Involvement &amp; Information</b>	<b>Good</b>	<b>Good</b>
<b>Personalised Care / Support</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	<b>Good</b>
<b>Suitability of Staffing</b>	<b>Good</b>	<b>Good</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>12<sup>th</sup> November 2021 (Older People's service only)</b>	
<b>Date Assessment Published</b>	<b>24<sup>th</sup> February 2022</b>	
<b>Date Previous Assessment Published</b>	<b>30<sup>th</sup> August 2019</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Care plans were clear, concise and well ordered. There was some inconsistency between the level of detail recorded in plans from different units. Some care plans were very comprehensive, particularly from the nursing unit, whilst others would benefit from being more person-centred. There were some shortfalls in people's nutritional risk assessments.</p> <p>Staff were observed to be attentive to residents' needs and have positive interactions with them. Residents and relatives gave good feedback and felt that communication had been maintained effectively during the COVID pandemic. Visiting was being supported in line with Government guidelines. Key workers were assigned, however the key working system needed strengthening. Residents were supported to access other social care and health services as required.</p> <p>Observations and discussions indicated that staffing levels were sufficient. Agency staff were brought in to ensure safe staffing levels where required. The provider was working towards a more modern and person-centred activity offer, however at the time of the assessment insufficient written records were available to demonstrate how each resident was offered / supported to partake in activities regularly.</p> <p>Staff were recruited safely, however induction records were inconsistent. Staff received regular training and supervision and an annual appraisal.</p> <p>The provider had a strong governance system with comprehensive quality audits taking place regularly, however actions were not always signed off once complete. Robust infection control procedures were in place. Medication was stored and administered appropriately.</p> <p>There had been a lot of recent refurbishments in the home, including new flooring, furniture and decoration. A secure garden was being developed to be accessed via patio doors, with a ramp</p>		

<p>and secure fencing. This will be a great new asset to the home, providing pleasant outdoor space for residents and relatives to enjoy, where activities can take place in good weather.</p>		
<p><b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b></p>		
<p>The provider will complete an action plan to address areas identified as requiring improvement, progress will be monitored and validated.</p>		
<p><b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b></p>		
<p>Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)</p>		
<p><b>Level of Engagement with the Authority</b></p>		
<p>The provider has a very good relationship with the QuAC Officer and responds to requests for information in a timely manner. The home manager also engages well with the Transformation Managers and often volunteers good news stories. The provider engages with the Alliance and has mostly been compliant with NEWS scoring. They completed DSPT and Oral Health projects. The manager has occasionally attended Leadership meetings and has recently volunteered to support another initiative.</p>		
<p><b>Current CQC Assessment - Date / Overall Rating</b></p>	<p><b>27/01/2021</b></p>	<p><b>Good</b></p>

<b>Provider Name</b>	<b>Springfield Home Care Services Limited</b>	
<b>Service Name</b>	<b>Pathways to Independence</b>	
<b>Category of Care</b>	<b>Care at Home Complex</b>	
<b>Address</b>	Unit 9/10, Usworth Enterprise Park, Usworth Road, Hartlepool TS25 1PD	
<b>Ward</b>	n/a	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	n/a
<b>Involvement &amp; Information</b>	<b>Good</b>	n/a
<b>Personalised Care / Support</b>	<b>Good</b>	n/a
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	n/a
<b>Suitability of Staffing</b>	<b>Good</b>	n/a
<b>Quality of Management</b>	<b>Good</b>	n/a
<b>Date of Inspection</b>	27 <sup>th</sup> January 2022	
<b>Date Assessment Published</b>	10 <sup>th</sup> March 2022	
<b>Date Previous Assessment Published</b>	n/a	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>During the assessment, the service was found to be effective, caring, and responsive. Staff supported people's dignity and encouraged them to be self-sufficient by assessing and reviewing their care needs. The staff was well-trained and had a good sense of support.</p> <p>There were processes in place to guarantee that workers were recruited safely and that they were protected from abuse. Accidents and occurrences were documented and investigated, and medicines were stored properly. The staff followed infection prevention and control protocols.</p> <p>To ensure that service users' support needs were met, a person-centred approach to care planning was implemented. Audits and spot inspections were carried out on a regular basis and completed actions were clearly recorded.</p>		
<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
<p>Pathways scored 'Good' in all areas of PAMMS apart from one question which was 'Requires Improvement' based on them reviewing care plans annually which was not in line with our contract which requires reviews to be 'not less than 3 monthly'.</p> <p>The above will be monitored for progress via contract management meetings to ensure contractual compliance.</p>		
<b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		



<b>Level of Engagement with the Authority</b>		
The current provider management team have good communications and an open and transparent relationship with the Quality Assurance and Compliance (QuAC) Officer.		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>04/09/2019</b>	<b>Good</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>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>11<sup>th</sup> February 2022</b>	
<b>Date Assessment Published</b>	<b>10<sup>th</sup> March 2022</b>	
<b>Date Previous Assessment Published</b>	<b>27<sup>th</sup> March 2020</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>There were some excellent examples of Person-Centred care planning identified, particularly one service users end of life care plan which was beautifully written.</p> <p>The provider evidenced some great examples of maintaining links with the community and community groups, family and friendships through activities and general day-to-day living.</p> <p>Service Users were safeguarded from abuse and the provider showed strong evidence of analysing incidents and safeguarding for lessons learned and these were shared with staff. Records show that the provider complies a range of appropriate and effective audits which have been analysed and action plans developed for service improvement.</p> <p>Service users were kept informed of changes in the home and they had recently taken part in choosing their own key workers.</p> <p>The home was well presented and very homely with a high standard of décor.</p> <p>Staff demonstrated good knowledge in relevant areas such as Safeguarding and the Mental Capacity Act.</p>		
<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
<p>There were some issues identified with the medication recording and management. This was discussed with the Manager and the Quality Assurance and Compliance Officer (QuAC) and NECS Medication Optimisation Team are currently supporting the Manager to improve their systems and medication management.</p>		

<p>The provider will complete an action plan to address the small number of areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the action plan will be monitored by the QuAC Officer, with supportive monitoring visits completed as appropriate.</p>		
<p><b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b></p>		
<p>Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)</p>		
<p><b>Level of Engagement with the Authority</b></p>		
<p>The manager is new to her post at Piper Court but is familiar with the requirements of the Local Authority (LA). She has strong links with stakeholder professionals and health colleagues and is professionally known to the QuAC officer.</p> <p>The manager has completed the well led program in her previous role. The deputy who has been in post since October has requested a place on the next course cohort, which has been arranged by the QuAC officer.</p> <p>Piper Court Staff maintain good engagement with the LA and there is a transparent and professional relationship.</p> <p>Commendations have been made by the Trust Infection Control Nurse in relation to IPC Champion at Piper Court and their level of engagement.</p> <p>Engagement with the NEWS kit is slowly improving and is currently being monitored.</p>		
<p><b>Current CQC Assessment - Date / Overall Rating</b></p>	<p><b>12/01/2022</b></p>	<p><b>Requires Improvement</b></p>

<b>Provider Name</b>	<b>Vorg Hollies Limited</b>	
<b>Service Name</b>	<b>The Hollies Residential Care Home</b>	
<b>Category of Care</b>	<b>Mental Health Residential</b>	
<b>Address</b>	447 Norton Road, Norton, Stockton-on-Tees TS20 2QQ	
<b>Ward</b>	<b>Norton North</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	<b>Good</b>
<b>Involvement &amp; Information</b>	<b>Good</b>	<b>Good</b>
<b>Personalised Care / Support</b>	<b>Good</b>	<b>Good</b>
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	<b>Good</b>
<b>Suitability of Staffing</b>	<b>Good</b>	<b>Good</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>25<sup>th</sup>, 26<sup>th</sup>, 28<sup>th</sup> January &amp; 9<sup>th</sup> February 2022</b>	
<b>Date Assessment Published</b>	<b>11<sup>th</sup> March 2022</b>	
<b>Date Previous Assessment Published</b>	<b>18<sup>th</sup> March 2020</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Although this is a small independent service, it has some excellent elements within its care services.</p> <p>There is a very effective and involved Key Worker System running in this home. Each resident is assigned a Key Worker who has weekly meetings (or as often as the resident prefers) with them to discuss a whole range of wellbeing and support issues, who supports them with any help they want and completes a small health and safety check, with the resident, of the resident's room; as well as supporting them to clean and tidy their room. The residents have input into who their Key Worker is and if they ever want to change at any time, this is also facilitated. There is very good evidencing of all this work, including when a resident declines their Key Worker session because they don't feel up to it or just don't want to do it.</p> <p>The staff also had a very good understanding of the MCA processes and how best to support residents appropriately even when making unwise decisions i.e., a lot of the resident's smoke and the home facilitates them in this choice by making dedicated spaces for them or supporting the residents to manage the task.</p> <p>There was also good evidence of resident choice and input into the menus within this home. One resident complained that fish pie was never on the menu, so this was added (however for the few months this has been an option, they have yet to choose it!). The quality of the food in this home was very good and all residents said they enjoy the food. The cook also does baking sessions with the residents to bake biscuits / cakes for all to share.</p> <p>The recording of all care was of a good standard, with comprehensive care plans and detailed daily notes that not only included activities / tasks the resident had undertaken that day, but also how they were feeling and how they were supported.</p>		

<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
No action plan required.		
<b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		
<b>Level of Engagement with the Authority</b>		
<p>The Provider has a very good level of engagement with the Quality Assurance and Compliance Officer.</p> <p>The Manager is currently on the Well Led programme, attends leadership and peer support sessions, and is always friendly and engaging.</p>		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>27/09/2019</b>	<b>Good</b>

<b>Provider Name</b>	<b>Milewood Healthcare</b>	
<b>Service Name</b>	<b>Glenthorne Court</b>	
<b>Category of Care</b>	<b>Residential - Learning Disabilities, Mental Health</b>	
<b>Address</b>	377 Norton Road, Stockton-on-Tees TS20 2PJ	
<b>Ward</b>	<b>Norton North</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	<b>Good</b>
<b>Involvement &amp; Information</b>	<b>Good</b>	<b>Good</b>
<b>Personalised Care / Support</b>	<b>Good</b>	<b>Good</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>Good</b>
<b>Date of Inspection</b>	<b>21<sup>st</sup> December 2021</b>	
<b>Date Assessment Published</b>	<b>11<sup>th</sup> March 2022</b>	
<b>Date Previous Assessment Published</b>	<b>11<sup>th</sup> April 2019</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Care plans and risk assessments were completed to a good standard and reviewed monthly. Records showed that the provider co-operated with other social care and health services as required.</p> <p>Staff were observed to be professional and respectful; they offered people choices and respected their wishes. Service users said they got on well with all the staff and confirmed they were kind and polite. Service users confirmed that staff helped support them to feel safe.</p> <p>Records showed that robust recruitment practices were followed, and an in-house induction was provided, however new staff had not always completed the Care Certificate within the required timescales. Staff received regular supervision and an annual performance appraisal.</p> <p>Staff demonstrated a good understanding of safeguarding and whistleblowing, mental capacity and DoLS. Staff were observed to follow good practice in relation to infection prevention and control. The home appeared very clean and tidy during the days of the assessment. Signage was in place regarding social distancing and wearing face masks. Plentiful supplies of PPE, hand sanitiser and cleaning wipes were available.</p> <p>Staffing levels were sufficient to meet people's needs and a Business Continuity Plan was in place for emergency situations. Medication was stored and administered safely. Staff and resident meetings were taking place monthly. A 'Resident Council' had recently been established with a view to having regular meetings and developing a resident-led improvement plan. The provider carried out regular internal quality assurance audits and statutory health and safety checks were evidenced.</p>		

<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
The provider will complete an action plan to address the small number of areas identified as requiring improvement, progress will be monitored and validated.		
<b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		
<b>Level of Engagement with the Authority</b>		
The provider engages well with the QuAC Officer and Transformation Managers. The Registered Manager is currently on the Well Led programme. Although not a regular at the Leadership meetings, he has attended when time allows, and has attended the Provider Forums over the last few years.		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>13/07/2019</b>	<b>Good</b>

<b>Provider Name</b>	<b>Milewood Healthcare</b>	
<b>Service Name</b>	<b>Alexandra House</b>	
<b>Category of Care</b>	<b>Residential - Learning Disabilities, Mental Health</b>	
<b>Address</b>	Summerhouse Square, Norton, Stockton-on-Tees TS20 1BH	
<b>Ward</b>	<b>Norton 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>Good</b>
<b>Personalised Care / Support</b>	<b>Good</b>	<b>Good</b>
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	<b>Good</b>
<b>Suitability of Staffing</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Date of Inspection</b>	<b>1<sup>st</sup> December 2021</b>	
<b>Date Assessment Published</b>	<b>17<sup>th</sup> March 2022</b>	
<b>Date Previous Assessment Published</b>	<b>31<sup>st</sup> October 2019</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Care plans and risk assessments were clear, concise and easy to follow. Plans were completed to a good level of detail with person-centred information. Monthly reviews were taking place. The provider was co-operating with other health and social care professionals as appropriate.</p> <p>Residents and a relative gave positive feedback about the staff and service provision. Residents confirmed they felt safe in the home. The service was highly user-led; people were able to choose what they would like to do each day, some attended day services or college. Staff supported residents with activities of their choice.</p> <p>Staff appeared to work well as a team, demonstrating good communication and a positive dynamic. Medication was stored and administered safely. Medication competency assessments were carried out six-monthly. Staff were observed to carry out domestic tasks throughout the day, ensuring the home remained clean and tidy. However, some breaches of PPE compliance (use of face masks) were observed.</p> <p>Pre-employment checks were being carried out and there was evidence of an induction process being followed, however the records were not always fully completed or signed off. New staff had not completed the Care Certificate within the required timescales. There were also some shortfalls in training compliance and supervision records.</p> <p>The provider had an internal quality assurance system with regular audits taking place. Resident and staff meetings were taking place regularly. Complaints were recorded, however documentation needed to be improved to fully evidence investigations and outcomes.</p>		



<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
The provider will complete an action plan to address the areas identified as requiring improvement, progress will be monitored and validated.		
<b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		
<b>Level of Engagement with the Authority</b>		
The provider engages very well with the QuAC Officer and Transformation Managers. The Registered Manager is on the Well Led programme and participates fairly frequently with the Leadership and Peer Support meetings, she also attends the Provider Forums.		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>08/08/2018</b>	<b>Good</b>

<b>Provider Name</b>	<b>Edwardian Residential Care Homes Limited</b>	
<b>Service Name</b>	<b>Edwardian</b>	
<b>Category of Care</b>	<b>Residential / Mental Health / Learning Disabilities</b>	
<b>Address</b>	72 Yarm Road, Stockton-on-Tees TS18 3PQ	
<b>Ward</b>	<b>Parkfield &amp; Oxbridge</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	<b>Good</b>
<b>Involvement &amp; Information</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Personalised Care / Support</b>	<b>Good</b>	<b>Excellent</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>Good</b>
<b>Date of Inspection</b>	<b>17<sup>th</sup> November 2021</b>	
<b>Date Assessment Published</b>	<b>18<sup>th</sup> March 2022</b>	
<b>Date Previous Assessment Published</b>	<b>11<sup>th</sup> September 2019</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Personal profiles had been completed for each person and care documentation contained some good person-centred information, however care plans were not sufficiently comprehensive for the resident who had moved in most recently, and there were some omissions in risk assessments.</p> <p>Staff appeared to know the residents well and spoke to them in a polite and respectful manner. Residents gave positive feedback about the staff and service. Staff supported and encouraged the residents to make decisions that promoted good health and wellbeing, but respected residents' own wishes.</p> <p>An Activity Co-ordinator had recently been recruited who was organising a varied activity programme and encouraging all residents to get involved with activities of their choosing. Visiting was being supported in line with the latest guidelines.</p> <p>There was a small staff team with low turnover, staff demonstrated good knowledge in most key areas and confirmed they felt well supported. Staff received regular training and supervision. However, there were some shortfalls in recruitment and induction records for new staff.</p> <p>The Manager was carrying out internal quality / compliance checks, including weekly medication audits, however the records of these were very brief. The home appeared very well maintained with a high standard of decor. Robust infection control procedures were in place. There had been no recent complaints or Safeguarding concerns. Resident meetings were taking place regularly and were well attended.</p>		

<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
The provider will complete an action plan to address the areas identified as requiring improvement, progress will be monitored and validated.		
<b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>		
Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)		
<b>Level of Engagement with the Authority</b>		
The provider engages well with the QuAC Officer and Transformation Managers. The provider has engaged with the Leadership and Peer support network, attends provider forums and completed DSPT and the manager is currently on the Well Led programme.		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>07/03/2018</b>	<b>Good</b>

<b>Provider Name</b>	<b>St Martin's Care Limited</b>	
<b>Service Name</b>	<b>Woodside Grange Care Home – Chestnut Suite</b>	
<b>Category of Care</b>	<b>Residential – Learning Disabilities</b>	
<b>Address</b>	Teddar Avenue, Thornaby, Stockton-on-Tees TS17 9JP	
<b>Ward</b>	<b>Stainsby Hill</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Excellent</b>	<b>Good</b>
<b>Involvement &amp; Information</b>	<b>Excellent</b>	<b>Good</b>
<b>Personalised Care / Support</b>	<b>Excellent</b>	<b>Good</b>
<b>Safeguarding &amp; Safety</b>	<b>Excellent</b>	<b>Good</b>
<b>Suitability of Staffing</b>	<b>Good</b>	<b>Good</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>8<sup>th</sup> February 2022</b> (Learning Disability Unit only)	
<b>Date Assessment Published</b>	<b>18<sup>th</sup> March 2022</b>	
<b>Date Previous Assessment Published</b>	<b>21<sup>st</sup> November 2019</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Care plans were very comprehensive with lots of personalised detail, including people's preferences and routines. Care passports and one-page profiles had been completed including valuable life history information, who / what is important to the person and their likes and dislikes. Decision-specific mental capacity assessments and best interest decisions were documented in relation to relevant areas.</p> <p>The service was very person-centred and people could choose their own routines, such as when to get up and have a bath / shower. Residents were involved in menu planning and could choose when and where to have their meals. Residents appeared very well presented and cared for. When residents appeared upset for any reason, staff provided reassurance and distraction, for example trying to engage them in an activity.</p> <p>The Unit Manager had a very hands-on approach and operated an open-door policy. It was evident that she had an excellent relationship with the residents and was very proactive in supporting their wellbeing.</p> <p>Staff were observed speaking to residents in a polite, friendly manner and had a very positive rapport with them, often sharing jokes. The home had a cheerful atmosphere, with plenty of staff visible around the unit who were attentive to residents' needs, providing reassurance, encouragement and intervention as appropriate. Staff respected service users' dignity and privacy.</p> <p>The unit appeared very clean, tidy and well maintained with a high standard of décor. Plentiful supplies of PPE and hand sanitiser were available, and staff were observed to wear PPE consistently. Staff appeared very experienced and confident administering medication and demonstrated best practice throughout the observation.</p>		

<p>The provider had a Business Continuity Plan, however this was lacking relevant service-specific information, and there was no copy available on the Chestnut Suite itself.</p>		
<p><b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b></p>		
<p>The provider will ensure that a robust Business Continuity Plan is in place and accessible to all staff to be implemented should an emergency situation arise.</p>		
<p><b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b></p>		
<p>Level 1 – No concerns / minor concerns (Business as Usual / Standard Monitoring)</p>		
<p><b>Level of Engagement with the Authority</b></p>		
<p>The provider engages very well with the QuAC Officer. The provider also engages well with Transformation Managers and the Alliance. They completed DSPT and Oral Health projects. The Registered Manager has occasionally attended Leadership meetings and has recently volunteered to support another initiative.</p>		
<p><b>Current CQC Assessment - Date / Overall Rating</b></p>	<p><b>27/01/2021</b></p>	<p><b>Good</b></p>