

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

## QUARTER 2 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 July and September 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, **10** 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:

- 6 Adult Care services were reported on (4 rated 'Good'; 1 rated 'Requires Improvement'; 1 rated 'Inadequate')
- 2 Primary Medical Care service were reported on (1 rated 'Outstanding'; 1 rated 'Good')
- 2 Hospital / Other Health Care service were reported on (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 **5** reports published between July and September 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>Tigerlily Healthcare Limited</b>   |                            |
| <b>Service Name</b>   | <b>Tigerlily Healthcare Limited</b>   |                            |
| <b>Category of Care</b>   | <b>Community Services – Healthcare; Homecare Agencies</b>   |                            |
| <b>Address</b>  | Room 2, First Floor Unit, 28a High Street, Stockton-on-Tees<br>TS18 1SF   |                            |
| <b>Ward</b>   | n/a   |                            |
| <b>CQC link</b>   | <a href="https://api.cqc.org.uk/public/v1/reports/946199fe-b885-4ddf-9c84-ad7caa14e316?20220720120000">https://api.cqc.org.uk/public/v1/reports/946199fe-b885-4ddf-9c84-ad7caa14e316?20220720120000</a> |                            |
|   | <b>New CQC Rating</b>   | <b>Previous CQC Rating</b> |
| <b>Overall</b>  | <b>Inadequate</b>   | n/a                        |
| <b>Safe</b>   | <b>Inadequate</b>   | n/a                        |
| <b>Effective</b>  | <b>Requires Improvement</b>   | n/a                        |
| <b>Caring</b>   | <b>Requires Improvement</b>   | n/a                        |
| <b>Responsive</b>   | <b>Requires Improvement</b>   | n/a                        |
| <b>Well-Led</b>   | <b>Inadequate</b>   | n/a                        |
| <b>Date of Inspection</b>   | 7 <sup>th</sup> April & 25 <sup>th</sup> April 2022   |                            |
| <b>Date Report Published</b>  | 20 <sup>th</sup> July 2022 (updated from original version published on 1 <sup>st</sup> July 2022)   |                            |
| <b>Date Previous Report Published</b>   | n/a   |                            |
| <b>Further Information</b>  |   |                            |
| <p>This service is a domiciliary care agency. It provides personal care to people living in their own homes. This service was registered with the CQC at this address on 28 September 2021. The service was first registered with the CQC at a previous address on 3 March 2020. This is the first inspection of this service.</p> <p>The inspection was prompted in part due to concerns received about staff recruitment and the quality of care. When the CQC tried to investigate the concerns, they had difficulty in contacting the provider. This raised further concerns about the role of the provider and the level of provider oversight. A decision was made for the CQC to inspect and examine those risks.</p> <p>At the time of the CQC's inspection there was a registered manager in post. However, the registered manager only had oversight of four people, only one of whom received personal care. The provider had not informed the registered manager about the second person they supported with personal care.</p> |   |                            |

The CQC attended the service unannounced on 7 April 2022. However, there was no-one at the office to facilitate the inspection. The CQC therefore gave the service 24 hours' notice of their next site visit which took place on 25 April 2022. This was because they wanted to ensure there would be someone in the office. Inspection activity started on 7 April 2022 and ended on 30 May 2022. The CQC visited the location's office on 7 April 2022 and 25 April 2022.

The director did not provide the CQC with all of the requested documents in relation to the second person they supported, or in relation to staff recruitment. The CQC therefore served a formal letter under section 64 of the Health and Social Care Act 2008 requiring the director to provide the requested information. Not all of the information requested has been provided, and the CQC are dealing with this outside the inspection process.

**NOTE: THIS IS AN UPDATED REPORT WHICH WAS ORIGINALLY PUBLISHED ON THE 1<sup>ST</sup> JULY 2022 – RATINGS REMAIN THE SAME.**

|  |   |                             |
|--|---|-----------------------------|
| <b>Provider Name</b>   | <b>Allison House Thornaby Limited</b>   |                             |
| <b>Service Name</b>  | <b>Allison House</b>  |                             |
| <b>Category of Care</b>  | <b>Nursing / Dementia</b>   |                             |
| <b>Address</b>   | Fudan Way, Thornaby, Stockton-on-Tees TS17 6EN  |                             |
| <b>Ward</b>  | <b>Mandale &amp; Victoria</b>   |                             |
| <b>CQC link</b>  | <a href="https://api.cqc.org.uk/public/v1/reports/880e478a-a66f-497f-8de1-7f6fda8209ec?20220803120000">https://api.cqc.org.uk/public/v1/reports/880e478a-a66f-497f-8de1-7f6fda8209ec?20220803120000</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>Requires Improvement</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>  | 6 <sup>th</sup> & 13 <sup>th</sup> July 2022  |                             |
| <b>Date Report Published</b>   | 30 <sup>th</sup> July 2022  |                             |
| <b>Date Previous Report Published</b>  | 13 <sup>th</sup> July 2019  |                             |
| <b>Breach Number and Title</b>   |   |                             |
| None.  |   |                             |
| <b>Level of Quality Assurance &amp; Contract Compliance</b>  |   |                             |
| Level 1 – No concerns / minor concerns (Standard Monitoring)   |   |                             |
| <b>Level of Engagement with the Authority</b>  |   |                             |
| <p>The Manager maintains an open and honest relationship with the QuAC Officer and is responsive to all requests for information and partnership-working.</p> <p>Staff are engaging with Transformation Manager initiatives, such as Leadership and Peer Support programmes.</p>   |   |                             |
| <b>Supporting Evidence and Supplementary Information</b>   |   |                             |
| <p>This was a full inspection based on the date the service became registered with CQC.</p> <p>The Inspector 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. Staff were passionate about making sure people received the best care possible.</p> <p>The Provider monitored the quality of service and people, relatives and staff were regularly asked for feedback, and the culture of the home promoted positive outcomes for people.</p> |   |                             |

The Provider was responsive to changes in people’s needs and care records were regularly reviewed to ensure they reflected people’s needs. The Provider worked with external healthcare professionals to support and maintain people’s health.

A range of activities were provided to support people’s emotional, physical, and social needs.

The Inspector did find that recruitment and record-keeping was not always effective, but documentation was eventually found to confirm appropriate checks had been conducted.

The home had been adapted to ensure people were safe and could be as independent as possible, including specialist equipment to remain independent. The Provider had plans in place to further improve the environment.

People and relatives said staff were caring and kind, and relatives said they were made very welcome. The Inspector found that staff displayed genuine affection, and were kind and considerate when supporting people.

|  |                   |             |
|--|-------------------|-------------|
| <b>Participated in Well Led Programme?</b> | <b>Yes</b>        |             |
| <b>PAMMS Assessment – Date / Rating</b>    | <b>08/10/2021</b> | <b>Good</b> |

|  |   |                            |
|--|---|----------------------------|
| <b>Provider Name</b>   | <b>Community Integrated Care</b>  |                            |
| <b>Service Name</b>  | <b>Teesside Supported Living</b>  |                            |
| <b>Category of Care</b>  | <b>Supported Living</b>   |                            |
| <b>Address</b>   | Kirkdale, Radcliffe Crescent, Thornaby, Stockton-on-Tees<br>TS17 6BS  |                            |
| <b>Ward</b>  | <b>Mandale &amp; Victoria</b>   |                            |
| <b>CQC link</b>  | <a href="https://api.cqc.org.uk/public/v1/reports/64c812a6-3392-45ec-af51-666089d67929?20220907120000">https://api.cqc.org.uk/public/v1/reports/64c812a6-3392-45ec-af51-666089d67929?20220907120000</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>Requires Improvement</b>   | <b>Good</b>                |
| <b>Date of Inspection</b>  | <b>6<sup>th</sup>, 8<sup>th</sup>, 15<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> July 2022 &amp; 4<sup>th</sup> August 2022</b>   |                            |
| <b>Date Report Published</b>   | <b>7<sup>th</sup> September 2022</b>  |                            |
| <b>Date Previous Report Published</b>  | <b>16<sup>th</sup> November 2019</b>  |                            |
| <b>Breach Number and Title</b>   |   |                            |
| None.  |   |                            |
| <b>Level of Quality Assurance &amp; Contract Compliance</b>  |   |                            |
| Level 1 – No concerns / minor concerns (Standard Monitoring)   |   |                            |
| The Quality Assurance and Compliance (QuAC) Officer will liaise with the CQC who will monitor progress against their action plan and support the provider to ensure they improve and progress against those areas that are identified as ‘Requires Improvement’. |   |                            |
| 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.   |   |                            |
| <b>Level of Engagement with the Authority</b>  |   |                            |
| The manager has a positive relationship with the QuAC Officer, maintaining honest and open communications. However, responding to requests for information is not always in a timely manner.   |   |                            |

| Supporting Evidence and Supplementary Information  |                   |                             |
|--|-------------------|-----------------------------|
| <p>The CQC found that staff did not always support people with their medicines in a way that achieved the best possible health outcome. The service supported people to have the maximum possible choice, control, and independence. Staff enabled people to access specialist health and social care support in the community. People were supported by staff to pursue their interests.</p> <p>The service had enough appropriately skilled staff to meet people's needs and keep them safe. There had recently been a turnover of staff which had caused some disruption, but the provider was working to address this. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.</p> <p>Staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate. People received good quality care, support, and treatment because trained staff and specialists could meet their needs and wishes. Staff placed people's wishes, needs, and rights at the heart of everything they did.</p> <p>The service's management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. The registered manager and provider carried out a range of quality assurance audits. However, governance processes were not always effective. Audits had identified some issues with medicines management but had not led to effective action to address these. Ongoing issues with medicines management was identified during the inspection.</p> |                   |                             |
| <b>Participated in Well Led Programme?</b>   | <b>Yes</b>        |                             |
| <b>PAMMS Assessment – Date / Rating</b>  | <b>22/12/2021</b> | <b>Requires Improvement</b> |



|   |   |                            |
|---|---|----------------------------|
| <b>Provider Name</b>  | <b>Excellence Home Care Ltd</b>   |                            |
| <b>Service Name</b>   | <b>Excellence Home Care</b>   |                            |
| <b>Category of Care</b>   | <b>Homecare Agencies</b>  |                            |
| <b>Address</b>  | The Office, The Town House, 2 Skinner Street, Stockton-on-Tees<br>TS18 1DY  |                            |
| <b>Ward</b>   | n/a   |                            |
| <b>CQC link</b>   | <a href="https://api.cqc.org.uk/public/v1/reports/bff48954-989a-4a11-b6c8-1061396f5b0e?20220907120000">https://api.cqc.org.uk/public/v1/reports/bff48954-989a-4a11-b6c8-1061396f5b0e?20220907120000</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>   | <b>9<sup>th</sup> &amp; 17<sup>th</sup> August 2022</b>   |                            |
| <b>Date Report Published</b>  | <b>7<sup>th</sup> September 2022</b>  |                            |
| <b>Date Previous Report Published</b>   | n/a   |                            |
| <b>Further Information</b>  |   |                            |
| <p>Excellence Home Care is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the CQCs inspection there was one person using the service (note: the CQC only inspects where people receive personal care – this is help with tasks related to personal hygiene and eating. Where they do, the CQC also consider any wider social care provided).</p> <p>The service only employed two staff currently alongside the nominated individual, who managed and delivered the service. They all told the CQC the service's aim was to integrate with, and support, the local community. The service valued respect and equality.</p> <p>This service was registered with the CQC on 22 July 2020 and this was the first inspection. This was a planned inspection based on the date the service was registered.</p> <p>Unlike the CQCs standard approach to assessing performance, they did not physically visit the office of the location. This is a new approach the CQC have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location, they use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.</p> |   |                            |

|  |   |                             |
|--|---|-----------------------------|
| <b>Provider Name</b>   | <b>Stockton Care Limited</b>  |                             |
| <b>Service Name</b>  | <b>Primrose Court Nursing Home</b>  |                             |
| <b>Category of Care</b>  | <b>Nursing Dementia (including a complex mental health unit)</b>  |                             |
| <b>Address</b>   | South Road, 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/b137cd47-a61c-4e50-94df-4f032e3b646c?20220908120000">https://api.cqc.org.uk/public/v1/reports/b137cd47-a61c-4e50-94df-4f032e3b646c?20220908120000</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>Inadequate</b>   | <b>Requires Improvement</b> |
| <b>Effective</b>   | <b>Requires Improvement</b>   | <b>Requires Improvement</b> |
| <b>Caring</b>  | <b>Requires Improvement</b>   | <b>Good</b>                 |
| <b>Responsive</b>  | <b>Requires Improvement</b>   | <b>Requires Improvement</b> |
| <b>Well-Led</b>  | <b>Requires Improvement</b>   | <b>Requires Improvement</b> |
| <b>Date of Inspection</b>  | 28 <sup>th</sup> July 2022, 1 <sup>st</sup> & 4 <sup>th</sup> August 2022   |                             |
| <b>Date Report Published</b>   | 8 <sup>th</sup> September 2022  |                             |
| <b>Date Previous Report Published</b>  | 4 <sup>th</sup> September 2020  |                             |
| <b>Breach Number and Title</b>   |   |                             |
| <p><u>Regulation 9 HSCA RA Regulations 2014 Person-centred care</u></p> <ul style="list-style-type: none"> <li>• There were not sufficient person-centred activities to meet people's needs or reflect their preferences. 9(1)(b)(c)</li> <li>• There were some blanket restrictions in place that limited people's choices around the way they were supported. 9(3)(b)(c)</li> </ul> <p><u>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</u></p> <ul style="list-style-type: none"> <li>• The premises and equipment were not always clean or properly maintained. The environment was in need of refurbishment. Some furniture and signage were damaged. 15(1)(a)(e)(2)</li> <li>• Some areas of the home were not suitable for the purpose for which they are being used. The first floor was not decorated in a dementia friendly way. 15(1)(c)</li> </ul> <p><u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u></p> <ul style="list-style-type: none"> <li>• Medicines were not managed safely 12(2)(g)</li> <li>• Risks to people's health and safety were not always adequately assessed. Everything possible had not been done to mitigate risk, particularly around fire safety. 12(2)(a)(b)</li> <li>• Everything possible was not being done to prevent the risk from infection. 12(2)(h)</li> </ul> <p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u></p> <ul style="list-style-type: none"> <li>• Systems and processes in place had failed to effectively ensure compliance with regulations. New audits had not been effective in highlighting concerns. 17(1)(2)(f)</li> </ul> |   |                             |

- Checks of quality and safety in the service had not identified all the concerns found at inspection. Where issues had been identified enough had not been done to mitigate risk. 17(2)(a)(b)
- Records were not always accurate, complete, or up to date. 17(2)(c)

Following this inspection, the CQC had found that there had been little improvement with the issues they identified in their previous inspection. This resulted in a continuation of breaches against Regulation 12 and Regulation 17 and so warning notices were issued.

### **Level of Quality Assurance & Contract Compliance**

Level 3 – Major concerns (Enhanced Monitoring / Proactive Intervention)

The home is currently in Responding to and Addressing Serious Concerns protocol under the Teeswide Safeguarding Adults Board (TSAB) guidelines as from 18/10/22.

### **Level of Engagement with the Authority**

Full engagement is currently being given to the authority and other professionals.

### **Supporting Evidence and Supplementary Information**

CQC found that medicines were not managed safely and could not be assured those medicines were stored in line with manufacturer's instructions; and actions taken by the service had not rectified these issues. The provider had failed to robustly assess the risks relating to Health and Safety and Welfare of people. Poor IPC practices placed people at increased risk of infection and cross contamination. Lessons were not learnt from incidents. Accurate and complete records of accidents and incidents were not being kept. An analysis of incidents was undertaken by the registered manager but without an accurate record this was ineffective. Risks relating to fire safety were not adequately managed. Fire drills had taken place twice since January 2022, however, records showed that only five out of 53 staff had participated in these. The CQC were not assured staff knew how to respond in an emergency and service-users were exposed to risk of harm.

The information set out above identifies that the provider had breached Regulation 12 (safe care and treatment) in various instances or had continued to breach Regulation 12 (safe care and treatment) since the CQC last inspection which has resulted in the new rating of 'Safe' being 'Inadequate'.

The service had enough staff, including for one-to-one support to meet people's care needs and staff were recruited safely. Staff underwent a robust recruitment process and staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS).

Staff training had improved since the last inspection and the registered manager had introduced a new matrix to help with oversight and alert them when training was overdue. The majority of staff training was up-to-date and new training in specific areas such as mental health and challenging behaviour had been completed.

People were given enough to eat and drink and there were choices available if what was on the menu was not to their liking. The kitchen staff had a good understanding of people's dietary requirements and staff were observed offering a variety of food choices to people who were not eating.

Communication needs were not always met. The CQC observed some staff struggled to interact with people and this was due to language skills. The registered manager was open and approachable, and staff felt well supported and morale amongst staff was good.

The CQC highlighted that the provider engaged well with outside agencies including the Local Authority and they saw evidence of good partnership-working.

Staff liaised with external professionals to ensure people had access to the support they needed. This included the Occupational Therapist and Mental Health team.

Improvements relating to the breaches are already underway; that will be monitored via the provider action plan for progress.

|  |                   |             |
|--|-------------------|-------------|
| <b>Participated in Well Led Programme?</b> | <b>No</b>         |             |
| <b>PAMMS Assessment – Date / Rating</b>    | <b>29/10/2021</b> | <b>Good</b> |

|  |   |                             |
|--|---|-----------------------------|
| <b>Provider Name</b>   | <b>Elysium Care Limited</b>   |                             |
| <b>Service Name</b>  | <b>Stockton Lodge Care Home</b>   |                             |
| <b>Category of Care</b>  | <b>Residential / Residential Nursing</b>  |                             |
| <b>Address</b>   | Harrowgate Lane, Stockton-on-Tees TS19 8HD  |                             |
| <b>Ward</b>  | <b>Hardwick &amp; Salters Lane</b>  |                             |
| <b>CQC link</b>  | <a href="https://api.cqc.org.uk/public/v1/reports/860c6910-4ebc-4ef5-bb32-dd71e6da9918?20220930120000">https://api.cqc.org.uk/public/v1/reports/860c6910-4ebc-4ef5-bb32-dd71e6da9918?20220930120000</a> |                             |
|  | <b>New CQC Rating</b>   | <b>Previous CQC Rating</b>  |
| <b>Overall</b>   | <b>Good</b>   | <b>Requires Improvement</b> |
| <b>Safe</b>  | <b>Good</b>   | <b>Requires Improvement</b> |
| <b>Effective</b>   | <b>Not inspected</b>  | <b>Good</b>                 |
| <b>Caring</b>  | <b>Not inspected</b>  | <b>Good</b>                 |
| <b>Responsive</b>  | <b>Good</b>   | <b>Requires Improvement</b> |
| <b>Well-Led</b>  | <b>Good</b>   | <b>Requires Improvement</b> |
| <b>Date of Inspection</b>  | 16 <sup>th</sup> August 2022 (focused inspection)   |                             |
| <b>Date Report Published</b>   | 30 <sup>th</sup> September 2022   |                             |
| <b>Date Previous Report Published</b>  | 20 <sup>th</sup> August 2019  |                             |
| <b>Breach Number and Title</b>   |   |                             |
| None.  |   |                             |
| <b>Level of Quality Assurance &amp; Contract Compliance</b>  |   |                             |
| Level 1 – No concerns / minor concerns (Standard Monitoring)   |   |                             |
| <b>Level of Engagement with the Authority</b>  |   |                             |
| The Provider has good levels of engagement with the Quality Assurance & Compliance Team at both Management and Owner level, however there is little engagement with Transformation Managers with the Well Led Programme and Leadership meetings since the Manager changed.   |   |                             |
| <b>Supporting Evidence and Supplementary Information</b>   |   |                             |
| <p>This focused inspection took place to follow-up on the breaches that had been identified during the last inspection and confirmed that the Provider is no longer in breach of regulations.</p> <p>The assessment found that the service was now safe and managed medicines safely and staff received appropriate training and competencies. During this assessment it also found that that the service was consistently managed and well-led and now had a more effective quality assurance system in place. The Registered Manager was conducting regular audits, and when issues were identified, work was done to rectify them. The culture the Provider has created promoted high quality, person-centred care.</p> |   |                             |

|  |                   |             |
|--|-------------------|-------------|
| <p>The assessment found that there were enough staff to meet people’s needs and support them safely and felt that staff demonstrated a good knowledge of the people they support and considered people’s communication needs when delivering care. Staff also supported residents to take part in a range of activities including one-to-one pamper sessions, group activities and trips out. One resident who used to work in retail, is encouraged to help in the onsite shop and feedback received was positive, “they know what I like and don’t like, staff do their best”.</p> |                   |             |
| <b>Participated in Well Led Programme?</b>   | <b>No</b>         |             |
| <b>PAMMS Assessment – Date / Rating</b>  | <b>19/10/2021</b> | <b>Good</b> |

## PRIMARY MEDICAL CARE SERVICES

|   |   |                             |
|---|---|-----------------------------|
| <b>Provider Name</b>  | <b>Riverside Medical Practice</b>   |                             |
| <b>Service Name</b>   | <b>The Arrival Practice</b>   |                             |
| <b>Category of Care</b>   | <b>Doctors / GPs</b>  |                             |
| <b>Address</b>  | Endurance House, Clarence Street, Stockton-on-Tees TS18 2EP   |                             |
| <b>Ward</b>   | <b>Stockton Town Centre</b>   |                             |
| <b>CQC link</b>   | <a href="https://api.cqc.org.uk/public/v1/reports/00138fef-516d-4111-ac02-acb420bbcd0c?20220714230514">https://api.cqc.org.uk/public/v1/reports/00138fef-516d-4111-ac02-acb420bbcd0c?20220714230514</a> |                             |
|   | <b>New CQC Rating</b>   | <b>Previous CQC Rating*</b> |
| <b>Overall</b>  | <b>Good</b>   | <b>Good</b>                 |
| <b>Safe</b>   | <b>Requires Improvement</b>   | <b>Good</b>                 |
| <b>Effective</b>  | <b>Good</b>   | <b>Good</b>                 |
| <b>Caring</b>   | <b>Good</b>   | <b>Good</b>                 |
| <b>Responsive</b>   | <b>Outstanding</b>  | <b>Good</b>                 |
| <b>Well-Led</b>   | <b>Good</b>   | <b>Good</b>                 |
| <b>Date of Inspection</b>   | <b>21<sup>st</sup> June 2022</b>  |                             |
| <b>Date Report Published</b>  | <b>15<sup>th</sup> July 2022</b>  |                             |
| <b>Date Previous Report Published</b>   | <b>1<sup>st</sup> June 2016 (* different provider)</b>  |                             |
| <b>Further Information</b>  |   |                             |
| <p>The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.</p> <p>The practice is situated within The Tees Valley Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) contract to a patient population of about 2900. This is part of a contract held with NHS England. The practice scores one on the deprivation measurement scale; the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. 56% of the practice population is made up of either asylum seekers or refugees.</p> <p>The practice has two GP partners one male and one female, also a salaried GP (female). A team including nurse practitioners, practice nurse and specialist nurse are employed by the practice. The GPs and nurses are supported at the practice by a team of reception staff including a practice manager and a deputy manager. The staff did not solely work at this practice but split their time at another local practice which is a different registered provider.</p> <p>Practice opening hours are from 08.30 – 18.00 Monday to Friday. Appointments are available from 09.00 – 17.30 Monday to Friday. The practice offers a range of appointments, telephone consultation, video consultation and face to face appointments. When the practice is closed, patients can access out-of-hours services by telephoning NHS 111.</p> |   |                             |

The practice is part of a wider network of GP practices known as Stockton Primary Care Network (PCN). Stockton PCN includes six other practices.

This announced inspection was a comprehensive inspection following changes in regulatory history.



|   |   |                            |
|---|---|----------------------------|
| <b>Provider Name</b>  | <b>Hartlepool and Stockton Health Ltd</b>   |                            |
| <b>Service Name</b>   | <b>Lawson Street Health Centre</b>  |                            |
| <b>Category of Care</b>   | <b>Doctors / GPs</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/5acba5a-473a-48a0-a1a0-039b497f3e72?20220729090041">https://api.cqc.org.uk/public/v1/reports/5acba5a-473a-48a0-a1a0-039b497f3e72?20220729090041</a> |                            |
|   | <b>New CQC Rating</b>   | <b>Previous CQC Rating</b> |
| <b>Overall</b>  | <b>Outstanding</b>  | <b>n/a</b>                 |
| <b>Safe</b>   | <b>Good</b>   | <b>n/a</b>                 |
| <b>Effective</b>  | <b>Outstanding</b>  | <b>n/a</b>                 |
| <b>Caring</b>   | <b>Good</b>   | <b>n/a</b>                 |
| <b>Responsive</b>   | <b>Good</b>   | <b>n/a</b>                 |
| <b>Well-Led</b>   | <b>Outstanding</b>  | <b>n/a</b>                 |
| <b>Date of Inspection</b>   | <b>10<sup>th</sup> June 2022</b>  |                            |
| <b>Date Report Published</b>  | <b>29<sup>th</sup> July 2022</b>  |                            |
| <b>Date Previous Report Published</b>   | <b>n/a</b>  |                            |
| <b>Further Information</b>  |   |                            |
| <p>This service was set up in 2020 to provide face-to-face healthcare appointments for patients in the local area who had either tested positive for or had symptoms that indicated infection with COVID-19. They are known as Covid Care Clinics in the local area. Services of this type are also known as hot-sites or hot-hubs. They provide a patient pathway that minimises any potential COVID-19 transmission and to separate people who are potentially infectious from other people seeking healthcare. However, patients attending these sites may have any clinical condition requiring face-to-face assessments.</p> <p>They also provide the local COVID-19 'Oximetry@home' service. This service supports people at home who have been diagnosed with coronavirus and are most at risk of becoming seriously unwell.</p> <p>The service is delivered by a multi-skilled clinical team including nine GPs (seven male and two female) and seven practice nurses (all female). They are supported by an administrative team comprising of 11 receptionists. The service is led by Hartlepool and Stockton Health leadership team including both clinical and operational expertise. The team support both the COVID Care Clinics and 'Oximetry@home'.</p> <p>The service operates Monday to Friday, 10.00am to 5.00pm. Patients can access appointments via the NHS 111 service or their own GP practice; they can arrange face-to-face appointments. The service for patients requiring urgent medical care outside of these and the GP surgery hours is provided by the NHS 111 service.</p> |   |                            |

The CQC carried out an announced comprehensive inspection as part of its inspection programme. This was the first time the CQC had inspected this service. At the time of the site visit, the need for these services to continue was being reviewed by commissioners in light of the evolution of the Government's approach to managing the pandemic.

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

|  |   |                             |
|--|---|-----------------------------|
| <b>Provider Name</b>   | <b>Tees, Esk &amp; Wear Valleys NHS Foundation Trust</b>  |                             |
| <b>Service Name</b>  | <b>Specialist community mental health services for children and young people</b>  |                             |
| <b>Category of Care</b>  | <b>Mental Health (adults and children / young people)</b>   |                             |
| <b>Address</b>   | West Park Hospital, Edward Pease Way, Darlington DL2 2TS  |                             |
| <b>Ward</b>  | n/a   |                             |
| <b>CQC link</b>  | <a href="https://api.cqc.org.uk/public/v1/reports/f6fe8c46-7eb8-4d9f-89d2-5261f6389dc6?20220915070344">https://api.cqc.org.uk/public/v1/reports/f6fe8c46-7eb8-4d9f-89d2-5261f6389dc6?20220915070344</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>Inadequate</b>           |
| <b>Effective</b>   | <b>Not Assessed</b>   | <b>Good</b>                 |
| <b>Caring</b>  | <b>Not Assessed</b>   | <b>Good</b>                 |
| <b>Responsive</b>  | <b>Not Assessed</b>   | <b>Requires Improvement</b> |
| <b>Well-Led</b>  | <b>Not Assessed</b>   | <b>Requires Improvement</b> |
| <b>Date of Inspection</b>  | <b>6<sup>th</sup> – 7<sup>th</sup> July 2022</b> (focused inspection)   |                             |
| <b>Date Report Published</b>   | <b>15<sup>th</sup> September 2022</b>   |                             |
| <b>Date Previous Report Published</b>  | <b>10<sup>th</sup> December 2021</b>  |                             |
| <b>Further Information</b>   |   |                             |
| <p>The CQC carried out this unannounced focused inspection to see whether improvements had been made since their last inspection in June 2021. On that inspection, they issued a warning notice under Section 29A of the Health and Social Care Act.</p> <p>On this inspection, the CQC checked whether improvements had been made to address the concerns identified. These included, ensuring there were enough staff to meet the demands of the service, staff were appropriately trained, waiting lists were managed, there was clear oversight of any patient risks, the service could be accessed promptly and any issues were promptly addressed by senior management. This is in line with their published guidance to follow-up inadequate ratings and section 29A warning notices.</p> <p>The service provides specialist community mental health services for children and young people. The CQC inspected the following teams:</p> <ul style="list-style-type: none"> <li>• Easington Community Team</li> <li>• CAMHS North Durham</li> <li>• CYPS Getting More Help Stockton</li> <li>• CYPS Getting More Help Middlesbrough</li> <li>• CYPS Scarborough</li> </ul> |   |                             |

- CAMHS York East and West

The CQC provided 24 hours' notice of the inspection to ensure someone would be available at each of the team bases. This was a focused inspection looking at the 'safe' key question only. The rating of this core service improved – it was rated 'requires improvement' because:

- Although improvements had been made since the previous inspection, there were still not enough staff in every team to meet the demands of the service. Some teams still had a high number of vacancies and high caseloads.
- Not all staff were appropriately trained in the mandatory skills required to fulfil their roles.
- Despite improvements made, some children and young people were still waiting a long time for treatment.
- The majority of children and young people had safety plans in place but where safety plans hadn't been created, there wasn't always justification recorded for this.
- Staff did not have access to personal alarms at North Durham and not all rooms at Middlesbrough and York were soundproofed.

However:

- The service was achieving its targets of maintaining contact with children and young people on waiting lists.
- The premises were clean, well maintained and well furnished.
- We found the trust senior management team had responded promptly to address issues identified at the previous inspection and in the section 29A warning notice. However, this work was ongoing and had not been fully embedded in the service.

|   |   |                            |
|---|---|----------------------------|
| <b>Provider Name</b>  | <b>North Tees and Hartlepool NHS Foundation Trust</b>   |                            |
| <b>Service Name</b>   | <b>North Tees and Hartlepool NHS Foundation Trust</b>   |                            |
| <b>Category of Care</b>   | <b>Acute &amp; Community Health Services</b>  |                            |
| <b>Address</b>  | University Hospital of North Tees, Hardwick Road, Stockton-on-Tees TS19 8PE   |                            |
| <b>Ward</b>   | n/a   |                            |
| <b>CQC link</b>   | <a href="https://api.cqc.org.uk/public/v1/reports/f877d342-ae10-48cc-9783-f99144e029fc?20220916070419">https://api.cqc.org.uk/public/v1/reports/f877d342-ae10-48cc-9783-f99144e029fc?20220916070419</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>Requires Improvement</b>   | <b>Good</b>                |
| <b>Caring</b>   | <b>Good</b>   | <b>Good</b>                |
| <b>Responsive</b>   | <b>Good</b>   | <b>Good</b>                |
| <b>Well-Led</b>   | <b>Requires Improvement</b>   | <b>Good</b>                |
| <b>Date of Inspection</b>   | <b>3<sup>rd</sup> – 26<sup>th</sup> May 2022</b>  |                            |
| <b>Date Report Published</b>  | <b>16<sup>th</sup> September 2022</b>   |                            |
| <b>Date Previous Report Published</b>   | <b>14<sup>th</sup> March 2018</b>   |                            |
| <b>Further Information</b>  |   |                            |
| <p>The CQC carried out this unannounced inspection of North Tees and Hartlepool Hospitals NHS Foundation Trust as part of their continual checks on the safety and quality of healthcare services. At their last inspection, they rated the Trust overall as 'good'. Their inspection was prompted by concerns about the quality and safety of services. They also inspected the well-led key question for the Trust overall.</p> <p>The CQC inspected maternity services at Hartlepool and North Tees hospitals, and services for children and young people at North Tees, from 3 – 5 May 2022. They did not inspect medicine, surgery, urgent and emergency care, critical care, end of life care, outpatients or diagnostics at this Trust during this inspection. The CQC continue to monitor the quality of these services and may re-inspect if and when appropriate.</p> <p>At this inspection, the CQC found that ratings in maternity had gone down to 'requires improvement' since they last inspected them in 2018 when they were rated as 'good'. At this inspection, the CQC found the ratings in services for children and young people stayed the same, and they rated them as 'good' overall. Due to the ratings given at this inspection, the Trust's overall ratings of 'good' across all domains changed to 'requires improvement' in safe, effective and well-led. This meant that the Trust's overall rating changed from 'good' to 'requires improvement'.</p> <p>The CQC rated them as 'requires improvement' because:</p> |   |                            |

- The Trust had interim arrangements in place for several key roles, and there was a lack of united leadership and succession planning. Most strategies were in draft, incomplete and not complementary.
- Senior and executive leaders did not always operate effective governance systems to manage risks and issues within the service. Governance arrangements were complex and the Board did not always have sufficient oversight and focus on operational risks.
- The Trust did not have enough medical and midwifery staff in the areas the CQC inspected to care for patients and keep them safe. Medical staff did not all have regular, up-to-date appraisals.
- The Trust had not engaged with its local community to find out what people wanted and needed. Engagement strategies were not existent, or in development, and had not included consultation with the wider community, equality groups, the public or other local organisations.
- The Trust did not always discharge its responsibilities fully under Duty of Candour regulations and did not audit compliance. Complaints were not being handled in line with the Trust's complaints policy.

However:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients and their families.
- Staff understood how to protect patients from abuse, and generally controlled infection risk well.
- Leaders and teams managed risk effectively and escalated risk where appropriate, and information systems supported staff to collect and store reliable data.

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

|   |   |                              |
|---|---|------------------------------|
| <b>Provider Name</b>  | <b>Akari Care Limited</b>                           |                              |
| <b>Service Name</b>   | <b>Wellburn House</b>                               |                              |
| <b>Category of Care</b>   | <b>Residential Care</b>                             |                              |
| <b>Address</b>  | Wellburn Road, Fairfield, Stockton-on-Tees TS19 7PP |                              |
| <b>Ward</b>   | <b>Fairfield</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>20<sup>th</sup> June 2022</b>                    |                              |
| <b>Date Assessment Published</b>  | <b>9<sup>th</sup> July 2022</b>                     |                              |
| <b>Date Previous Assessment Published</b>   | <b>24<sup>th</sup> May 2021</b>                     |                              |
| <b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>   |   |                              |
| <p>The provider had made some clear improvements to the service following the previous assessment.</p> <p>The areas of improvement have been evidenced specifically around Staff Knowledge and Understanding, Environment, Equipment, General Safety and Leadership, Quality Assurance and Undertaking.</p> <p>The provider has redecorated the Dementia Unit which displays a lovely fresh environment along with a Namaste room which was being used regularly. There are continued plans to develop this room further.</p> <p>Namaste Care is a structured programme of sensory activities that aims to improve end-of-life care for people in nursing homes who have advanced dementia by giving them pleasure and helping them connect with others.</p> <p>During this assessment, the Medication elements of the PAMMS inspection were assessed alongside the NECS Medication Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. A separate report was produced for the home which provided further detail. The</p> |   |                              |

|   |                          |                    |
|---|--------------------------|--------------------|
| <p>provider will look to address the findings detailed in the report before the next support visit by the Medication Optimisation Team.</p>   |                          |                    |
| <p><b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b></p>  |                          |                    |
| <p>There were some small areas which required improvement that were identified, such as appropriate record keeping in relation to medication management and improvements in evidencing 1:1 activities which the provider is keen to address. They will work on completing a small action plan to address improvements and build on quality with support from the QuAC Officer.</p> <p>The provider completed the previous action plan from the last assessment and the improvements were evident.</p> |                          |                    |
| <p><b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b></p>   |                          |                    |
| <p>Level 1 – No concerns / minor concerns (Standard Monitoring)</p> <p>The Action Plan will be monitored in line with normal contractual requirements.</p>  |                          |                    |
| <p><b>Level of Engagement with the Authority</b></p>  |                          |                    |
| <p>The provider engages well with the Local Authority and is timely with responses to queries. The provider not only works collaboratively with the authority but also encourages the rest of the staff team to. The provider regularly attends the provider forums, and the peer support groups. The manager has completed the Well Led course.</p>  |                          |                    |
| <p><b>Current CQC Assessment - Date / Overall Rating</b></p>  | <p><b>05/02/2019</b></p> | <p><b>Good</b></p> |



|  |  |                              |
|--|--|------------------------------|
| <b>Provider Name</b>   | <b>T.L. Care Limited</b>   |                              |
| <b>Service Name</b>  | <b>Mandale Care Home</b>   |                              |
| <b>Category of Care</b>  | <b>Residential Care</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>Requires Improvement</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>Requires Improvement</b>  | <b>Good</b>                  |
| <b>Suitability of Staffing</b>   | <b>Requires Improvement</b>  | <b>Requires Improvement*</b> |
| <b>Quality of Management</b>   | <b>Requires Improvement</b>  | <b>Good</b>                  |
| <b>Date of Inspection</b>  | <b>6<sup>th</sup> July 2022</b>  |                              |
| <b>Date Assessment Published</b>   | <b>2<sup>nd</sup> August 2022</b>  |                              |
| <b>Date Previous Assessment Published</b>  | <b>1<sup>st</sup> February 2022</b> (* note: the 'Suitability of Staffing' domain was incorrectly marked as 'Good' when the previous report was published) |                              |
| <b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>  |  |                              |
| <p>Care plans and risk assessments were completed to a good level of detail and reviewed regularly. There were some good examples of person-centred information. Care plans evidenced that appropriate capacity assessments had been carried out. There were some inconsistencies with information being accurately reflected across the care plans, daily records and supporting information.</p> <p>Through observations, service-users were treated with kindness and respect. Staff were observed offering and supporting choices. Staff knocked on service-users' rooms before entering and used terminology that was suitable for them. Service-users looked well presented, and clothing was well matched. Service-users' rooms were personalised, and some were very personalised. One service-user, with the help of the provider, had arranged and paid for their own vertical blinds to be installed. Three service-users had brought their own budgies into the home, two of which staff supported to maintain the upkeep of their cages.</p> <p>Staff confirmed that they had received training in relation to Infection Prevention &amp; Control. Staff were aware of PPE requirements and when different PPE was required. Staff were aware of how they carried out waste management to prevent cross-contamination and ensure Infection Prevention &amp; Control. However, the provider had failed to ensure that sufficient laundry and paper towel products were available, which increased the risk of cross-infection.</p> <p>During the PAMMS assessment, the Quality Assurance &amp; Compliance (QuAC) officer and the NECS Medication Optimisation Technician worked collaboratively when assessing the medication questions of the assessment. The questions were scored in mutual agreement considering the findings. A separate NECS Medication audit report was produced which the provider will address as a priority.</p> |  |                              |

Medication was not kept securely or stored safely. Clear labelling of medication was not in place, and fridge and room temperatures were not consistently taken. The provider was using electronic MAR Charts (eMars) and had no contingency plans for medication records if a loss of power occurred. The provider had no medication returns documentation available and there was a large amount of medication awaiting to be returned which was not accounted for.

Staff were not always aware of service-users who required different routes of medication administration. Checks were not in place to assess if medication had been administered and documentation on the back of the MAR / audit sheet was not completed. Processes were not in place to monitor gaps in medication following a change of shift since the implementation of the electronic system. Front covers were in place but were not always fully completed with known allergies. Administration records evidenced significant omissions in recording. Protocols for 'as and when required' (PRN) or Variable Dose Medication were missing and / or inaccurate. Competencies to administer medication had not been completed for Senior Care Staff and for those care staff who applied topical creams.

The provider could not evidence that checks for staff working in the home supplied by an external organisation had been subject to the same level of checks as permanent staff: and for those who provided additional services, such as a hairdresser or podiatrist, there was a lack of evidence to support that necessary checks had been made and, where relevant, risk assessments considered.

Staff confirmed that they felt supported, and evidence showed that regular supervisions were carried out and staff were appraised. Staff were appropriately inducted into the service.

The provider had clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

**Plans and Actions to Address Concerns and Improve Quality and Compliance**

The provider was placed into Teeswide Safeguarding Adults Board (TSAB) Responding to and Addressing Serious Concerns protocol on 15<sup>th</sup> July 2022 due to the concerns detailed above, and will complete the Action Plan from the PAMMS assessment to address the number of areas identified for improvement to ensure full compliance.

The provider will no longer support the Discharge to Assess beds at this time.

The NECS Medication Optimisation Team will provide additional support to the home to improve medication processes and safe practice.

**Level of Quality Assurance & Contract Compliance Monitoring**

Level 3 – Major concerns (Enhanced Monitoring / Proactive Intervention)

**Level of Engagement with the Authority**

The provider's engagement with the Local Authority has been good; the Manager liaises with the QuAC officer as required and responds to information requests in a timely manner.

The provider utilises the NEWS score system and engages with the team who support this. The provider is well established with HenPower and the service-users are benefitting from having the hens and other linked initiatives.

|   |                   |             |
|---|-------------------|-------------|
| <b>Current CQC Assessment - Date / Overall Rating</b> | <b>19/07/2019</b> | <b>Good</b> |
|---|-------------------|-------------|

|   |  |                              |
|---|--|------------------------------|
| <b>Provider Name</b>  | <b>Bondcare Wellington Ltd</b>                               |                              |
| <b>Service Name</b>   | <b>Allington House</b>                                       |                              |
| <b>Category of Care</b>   | <b>Residential / Residential Dementia</b>                    |                              |
| <b>Address</b>  | Marsh House Avenue, Billingham, Stockton-on-Tees<br>TS23 3ET |                              |
| <b>Ward</b>   | <b>Billingham North</b>                                      |                              |
|   | <b>New PAMMS Rating</b>                                      | <b>Previous PAMMS Rating</b> |
| <b>Overall Rating</b>   | <b>Good</b>  | <b>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>Good</b>                  |
| <b>Quality of Management</b>  | <b>Good</b>  | <b>Good</b>                  |
| <b>Date of Inspection</b>   | <b>27<sup>th</sup> June 2022</b>                             |                              |
| <b>Date Assessment Published</b>  | <b>4<sup>th</sup> August 2022</b>                            |                              |
| <b>Date Previous Assessment Published</b>   | <b>17<sup>th</sup> May 2021</b>                              |                              |
| <b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>   |  |                              |
| <p>There were very good, personalised care plans in place. Risk assessments had been completed and all essential information had been recorded. The response from service-users was extremely positive. Staff members displayed good knowledge in key areas and stated that they felt well supported by management.</p> <p>Staff were safely recruited, and records demonstrated that other people who provide extra services are subject to any suitable and necessary checks. Not all staff were seen to have had supervision due to staff sickness. There was evidence to show that medication competency assessments had been completed. In terms of mandatory requirements, training records revealed a 93 percent compliance rate which exceeds contractual targets.</p> <p>Observation and conversations with staff evidenced that there was not enough staff on duty on the dementia unit. There is a 'floating' staff carer, who works between the two floors. However, they were found to be spending more time on residential rather than dementia unit. This was discussed with the manager, and it was agreed that they would be based predominately on the dementia unit and the manager would discuss roles and responsibilities with staff.</p> <p>The home is homely and was seen to be neat and tidy. Records show that the provider collects and reviews data on the quality of services provided on a regular basis to ensure that clients receive safe and effective care and support.</p> |  |                              |
| <b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>   |  |                              |
| <p>The provider will complete an Action Plan for all questions identified as 'Requires Improvement' and the Quality Assurance and Compliance Officer will monitor this progress through contract visits.</p>  |  |                              |

| <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>Very high and consistent level of engagement. The manager, deputy and one of the senior carers have been through the Well-Led course. Allington have contributed to presentations alongside Transformation Team on a national level at an ADASS conference and to ASCH Select Committee at Stockton.</p> <p>They have put their name forward for a 1-year controlled Dental Study. They attend Leadership meetings and Activity Co-ordinator forums and engage with most initiatives and projects.</p> |                   |             |
| <b>Current CQC Assessment - Date / Overall Rating</b>   | <b>18/02/2022</b> | <b>Good</b> |

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|---|---|------------------------------|
| <b>Provider Name</b>  | <b>HC-One Limited</b>                           |                              |
| <b>Service Name</b>   | <b>Highfield (Stockton)</b>                     |                              |
| <b>Category of Care</b>   | <b>Residential / Residential Dementia</b>       |                              |
| <b>Address</b>  | The Meadowings, Yarm, Stockton-on-Tees TS15 9XH |                              |
| <b>Ward</b>   | Yarm  |                              |
|   | <b>New PAMMS Rating</b>                         | <b>Previous PAMMS Rating</b> |
| <b>Overall Rating</b>   | <b>Requires Improvement</b>                     | <b>Good</b>                  |
| <b>Involvement &amp; Information</b>  | <b>Requires Improvement</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>Requires Improvement</b>                     | <b>Good</b>                  |
| <b>Quality of Management</b>  | <b>Good</b>                                     | <b>Good</b>                  |
| <b>Date of Inspection</b>   | <b>1<sup>st</sup> August 2022</b>               |                              |
| <b>Date Assessment Published</b>  | <b>2<sup>nd</sup> September 2022</b>            |                              |
| <b>Date Previous Assessment Published</b>   | <b>28<sup>th</sup> June 2021</b>                |                              |
| <b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>   |   |                              |
| <p>Since the previous PAMMS assessment was completed in 2021, the home has not had a consistent manager.</p> <p>Care plans were not of a consistent standard and read somewhat similar with some generalised statements, evidencing that the care plans were not always person centred. Care plans sampled were seen not to be signed by the service user where required to evidence their involvement in their care and support planning. Risk assessments had been completed however, and all essential information had been recorded.</p> <p>The response from service users was generally positive, although observations confirmed that some residents general wellbeing was not being maintained as they were seen to be wearing the same dirty clothes on consecutive days. This was addressed at the time of assessment, and the home reported that these residents refuse to change their clothes, however there was no documentation or notes to support this.</p> <p>Staff members displayed good knowledge in key areas and stated that they felt supported by management.</p> <p>There were systems in place to ensure the safe recruitment of workers and to protect persons from abuse. The home is looking tired and is in need of some refurbishment. Infection control precautions were followed by the staff. Medicines were kept in good order and were assessed by the Quality Assurance &amp; Compliance Officer (QuAC) and the NECS Medication Optimisation team.</p> <p>Staffing rotas did evidence they had the right amount of staff on shift however on observation staff were not always easy to locate, and staff reported they didn't feel they had the right amount of staff on shift.</p> |   |                              |

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| <b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>   |                   |             |
| The Provider will complete an action plan for all questions identified as Requires Improvement and the QuAC Officer will monitor this progress through contract visits.   |                   |             |
| <b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>  |                   |             |
| Level 2 – Moderate concerns (Supportive Monitoring)   |                   |             |
| <b>Level of Engagement with the Authority</b>   |                   |             |
| <p>The previous manager had a good level of engagement with the LA Transformation Managers. The current manager has not attended any leadership sessions or attended meetings. NEWS usage is low, and the home does not access NTHEA training. This needs to improve moving forward.</p> <p>The current management have good communication levels with the QuAC Officer and has an open and transparent relationship.</p> |                   |             |
| <b>Current CQC Assessment - Date / Overall Rating</b>   | <b>10/10/2018</b> | <b>Good</b> |

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| <b>Provider Name</b>   | <b>Prestige Care (Roseville) Ltd</b>                     |                              |
| <b>Service Name</b>  | <b>Roseville Care Centre</b>                             |                              |
| <b>Category of Care</b>  | <b>Nursing / Residential / Residential Dementia</b>      |                              |
| <b>Address</b>   | Blair Avenue, Ingleby Barwick, Stockton-on-Tees TS17 5BL |                              |
| <b>Ward</b>  | <b>Ingleby Barwick West</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>Good</b>                  |
| <b>Quality of Management</b>   | <b>Good</b>  | <b>Good</b>                  |
| <b>Date of Inspection</b>  | <b>8<sup>th</sup> August 2022</b>                        |                              |
| <b>Date Assessment Published</b>   | <b>7<sup>th</sup> September 2022</b>                     |                              |
| <b>Date Previous Assessment Published</b>  | <b>8<sup>th</sup> July 2021</b>                          |                              |
| <b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>  |  |                              |
| <p>Since the previous PAMMS assessment that was completed in 2021, the home has had two new managers.</p> <p>Care plans were not consistent, and some were seen to be task orientated. Care plans were seen to be signed by the service user where appropriate to evidence their involvement in their care and support planning. Risk assessments had been completed and all essential information had been recorded.</p> <p>The response from service users was positive, and observations confirmed that their general wellbeing was being maintained.</p> <p>During the assessment call bells were seen to be answered in a timely manner however on observation, staff were not always easy to locate on the floors. Staff felt they needed extra staff on shift however rotas did evidence that the home had enough staff as per the dependency tool. The home should look at the deployment of staff to ensure floors are staffed as necessary.</p> <p>There were systems in place to ensure the safe recruitment of workers and to protect persons from abuse. The home is presented well and was currently being redecorated at time of assessment. Infection control precautions were followed by the staff. Medicines were kept in good order and were assessed by the Quality Assurance &amp; Compliance Officer (QuAC) and the NECS Medication Optimisation team.</p> <p>Records show that the provider collects and reviews data on the quality of services provided on a regular basis to ensure that clients receive safe and effective care and support.</p> |  |                              |

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| <b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>  |                   |                             |
| The Provider will complete an action plan for all questions identified as Requires Improvement and the QuAC Officer will monitor this progress through contract visits.  |                   |                             |
| <b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b>   |                   |                             |
| Level 1 – No concerns / minor concerns (Standard Monitoring)   |                   |                             |
| <b>Level of Engagement with the Authority</b>  |                   |                             |
| <p>The manager has a positive relationship with the QuAC Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>The previous manager was always well engaged and supported different projects and was always welcoming to the home. They haven't engaged with NTHEA training and Leadership attendance is infrequent.</p> <p>The new manager has been linking into the recruitment campaigns and recently attended the SWAP but still no attendance at Leadership or Activities. However, new manager was in the last cohort of the Well Led programme, and the home are registered as 'research ready' through the Enabling Research in Care Homes (ENRiCH) programme.</p> |                   |                             |
| <b>Current CQC Assessment - Date / Overall Rating</b>  | <b>22/05/2019</b> | <b>Requires Improvement</b> |