

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

## QUARTER 3 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 October and December 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, **16** 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:

- 11 Adult Care services were reported on (6 rated 'Good'; 4 rated 'Requires Improvement'; 1 rated 'Inadequate')
- 1 Primary Medical Care service was reported on (1 rated 'Good')
- 4 Hospital / Other Health Care services were reported on (2 rated 'Outstanding'; 1 rated 'Good'; 1 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 **7** reports published between October and December 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>Knights Care (2) Limited</b>	
<b>Service Name</b>	<b>The Maple Care Home</b>	
<b>Category of Care</b>	<b>Residential, Nursing, Dementia</b>	
<b>Address</b>	Dover Road, Stockton-on-Tees TS19 0JS	
<b>Ward</b>	<b>Newtown</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/a17d7b97-5778-45c1-b408-d53ad7284954?20221005120000">https://api.cqc.org.uk/public/v1/reports/a17d7b97-5778-45c1-b408-d53ad7284954?20221005120000</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>Not inspected</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>31<sup>st</sup> August 2022</b> (focused inspection)	
<b>Date Report Published</b>	<b>5<sup>th</sup> October 2022</b>	
<b>Date Previous Report Published</b>	<b>9<sup>th</sup> April 2021</b> (focused inspection)	
<b>Breach Number and Title</b>		
<p>Regulation 17 HSCA RA Regulations 2014 Good governance – Regulation 17(1) and (2)(b) Systems had not been established to fully manage risks to the health, safety and welfare of people using the service.</p> <p>Enough improvements had been made at this inspection and the Provider was no longer in breach of Regulation 12 (safe care and treatment), however further improvements were needed to ensure risk was consistently and robustly managed, and positive changes sustained.</p>		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 2 – Moderate concerns (Supportive Monitoring)		

Level of Engagement with the Authority		
<p>There is a new Manager who has been in post since June 2022. Both the Manager and Owner has had a very good level of engagement with the QuAC Officer, with open and honest communications.</p> <p>A number of support visits and PAMMS Action Plan meetings have already been completed.</p>		
Supporting Evidence and Supplementary Information		
<p>A focused inspection was undertaken to review the key questions of Safe and Well-Led.</p> <p>The CQC found that robust systems were not fully in place to manage and mitigate risks to people. The Manager was in the process of implementing processes and procedures, but they needed to become embedded and sustained.</p> <p>Some key information was missing around care plans and the CQC made some recommendations around this. Some staff were not sure what to do in the event of a fire and some of the environment was not always safe for people – the Manager addressed this immediately following the feedback from the CQC and the Manager has a home improvement plan in place.</p> <p>People were supported to have 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. Staff helped to keep people safe, there were enough staff on duty and the Provider had safe recruitment practices in place. Residents received their medications as prescribed.</p> <p>The CQC received positive feedback about the Manager and the ongoing changes to the service, and found the Provider to be open and transparent and committed to continuous improvement.</p>		
<b>Participated in Well Led Programme?</b>	<b>Yes</b>	
<b>PAMMS Assessment – Date / Rating</b>	<b>27/08/2021</b>	<b>Requires Improvement</b>

<b>Provider Name</b>	<b>T.L. Care Limited</b>	
<b>Service Name</b>	<b>Beeches Care Home</b>	
<b>Category of Care</b>	<b>Residential / Residential Dementia</b>	
<b>Address</b>	Green Lane, Newtown, Stockton-on-Tees TS19 0DW	
<b>Ward</b>	<b>Newtown</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/7185e48c-a8ce-4de0-8668-67011c4dc710?20221013120000">https://api.cqc.org.uk/public/v1/reports/7185e48c-a8ce-4de0-8668-67011c4dc710?20221013120000</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>Requires Improvement</b>
<b>Responsive</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Well-Led</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Date of Inspection</b>	<b>6<sup>th</sup>, 7<sup>th</sup> &amp; 21<sup>st</sup> September 2022</b>	
<b>Date Report Published</b>	<b>13<sup>th</sup> October 2022</b>	
<b>Date Previous Report Published</b>	<b>28<sup>th</sup> April 2022</b>	
<b>Breach Number and Title</b>		
None.		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 2 – Moderate Concerns (Supportive 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 the areas identified.		
<b>Level of Engagement with the Authority</b>		
Within the last few years, and with the turnover of managers, the provider has not had much engagement with the Transformation Managers (TMs). The new manager does have a catch-up meeting booked in soon to discuss opportunities and initiatives. The Beeches will be taking part in an upcoming 'Care Home Games' tournament alongside another few homes. The TM's are hopeful this will be the start of The Beeches working more collaboratively with opportunities presented.		

**Supporting Evidence and Supplementary Information**

Risk and medicines management had improved, but further and sustained improvements were needed. At the last inspection, the provider had failed to safely manage medicines. Enough improvement had been made at this inspection, however, further and sustained improvements were needed. Processes to manage topical medicines were not robust. Infection prevention and control systems were in place, but improvement was needed in some areas. At the last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Enough improvement had been made at this inspection, however, further and sustained improvements were needed.

Areas of the home that were previously in a poor state of repair had been improved and made safe for people to use. The effectiveness of cleaning taking place had improved, but some areas of the home were still visibly dirty. These included dining rooms. Systems were in place to reduce the risk of infections spreading. However, PPE was being stored in toilets which increased the risk of contamination and cross-infection.

Staff were able to spend more time interacting with people. People were safeguarded from abuse. People on specialist diets received appropriate support with eating and drinking. However, menus did not always reflect people's food preferences. The dining areas were not always clean and well-presented, which impacted on people's dining experience. Food storage in dining areas was not effectively monitored. Staff were supported with regular training, supervision, and appraisal. 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.

Positive feedback was received on the leadership of the registered manager. Staff worked effectively with a wide range of external professionals. Mixed feedback was received on whether people's and relatives' views were sought and acted on. People said they were happy at the service and spoke positively about the staff. Kind and caring support was seen to been delivered.

Care plans had been improved to make them more personalised and reflective of people's needs and preferences. Activities were taking place, and positive feedback was received. The provider also had systems in place to investigate and respond to complaints.

The last rating for this service was 'requires improvement' (published 28 April 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, improvements had been made and the provider was no longer in breach of regulations, however, the service remains rated 'requires improvement'.

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

<b>Provider Name</b>	<b>Compassionate Professional Care Services Limited</b>	
<b>Service Name</b>	<b>Compassionate Professional Care Services Limited</b>	
<b>Category of Care</b>	<b>Homecare Agencies</b>	
<b>Address</b>	Room 2, Gloucester House, 72 Church Road, Stockton-on-Tees TS18 1TW	
<b>Ward</b>	n/a	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/dbbbfa2e-ca49-4b37-a102-600a0a969bd1?20221029120000">https://api.cqc.org.uk/public/v1/reports/dbbbfa2e-ca49-4b37-a102-600a0a969bd1?20221029120000</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>22<sup>nd</sup> September 2022</b>	
<b>Date Report Published</b>	<b>31<sup>st</sup> October 2022</b>	
<b>Date Previous Report Published</b>	n/a	
<b>Breach Number and Title</b>		
None.		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 1 – No concerns / minor concerns (Standard Monitoring)		
<b>Level of Engagement with the Authority</b>		
The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner.		
<b>Supporting Evidence and Supplementary Information</b>		
This service was registered with CQC on 21 May 2021, and this is their first inspection.		
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.		
Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. They supported people to take part in activities and pursue their interests in their local area. The service made reasonable		

adjustments for people so they could be fully engaged in discussions about how they received support, including support to travel wherever they needed to go.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse and carers had training on how to recognise and report on people receiving poor care.

The CQC noted that carers knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care.

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



<b>Provider Name</b>	<b>Families First (North East)</b>	
<b>Service Name</b>	<b>Lorne House</b>	
<b>Category of Care</b>	<b>Learning Disabilities</b>	
<b>Address</b>	66 Yarm Road, Stockton-on-Tees TS18 3PQ	
<b>Ward</b>	<b>Parkfield &amp; Oxbridge</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/79624e72-a140-4ded-b8fb-27a6488c76a2?20221103130000">https://api.cqc.org.uk/public/v1/reports/79624e72-a140-4ded-b8fb-27a6488c76a2?20221103130000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating*</b>
<b>Overall</b>	<b>Good</b>	<b>Good</b>
<b>Safe</b>	<b>Good</b>	<b>Good</b>
<b>Effective</b>	<b>Good</b>	<b>Good</b>
<b>Caring</b>	<b>Good</b>	<b>Good</b>
<b>Responsive</b>	<b>Good</b>	<b>Good</b>
<b>Well-Led</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>20<sup>th</sup> &amp; 29<sup>th</sup> September 2022</b>	
<b>Date Report Published</b>	<b>3<sup>rd</sup> November 2022</b>	
<b>Date Previous Report Published</b>	<b>20<sup>th</sup> August 2019 (* different provider)</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)		
<b>Level of Engagement with the Authority</b>		
<p>The provider engages with the Local Authority, although there is some room for improvement by responding to requests for information in a timely manner. The home agreed to be a pilot for the Care Cubed assessment tool and has recently completed this with the Brokerage Team.</p> <p>The provider has engaged well with the NECS Medicine Optimisation Team.</p>		
<b>Supporting Evidence and Supplementary Information</b>		
<p>This is the first inspection since the service was taken over by Families First (North East).</p> <p>The CQC found that the service supported people to have the maximum possible choice, control and be independent, and they had control over their own lives. Staff focused on people's strengths and promoted what they could do and were supported to pursue their interests. People had a choice about their living environment and were able to personalise their rooms.</p>		

Processes to manage topical medicines were not always robust. Whilst the service did have guidance for staff on where to apply creams and lotions, no topical administration records were in place. There was a recommendation that the provider reviews the processes in place for topical medicine administration in line with current best practice.

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well, and people, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.

The numbers and skills of staff matched the needs of people using the service. Staff recruitment and induction training promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.

Support plans promoted strategies to enhance independence and demonstrated evidence of planning and consideration of the longer-term aspirations of each person, reflecting a good understanding of people's needs.

The provider ensured staff worked within the principles of the MCA. Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Detailed records were kept to evidence this. Staff empowered people to make their own decisions about their care and support wherever possible, and person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations were employed. Staff spoke knowledgeably about the people they supported and how they tailored the level of support to an individual's needs.

<b>Participated in Well Led Programme?</b>	<b>No</b>	
<b>PAMMS Assessment – Date / Rating</b>	<b>03/04/2019</b>	<b>Good</b>

<b>Provider Name</b>	<b>Milewood Healthcare Ltd</b>	
<b>Service Name</b>	<b>Beechwood House</b>	
<b>Category of Care</b>	<b>Learning Disability Residential Home</b>	
<b>Address</b>	1 Priory Gardens, Norton, Stockton-on-Tees TS20 1BJ	
<b>Ward</b>	<b>Norton North</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/789119fb-3f8c-4200-95fd-fd5813b3de33?20221110130000">https://api.cqc.org.uk/public/v1/reports/789119fb-3f8c-4200-95fd-fd5813b3de33?20221110130000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Requires Improvement</b>	<b>n/a</b>
<b>Safe</b>	<b>Good</b>	<b>n/a</b>
<b>Effective</b>	<b>Requires Improvement</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>Requires Improvement</b>	<b>n/a</b>
<b>Date of Inspection</b>	<b>26<sup>th</sup> &amp; 29<sup>th</sup> September 2022</b>	
<b>Date Report Published</b>	<b>10<sup>th</sup> November 2022</b>	
<b>Date Previous Report Published</b>	<b>n/a</b>	
<b>Breach Number and Title</b>		
<p><u>Regulation 11 HSCA RA Regulations 2014 Need for consent</u>  The home did not always act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.</p>		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 2 – Moderate Concerns (Supportive Monitoring)		
<b>Level of Engagement with the Authority</b>		
<p>The manager has a positive relationship with the Quality Assurance &amp; Compliance (QuAC) Officer, maintaining honest and open communications, and responding to requests for information in a timely manner.</p> <p>Provider has not had any engagement with the Local Authority Transformation Managers.</p>		
<b>Supporting Evidence and Supplementary Information</b>		
<p>This service was registered with the CQC on 16 July 2021 and this is the first inspection.</p> <p>Beechwood House is a care home providing personal care to 5 people with a learning disability.</p> <p>CQC found that people were not supported to have maximum choice and control of their lives, and staff did not support them in the least restrictive way possible and in their best interests; the</p>		

policies and systems in the service did not support this practice. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to take part in activities and pursue their interests in their local area. The home ensured people had access specialist health and social care support in the community.

People received kind and compassionate care. Staff promoted equality and diversity. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Enough appropriately skilled staff were deployed to meet people's needs and keep them safe. The home gave people opportunities to try new activities that enhanced and enriched their lives. People and those important to them, including advocates, were involved in planning their care.

The service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. The provider had systems to monitor and assess the quality of the service. However, these did not identify the gaps in the monitoring of people's financial support and ensuring the MCA code of practice was followed. The provider addressed these issues at the end of the inspection, introducing new protocols and documentation across all their services.

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

<b>Provider Name</b>	<b>The Five Lamps Organisation</b>	
<b>Service Name</b>	<b>Parkside Court Extra Care Scheme</b>	
<b>Category of Care</b>	<b>Care at Home – Extra Care</b>	
<b>Address</b>	Cumbernauld Road, Thornaby, Stockton-on-Tees TS17 9FB	
<b>Ward</b>	<b>Mandale &amp; Victoria</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/9b3b74c7-e81d-4821-bba0-99b8e23ed2fa?20221115130000">https://api.cqc.org.uk/public/v1/reports/9b3b74c7-e81d-4821-bba0-99b8e23ed2fa?20221115130000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating*</b>
<b>Overall</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Safe</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Effective</b>	<b>Good</b>	<b>Good</b>
<b>Caring</b>	<b>Good</b>	<b>Good</b>
<b>Responsive</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Well-Led</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>5<sup>th</sup> &amp; 8<sup>th</sup> September 2022</b>	
<b>Date Report Published</b>	<b>15<sup>th</sup> November 2022</b>	
<b>Date Previous Report Published</b>	<b>26<sup>th</sup> October 2017 (* previous provider: Dale Care Limited)</b>	
<b>Breach Number and Title</b>		
<u>Regulation 17 HSCA RA Regulations 2014 Good governance</u> <ul style="list-style-type: none"> <li>Records were not complete, accurate or up to date. 17(2)(C)</li> <li>Where risks were identified adequate records were not always in place to reduce or remove risk. 17(2)(b)</li> <li>The quality assurance systems in place had failed to identify the errors and omissions in records. 17(2)(a)(f)</li> </ul>		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 2 – Moderate Concerns (Supportive Monitoring)		
<b>Level of Engagement with the Authority</b>		
The engagement with this provider is mainly through the Registered Manager who has a very good level of engagement with the Authority, but the Service Manager has limited engagement, but is keen to become involved in the Activity Co-ordinator network supported by the Transformation Managers.		

Supporting Evidence and Supplementary Information		
<p>The key area 'Safe' was rated 'Requires Improvement' due to risk assessments not always being put in place when a risk was identified, and the risk assessments that were in place were often generic. Care plans did support a person-centred approach, however the information within them was not always up-to-date and did not always reflect changes to people's care needs.</p> <p>People said that they did feel safe, and people appeared relaxed and happy when being supported by staff. Staff knew the residents well and daily handover meetings kept them up-to-date with any new developments or changes to their care needs.</p> <p>Staffing had not always been recruited safely and pre-employment checks had not always been completed and accurately recorded. However, there were sufficient staff to meet people's needs safely and the provider had systems in place to protect people from the risk of abuse. The service worked pro-actively with safeguarding and commissioning teams and learned when mistakes were made, staff received regular training, and staff were able to say how they would raise any concerns if needed.</p> <p>Medicines were managed safely by the service who were appropriately trained and assessed, and people were protected from the risk of infection through a good supply and appropriate use of PPE.</p>		
<b>Participated in Well Led Programme?</b>	<b>No</b>	
<b>PAMMS Assessment – Date / Rating</b>	<b>17/06/2022</b>	<b>Good</b>

<b>Provider Name</b>	<b>Stockton-on-Tees Borough Council</b>	
<b>Service Name</b>	<b>Rosedale Centre</b>	
<b>Category of Care</b>	<b>Rehabilitation</b>	
<b>Address</b>	122 Marske Lane, Bishopsgarth, Stockton-on-Tees TS19 8UL	
<b>Ward</b>	<b>Bishopsgarth &amp; Elm Tree</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/b47d369c-9809-49fb-b407-c8f02fbe70e1?20221116130000">https://api.cqc.org.uk/public/v1/reports/b47d369c-9809-49fb-b407-c8f02fbe70e1?20221116130000</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>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>Good</b>	<b>Requires Improvement</b>
<b>Date of Inspection</b>	1 <sup>st</sup> & 2 <sup>nd</sup> November 2022 (focused inspection)	
<b>Date Report Published</b>	16 <sup>th</sup> November 2022	
<b>Date Previous Report Published</b>	16 <sup>th</sup> July 2021 (focused inspection)	
<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 provider has engaged very well with the Quality Assurance and Compliance (QuAC) Officer and acted upon feedback to make required improvements in a timely manner.</p> <p>Engagement with the Medicine Optimisation Team (NECS) has been beneficial and positive working relationships have been forged. The provider has continued to work through the CQC Action Plan since the last inspection, and actively engaged in regular collaborative review meetings to both challenge and review knowledge and share improvements in the service.</p> <p>With new management in place, they have taken full advantage of the support available from their peers and colleagues in the wider Local Authority organisation and partner agencies.</p>		

**Supporting Evidence and Supplementary Information**

The CQC carried out an unannounced inspection into the domains of ‘Safe’ and ‘Well Led’.

At the previous inspection, Rosedale were in breach of Regulation 12 (Safe care and Treatment); the CQC found that improvements had been made and they were no longer in breach of Regulation 12.

Improved internal systems and processes supported safe medicines storage and management, and everyone had a protocol in place if they needed 'as and when' required medicines.

Medicines were safely managed by competent and appropriately trained staff, and people were supported to manage their own medicines with a robust risk assessment and management process.

Infection Control Processes were in place and the CQC was assured of the systems and staff practices including IPC practices for visiting arrangements.

The provider and the registered manager had clear and effective oversight of the service. Management made regular checks on the quality of the service using a range of audits they had developed. Where improvements were identified, these were acted on.

Significant improvements had been made to ensure records were person-centred and the culture within the service felt open and responsive. CQC found that there was a positive and person-centred culture in the service, staff felt supported by the registered manager, and they worked together as a team.

The service was committed to continuous learning and improvement. The CQC feedback of the registered manager was positive.

Ongoing and future improvements were discussed and noted by the CQC; this included improvements to the environment, incident recording systems and reviews of policies.

<b>Participated in Well Led Programme?</b>	<b>Yes</b>
<b>PAMMS Assessment – Date / Rating</b>	<b>n/a (internal service)</b>



<b>Provider Name</b>	<b>Gradestone Limited</b>	
<b>Service Name</b>	<b>Roseworth Lodge Care Home</b>	
<b>Category of Care</b>	<b>Nursing / Residential / Dementia Nursing</b>	
<b>Address</b>	Redhill Road, Stockton-on-Tees TS19 9BY	
<b>Ward</b>	<b>Roseworth</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/1acb3b1f-76bc-40e5-87f6-722e21e4e389?20221215130000">https://api.cqc.org.uk/public/v1/reports/1acb3b1f-76bc-40e5-87f6-722e21e4e389?20221215130000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Inadequate</b>	<b>Good</b>
<b>Safe</b>	<b>Inadequate</b>	<b>Requires Improvement</b>
<b>Effective</b>	<b>Not inspected</b>	<b>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>Inadequate</b>	<b>Good</b>
<b>Date of Inspection</b>	2 <sup>nd</sup> & 4 <sup>th</sup> November 2022 (focused inspection)	
<b>Date Report Published</b>	6 <sup>th</sup> December 2022	
<b>Date Previous Report Published</b>	29 <sup>th</sup> April 2021 (focused inspection)	
<b>Breach Number and Title</b>		
<p><u>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</u> The provider failed to ensure people were treated with dignity and respect.</p> <p><u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u> The provider failed to ensure care and treatment was provided in a safe way. Infection prevention and control (IPC) was not always safely managed.</p> <p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u> The provider did not have effective.</p>		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 3 – Major Concerns (Enhanced Monitoring)		
<b>Level of Engagement with the Authority</b>		
<p>Prior to the CQC inspection, the level of engagement from the provider with the Local Authority (LA) and other professionals was responsive. There was some engagement in relation to training for Infection Prevention Control (IPC) with the manager and one staff member attending IPC champion training in October, and attendance at training sessions in the home have been positive and well attended. However, the provider had failed to return the annual IPC audit.</p> <p>The providers engagement with the National Early Warning Sign (NEWS) kit has deteriorated despite previously good engagement.</p>		

## Supporting Evidence and Supplementary Information

A CQC focused inspection was undertaken to review the key questions of Safe and Well Led. The report highlights several concerns in relation Infection Control, Care Records, Management of Medicines, and Completion of Fire Drills.

IPC was not always safely managed. Donning and doffing stations were not clearly defined and did not always contain the required PPE. The home was not well maintained. CQC found no evidence that people had been harmed, however, systems were not robust enough to ensure infection control procedures were effective.

Risks to people were not always identified and mitigated. Monitoring of important clinical information was not always recorded and guidance from external health care professionals was not always followed. Fire drills had not regularly taken place and staff were not confident in the use of evacuation equipment.

The provider did not ensure it had oversight of the home. Quality assurance processes were not in place or were ineffective. People's care and support records were not always completed. People's clinical records were not reviewed which placed people at risk of harm. The provider and the management team did not ensure the home was meeting all of the regulations.

Staff did not support people in an inclusive manner. Staff did not recognise when people's care and treatment did not reflect their needs. People's dignity was not always respected.

The management team were engaging with the Local Authority to address issues relating to the management of medicine. The provider understood their duty of candour responsibilities. The provider and management team acknowledged when things went wrong and gave a full explanation. The provider and the management team fully engaged with the inspection process. The service was working within the principles of the MCA and, if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Due to the overall rating of 'Inadequate', CQC have placed Roseworth Lodge into special measures. This means they will keep the service under review, and they will re-inspect within six months to review for significant improvements. If the provider has not made the required improvements within this timeframe and there is still a rating of 'Inadequate' for any key question or overall rating, the CQC will take action in line with their enforcement procedures. This will usually lead to cancellation of their registration or to varying the conditions of their registration.

As a consequence of the 'Inadequate' rating, Roseworth Lodge have been suspended from the Framework Agreement for Residential and Nursing Care Accommodation within the Borough of Stockton-on-Tees: (Accommodation for persons who are aged over 18 years and require nursing or personal care). This will result in no further placements to the home whilst they remain on the suspended list. This suspension shall remain in place until such time as an 'Improved CQC Rating' is published on the CQC website.

Prior to the CQC inspection, the Local Authority had been alerted to concerns in relation to medication management following a visit from the Medicine Optimisation Team (NECS).

Steps had been taken to address those concerns through collaborative and partnership working with NECS and Quality Assurance and Compliance (QuAC). Identification of further concerns resulted in Roseworth Lodge being referred into Responding to and Addressing Serious Concerns (RASC) under the Teeswide Safeguarding Adults Board (TSAB) protocol as from 7<sup>th</sup> November 2022. A six-week embargo on admissions is currently in force.

Weekly QuAC Officer visits are being carried out along with enhanced monitoring of their action plans and their proposed improvements in quality of service and contractual compliance. There is a presence of senior management on-site alongside support from the Nominated Individual and a commitment from the provider to demonstrate sustained improvements.

Primrose Court, Churchview and Cherry Tree Care Centre have all recently been inspected by CQC; all the homes listed, including Roseworth Lodge, are owned by the same person and Nominated Individual.

<b>Participated in Well Led Programme?</b>	<b>No</b>	
<b>PAMMS Assessment – Date / Rating</b>	<b>25/03/2022</b>	<b>Good</b>

<b>Provider Name</b>	<b>HC-One Limited</b>	
<b>Service Name</b>	<b>Highfield (Stockton)</b>	
<b>Category of Care</b>	<b>Residential Home</b>	
<b>Address</b>	Highfield Care Centre, The Meadowings, Yarm TS15 9XH	
<b>Ward</b>	<b>Yarm</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/b35e0999-92e4-44cd-8061-9981d97e5257?20221210130000">https://api.cqc.org.uk/public/v1/reports/b35e0999-92e4-44cd-8061-9981d97e5257?20221210130000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Good</b>	<b>Good</b>
<b>Safe</b>	<b>Good</b>	<b>Good</b>
<b>Effective</b>	<b>Not inspected</b>	<b>Good</b>
<b>Caring</b>	<b>Not inspected</b>	<b>Good</b>
<b>Responsive</b>	<b>Not inspected</b>	<b>Good</b>
<b>Well-Led</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>10<sup>th</sup> November 2022</b> (focused inspection)	
<b>Date Report Published</b>	<b>10<sup>th</sup> December 2022</b>	
<b>Date Previous Report Published</b>	<b>10<sup>th</sup> October 2018</b>	
<b>Breach Number and Title</b>		
None.		
<b>Level of Quality Assurance &amp; Contract Compliance</b>		
Level 2 – Moderate Concerns (Supportive Monitoring)  The Quality Assurance & Compliance (QuAC) Officer is 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 and responding to requests for information in a timely manner.  Engagement with the transformation team has been poor. Highfield have always kept themselves to themselves, haven't attended leadership meetings, Well Led, etc.		

**Supporting Evidence and Supplementary Information**

CQC received concerns in relation to the environment and infection control. As a result, they undertook a focused inspection to review the key questions of safe and well-led only.

CQC looked at infection prevention and control measures under the safe key question. They look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, they used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service is good. This is based on the findings at this inspection.

CQC found no evidence during this inspection that people were at risk of harm from this concern.

Medicines were managed safely. Infection prevention and control processes protected people from the risk of infections. There were safe systems of recruitment in place. Staff received safeguarding training and knew what to do if they thought someone was at risk. Risks to people and the environment were identified and well managed. Plans were in place for a refurbishment of the home.

Systems and processes were in place to monitor the quality of the service being delivered. The culture of the service was positive, and people and staff were complementary of the management team. Staff felt well informed and supported to undertake their roles.

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.

<b>Participated in Well Led Programme?</b>	<b>No</b>	
<b>PAMMS Assessment – Date / Rating</b>	<b>02/09/2022</b>	<b>Requires Improvement</b>

<b>Provider Name</b>	<b>Advantage Healthcare Limited</b>	
<b>Service Name</b>	<b>Advantage Healthcare – Tess Valley</b>	
<b>Category of Care</b>	<b>Care at Home (Complex)</b>	
<b>Address</b>	Suite 22, Durham Tees Valley Business Centre, Orde Wingate Way, Stockton-on-Tees TS19 0GD	
<b>Ward</b>	n/a	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/cad1393e-6f24-4178-87f1-50e71148133c?20221222130000">https://api.cqc.org.uk/public/v1/reports/cad1393e-6f24-4178-87f1-50e71148133c?20221222130000</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>Not inspected</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>Good</b>	<b>Requires Improvement</b>
<b>Well-Led</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Date of Inspection</b>	22 <sup>nd</sup> November 2022 (focused inspection)	
<b>Date Report Published</b>	22 <sup>nd</sup> December 2022	
<b>Date Previous Report Published</b>	20 <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)		
This provider is on the Care at Home Complex framework and is not currently active and there are no service-users with this provider		
<b>Level of Engagement with the Authority</b>		
The registered manager engages well with the Transformation Manager, engaging in several initiatives and attending the provider forum regularly.		
<b>Supporting Evidence and Supplementary Information</b>		
The service was inspected around two key questions rated 'Requires Improvement' at previous inspection, Responsive and Well-Led, both of which are now rated as 'Good'.		
The CQC found that people were supported to be fully inclusive in society. Information from external healthcare professionals was incorporated into care plans and risk assessments, and care plans were detailed to ensure care and support was provided safety. The provider		

gathered information regarding people’s individual communication needs and supported people to access external health care professionals when required.

People received positive, person-centred care; the registered manager and staff put people’s needs and wishes at the heart of everything they did. Environmental and individual risk were identified and managed, and the provider has systems in place to ensure people are protected from the risk of abuse and harm.

The registered manager and nursing team were passionate about providing quality of care, and people were encouraged to take control of all aspects of their lives including education, shopping and looking after their homes. Staff work with people to achieve their set goals.

The provider had a strong oversight of the service. The registered manager critically reviewed the service to determine how further improvements could be made.

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

<b>Provider Name</b>	<b>Stockton-on-Tees Borough Council</b>	
<b>Service Name</b>	<b>Stockton-on-Tees Borough Council – 31 Oak Road</b>	
<b>Category of Care</b>	<b>Residential / Learning Disabilities</b>	
<b>Address</b>	29-31 Oak Road, Eaglescliffe, Stockton-on-Tees TS16 0AT	
<b>Ward</b>	<b>Eaglescliffe</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/aa7f0f27-556c-48cd-85de-f490f972efca?20221230130000">https://api.cqc.org.uk/public/v1/reports/aa7f0f27-556c-48cd-85de-f490f972efca?20221230130000</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Good</b>	<b>Good</b>
<b>Safe</b>	<b>Good</b>	<b>Good</b>
<b>Effective</b>	<b>Not inspected</b>	<b>Good</b>
<b>Caring</b>	<b>Not inspected</b>	<b>Good</b>
<b>Responsive</b>	<b>Not inspected</b>	<b>Good</b>
<b>Well-Led</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>29<sup>th</sup>, 30<sup>th</sup> November &amp; 8<sup>th</sup> December 2022 (focused inspection)</b>	
<b>Date Report Published</b>	<b>29<sup>th</sup> December 2022</b>	
<b>Date Previous Report Published</b>	<b>8<sup>th</sup> December 2017</b>	
<b>Further Information</b>		
<p>Stockton-on-Tees Borough Council – 31 Oak Road is a residential care home providing personal care to five people at the time of the inspection. The service can support up to six people.</p> <p>'Right support, right care, right culture' is the guidance the CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people, and providers must have regard to it.</p> <p><u>Right Support:</u> Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area. The provider ensured people received care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. 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.</p> <p><u>Right Care:</u> 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. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them</p>		



because staff supported them consistently and understood their individual communication needs.

Right Culture: Staff placed people's wishes, needs and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity. People and those important to them, including advocates, were involved in planning their care.

## PRIMARY MEDICAL CARE SERVICES

<b>Provider Name</b>	<b>Thornaby and Barwick Medical Group</b>	
<b>Service Name</b>	<b>Thornaby and Barwick Medical Group</b>	
<b>Category of Care</b>	<b>Doctors / GPs</b>	
<b>Address</b>	Thornaby Health Centre, Trenchard Avenue, Thornaby TS17 0EE	
<b>Ward</b>	<b>Stainsby Hill</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/59f4c8d7-43b4-437c-a725-3dc42b4ce506?20221115080108">https://api.cqc.org.uk/public/v1/reports/59f4c8d7-43b4-437c-a725-3dc42b4ce506?20221115080108</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>Not inspected</b>	<b>Good</b>
<b>Responsive</b>	<b>Inspected but not rated</b>	<b>Good</b>
<b>Well-Led</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>21<sup>st</sup> October 2022</b> (focused inspection)	
<b>Date Report Published</b>	<b>15<sup>th</sup> November 2022</b>	
<b>Date Previous Report Published</b>	<b>10<sup>th</sup> September 2015</b>	
<b>Further Information</b>		
<p>The practice delivers General Medical Services (GMS) to a patient population of about 21,749. This is part of a contract held with NHS England. The practice is located in an area which scores 6 out of 10 on the deprivation scale, 1 being the most deprived, 10 being the least. The practice has a slightly higher proportion of young people, and lower proportion of older people, when compared to local and national averages. The working age population is broadly similar to the average. The practice is open from 8am until 6pm, Monday to Friday at both surgeries (note: there is also a branch surgery located at: Barwick Medical Centre, Lowfields Avenue, Ingleby Barwick TS17 0RJ). Out-of-Hours services are provided through the 111 service.</p> <p>The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures. The practice is part of a wider network of GP practices, the BYTES (amalgamation of practice names) primary care network (PCN). PCNs are partnerships of practices working together and with other local health and care providers, where patients can access additional evening and weekend appointments.</p> <p>The CQC carried out this inspection as part of its programme of inspecting services rated 'Good' or 'Outstanding' that have not been inspected for over 5 years. This was a focused inspection which included the key questions of safe, effective and well-led, as well as some additional questions around access.</p>		

## HOSPITAL AND COMMUNITY HEALTH SERVICES

(including mental health care)

<b>Provider Name</b>	<b>The Great North Air Ambulance Service</b>	
<b>Service Name</b>	<b>Great North Air Ambulance Service – Headquarters</b>	
<b>Category of Care</b>	<b>Ambulances</b>	
<b>Address</b>	Urlay Nook Road, Eaglescliffe, Stockton-on-Tees TS16 0QB	
<b>Ward</b>	n/a	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/dc028712-0ae8-450b-97c3-a5717520ddee?20221019070340">https://api.cqc.org.uk/public/v1/reports/dc028712-0ae8-450b-97c3-a5717520ddee?20221019070340</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Outstanding</b>	<b>Not rated</b>
<b>Safe</b>	<b>Outstanding</b>	<b>Not rated</b>
<b>Effective</b>	<b>Good</b>	<b>Not rated</b>
<b>Caring</b>	<b>Good</b>	<b>Not rated</b>
<b>Responsive</b>	<b>Good</b>	<b>Not rated</b>
<b>Well-Led</b>	<b>Outstanding</b>	<b>Not rated</b>
<b>Date of Inspection</b>	<b>12<sup>th</sup> July 2022</b>	
<b>Date Report Published</b>	<b>19<sup>th</sup> October 2022</b>	
<b>Date Previous Report Published</b>	<b>5<sup>th</sup> July 2018</b>	
<b>Further Information</b>		
<p>Great North Air Ambulance Service Headquarters is operated by The Great North Air Ambulance Service (GNAAS). The Great North Air Ambulance Service is a charity and provides emergency and urgent care for patients across Northern and North East England. A team of doctors and paramedics deliver medical care. Clinical staff travel by helicopter air ambulance or a rapid response vehicle (RRV).</p> <p>The service is an independent ambulance with a registered headquarters in the Tees Valley area and a base in Cumbria. The service is registered for the following regulated activities:</p> <ul style="list-style-type: none"> <li>• Treatment of disease, disorder, or injury</li> <li>• Transport services, triage, and medical advice provided remotely</li> <li>• Diagnostic or screening procedures</li> <li>• Surgical procedures</li> </ul> <p>The service primarily serves the communities of Northern and North East England and covers an area of approximately 8,000 square miles. This includes from North Yorkshire, to the Scottish Borders, and the Irish Sea on the Cumbrian West coast. The charity is home to three helicopters and four rapid response vehicles. The Great North Air Ambulance Service has previously been inspected by the CQC in March 2018, November 2013, December 2012, and December 2011. The CQC found the service was meeting all the standards of quality and safety it was inspected against, and was rated as 'outstanding' overall. The service has not previously been rated.</p>		

<b>Provider Name</b>	<b>SpaMedica Ltd</b>	
<b>Service Name</b>	<b>SpaMedica Stockton-On-Tees</b>	
<b>Category of Care</b>	<b>Clinic</b>	
<b>Address</b>	Birch House, Ill Acre Business Park, Thornaby, Stockton-on-Tees TS17 6AJ	
<b>Ward</b>	<b>Mandale &amp; Victoria</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/db4c6b47-b2d6-4f65-a80a-2264de2954f9?20221021070327">https://api.cqc.org.uk/public/v1/reports/db4c6b47-b2d6-4f65-a80a-2264de2954f9?20221021070327</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>Outstanding</b>	<b>n/a</b>
<b>Well-Led</b>	<b>Good</b>	<b>n/a</b>
<b>Date of Inspection</b>	<b>23<sup>rd</sup> August 2022</b>	
<b>Date Report Published</b>	<b>21<sup>st</sup> October 2022</b>	
<b>Date Previous Report Published</b>	<b>n/a</b>	
<b>Further Information</b>		
<p>SpaMedica Stockton is operated by SpaMedica Ltd. The service opened in October 2020. The service primarily offers cataract surgery and yttrium-aluminium-garnet laser (YAG) capsulotomy services for NHS patients (YAG capsulotomy is a special laser treatment used to improve your vision after cataract surgery). The service did not treat children.</p> <p>The service is provided over three floors. Clinical services are provided on the ground floor where there is an operating theatre with patient admission, patient ward and patient discharge rooms. The service had several separate rooms used for diagnostic testing, assessment and treatment on the second floor. On the third floor there is a training room, stock room and other ancillary rooms. The service is registered to provide the following regulated activities:</p> <ul style="list-style-type: none"> <li>• Diagnostic and screening procedures</li> <li>• Surgical procedures</li> <li>• Treatment of disease, disorder and injury</li> </ul> <p>The service is managed from a central referral and booking centre based in Bolton, directing patients through choice to various hospitals in the UK. The clinical service is managed by a registered manager and supported by an ophthalmic team which consists of Ophthalmology Consultants, Optometrists, Registered Nurses, Patient Care Co-ordinators, Operating Department Practitioners, Healthcare Technicians, and Administration Staff.</p> <p>SpaMedica Stockton had treated 8,135 patients between August 2021 and July 2022. This was the first time the CQC had inspected and rated this service which was given an overall grading of 'outstanding'.</p>		

<b>Provider Name</b>	<b>Tees, Esk and Wear Valleys NHS Foundation Trust</b>	
<b>Service Name</b>	<b>Forensic inpatient or secure wards</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/382a4f42-aabd-48cf-bc1c-e05e17e0fac4?20221028070510">https://api.cqc.org.uk/public/v1/reports/382a4f42-aabd-48cf-bc1c-e05e17e0fac4?20221028070510</a>	
	<b>New CQC Rating</b>	<b>Previous CQC Rating</b>
<b>Overall</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<b>Safe</b>	<b>Inadequate</b>	<b>Inadequate</b>
<b>Effective</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<b>Caring</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<b>Responsive</b>	<b>Requires Improvement</b>	<b>Requires Improvement</b>
<b>Well-Led</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<b>Date of Inspection</b>	<b>4<sup>th</sup> July – 2<sup>nd</sup> August 2022</b>	
<b>Date Report Published</b>	<b>28<sup>th</sup> October 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 that; there were enough staff so that care and treatment was delivered in a safe way, patients were safeguarded from abuse and treated with kindness, dignity and respect, staff were appropriately trained, the use of restraint within the service was proportionate and individualised, incidents were being reported in line with the trusts incident reporting policy, staff attended regular team meetings and received regular supervision and patients had access to activities and psychological interventions. This is in line with the CQCs published guidance to follow-up inadequate ratings and section 29A warning notices. The overall rating of the service improved.</p> <p>The CQC spoke to 34 service users and their families during their visit. Feedback from them was mixed. Fifteen patients spoken to raised concerns regarding there not being enough staff on the wards. Patients stated that staff spent a lot of time in the office which sometimes made them feel neglected. Two patients said that they had not received their prescribed medication on the day the CQC arrived due to staffing. Another patient said they did not know who their key worker was. However, most patients said that staff were caring towards them.</p> <p>In the last patient satisfaction survey completed, the average satisfaction score across the service was 75%. Out of 109 comments received, 64 were negative and 30 were positive.</p>		

The CQC spoke to 10 families of service users who said they felt involved in the care of their relative. However, most families raised concerns related to staffing impacting on the continuity of care for their relative and the ability to facilitate patient leave. Half of the families said they were unaware of any discharge planning. From the most recent surveys filled out by family, carers and friends, the average satisfaction score across the service was 61%.

<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 &amp; Salters Lane</b>	
<b>CQC link</b>	<a href="https://api.cqc.org.uk/public/v1/reports/a66725c6-c653-4658-982a-7f9b9c9ae43d?20221208080325">https://api.cqc.org.uk/public/v1/reports/a66725c6-c653-4658-982a-7f9b9c9ae43d?20221208080325</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>Requires Improvement</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>Requires Improvement</b>
<b>Date of Inspection</b>	<b>2<sup>nd</sup> &amp; 3<sup>rd</sup> August 2022</b>	
<b>Date Report Published</b>	<b>8<sup>th</sup> December 2022</b>	
<b>Date Previous Report Published</b>	<b>5<sup>th</sup> May 2022</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>An unannounced comprehensive inspection was carried out 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 ensure compliance with the Section 29 Warning Notice and to follow up on concerns that had been raised with the CQC. The service was rated 'Good' in the domains of Effective, Caring and Responsive; it was rated 'Requires Improvement' in Safe and Well-led.</p>		

An unannounced comprehensive inspection was carried out on 2-3 August 2022. There was a registered manager in post. At the time of the inspection the hospice was admitting a maximum of two children each week, subject to previous conditions.

Action the service **MUST** take to improve:

- The service must ensure that staff use a recognised scoring tool to monitor patients for deterioration.

Action the service **SHOULD** take to improve:

- Leaders should continue to widen access to communities once restrictions have been lifted.



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

<b>Provider Name</b>	<b>Mrs J Stead</b>	
<b>Service Name</b>	<b>Chestnut Lodge Nursing Home</b>	
<b>Category of Care</b>	<b>Residential / Residential Nursing</b>	
<b>Address</b>	302 Norton Road, Norton, Stockton-on-Tees TS20 2PU	
<b>Ward</b>	<b>Norton South</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>27<sup>th</sup> – 29<sup>th</sup> July 2022</b>	
<b>Date Assessment Published</b>	<b>25<sup>th</sup> October 2022</b>	
<b>Date Previous Assessment Published</b>	<b>15<sup>th</sup> October 2021</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>This Provider has positively engaged in this assessment process and has built on the improvements made from their previous PAMMS.</p> <p>The care plans evidenced significant further improvement and were very personalised.</p> <p>The Administrator had developed an excellent staff training matrix which was very accurate and also included role specific training and competencies. This also evidenced that they fully met the contractual requirements for staff training and development.</p> <p>During staff discussions, it was identified that some staff were not able to talk about the Business Continuity Plan and its purpose. This was discussed with the Manager during feedback.</p> <p>The Provider did complete a range of appropriate audits; however, it was not always clear when identified actions had been addressed and completed. There was discussion on developing a whole-home Action Plan to be able to monitor and evidence completion of all actions.</p>		

<p>The Provider engaged very well with the NHS Infection Prevention and Control (IPC) Nurse and won her IPC Promotion Competition earlier this year, with contributions from most homes across the Borough.</p> <p>This home is not a purpose-built care home, but a converted house. There has been investment in the building since the last assessment with ongoing re-decoration and all windows replaced.</p>		
<p><b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b></p>		
<p>The Provider will complete an Action Plan for all questions marked as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor this progress through contract visits.</p>		
<p><b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b></p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p><b>Level of Engagement with the Authority</b></p>		
<p>The Provider has an excellent level of engagement with the QuAC Officer, with regular communications and updates provided. As a small provider, they do engage well with the Transformation Manager programmes and attend Provider Forums.</p> <p>The Provider did experience some issues with syncing the NEWS Kits data due to technical issues, but these have now been resolved with the NHS support team.</p>		
<p><b>Current CQC Assessment - Date / Overall Rating</b></p>	<p><b>20/02/2018</b></p>	<p><b>Good</b></p>

<b>Provider Name</b>	<b>SSL Healthcare Ltd</b>	
<b>Service Name</b>	<b>The White House Care Home</b>	
<b>Category of Care</b>	<b>Residential</b>	
<b>Address</b>	76a Darlington Road, Hartburn, Stockton-on-Tees TS18 5ET	
<b>Ward</b>	<b>Hartburn</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>Excellent</b>	<b>Excellent</b>
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	<b>Good</b>
<b>Suitability of Staffing</b>	<b>Good</b>	<b>Good</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>12<sup>th</sup> September 2022</b>	
<b>Date Assessment Published</b>	<b>27<sup>th</sup> October 2022</b>	
<b>Date Previous Assessment Published</b>	<b>21<sup>st</sup> December 2021</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Care plans were made specifically for each resident, were very person-centred, included the right information about the residents' preferences and opinions, and made it apparent that those individuals had a say in how their care and support would be provided. Risk assessments had been finished, and all pertinent information had been recorded.</p> <p>Positive comments from residents were received, and it was clear from observations that overall wellbeing was being maintained.</p> <p>The staff acknowledged that staffing levels are appropriate and suitable and that they believe effective controls have been implemented to handle both anticipated and unforeseen changes in the service in order to provide consistent, reliable, and safe care.</p> <p>Systems were in place to assure the safe recruitment of staff and to safeguard people from mistreatment. The home is exceptionally neat and well-presented, and the décor was well finished. The staff adhered to infection control protocols. Medicines were kept in good order and were assessed by the Quality Assurance &amp; Compliance (QuAC) Officer and the NECS Medication Optimisation Team.</p> <p>Staffing rotas showed that the home had more staff than necessary according to the dependency tool. Records show that the provider frequently collects and assesses information on the quality of services provided to ensure that clients receive efficient and secure care and support.</p>		

<b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b>		
The Provider will complete an action plan for any 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 provider has a positive relationship with the QuAC Officer.</p> <p>The provider also has a high level of engagement with Transformation Managers. They have participated in the Well Led Programme, Research in Care Homes projects and the Activities Network. The provider attends every Leadership network, attends provider forums and is always willing to look at other opportunities and initiatives that will support improving outcomes for residents or efficiencies within the home.</p>		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>18/12/2019</b>	<b>Outstanding</b>

<b>Provider Name</b>	<b>Bondcare (Ambassador) Limited</b>	
<b>Service Name</b>	<b>Elton Hall Care Home</b>	
<b>Category of Care</b>	<b>Residential / Residential Dementia / Functional Mental Health Unit</b>	
<b>Address</b>	Elton Village, Elton, Stockton-on-Tees TS21 1AG	
<b>Ward</b>	<b>Western Parishes</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>Good</b>	<b>Good</b>
<b>Involvement &amp; Information</b>	<b>Good</b>	<b>Good</b>
<b>Personalised Care / Support</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Safeguarding &amp; Safety</b>	<b>Good</b>	<b>Good</b>
<b>Suitability of Staffing</b>	<b>Good</b>	<b>Requires Improvement</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>31<sup>st</sup> August 2022</b>	
<b>Date Assessment Published</b>	<b>28<sup>th</sup> October 2022</b>	
<b>Date Previous Assessment Published</b>	<b>12<sup>th</sup> October 2021</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Following the previous PAMMS assessment that was completed in 2021, the home has had a new manager.</p> <p>Care plans lacked consistency, some appeared task-oriented, and they didn't always consider residents' preferences, abilities, likes, or dislikes. Residents or residents' representatives were not always seen signing care plans to demonstrate their participation in their care and support planning.</p> <p>All essential information had been recorded and risk assessments had been completed.</p> <p>The feedback from service users was positive overall, and it was evident from the observations that general wellbeing was been maintained.</p> <p>Staff expressed a need for more people on shift, however staffing rotas did evidence that the home has more staff than required as per dependency tool. Staff showed good knowledge in key areas, and reported feeling 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 very tired and needs re-furbishing, paint work is scuffed, and a re-decoration is required. 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 Medicines Optimisation team.</p> <p>Records indicate that the provider regularly gathers and evaluates data on the quality of services offered to guarantee that service users receive effective and safe care and support.</p>		

<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 contractual 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 provider has a positive relationship with the QuAC Officer.</p> <p>However, the provider has had little engagement with the LA Transformation Managers (TM'S). Since the new manager has been in post, they haven't had any dealings with the TM's apart from some positive items submitted for the Social Care Operational Protection Group newsletter.</p> <p>Elton Hall haven't engaged in NTHEA training and hasn't attended the Leadership sessions.</p>		
<b>Current CQC Assessment - Date / Overall Rating</b>	<b>07/12/2019</b>	<b>Good</b>

<b>Provider Name</b>	<b>The Poplars (Thornaby) Limited</b>	
<b>Service Name</b>	<b>The Poplars Care Home</b>	
<b>Category of Care</b>	<b>Residential / Nursing / Dementia</b>	
<b>Address</b>	375 Thornaby Road, Thornaby, Stockton-on-Tees TS17 8QN	
<b>Ward</b>	<b>Village</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>Poor</b>	<b>Good</b>
<b>Personalised Care / Support</b>	<b>Requires Improvement</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>Good</b>
<b>Quality of Management</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>15<sup>th</sup> – 17<sup>th</sup> August 2022</b>	
<b>Date Assessment Published</b>	<b>11<sup>th</sup> November 2022</b>	
<b>Date Previous Assessment Published</b>	<b>25<sup>th</sup> November 2021</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Care plans did not evidence that appropriate capacity assessments and best interest decisions had been undertaken in line with the Mental Capacity Act for specific decisions with each resident, but DoLS were in place with an accompanying care plan. The MCA was also an area that staff were unable to say how the principles were considered in the daily care of residents.</p> <p>Care plans did not cross-reference appropriate risks across the residents care (i.e., one resident liked to have an alcoholic drink daily, but there was no consideration for this in their diabetic care plan or medication care plan to support effective management of the condition and accompanying GP advice).</p> <p>There were some general IPC concerns around the home due to poor maintenance / décor which did not support effective cleaning. There was also some poor IPC practice being evidenced with bathrooms being used to store equipment, linens and toiletries left out.</p> <p>Recruitment records were unable to evidence that all relevant employments checks had been completed fully prior to both full-time and agency staff starting work in the home, which included the 'right to work' documentation. The provider was also unable to provide evidence that people who provide additional services had appropriate documentation in place.</p> <p>The provider did have a range of audits, but they were unable to evidence that actions identified had been actioned and / or completed and there were actions that were still outstanding up to six months later.</p> <p>Residents confirmed there was a good variety of activities on offer and there was evidence of resident involvement of activity planning through the dedicated Activity Meeting minutes. Residents said they were also supported to maintain relationships, and visits outside of the</p>		

<p>home were evidenced during the assessment. Residents also said they felt supported and treated well, and confirmed they were offered choice and supported with their independence.</p>		
<p><b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b></p>		
<p>The provider will complete an Action Plan for all questions identified as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor this progress to ensure contractual compliance.</p>		
<p><b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b></p>		
<p>Level 2 – Moderate Concerns (Supportive Monitoring)</p>		
<p><b>Level of Engagement with the Authority</b></p>		
<p>The provider's engagement with the QuAC Officer and Transformation Managers is minimal.</p>		
<p><b>Current CQC Assessment - Date / Overall Rating</b></p>	<p><b>17/05/2019</b></p>	<p><b>Good</b></p>



<b>Provider Name</b>	<b>HC-One Limited</b>	
<b>Service Name</b>	<b>Victoria House Nursing Home</b>	
<b>Category of Care</b>	<b>Residential / Residential Dementia / Nursing</b>	
<b>Address</b>	Bath Lane, Stockton-on-Tees TS18 2DX	
<b>Ward</b>	<b>Stockton Town Centre</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>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>Requires Improvement</b>
<b>Suitability of Staffing</b>	<b>Good</b>	<b>Good</b>
<b>Quality of Management</b>	<b>Requires Improvement</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>3<sup>rd</sup> October 2022</b>	
<b>Date Assessment Published</b>	<b>30<sup>th</sup> November 2022</b>	
<b>Date Previous Assessment Published</b>	<b>29<sup>th</sup> July 2021</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>Since the previous PAMMS assessment, a new manager has taken up post.</p> <p>Care plans were inconsistent and were not seen to document when other stakeholders / professionals had provided input into the care plans. Not all care plans viewed were seen to have a signed agreement and consent form consenting that they had agreed with the planned care. Care plans were not always seen to be signed by the people consulted in the formulation of the care plan. The information in the care plans did not accurately reflect with the pre-admission documents. Elements of the care plans were left blank and EOL care plans were not seen to be completed. Documentation was not seen to be fully completed, care plans did not always contain names of the resident, data entries were not always in date order, dates were incorrect.</p> <p>Residents provided encouraging feedback, and it was obvious from observations that general wellbeing was being maintained.</p> <p>To deliver consistent, dependable and safe care, the staff stated that staffing levels are sufficient and appropriate, and that they think efficient procedures have been put in place to handle both anticipated and unforeseen changes in the service.</p> <p>Systems were in place to ensure the safe recruitment of staff and to protect individuals from abuse.</p> <p>Although the home is tidy and clean, the bathrooms require refurbishment. The paint work was deemed to be of a good level, with hardly any scuffs or blemishes.</p>		

<p>Infection control procedures were not always observed to be being followed by the staff. Medicines were kept in good order and were assessed jointly by the Quality Assurance &amp; Compliance (QuAC) Officer and the NECS Medicines Optimisation Team.</p> <p>The home had the required staffing levels, as evidenced by the staffing rotas, according to the dependency tool. The service provider was unable to demonstrate how they gather data on service quality and could not give any documentation of fire drills after June 2021.</p>		
<p><b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b></p>		
<p>The Provider will complete an Action Plan for all questions identified as 'Requires Improvement' and the QuAC Officer will monitor this progress through contractual visits.</p>		
<p><b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b></p>		
<p>Level 2 – Moderate Concerns (Supportive Monitoring)</p>		
<p><b>Level of Engagement with the Authority</b></p>		
<p>Engagement with Transformation Managers can be intermittent from the management team at Victoria House; however, the Activities Coordinator is usually very engaging, attends the activity network and shares good practice and activities information with the group. No attendances within the last year at Leadership networks; no participation in Well Led programme.</p>		
<p><b>Current CQC Assessment - Date / Overall Rating</b></p>	<p><b>29/09/2017</b></p>	<p><b>Good</b></p>

<b>Provider Name</b>	<b>Anchor Hanover Group</b>	
<b>Service Name</b>	<b>Millbeck</b>	
<b>Category of Care</b>	<b>Residential</b>	
<b>Address</b>	High Street, Norton, Stockton-on-Tees TS20 1DQ	
<b>Ward</b>	<b>Norton North</b>	
	<b>New PAMMS Rating</b>	<b>Previous PAMMS Rating</b>
<b>Overall Rating</b>	<b>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>Good</b>	<b>Requires Improvement</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>24<sup>th</sup> October 2022</b>	
<b>Date Assessment Published</b>	<b>1<sup>st</sup> December 2022</b>	
<b>Date Previous Assessment Published</b>	<b>16<sup>th</sup> September 2021</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>The care plans that were reviewed varied greatly, and several lacked person-centred information on the residents' preferred options and how staff can support them. The pre-admission documents' information was not appropriately reflected in the care plans. The "Life Story" component of care plans was there, but not all of them appeared to be completed; some parts of the life story were left unfilled. Plans for end-of-life care were either not finished at all or partly completed. The care plans' documentation was not seen to be finished throughout. Many of the personal care plans included information about individuals' preferred methods of bathing, but these were not consistently followed.</p> <p>The home was not able to evidence they could supply residents with information in different formats, such as easy read and visual.</p> <p>There was little indication in care plans or care plan reviews that families were called to get their input and be included in care planning.</p> <p>Overall, service-users' feedback was favourable, and it was clear from the observations that people's general wellbeing was being maintained.</p> <p>The staff members we spoke with agreed that the staffing levels were appropriate. Rotas were checked, and it was found that there were enough staff available who had the required knowledge, training, and experience to deliver good care and support. The workforce demonstrated strong knowledge in critical areas and expressed a sense of managerial support.</p> <p>There were systems in place to ensure the safe recruitment of workers and to protect persons from abuse. The home is cosy, spotless and well-kept. Staff members took infection control precautions.</p>		

<p>Improvements were deemed to be necessary after a review of the medications by the NECS Medicines Optimisation Team and the Quality Assurance &amp; Compliance (QuAC) Officer. The main area of improvements were around covert administrations, covert care plans, and topical competencies.</p> <p>According to records, the provider regularly compiles and assesses information on the quality of services provided to ensure that service-users receive efficient and secure care and support.</p>		
<p><b>Plans and Actions to Address Concerns and Improve Quality and Compliance</b></p>		
<p>The Provider will complete an action plan for all questions identified as 'Requires Improvement' and the QuAC Officer will monitor this progress through contractual visits.</p>		
<p><b>Level of Quality Assurance &amp; Contract Compliance Monitoring</b></p>		
<p>Level 2 – Moderate Concerns (Supportive Monitoring)</p>		
<p><b>Level of Engagement with the Authority</b></p>		
<p>The provider has a good relationship with the QuAC Officer and responds to requests for information in a timely manner.</p> <p>The provider has had limited engagement with transformation initiatives and doesn't attend the leadership networks.</p>		
<p><b>Current CQC Assessment - Date / Overall Rating</b></p>	<p><b>13/12/2018</b></p>	<p><b>Good</b></p>

<b>Provider Name</b>	<b>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>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>Requires Improvement</b>	<b>Good</b>
<b>Suitability of Staffing</b>	<b>Good</b>	<b>Good</b>
<b>Quality of Management</b>	<b>Good</b>	<b>Good</b>
<b>Date of Inspection</b>	<b>28<sup>th</sup> November 2022</b>	
<b>Date Assessment Published</b>	<b>19<sup>th</sup> December 2022</b>	
<b>Date Previous Assessment Published</b>	<b>15<sup>th</sup> November 2021</b>	
<b>PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)</b>		
<p>The care plans that were reviewed lacked person-centred information on the residents' preferred options and how staff can support them. All care plans that were observed did not appear to include a completed consent form and agreement indicating that the intended care had their approval. The pre-admission documents weren't seen to be included within the care plans viewed. The "Life Story" component of care plans was there, but not all of them appeared to be filled out; some parts of the life story were left unfilled. Plans for end-of-life care were either not finished at all or just half done.</p> <p>The home was not observed to give residents information in varied formats, such as easy read and visual. Residents were given information in writing form; however, it was not perceived as being simple to read.</p> <p>From the care plans viewed, mental capacity assessments and best interest decisions weren't evident in the files. Mental capacity wasn't seen to be evaluated, and it wasn't noted when a service-user has capacity. Applications for DoLS were in place, but there were no care plans for DoLS.</p> <p>The care plans that were observed did not document if those residents or their family or representatives had participated in the care and support planning process.</p> <p>Overall, service-users' feedback was favourable, and it was clear from the observations that people's general wellbeing was being maintained.</p> <p>The staff members we spoke with agreed that the staffing levels were appropriate. Rotas were checked, and it was found that there were enough staff available who had the required knowledge, training, and experience to deliver good care and support. The workforce demonstrated strong knowledge in critical areas and expressed a sense of managerial support.</p>		

There were systems in place to ensure the safe recruitment of workers and to protect persons from abuse.

The provider has started a decorating refresh, and this was seen as being up to standard, but the other units, particularly Willow View ground floor, were quite worn out and had marks and scuffs on the paintwork. The units have been divided up in the home. While Willow Gardens adheres to a high degree of aesthetics, Willow View does not.

Improvements were deemed to be necessary after a review of the medications by the NECS Medicines Optimisation team and the Quality Assurance & Compliance (QuAC) Officer. The main area of improvements was around MAR charts and recording of covert medications.

Staff were observed following good practice when wearing PPE. Appropriate PPE was seen to be always worn and changed when appropriate, however hand hygiene practices were not seen to be followed during medication rounds.

According to records, the provider regularly compiles and assesses information on the quality of services provided to ensure that service-users receive efficient and secure care and support.

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

The Provider will complete an Action Plan for all questions identified as 'Requires Improvement' and the QuAC Officer will monitor this progress through contractual visits.

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

Level 2 – Moderate Concerns (Supportive Monitoring)

**Level of Engagement with the Authority**

The provider has a good relationship with the QuAC Officer and responds to requests for information in a timely manner.

The manager engages well with the Local Authority Transformation Managers, and has attended some leadership meetings, and activity coordinator meetings.

<b>Current CQC Assessment - Date / Overall Rating</b>	<b>30/04/2022</b>	<b>Requires Improvement</b>
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