

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

## QUARTER 1 2022-2023

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

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

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

### Quarterly Summary of Published Reports

This update includes inspection reports published between April and June 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. 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 (3 rated 'Requires Improvement')
- 2 Primary Medical Care service were reported on (1 rated 'Good'; 1 rated 'No action required')
- 4 Hospital / Other Health Care service were reported on (2 rated 'Good'; 2 rated 'Requires Improvement')

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 1 report published between April and June 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>Real Life Options</b>	
<b>Service Name</b>	<b>Real Life Options – Darlington Road</b>	
<b>Category of Care</b>	<b>Residential Care Home – Learning Disabilities (LD)</b>	
<b>Address</b>	54 Darlington Road, Hartburn, Stockton-on-Tees TS18 5EW	
<b>Ward</b>	<b>Hartburn</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/42a904cd-4271-4e29-9cdc-f2f9116ce2f3?20220510120000">https://api.cqc.org.uk/public/v1/reports/42a904cd-4271-4e29-9cdc-f2f9116ce2f3?20220510120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Safe</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Effective</b>	<b>Not inspected</b>	<b>Good</b>
<b>Caring</b>	<b>Not inspected</b>	<b>Good</b>
<b>Responsive</b>	<b>Not inspected</b>	<b>Outstanding</b>
<b>Well-Led</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>18<sup>th</sup>, 27<sup>th</sup> January &amp; 9<sup>th</sup> February 2022</b>	
<b>Date Report Published</b>	<b>26<sup>th</sup> April 2022</b>	
<b>Date Previous Report Published</b>	<b>14<sup>th</sup> February 2020</b>	
<b>Breach Number and Title</b>		
<p><u>Regulation 12 HSCA RA Regulations 2014 Safe Care and Treatment</u>  Staff were not following the correct policies around the safe administration of medications. The provider was not ensuring the environment was suitably clean and maintained in order to minimise the risks in terms of infection prevention and control. Staff did not always wear PPE in line with government guidance.</p> <p><u>Regulation 17 HSCA RA Regulation 2014 Good Governance</u>  The provider did not have adequate systems in place to address, monitor and improve the service. Issues identified during the inspection had not been picked up during the provider's audit process. People's records were not always accurate or complete.</p>		

Level of Quality Assurance & Contract Compliance		
<p>Level 2 – Moderate concerns (Supportive Monitoring)</p> <p>This was a routine inspection to review Infection Prevention and Control measures under the 'Safe' key question. On the first day, concerns were identified in relation to infection prevention and control, and as a result, the scope of the inspection was widened to become a focused inspection to include the key questions of 'Safe' and 'Well-Led'.</p> <p>The inspection team felt that people's medication was not always managed safely, the staff had not always followed their own policies for medication administration, and records were not always kept accurately of controlled drugs within the home. They also found that the Provider's policy on PPE was not in-line with current guidance, some items in the home were not part of the deep clean regime, and there were some areas of the environment that needed to be improved to ensure infection control and safety processes.</p> <p>However, the Inspector identified that the Manager responded quickly to the concerns raised and had already taken steps to make the necessary improvements, and by the second day, a redecoration plan was scheduled and underway.</p> <p>The report does record that staff managed risks to minimise restriction so that residents had as much freedom, choice, and control over their lives as possible, and that there were effective safeguarding and whistleblowing procedures in place. Relatives felt their family were safe in the home and their family members were well looked after.</p> <p>An Action Plan was developed immediately following the inspection and has now been completed.</p>		
Level of Engagement with the Authority		
<p>The Head of Operations and the new Registered Manager have a very good relationship with the Quality Assurance and Compliance Team.</p> <p>This service did not receive a PAMMS assessment in 2021/22 due to CQC arriving on the day that the PAMMS was due to start.</p>		
Supporting Evidence and Supplementary Information		
<p>The Manager has been working very closely with the NECS Medicines Optimisation Team and is finding the process very useful and appreciating the support.</p>		
<b>Participated in Well Led Programme?</b>	n/a	
<b>PAMMS Assessment – Date / Rating</b>	Not yet assessed	

<b>Provider Name</b>	T.L. Care Limited	
<b>Service Name</b>	Beeches Care Home	
<b>Category of Care</b>	Residential / Residential Dementia	
<b>Address</b>	Green Lane, Newtown, Stockton-on-Tees TS19 0DW	
<b>Ward</b>	Newtown	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/ad57b988-4745-41ef-b827-469c4e023222?20220428120000">https://api.cqc.org.uk/public/v1/reports/ad57b988-4745-41ef-b827-469c4e023222?20220428120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	Requires Improvement	Good
<b>Safe</b>	Requires Improvement	Good
<b>Effective</b>	Requires Improvement	Good
<b>Caring</b>	Requires Improvement	Good
<b>Responsive</b>	Requires Improvement	Good
<b>Well-Led</b>	Requires Improvement	Good
<b>Date of Inspection</b>	24 <sup>th</sup> , 25 <sup>th</sup> , 30 <sup>th</sup> , 31 <sup>st</sup> March & 1 <sup>st</sup> April 2022	
<b>Date Report Published</b>	28 <sup>th</sup> April 2022	
<b>Date Previous Report Published</b>	16 <sup>th</sup> December 2017	
<b>Breach Number and Title</b>		
<p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u> Systems had not been established to monitor and improve the safety and quality of the support people received with eating and drinking. Systems had not been established to monitor and improve the safety and quality of the service. Regulation 17(2)</p> <p><u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u> Medicines were not always managed safely. Risks were not effectively assessed or addressed. The premises and equipment were not always clean and well-maintained. Regulation 12(1)</p>		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
<p>Level 2 – Moderate concerns (Supportive Monitoring)</p> <p>The Quality Assurance and Compliance (QuAC) officer 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. The QuAC officer is also monitoring those areas highlighted as 'Requires Improvement' identified in the PAMMS assessment for required progress towards achievement of a 'Good' standard.</p>		

### Level of Engagement with the Authority

The Provider has had several management changes in the past 12 months, more so in recent months seeing three new Managers in post. Relationships are still being built and an improvement in engagement with the Local Authority is being encouraged.

There is room for improvement to be made with the engagement of the National Early Warning Score (NEWS) system.

Due to the changes in management, the provider has not completed the PAMMS action plan, however support to completion is being provided.

There has been a lack of engagement with local initiatives and provider networks and forums; however, the provider has completed the Data Security and Protection Tool.

NECS Medicines Optimisation Team carried out an extensive medication audit on the 25<sup>th</sup> November 2021. It was identified there were areas of guidance which were not being fully met. A detailed list and a copy of the audit findings were given to the provider with a view to review and implement remedial action. A further follow-up visit took place on 4<sup>th</sup> March with the new manager in post where it was evidenced that there were still areas which required improving. These areas of improvement were also identified across the CQC report and subsequent breach in Regulation 12(1) Safe care and treatment.

### Supporting Evidence and Supplementary Information

It has been around four-and-a-half years (December 2017) since the Provider's last inspection. It is assumed that this supported the rationale behind CQC's decision to inspect all domains. CQC found that the service required improvements across all domains. At the time of inspection, the manager was unregistered, but the application had been applied for. CQC found discrepancies with medication stock balances, and that treatment rooms were not always cleaned and organised as expected. It was identified that audits were robust and identified issues, but remedial action had not been taken.

It was identified that Regulation 17 (Good governance) and Regulation 12 (Safe care and treatment) were not being met. CQC have requested that an action be developed to identify how the provider will address the shortfalls. A warning notice has been issued against Regulation 12 Safe care and treatment which requires the provider to make significant improvements to become compliant by a specified date.

CQC found that people were not always provided with food that reflected their assessed needs and preferences. People were offered drinks from a drinks trolley during the day, but there were no drinks readily available for them to help themselves.

Staff received a wide range of training to support them in their roles. However, some staff training was overdue. The Provider was aware of this and working on addressing it.

When the service needed to deprive a person of their liberty, and where people lacked mental capacity, best interest decisions were made and recorded on their behalf. DoLS were appropriately applied for and monitored.

CQC saw lots of examples of kind and caring interactions. However, staff had limited time to spend with people. People and relatives said staff were helpful and supportive. One person told CQC, 'What can I say about the staff? They would do anything for you'. A relative CQC spoke with said, 'Staff are absolutely kind and caring'.

Staff did not always check on people's general wellbeing. During the inspection, CQC saw two people sitting in a lounge watching a blank television.

Staff told CQC they enjoyed working at the service and were happy in their roles. One member of staff CQC spoke with said, 'I love my job'. People and relatives spoke positively about communication with the service and said they could raise any issues they had. One relative told CQC, 'I just telephone the home'.

The QuAC officer will support and monitor the provider to implement the actions to improve the service.

<b>Participated in Well Led Programme?</b>	<b>No</b> (new manager in post)	
<b>PAMMS Assessment – Date / Rating</b>	<b>20/09/2021</b>	<b>Good</b>

<b>Provider Name</b>	<b>Willow View Care Limited</b>	
<b>Service Name</b>	<b>Willow View Care Home</b>	
<b>Category of Care</b>	<b>Residential / Residential Dementia</b>	
<b>Address</b>	1 Norton Court, Norton Road, Stockton-on-Tees TS20 2BL	
<b>Ward</b>	<b>Norton South</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/783fcdcd-b48f-4b09-a116-5ed76d052d76?20220430120000">https://api.cqc.org.uk/public/v1/reports/783fcdcd-b48f-4b09-a116-5ed76d052d76?20220430120000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Safe</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Effective</b>	<b>Requires Improvement</b>	<b>Not inspected</b>
<b>Caring</b>	<b>Not inspected</b>	<b>Not inspected</b>
<b>Responsive</b>	<b>Not inspected</b>	<b>Not inspected</b>
<b>Well-Led</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Date of Inspection</b>	<b>15<sup>th</sup> &amp; 21<sup>st</sup> March 2022</b> (part inspection)	
<b>Date Report Published</b>	<b>30<sup>th</sup> April 2022</b>	
<b>Date Previous Report Published</b>	<b>21<sup>st</sup> December 2021</b>	
<b>Breach Number and Title</b>		
<p><u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u> Risks were not correctly assessed, and risk assessments did not always contain sufficient information to mitigate risk. Medicines were not safely managed. Regulation 12(1)(2)(a)(b)(g)</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. Care records were not accurate, complete, or up to date. Regulation 17(1)(2)(a)(b)(c)(f)</p>		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
<p>Level 2 – Moderate concerns (Supportive Monitoring)</p> <p>The Quality Assurance and Compliance (QuAC) officer 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 breach's.</p> <p>The QuAC officer is also monitoring those areas highlighted as 'Requires Improvement' identified in the PAMMS assessment for required progress to achieve a 'Good' standard.</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>Engagement from the previous manager was poor, however since the new manager is now in place, engagement is more positive and is looking to improve.</p>		
Supporting Evidence and Supplementary Information		
<p>The inspection was prompted in part by notification of a safeguarding incident and to concerns received about the management and prevention of falls, nutrition, daily records, and staff training. The inspection also looked at the breaches identified at the previous inspection.</p> <p>The CQC found that people’s medicines were not always safely managed which contributed to the breach of Regulation 12. This meant there was a risk that people did not always receive their medicines as prescribed. Information about risks to people was not always in place or was not always detailed enough. Staff had access to PPE but did not always wear their masks properly.</p> <p>Audits had not identified the issues found on inspection, which contributed to breach of Regulation 17. Records did not always accurately reflect people’s needs. Enough improvements had not been made to the quality of the service since the previous inspection. However, there is a new registered manager in post and some action plans were in place at the time of the inspection.</p> <p>The CQC found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records around this needed to be improved.</p> <p>The service was clean and tidy. People said they felt safe, and staff knew what to do if they had any safeguarding concerns. Staff were recruited appropriately. Mixed feedback about staffing levels, but the registered manager is actively recruiting.</p> <p>People were supported to eat, and drink and people were offered a nutritious diet. The registered manager had implemented new policies and procedures around referring people to healthcare professionals in a timely manner. These new procedures need to be maintained and become embedded within the service. Staff had suitable training and support.</p> <p>Staff and relatives spoke positively about the registered manager. People were more engaged with the service than they had been at the previous inspection, and a residents’ committee had been set up. Staff had regular meetings, supervisions, and appraisals, and advised they could give honest feedback. The registered manager is motivated to make the required improvements.</p> <p>The new registered manager has been responsive to the inspection feedback and has devised and implemented action plans to address the concerns identified and mitigate the risks to people using the service.</p>		
<b>Participated in Well Led Programme?</b>	<b>No</b>	
<b>PAMMS Assessment – Date / Rating</b>	<b>15/11/2021</b>	<b>Good</b>

## PRIMARY MEDICAL CARE SERVICES

<b>Provider Name</b>	KL Aesthetics Ltd	
<b>Service Name</b>	The Wynyard Clinic	
<b>Category of Care</b>	Doctors / GPs	
<b>Address</b>	1 Wynyard Park Business Village, Wynyard, Billingham TS22 5FG	
<b>Ward</b>	Northern Parishes	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/e30b7eaa-21a8-40e7-86e9-dd2d88864dff?20220509070057">https://api.cqc.org.uk/public/v1/reports/e30b7eaa-21a8-40e7-86e9-dd2d88864dff?20220509070057</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	Good	n/a
<b>Safe</b>	Good	n/a
<b>Effective</b>	Good	n/a
<b>Caring</b>	Good	n/a
<b>Responsive</b>	Good	n/a
<b>Well-Led</b>	Outstanding	n/a
<b>Date of Inspection</b>	12 <sup>th</sup> April 2022	
<b>Date Report Published</b>	9 <sup>th</sup> May 2022	
<b>Date Previous Report Published</b>	n/a	
<b>Further Information</b>		
<p>KL Aesthetics Ltd is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures, and diagnostic and screening procedures from one registered location.</p> <p>The Wynyard Clinic provides aesthetic services such as medical treatments to remove ingrown toenails, cysts, moles, warts, xanthelasma and seborrheic keratosis, as well as earlobe reconstruction, upper eyelid surgery and labiaplasty.</p> <p>The service provides face-to-face appointments. The core opening hours are Tuesday to Friday 9:30am to 5:30pm, with late opening on a Thursday evening until 7:30pm. They are also open alternate Saturdays from 9.00am to 4.00pm.</p> <p>The service consists of a consultant plastic surgeon and three advanced nurse practitioners (of which one is registered as the registered manager). They are also supported by a team of receptionists and aesthetic and beauty therapists.</p> <p>This was the first time the CQC have inspected this service. They carried out an announced comprehensive inspection as part of their inspection programme.</p>		

<b>Provider Name</b>	<b>Yarm Lane Dental Surgery</b>	
<b>Service Name</b>	<b>Yarm Lane Dental Surgery</b>	
<b>Category of Care</b>	<b>Dentist</b>	
<b>Address</b>	59 Yarm Lane, Stockton-on-Tees TS18 3DX	
<b>Ward</b>	<b>Parkfield &amp; Oxbridge</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/ba483220-5125-4288-94d4-129ee8460037?20220601070057">https://api.cqc.org.uk/public/v1/reports/ba483220-5125-4288-94d4-129ee8460037?20220601070057</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>No action required</b>	<b>n/a</b>
<b>Safe</b>	<b>No action required</b>	<b>n/a</b>
<b>Effective</b>	<b>n/a</b>	<b>n/a</b>
<b>Caring</b>	<b>n/a</b>	<b>n/a</b>
<b>Responsive</b>	<b>n/a</b>	<b>n/a</b>
<b>Well-Led</b>	<b>No action required</b>	<b>n/a</b>
<b>Date of Inspection</b>	<b>17<sup>th</sup> May 2022</b>	
<b>Date Report Published</b>	<b>1<sup>st</sup> June 2022</b>	
<b>Date Previous Report Published</b>	<b>21<sup>st</sup> May 2013</b>	
<b>Further Information</b>		
<p>Yarm Lane Dental Practice is in Stockton-on-Tees and provides NHS and private dental care and treatment for adults and children. The dental team includes three dentists, three dental nurses and two trainee dental nurses. Reception duties are carried out by the dental nurses. The practice has three treatment rooms, all located on the ground floor.</p> <p>The CQC carried out this announced focused inspection on 17 May 2022 under section 60 of the Health and Social Care Act 2008 as part of its regulatory functions. The CQC planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser. To get to the heart of patients' experiences of care and treatment, the CQC usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked: Is it safe? Is it effective? Is it well-led?</p> <p>During the inspection, the CQC spoke with three dentists and two dental nurses. They looked at practice policies and procedures and other records about how the service is managed. There were areas where the provider could make improvements. They should:</p> <ul style="list-style-type: none"> <li>• Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records. In particular, with regards to documenting consent at every visit and patients' risk of dental diseases.</li> <li>• Review their systems to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.</li> </ul>		

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

<b>Provider Name</b>	<b>Nuffield Health</b>	
<b>Service Name</b>	<b>Nuffield Health Tees Hospital</b>	
<b>Category of Care</b>	<b>Hospital</b>	
<b>Address</b>	Junction Road, Norton, Stockton-on-Tees TS20 1PX	
<b>Ward</b>	<b>Norton West</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/d153c04e-3102-4e34-a908-19815c6feb2c?20220419070038">https://api.cqc.org.uk/public/v1/reports/d153c04e-3102-4e34-a908-19815c6feb2c?20220419070038</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Good</b>	<b>Outstanding</b>
<b>Safe</b>	<b>Good</b>	n/a
<b>Effective</b>	<b>Good</b>	n/a
<b>Caring</b>	<b>Good</b>	n/a
<b>Responsive</b>	<b>Good</b>	n/a
<b>Well-Led</b>	<b>Good</b>	n/a
<b>Date of Inspection</b>	<b>1<sup>st</sup> &amp; 2<sup>nd</sup> December 2021</b>	
<b>Date Report Published</b>	<b>19<sup>th</sup> April 2022</b>	
<b>Date Previous Report Published</b>	<b>12<sup>th</sup> October 2017</b>	
<b>Further Information</b>		
<p>The hospital is commissioned locally to provide elective services to NHS patients as well as private elective treatment in orthopaedics, general surgery, endoscopy, plastics, urology, gynaecology, ENT, dermatology, rheumatology and ophthalmology.</p> <p>The hospital had 30 overnight beds but did not admit emergency patients. It has previously provided some services for young people between the age of 16 and 18 years who had been risk assessed to ensure they could be nursed in an adult setting, however, patients in this age range were not currently being seen.</p> <p>Nuffield Health Tees Hospital is registered to provide the following regulated activities:</p> <ul style="list-style-type: none"> <li>• Diagnostic and screening procedures</li> <li>• Family Planning</li> <li>• Surgical Procedures</li> <li>• Treatment of disease, disorder or injury</li> </ul> <p>The senior leadership team comprises of the Hospital Director who was also interim registered manager, Matron, and Sales and Services Manager. A newly appointed registered manager was due to start in January 2022.</p>		

The hospital was last inspected in 2017 and was rated as 'outstanding' and no requirement notices were served following that inspection. There has been no enforcement action taken against this provider.

The main service provided by this hospital was surgery. Where the CQC's findings on surgery also apply to other services (e.g. management arrangements), they do not repeat the information but cross-refer to the surgery service.

<b>Provider Name</b>	<b>Butterwick Limited</b>	
<b>Service Name</b>	<b>Butterwick House</b>	
<b>Category of Care</b>	<b>Hospice (for children and young people)</b>	
<b>Address</b>	Middlefield Road, Hardwick, Stockton-on-Tees TS19 8XN	
<b>Ward</b>	<b>Hardwick and Salters Lane</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/6ee296e6-51a0-43e2-8e33-ec56b2b536e8?20220505070046">https://api.cqc.org.uk/public/v1/reports/6ee296e6-51a0-43e2-8e33-ec56b2b536e8?20220505070046</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Requires Improvement</b>	<b>Inspected but not rated</b>
<b>Safe</b>	<b>Requires Improvement</b>	<b>Inspected but not rated</b>
<b>Effective</b>	<b>Good</b>	<b>Not inspected</b>
<b>Caring</b>	<b>Good</b>	<b>Not inspected</b>
<b>Responsive</b>	<b>Good</b>	<b>Not inspected</b>
<b>Well-Led</b>	<b>Requires Improvement</b>	<b>Inspected but not rated</b>
<b>Date of Inspection</b>	<b>1<sup>st</sup> &amp; 2<sup>nd</sup> February 2022</b>	
<b>Date Report Published</b>	<b>5<sup>th</sup> May 2022</b>	
<b>Date Previous Report Published</b>	<b>15<sup>th</sup> November 2021</b>	
<b>Further Information</b>		
<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. Butterwick House is registered to provide diagnostic and screening procedures and treatment of disease, disorder or injury.</p> <p>The CQC previously inspected Butterwick House in September 2021 and raised significant concerns with the provider by issuing a warning notice under Section 29 of the Health and Social Care Act 2008, relating to breaches of Regulation 12 and 17. In addition, the CQC issued the provider with a notice of decision to impose conditions on the providers registration. In response, the provider issued an Action Plan outlining how the service had taken action to address the concerns outlined within the warning notice. The conditions limited the provider to admit a maximum of two service-users, already known to the provider, for respite care only.</p> <p>The CQC carried out an unannounced comprehensive inspection on 1-2 February 2022. At the time of the inspection, there was a registered manager in post. This inspection was undertaken to check the service had made sufficient improvements to ensure compliance with the Section 29 Warning Notice and to follow-up on concerns that had been raised with the CQC.</p> <p>The provider's last comprehensive inspection took place on 5 November 2019 and 5 December 2019 at which it was rated inadequate overall, with all domains rated 'inadequate' apart from caring which was rated as 'good'.</p>		

At the time of the inspection, the hospice was only admitting a maximum of two children each week. This service re-commenced in January 2021, following a period of voluntary suspension. The service was also offering a limited day care service, which involved a nursing assessment, followed by physiotherapy and therapy, as indicated.

<b>Provider Name</b>	<b>South Tees Hospitals NHS Foundation Trust</b>	
<b>Service Name</b>	<b>The James Cook University Hospital</b>	
<b>Category of Care</b>	<b>Hospital</b>	
<b>Address</b>	Marton Road, Middlesbrough TS4 3BW	
<b>Ward</b>	n/a	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/17f54d4b-9ff8-4da7-835d-87f969f1c24a?20220525070309">https://api.cqc.org.uk/public/v1/reports/17f54d4b-9ff8-4da7-835d-87f969f1c24a?20220525070309</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Safe</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Effective</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Caring</b>	<b>Good</b>	<b>Good</b>
<b>Responsive</b>	<b>Good</b>	<b>Good</b>
<b>Well-Led</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Date of Inspection</b>	9 <sup>th</sup> & 10 <sup>th</sup> February 2022 (part-inspection)	
<b>Date Report Published</b>	25 <sup>th</sup> May 2022	
<b>Date Previous Report Published</b>	2 <sup>nd</sup> July 2019	
<b>Further Information</b>		
<p>The CQC undertook a responsive inspection due to concerns raised with them by system partners. The CQC looked at the quality of the environment and observed how staff were caring for patients.</p> <p>Two specific strands were inspected – Medical care (including older people’s care) and Surgery. After the inspection, the CQC reviewed performance information about the service and information provided to them by the hospital.</p> <p>The rating of this location stayed the same (requires improvement) because:</p> <ul style="list-style-type: none"> <li>• The service did not always have enough staff to care for patients and keep them safe. Staff had training in key skills, however compliance rates did not always meet the trust target, and not all medical staff had the appropriate level of safeguarding training. Staff did not consistently assess risks to patients and act on them or keep contemporaneous care records. Patients were not always safely discharged from the hospital. They did not always manage medicines well.</li> <li>• Staff did not always make sure patients had enough to eat and drink, or document pain assessments consistently. Patients were not always discharged to other services appropriately and key information was not always communicated clearly.</li> <li>• Staff did not always respect patient’s privacy and dignity or have the time to interact meaningfully with patients. Staff were not always discreet, and we saw examples of patient’s</li> </ul>		



privacy and dignity not being maintained. Patients' families were not always involved in their care.

However:

- Staff understood how to protect patients from abuse. The patient's environments were safe, clean, and well maintained.
- Staff gave patients pain relief when they needed it. Staff worked well together for the benefit of patients across multidisciplinary teams. Key services were available seven days a week.
- Staff treated patients with compassion and kindness.

<b>Provider Name</b>	<b>Medipro Clinical Services Limited</b>	
<b>Service Name</b>	<b>Medipro Faraday House</b>	
<b>Category of Care</b>	<b>Ambulances</b>	
<b>Address</b>	Sopwith Close, Preston Farm Industrial Estate, Stockton-on-Tees TS18 3TT	
<b>Ward</b>	n/a	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/bc2d230f-bae9-431d-ace8-97c94548af74?20220531070051">https://api.cqc.org.uk/public/v1/reports/bc2d230f-bae9-431d-ace8-97c94548af74?20220531070051</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Good</b>	n/a
<b>Safe</b>	<b>Good</b>	n/a
<b>Effective</b>	<b>Good</b>	n/a
<b>Caring</b>	<b>Good</b>	n/a
<b>Responsive</b>	<b>Good</b>	n/a
<b>Well-Led</b>	<b>Good</b>	n/a
<b>Date of Inspection</b>	15 <sup>th</sup> March 2022	
<b>Date Report Published</b>	31 <sup>st</sup> May 2022	
<b>Date Previous Report Published</b>	n/a	
<b>Further Information</b>		
<p>Medipro Clinical Services Ltd is an independent ambulance service based in Stockton-on-Tees which provides urgent and emergency care support (not including events) to NHS ambulance trusts. The main focus of the business is training and education. The CQC do not regulate the provision of pre-hospital education delivered by this service.</p> <p>The provider is on a framework agreement with three NHS ambulance trusts. They use three ambulances for regulated activity, have 20 staff and do not undertake patient transport work. The provider has developed a core of staff mentors to work with students and students are placed on fixed contracts until they qualify.</p> <p>The service was previously Emergency Medical Services Ltd in Darlington – this was inspected but not rated in 2017. This inspection found no breaches of regulation.</p> <p>Medipro Clinical Services Ltd was registered by the CQC on 20 March 2019. The registered manager has been registered with the CQC since 2016.</p> <p>The service is registered to provide the following regulated activities:</p> <ul style="list-style-type: none"> <li>• Transport services, triage and medical advice provided remotely</li> <li>• Treatment of disease, disorder or injury</li> <li>• Surgical procedures</li> <li>• Diagnostic and screening procedures</li> </ul>		

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

<b>Provider Name</b>	<b>Prioritising People's Lives Ltd</b>	
<b>Service Name</b>	<b>Prioritising People's Lives Ltd</b>	
<b>Category of Care</b>	<b>Care at Home (Standard)</b>	
<b>Address</b>	Suite 6, Durham Tees Valley Business Centre, Orde Wingate Way, Stockton-on-Tees TS19 0GD	
<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>	<b>21<sup>st</sup> March 2022</b>	
<b>Date Assessment Published</b>	<b>21<sup>st</sup> April 2022</b>	
<b>Date Previous Assessment Published</b>	n/a	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>The service was found to be effective, caring and responsive during the assessment. People's care requirements were comprehensively assessed and reviewed, and staff supported people's dignity and encouraged them to be independent. The staff were well trained and felt well supported.</p> <p>There were systems in place to ensure the safe recruitment of workers and to protect persons from abuse. Medicines were stored correctly, and accidents and occurrences were documented and investigated. Infection prevention and control procedures were followed by the staff.</p> <p>A person-centred approach to care planning was in place to assure that service-users' support requirements were satisfied. Audits and spot-checks were conducted on a regular basis. The provider collaborated with health and social care experts who were involved in the treatment of the clients.</p>		

<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
The provider will complete an Action Plan to address the minimal areas that require improvement. This will be monitored for progress via contractual meetings.		
<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 current Management Team have good communication levels with the Quality Assurance and Compliance (QuAC) Officer and has an open and transparent relationship.</p> <p>There has been little engagement with the Transformation Managers previously, however this should improve moving forward.</p>		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>15/01/2019</b>	<b>Good</b>