Stockton-on-Tees BOROUGH COUNCIL
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Adult Social Care and Health Select Committee

Agenda

Date: Tuesday 21 November 2023 at 4.00 pm

Venue: Jim Cooke Conference Suite, Stockton Central Library, Church Road, Stockton-on-Tees TS18 1TU

Cllr Marc Besford (Chair)
Cllr Nathan Gale (Vice-Chair)

Cllr Carol Clark
Cllr John Coulson
Cllr Lynn Hall
Cllr Susan Scott
Cllr Vanessa Sewell
Cllr Paul Weston

AGENDA

1 **Evacuation Procedure** (Pages 7 - 8)

2 **Apologies for Absence**

3 **Declarations of Interest**

4 **Minutes**

To follow

5 **Scrutiny Review of Access to GPs and Primary Medical Care**

To consider a submission on this scrutiny topic from the Cleveland Local Medical Committee (CLMC) (to follow).

6 **North Tees and Hartlepool NHS Foundation Trust: Maternity Services Update** (Pages 9 - 18)

7 **CQC / PAMMS Inspection Results - Quarterly Summary (Q2 2023-2024)** (Pages 19 - 46)

8 **Chair's Update and Select Committee Work Programme 2023-2024** (Pages 47 - 50)

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Adult Social Care and Health Select Committee

Agenda

Members of the Public - Rights to Attend Meeting

With the exception of any item identified above as containing exempt or confidential information under the Local Government Act 1972 Section 100A(4), members of the public are entitled to attend this meeting and/or have access to the agenda papers.

Persons wishing to obtain any further information on this meeting, including the opportunities available for any member of the public to speak at the meeting; or for details of access to the meeting for disabled people, please

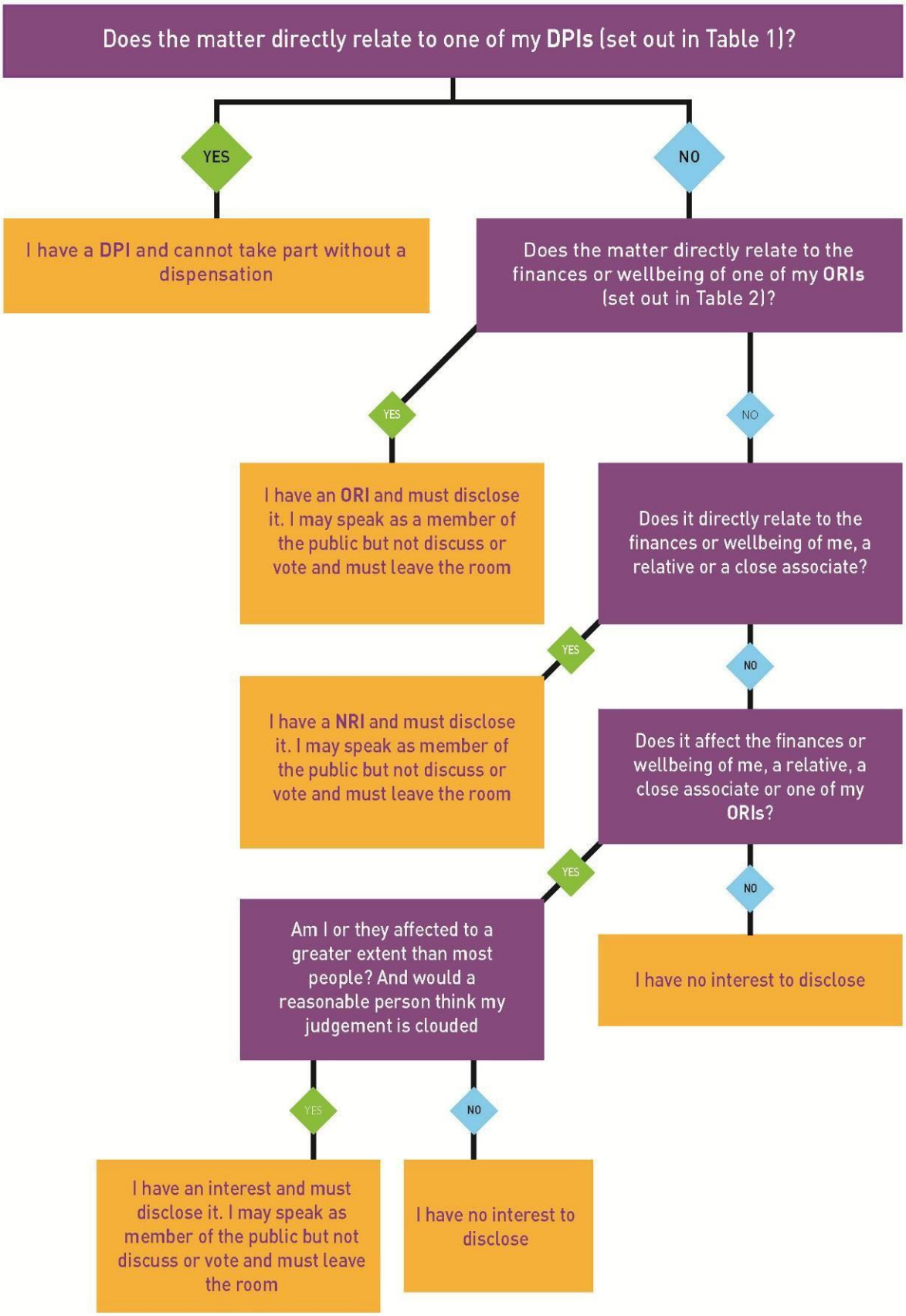
Contact: Scrutiny Support Officer Rachel Harrsion on email rachel.harrison@stockton.gov.uk

Stockton-on-Tees BOROUGH COUNCIL

KEY - Declarable interests are:-

- Disclosable Pecuniary Interests (DPI's)
- Other Registerable Interests (ORI's)
- Non Registerable Interests (NRI's)

Members – Declaration of Interest Guidance



Stockton-on-Tees BOROUGH COUNCIL

Table 1 - Disclosable Pecuniary Interests

Subject	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain
Sponsorship	Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract made between the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners (or a firm in which such person is a partner, or an incorporated body of which such person is a director* or a body that such person has a beneficial interest in the securities of*) and the council — (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land and property	Any beneficial interest in land which is within the area of the council. 'Land' excludes an easement, servitude, interest or right in or over land which does not give the councillor or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners (alone or jointly with another) a right to occupy or to receive income.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the council for a month or longer.
Corporate tenancies	Any tenancy where (to the councillor's knowledge)— (a) the landlord is the council; and (b) the tenant is a body that the councillor, or his/her spouse or civil partner or the person with whom the councillor is living as if they were spouses/ civil partners is a partner of or a director* of or has a beneficial interest in the securities* of.
Securities	Any beneficial interest in securities* of a body where— (a) that body (to the councillor's knowledge) has a place of business or land in the area of the council; and (b) either— (i) the total nominal value of the securities* exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the councillor, or his/ her spouse or civil partner or the person with whom the councillor is living as if they were spouses/civil partners have a beneficial interest exceeds one hundredth of the total issued share capital of that class.

* 'director' includes a member of the committee of management of an industrial and provident society.

* 'securities' means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

Stockton-on-Tees BOROUGH COUNCIL

Table 2 – Other Registerable Interest

You must register as an Other Registrable Interest:

a) any unpaid directorships

b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority

c) any body

(i) exercising functions of a public nature

(ii) directed to charitable purposes or

(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union) of which you are a member or in a position of general control or management

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Jim Cooke Conference Suite, Stockton Central Library
Evacuation Procedure & Housekeeping

If the fire or bomb alarm should sound please exit by the nearest emergency exit. The Fire alarm is a continuous ring and the Bomb alarm is the same as the fire alarm however it is an intermittent ring.

If the Fire Alarm rings exit through the nearest available emergency exit and form up in Municipal Buildings Car Park.

The assembly point for everyone if the Bomb alarm is sounded is the car park at the rear of Splash on Church Road.

The emergency exits are located via the doors between the 2 projector screens. The key coded emergency exit door will automatically disengage when the alarm sounds.

The Toilets are located on the Ground floor corridor of Municipal Buildings next to the emergency exit. Both the ladies and gents toilets are located on the right hand side.

Microphones

During the meeting, members of the Committee, and officers in attendance, will have access to a microphone. Please use the microphones, when directed to speak by the Chair, to ensure you are heard by the Committee.

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Agenda Item 6

Agenda Item

Adult Social Care and Health Select Committee

21 November 2023

NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST: MATERNITY SERVICES UPDATE

Summary

Senior representatives of North Tees and Hartlepool NHS Foundation Trust (NTHFT) have been invited to address the Committee following issues raised by the Care Quality Commission (CQC) in 2022 regarding the Trust's maternity services. As well as updating Members on the actions taken in response to these CQC outcomes, NTHFT has also been asked to provide details of its review of the community midwifery offer after concerns were raised by the Committee in early-2023.

Detail

1. In March 2022, the high-profile Ockenden Report was published (see link below) following an independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust, a report which included a number of recommendations for all NHS Trusts.

   - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf

2. The Committee regularly monitors published CQC reports and consider these on a quarterly basis at its formal public meetings. In September 2022, Members were made aware of the latest CQC findings in relation to NTHFTs maternity services (see link below) which resulted in the Trust being downgraded from 'good' to 'requires improvement' overall.

   - https://api.cqc.org.uk/public/v1/reports/f877d342-ae10-48cc-9783-f99144e029fc?20220916070419

3. Senior NTHFT representatives attended Committee in November 2022 to respond to the CQCs findings and outline what action the Trust would be taking to address identified issues. A summary of discussions is included in the minutes which can be accessed via the following link (see item ASH 29/22):

   - https://moderngov.stockton.gov.uk/Data/Adult%20Social%20Care%20and%20Health%20Select%20Committee/202211221600/Agenda/$ACHMIN65.rtf.pdf

4. Early in 2023, Members raised concerns about inconsistencies in the offer of home visits for pre- and postnatal checks (instead requiring expectant / new mothers to go to Endurance House for appointments), a situation which meant the identification of potential safeguarding issues may be being missed. NTHFT subsequently submitted the following response (circulated to the Committee in March 2023):

   Antenatal

   - *All women who reside in Stockton / Billingham / Wynyard and surrounding areas are asked to attend an antenatal clinic appointment in Endurance House – this is a practice that has been in place for some time.*

- *Women attend a Community Midwives appointment in a clinic setting in accordance with NICE guidance as it is not appropriate to measure GROW on anything other than a clinical couch.*

Postnatal

- *The team have undertaken postnatal clinics at Endurance House since COVID emerged (when many other facilities were closed) and have reported that they have observed a significant reduction in women DNA appointments since the postnatal clinics have been established.*

- *Women who are unable to attend a postnatal clinic appointment are offered a choice of a home visit. Women reportedly prefer to be given an appointment time which can be facilitated in clinic rather than being advised they will be visited between the hours of 9.00am – 5.00pm.*

- *Initial postnatal visits (first visit after discharge from hospital – 'day 1' (day after the day of discharge))*

    - *If this falls on a Monday to Friday, these are undertaken at home.*

    - *If this falls on a weekend, due to current staffing pressures (national issue regarding midwifery workforce), all women due a 'day 1' visit are contacted by a Community Midwife, and an agreement is made between them regarding a home visit or attendance at clinic. The team have found this method of communication is much better than providing a leaflet as it gives the midwife a chance to speak to the woman and personalise the care depending on need.*

    - *Women are provided with information (verbally, not written) about home visits / attending clinic prior to discharge before going home from the post-natal ward (note: this will also have been discussed antenatally from 34 weeks onwards (verbally) and documented in hand-held notes).*

- *Subsequent visits (at 5 days and then at discharge (around 10 days)) are generally at clinic but discussed at each contact with the women regarding preference and adjustments made for home visit if preferred.*

NTHFT stated that there is never a circumstance where someone will not receive a home visit at all. All women would have had a home visit at some point within the pathway (antenatal or postnatal) to ensure no safeguarding concerns.

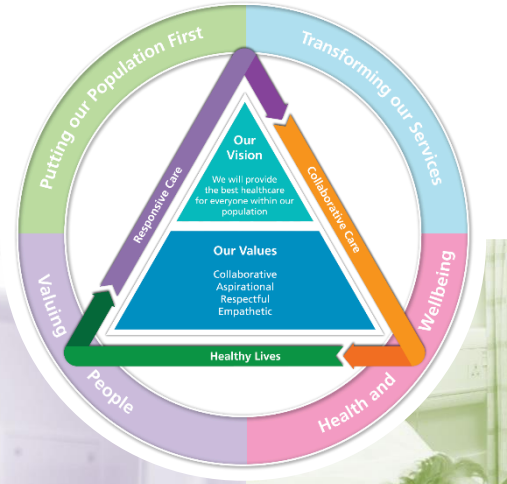
5. Following further concerns received in relation to the existing offer, the NTHFT Chief Nurse / Director of Patient Safety and Quality initiated a full review of the community maternity service. As noted at the November 2022 meeting, the Trust was working with a maternity safety advisor through NHS England and, with their help, had commissioned a Regional Midwife to support the community review led by the Trust's new Associate Directory of Midwifery (who started with NTHFT at the beginning of March 2023). The Trust's Maternity Voices Partnership Chair was also asked to do some focused work at Endurance House with the women and families using the service.

6. Senior NTHFT representatives are scheduled to be in attendance and a presentation has been provided for consideration (see attached).

Contact Officer: Gary Woods
Post: Senior Scrutiny Officer
Tel: 01642 526187
Email: gary.woods@stockton.gov.uk

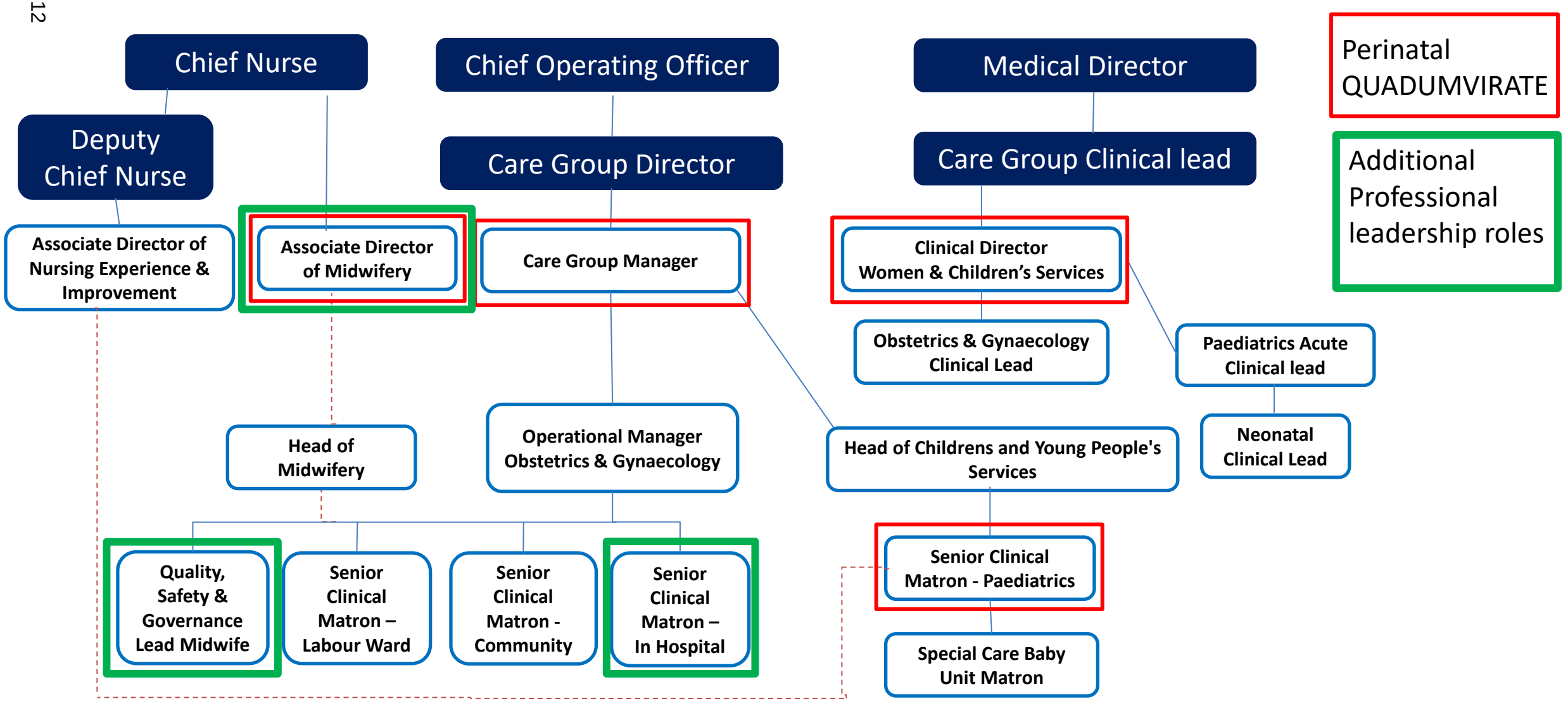
North Tees and Hartlepool
NHS Foundation Trust

Maternity Services
North Tees and Hartlepool FT



Perinatal Organisational Structure

NHS
North Tees and Hartlepool
NHS Foundation Trust



Trust Vision & Strategic Aims

'Provide the best possible health and care for everyone in our population'

Putting our population first • Valuing people • Transforming our services • Health & Wellbeing

NHS North Tees and Hartlepool NHS Foundation Trust

Perinatal Services Governance

Chair Chief Executive Medical Director Executive & Non-Executive Directors	Assurance & Accountability	Board of Directors
Non-Executive Directors Medical Director Clinical Directors Chief Nurse & Director of Patient Safety & Quality	Assurance & Accountability	Quality Committee Maternity Quality Assurance Council Healthy Lives Care Group Senior Management Team
Clinical Directors Care Group Directors Associate Director of midwifery	Strategic Decision	Perinatal Services Improvement Group Obstetric and Gynaecology oversight meeting Local Maternity and Neonatal System
Operational managers Team leaders Senior Midwifery and Nursing staff Medical Clinical leads Head of midwifery	Operational Delivery	Maternity Senior Management Team meeting
All Staff	Operational Delivery	In Hospital and Community Maternity and neonatal meetings

Ward to Board/Board to Ward Governance

Maternity and neonatal safety champions – walkabout and meetings

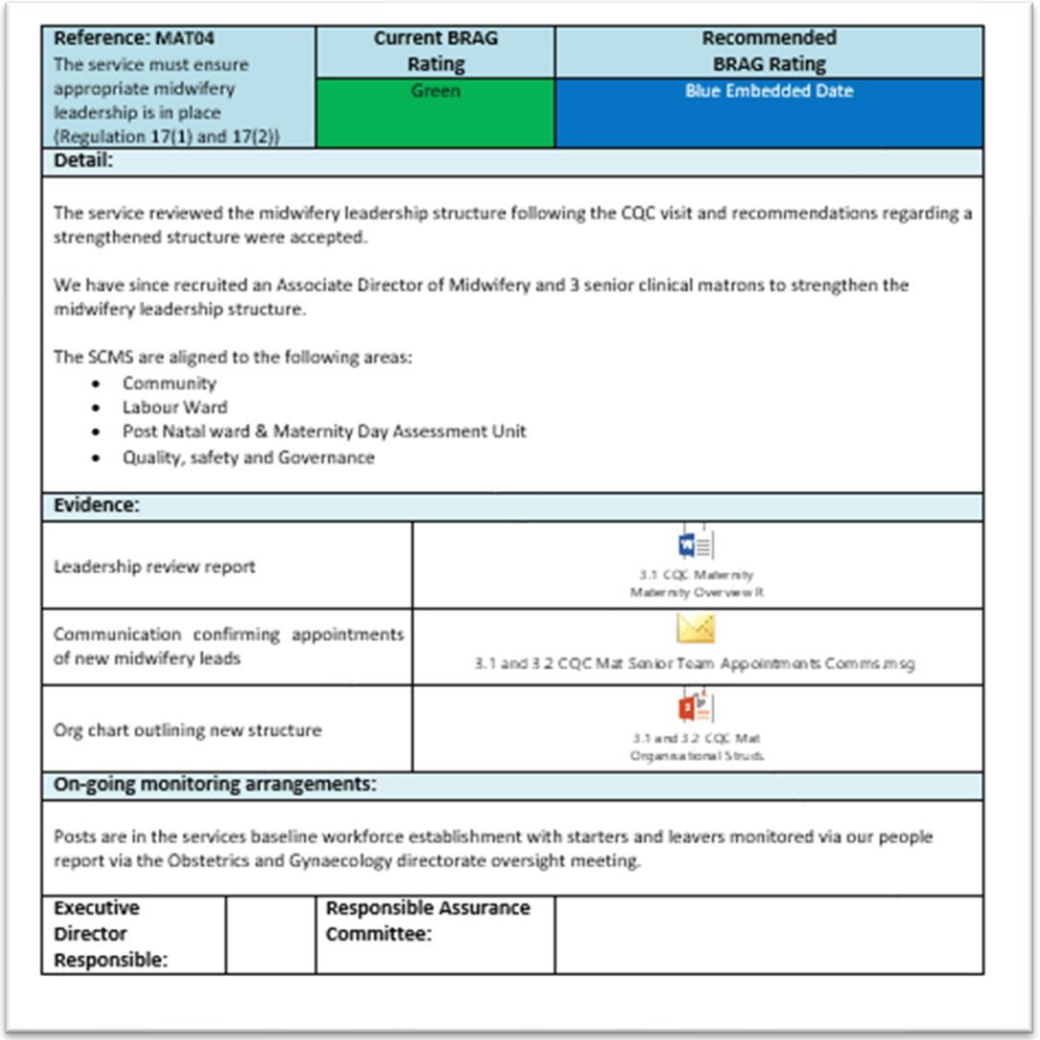
Trust Values

Collaborative • Aspirational • Respect • Empathy

CQC Improvements

5 Must Dos (1 Should do):

1. The service must ensure effective governance structures are in place to continually improve the quality and standards of care
2. The service must ensure appropriate midwifery leadership is in place
3. The service must ensure women who need additional care have access to appropriately trained specialist midwives.
4. The service must ensure that all care of women and their babies is undertaken in line with national guidance and best practice.
5. The service must ensure systems are put into place to ensure staffing is actively assessed, reviewed and measures put in place to improve retention
6. (The Service should work with other Trust services to implement baby abduction training)



Reference: MAT04 The service must ensure appropriate midwifery leadership is in place (Regulation 17(1) and 17(2))	Current BRAG Rating Green	Recommended BRAG Rating Blue Embedded Date

Detail:

The service reviewed the midwifery leadership structure following the CQC visit and recommendations regarding a strengthened structure were accepted.

We have since recruited an Associate Director of Midwifery and 3 senior clinical matrons to strengthen the midwifery leadership structure.

The SCMS are aligned to the following areas:

- Community
- Labour Ward
- Post Natal ward & Maternity Day Assessment Unit
- Quality, safety and Governance

Evidence:

Leadership review report	3.1 CQC Maternity Maternity Overview R
Communication confirming appointments of new midwifery leads	3.1 and 3.2 CQC Mat Senior Team Appointments Comms.msg
Org chart outlining new structure	3.1 and 3.2 CQC Mat Organisational Structs

On-going monitoring arrangements:

Posts are in the services baseline workforce establishment with starters and leavers monitored via our people report via the Obstetrics and Gynaecology directorate oversight meeting.

Executive Director Responsible:		Responsible Assurance Committee:	

National safer care recommendations

Maternity Incentive Scheme year 5

- Current monitoring period
- 10 Safety Actions – nominated leads
- Governance process
- On track for compliance

Ockenden Immediate & Essential Actions

- 7 IEAS
- Governance process
- Insights visit led by ICB with peer review
- On track for compliance

Maternity and Neonatal Three year Delivery Plan

Community Midwifery services

- External review
- Engagement sessions with staff
- Triangulated local intelligence: complaints and compliments
- Community hubs
- Engaged with MNVP

Maternity and neonatal Voice partnership

22/23 Workplan

Expanding the team

Co-production charter

Supporting communities in need

Communications

Areas of Good Practice

- Bereavement pathway
- PNA & PMA development across perinatal service
- Introduction of Badgernet
- Implementation of maternity preceptorship programme
- Visit from Jess Read and Tracey Cooper
- Resources: CTG machines
- Post discharge neonatal feeding support
- BFI accreditation
- Recruitment and retention
- QI and research
- Feedback

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

QUARTER 2 2023-2024

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 CQC Reports

This update includes inspection reports published between July and September 2023 (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 Services were reported on (4 rated 'Good'; 1 rated 'Requires Improvement'; 1 rated 'Inadequate')
- 3 Primary Medical Care Services were reported on (1 rated 'Good'; 1 rated 'Requires Improvement'; 1 'Not rated')
- 1 Hospital / Other Health Care Services was reported on (1 'Inspected but not rated')

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

PAMMS Assessment Reports

SBC are utilising the Provider Assessment and Market Management Solutions (PAMMS) in the quality assurance process. PAMMS is an online assessment tool developed in collaboration with Directors of Adult Social Services (ADASS) East and regional Local Authorities. It is designed to assist in assessing the quality of care delivered by providers. The PAMMS assessment consists of

a series of questions over a number of domains and quality standards that forms a risk-based scoring system to ensure equality of approach. The PAMMS key areas are:

- Involvement and Information
- Personalised Care and Support
- Safeguarding and Safety
- Suitability of Staffing
- Quality of Management

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings. **Appendix 2** shows **3** reports published between July and September 2023 (inclusive), the overall outcomes of which can be summarised as follows:

- 2 rated 'Good'
- 1 rated 'Requires Improvement'

APPENDIX 1

ADULT SERVICES

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

Provider Name	**Stockton Care Limited**	
Service Name	**Primrose Court Nursing Home**	
Category of Care	**Nursing Dementia (including a complex mental health unit)**	
Address	South Road, Stockton-on-Tees TS20 2TB	
Ward	**Norton South**	
CQC link	https://api.cqc.org.uk/public/v1/reports/688e74a2-25fd-440a-a4af-1027f032b4d5?20230704120000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Requires Improvement**
Safe	**Requires Improvement**	**Inadequate**
Effective	**Good**	**Requires Improvement**
Caring	**Good**	**Requires Improvement**
Responsive	**Good**	**Requires Improvement**
Well-Led	**Good**	**Requires Improvement**
Date of Inspection	**13th June 2023**	
Date Report Published	**4th July 2023**	
Date Previously Rated Report Published	**8th September 2022**	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
Primrose Court have engaged well whilst working towards their 'Good' CQC rating and improvement plan, including good engagement with the Activity Co-ordinator network. They have been working through a number of improvement initiatives with other multi-agency professionals (recruitment, medication, nursing peer support, etc.) and engage well with the Quality Assurance and Compliance (QuAC) Team.		

Supporting Evidence and Supplementary Information		
The CQC completed a full inspection of Primrose Court and found significant improvements had been made since they were last inspected. However, recommendations have been made to improve the systems in place to manage distress and agitation, safe management of medicines, the mealtime experiences for people living with dementia, and end-of-life care. Residents reported feeling safe and happy living at Primrose Court, and they were seen to be 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 were kind, caring and compassionate in their approach with people and promoted independence. Care was dignified and staff respected peoples wishes and preferences, though records needed continued development to ensure they were truly person-centred. People had opportunities each day to be involved in social activities and had access to transport to enjoy days out. The environment had been well-thought out for people living with dementia; improvement plans for the mental health unit were in place to further support people's wellbeing needs. Quality assurance systems were effective in leading change and incorporated feedback from people, relatives, staff and health professionals. Leaders were visible and staff were proud to work at the service delivering care which improved people's lives. Staff were supported to carry out their roles safely, working in-line with national guidance to care for people with long-term conditions.		
Participated in Well Led Programme?	**No**	
PAMMS Assessment – Date (Published) / Rating	**13/03/2023**	**Good**

Provider Name	**Willow View Care Limited**	
Service Name	**Willow View Care Home**	
Category of Care	**Residential / Residential Dementia**	
Address	1 Norton Court, Norton Road, Stockton-on-Tees TS20 2BL	
Ward	**Norton South**	
CQC link	https://api.cqc.org.uk/public/v1/reports/2d085160-3e34-4717-b3c5-b47a8507a90d?20230726120000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Inadequate**	**Requires Improvement**
Safe	**Inadequate**	**Requires Improvement**
Effective	**Requires Improvement**	**Requires Improvement**
Caring	**Requires Improvement**	**Not inspected**
Responsive	**Requires Improvement**	**Not inspected**
Well-Led	**Inadequate**	**Requires Improvement**
Date of Inspection	**4th, 9th, 10th & 22nd May 2023**	
Date Report Published	**12th July 2023**	
Date Previously Rated Report Published	**30th April 2022**	

Breach Number and Title

Regulation 10 HSCA RA Regulations 2014 Dignity and respect

Regulation 11 HSCA RA Regulations 2014 Need for consent

Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

Regulation 17 HSCA RA Regulations 2014 Good governance

Regulation 18 HSCA RA Regulations 2014 Staffing

Level of Quality Assurance & Contract Compliance

Level 3 – Major Concerns (Enhanced Monitoring)

Level of Engagement with the Authority

Willow View have always been extremely engaging and collaborative around the Activity Co-ordinator Network, with the co-ordinator being very active in improving activity provision within and outside the home.

Willow View and their appointed consultants from Vita Care Consultancy have been working closely with their Quality Assurance and Compliance (QuAC) Officer and those involved in the Responding to and Addressing Serious Concerns (RASC) process. Engagement has improved significantly since the departure of the Registered Manager.

Supporting Evidence and Supplementary Information		
The CQC found that actions required following their inspection in 2022 had not been taken and the service was not safe. Risk assessments were either not in place or were not accurate, and checks to ensure the environment and equipment were safe had not been completed or were completed inconsistently. Fire exits were blocked throughout the service. Medicines were not stored, recorded, or administered safely and people were regularly not given their prescribed medicine due to poor stock management. Infection prevention and control measures in place were insufficient and PPE was not being stored appropriately. Some elements of the environment were not suitable for people living with dementia and the principles of the Mental Capacity Act were not always followed. Safe staffing levels were not always in place. People were not always treated with dignity and respect or involved in discussions about their care and support needs. Records in all areas lacked up-to-date, person-centred information and were not always complete. 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; their policies and systems did not support this practice. People's communication needs were not always met; menus, picture menus and information in an easy-read format were not available. There was a significant lack of Registered Manager and provider oversight, and lessons had not been learnt when things went wrong. The quality assurance processes in place were not effective and failed to identify and address shortfalls in a timely manner. People did say they felt safe living at the service, they enjoyed the activities on offer, and they spoke highly of their regular staff for their caring approach. The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. The service will be kept under review and the CQC will re-inspect within six months of the initial inspection to check for significant improvements. If the provider has not made enough improvement within this timeframe and there is still a rating of 'Inadequate' for any key question or overall rating, action will be taken in-line with enforcement procedures.		
Participated in Well Led Programme?	**No**	
PAMMS Assessment – Date (Published) / Rating	**19/12/2022**	**Requires Improvement**

Provider Name	**Gradestone Limited**	
Service Name	**Roseworth Lodge Care Home**	
Category of Care	**Nursing / Residential / Dementia Nursing**	
Address	Redhill Road, Stockton-on-Tees TS19 9BY	
Ward	**Roseworth**	
CQC link	https://api.cqc.org.uk/public/v1/reports/379b98d6-4206-48cb-9393-d00708b9b335?20230714120000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Inadequate**
Safe	**Good**	**Inadequate**
Effective	**Not inspected**	**Not inspected**
Caring	**Not inspected**	**Not inspected**
Responsive	**Not inspected**	**Not inspected**
Well-Led	**Good**	**Inadequate**
Date of Inspection	**19th & 26th June 2023**	
Date Report Published	**14th July 2023**	
Date Previously Rated Report Published	**6th December 2022**	

Breach Number and Title
None.
Level of Quality Assurance & Contract Compliance
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
Roseworth Lodge have engaged well whilst working towards their 'Good' CQC rating and improvement plan, including good engagement with the Activity Co-ordinator network. They have been through a number of improvement initiatives with other multi-agency professionals (recruitment, medication, nursing peer support, etc.) and engage well with the Quality Assurance and Compliance (QuAC) Team.
Supporting Evidence and Supplementary Information
The CQC attended Roseworth Lodge to carry out a re-inspection of the 'Safe' and 'Well-Led' domains following 'Inadequate' ratings in December 2022. The provider had made extensive improvements to the environment, including repair and replacement of equipment and furniture, and improvements to IPC measures. Environmental and individual risks had been recognised and managed, and improvements made to the presentation of the environment (i.e., better dementia friendly décor).

People felt they were treated with respect and staff supported residents in line with their care plans which had improved. A new electronic system had been introduced which enabled the management team to access 'live' information and make quick decisions about people's care. The provider had introduced new quality assurance systems, improved documentation, and employed additional staff to monitor the quality and safety of all the provider's services. 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 culture of the home promoted positive outcomes for people. **As the service is no longer rated as 'Inadequate', its place on the OP Care Home Framework has been reinstated with immediate effect.**		
Participated in Well Led Programme?	**No**	
PAMMS Assessment – Date (Published) / Rating	**16/03/2023**	**Good**

Provider Name	**Care & Support Solutions (North East) Limited**	
Service Name	**Care & Support Solutions**	
Category of Care	**Care at Home (Enhanced)**	
Address	11 Strathmore Drive, Kirklevington, Yarm TS15 9NS	
Ward	**n/a**	
CQC link	https://api.cqc.org.uk/public/v1/reports/817e512f-c09f-4481-8056-e72d97f12767?20230801120000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Good**
Safe	**Good**	**Good**
Effective	**Good**	**Good**
Caring	**Good**	**Good**
Responsive	**Good**	**Good**
Well-Led	**Good**	**Good**
Date of Inspection	**13th, 29th June & 13th July 2023**	
Date Report Published	**1st August 2023**	
Date Previously Rated Report Published	**8th September 2018**	

Breach Number and Title

None.

Level of Quality Assurance & Contract Compliance

Level 1 – No Concerns / Minor Concerns (Standard Monitoring)

Level of Engagement with the Authority

The provider engages well with the Local Authority – they have attended leadership meetings, provider forums, and taken part in the single-handed care project. The provider attends any meetings that the Council has around tech, Care at Home, and re-tender engagement.

Supporting Evidence and Supplementary Information

The CQC found that people received kind and caring support from staff who knew them well. Staff treated people with dignity and respect, and people's independence was protected and promoted. Medicines were managed safely. Risks to people were assessed and addressed. Staffing levels were monitored and safe recruitment processes were in place. The provider had effective infection prevention and control systems.

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.

People received personalised support based on their assessed needs and choices. Staff supported people to communicate effectively. The provider had a clear complaints process in place. Staff were supported with training, supervision and appraisal. However, records did not always contain information on the types of training needed or when training needed to be refreshed to ensure it reflected current knowledge and best practice. The CQC recommend that the provider reviews its systems to ensure training completion is effectively monitored.	
Participated in Well Led Programme?	**No**
PAMMS Assessment – Date (Published) / Rating	**Not yet assessed**

Provider Name	**New Horizons 24/7 Pvt Ltd**	
Service Name	**New Horizons 24/7 Pvt Limited**	
Category of Care	**Homecare agencies**	
Address	Stockton Business Centre, 70-74 Brunswick Street, Stockton-on-Tees TS18 1DW	
Ward	**n/a**	
CQC link	https://api.cqc.org.uk/public/v1/reports/edba0447-f15c-48a0-b9fc-c8469ebb89b7?20230803120000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**Good**
Safe	**Requires Improvement**	**Good**
Effective	**Not inspected**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Requires Improvement**	**Good**
Date of Inspection	**4th & 5th July 2023** (focused inspection)	
Date Report Published	**3rd August 2023**	
Date Previously Rated Report Published	**11th December 2018**	

Further Information

New Horizons 24/7 Pvt Ltd is a domiciliary care service providing the regulated activity personal care to people living in their own home. Not everyone who used the service received personal care. 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. At the time of inspection, one person was receiving personal care.

This inspection was prompted by a review of the information the CQC held about this service. It was found that:

Right Support

- Care records did not always reflect the person's current needs. There were some needs which did not have a care plan or risk assessment in place. The gaps in the records did not always support staff to oversee the safety of the person. Staff were responsive when the person's needs changed and embraced recommendations and guidance from health professionals. Staff acted quickly to manage the risks the person faced and ensured timely support was provided.
- The person lived in their own home and was supported by staff to make choices about their living environment, including the décor, and were supported to access services to support with the upkeep of the environment. Staff knew how to manage the risks of cross-infection. Staff understood the person's needs, wishes and preferences and were supported to remain as independent as they could be. The person was encouraged to make their own decisions about all aspects of their life.

- The person was 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.

Right Care

- The person had a core staff team in place who they knew extremely well and had led to meaningful and supportive relationships. This meant staff knew when changes in the persons health and wellbeing were taking place and allowed them to act quickly. However, staff worked excessive hours without breaks as recommended in health and safety legislation. This increased the risk of potential harm to the person. Staff received regular training to support them to carry out their roles safely, however not all of them had received training to manage behaviours or in learning disabilities. The cultural needs of the person and staff were understood, and a diverse workforce was in place. The person received individualised care from kind and caring staff. They understood how to communicate with the person to make sure their needs were met.
- Staff worked well with health and social care professionals to provide the right support to keep the person safe. They understood how to protect the person from poor care and abuse. Staff had received training about how recognise and report abuse and they knew how to apply it.

Right Culture

- Quality assurance procedures needed further development to ensure all aspects of the service were encapsulated. Staff said they felt supported in their roles. Leaders needed to be visible and responsive to ensure they had full oversight of the service. They embraced feedback to support ongoing development in the service.
- The person had used the service for many years and had been supported by staff to live safely within their local community. They had continued to deliver a service to the person which supported them to live their best life.
- Staff said they enjoyed working with the person and enjoyed the flexibility they received from the provider. Staff turnover was very low and had supported the person to develop and maintain meaningful relationships with the staff team.
- Staff had a good understanding of supporting the person with all of their health and wellbeing needs and embedded training and national guidance to deliver the best care to the person. The culture of the service and its inclusivity had enhanced the person's life. The ethos, values, attitudes and behaviours of the provider and the staff team supported the person to lead and inclusive and empowered life. The person was at the centre of their care.

The CQC identified breaches in relation to staffing, record-keeping and oversight of the service, as well as subsequent required actions.

Provider Name	**Sally and Sarah Care Limited**	
Service Name	**Sally and Sarah**	
Category of Care	**Homecare agencies**	
Address	3 Innovation Court, Yarm Road, Stockton-on-Tees TS18 3DA	
Ward	**n/a**	
CQC link	https://api.cqc.org.uk/public/v1/reports/b538e189-5cf4-4ec8-9e1a-3cae05740054?20230826120000	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Good**
Safe	**Good**	**Good**
Effective	**Not inspected**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Good**	**Good**
Date of Inspection	**3rd & 6th July 2023** (focused inspection)	
Date Report Published	**26th August 2023**	
Date Previously Rated Report Published	**24th October 2018**	

Further Information

Sally and Sarah is a domiciliary care agency. The service provides personal care to adults living in their own houses and flats in the community. At the time of the CQCs inspection, 11 people were using the service.

This inspection was prompted by a review of the information the CQC held about this service. The CQC undertook a focused inspection to review the key questions of 'safe' and 'well-led' only. For those key questions not inspected, ratings awarded at the last inspection were used to calculate the overall rating. The overall rating for the service remains 'good' – this was based on the findings at this inspection.

People and relatives were happy with the care and support provided. One relative said, "I selected them because they are a small and caring company. The benefit is that we see the same carers. Even when they are off, we have always managed, and they have never let us down."

People were supported by a regular team of staff. Staff were recruited safely. The registered manager ensured staff had the appropriate skills and experience to support people safely.

The provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training. Individual and environmental risks were identified and mitigated against. Systems were in place to ensure people would continue to receive support in the event of an emergency. Medicines were managed safely. People's medicine support needs were assessed, enabling people to remain independent.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager constantly reflected on the care and support provided. Information was reviewed with lessons learnt cascaded to staff.

An effective quality assurance process to monitor the quality and safety of the service was in place. The provider had an ethos to ensure people received the best care possible. Staff stated that they felt supported by the management team. People, relatives and staff were encouraged to offer feedback.

PRIMARY MEDICAL CARE SERVICES

Provider Name	**A Vita Limited**	
Service Name	**A Vita Limited**	
Category of Care	**Doctors / GPs**	
Address	22 High Street, Yarm TS15 9AE	
Ward	**Yarm**	
CQC link	https://api.cqc.org.uk/public/v1/reports/6e1c9ed4-2870-4003-81ad-53a2ac5f4d0e?20230801070040	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**n/a**
Safe	**Requires Improvement**	**n/a**
Effective	**Good**	**n/a**
Caring	**Good**	**n/a**
Responsive	**Good**	**n/a**
Well-Led	**Requires Improvement**	**n/a**
Date of Inspection	**18th & 19th April 2023**	
Date Report Published	**1st August 2023**	
Date Previously Rated Report Published	**n/a**	

Further Information

A Vita Limited is registered with the CQC to carry out the regulated activities treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. The provider operates a clinician-led service which specialises in cosmetic surgery. Services are only offered to adults. The service does not offer NHS treatment. The service and the treatments within scope of registration are led and carried out by a plastic surgeon consultant (male) and 3 nurses, one of whom is currently on maternity leave (female). A Vita Limited is open Tuesday to Saturday with hours varying between 08:30-20:00.

A Vita Limited provides a private aesthetics service for fee paying clients. This service is registered with the CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services they provide. There are some exemptions from regulation by the CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, they offered a range of non-surgical cosmetic interventions, such as dermal filler injections, anti-wrinkle treatments and laser hair reduction, which are not within CQC scope of registration. Therefore, the CQC did not inspect or report on these services.

The CQC, which had not previously inspected this service, carried out an announced comprehensive inspection at A Vita Ltd in response to information received. At the time of the inspection, the provider offered the following services which were within the scope of

registration: excision of lesions; upper and lower blepharoplasty; nipple, areola reconstruction; short scar face lifts, neck lifts.

Key findings were:

- The systems in place did not sufficiently assess, monitor and manage risks to patient safety.
- Care was provided to patients following consultation and in-line with evidence-based practice.
- The provider had the skills, knowledge and experience to carry out procedures offered at A Vita.
- Patients were treated with kindness, respect and compassion.
- The provider understood the needs of their patients and had a process in place to provide responsive holistic care.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There were some structures, systems and processes in place relating to leadership and improvements.

The area where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Carry out and document risk assessments to support decisions on how frequently or not to repeat Disclosure & Barring Service (DBS) checks throughout a person's employment.
- The provider should review, risk assess and document any decision to carry out surgical procedures without the presence of a suitably skilled assistant in the room.

Provider Name	**Riverside Medical Practice**	
Service Name	**The Arrival Practice**	
Category of Care	**GP Practices**	
Address	Endurance House, Clarence Street, Stockton-on-Tees TS18 2EP	
Ward	**Stockton Town Centre**	
CQC link	https://api.cqc.org.uk/public/v1/reports/8bd83914-34bf-40a8-8b54-325406c99ce7?20230904070044	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Good**
Safe	**Good**	**Requires Improvement**
Effective	**Not inspected**	**Good**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Outstanding**
Well-Led	**Not inspected**	**Good**
Date of Inspection	**2nd August 2023** (focused inspection)	
Date Report Published	**4th September 2023**	
Date Previously Rated Report Published	**15th July 2022**	

Further Information

The provider is registered with the CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. 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.

This was a focused inspection following a previous rating of 'Requires Improvement' in the 'Safe' domain, and was carried out in a way which enabled the CQC to spend a minimum amount of time on-site. It was found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- The practice had significantly improved their governance around safeguarding systems and processes.
- The practice had improved its medicine management meaning that they now had processes in place to manage non-medical prescribers competencies.
- Emergency medicine kept on-site was not extensive and easily accessible to staff members when required.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

Whilst the CQC found no breaches of regulations, the provider should:

- Improve how medicine reviews are recorded so it is clear for other health professionals when viewing records.
- Continue to improve the monitoring of competencies of non-medical prescribers.

Details of the CQCs findings and the evidence supporting their ratings are set out in the accompanying evidence tables – these are included on the CQC website at https://s3-eu-west-1.amazonaws.com/dpub.evidence/KVEAQR4GXUMD3B/KVEAQR4GXUMD3B-EA.pdf.

Provider Name	**Portman Healthcare Limited**	
Service Name	**Smile Spa Limited**	
Category of Care	**Dentists**	
Address	5 Innovation Court, Yarm Road, Stockton-on-Tees TS18 3DA	
Ward	**Ropner**	
CQC link	https://api.cqc.org.uk/public/v1/reports/ec353c98-e018-4383-ab0f-bc06151196af?20230911070306	
	New CQC Rating	**Previous CQC Rating***
Overall	**Not rated**	**n/a**
Safe	**No Action**	**n/a**
Effective	**No Action**	**n/a**
Caring	**No Action**	**n/a**
Responsive	**No Action**	**n/a**
Well-Led	**No Action**	**n/a**
Date of Inspection	**9th August 2023**	
Date Report Published	**11th September 2023**	
Date Previously Rated Report Published	**7th December 2012** (* former provider)	

Further Information

The practice provides private dental care and treatment for adults and children. Treatments include dental implants and conscious sedation.

The CQCs findings following this announced comprehensive inspection were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Improvements could be made to the system for ensuring equipment is serviced and maintained appropriately.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.

- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

There were areas where the provider could make improvements. They should:

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam CT (Computed Tomography).
- Improve the practice's systems for ensuring equipment is validated appropriately taking into account relevant guidance. In particular, the autoclave and washer disinfector.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

Provider Name	**North East Ambulance Service NHS Foundation Trust**	
Service Name	**North East Ambulance Service NHS Foundation Trust**	
Category of Care	**Ambulance Service**	
Address	Ambulance Headquarters, Bernicia House, Goldcrest Way, Newburn Riverside, Newcastle-Upon-Tyne NE15 8NY	
Ward	**n/a**	
CQC link	https://api.cqc.org.uk/public/v1/reports/4f432398-0677-43c7-8d1e-b7780764708f?20230707070450	
	New CQC Rating	**Previous CQC Rating**
Overall	**Inspected but not rated**	**Requires Improvement**
Safe	**Not inspected**	**Requires Improvement**
Effective	**Not inspected**	**Requires Improvement**
Caring	**Not inspected**	**Good**
Responsive	**Not inspected**	**Good**
Well-Led	**Inspected but not rated**	**Inadequate**
Date of Inspection	**25th – 26th April & 3rd – 4th May 2023** (focused inspection)	
Date Report Published	**7th July 2023**	
Date Previously Rated Report Published	**2nd February 2023**	

Further Information

At the CQCs last inspection in 2022, the Trust was rated 'requires improvement' overall, with 'inadequate' ratings applied to Emergency and Urgent Care (EUC) services and the 'well-led' key question Trust-wide. A section 29A Warning Notice was issued to the Trust due to concerns with governance processes, medicines management and oversight, incident reporting and staff feedback highlighting concerns with the culture within the Trust.

The CQC carried out an unannounced focused inspection of EUC services, as part of its continual checks on the safety and quality of healthcare services and to ensure that the Trust had begun to implement adequate changes to facilitate significant improvement to address the concerns highlighted at its last inspection. The CQC also inspected some of the 'well-led' key question for the Trust overall, focusing on areas in the warning notice including upon the specific Leadership, Culture, Governance and Management of risk, issues and performance key lines of enquiry (note: Scheduled Care (Patient Transport Services), the Emergency Operations Centre, NHS 111 or Resilience (HART) services were not inspected).

As this was a focused follow-up inspection in response to previous enforcement action, the Trust 'well-led' key question was inspected but not rated. Key findings included:

- Some improvements with medicine management systems. There was more structure and rigour in place to ensure oversight and incidents with harm were less.
- The beginnings of a safety culture emerging within the Trust. There was more structure in reviewing and investigating incidents and patient safety concerns.
- Freedom To Speak Up (FTSU) processes had been reviewed and additional freedom to speak up guardians (FTSUG) appointed by the Trust.
- There were indications that since the last inspection, some staff felt more confident in raising concerns using the FTSU process.
- Some improvements with the governance infrastructure, and board processes had been reviewed to promote more thorough oversight.

However:

- There were still inconsistencies and variability with medicines management across the Trust, which included areas of improvement still being required in relation to service improvement and regards to individuals' professional practice.
- There were still some issues with incident reporting processes and ensuring consistency with both quality and quantity of reporting Trust-wide.
- Further work was required with ensuring the Trust meets the regulatory requirements of ensuring duty of candour is adhered to.
- There remains a mixed picture with the overall culture within the organisation.
- Additional time was needed to ensure new governance processes and improvement initiatives are optimised and embedded within the organisation.

APPENDIX 2

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

Provider Name	**Comfort Call Limited**	
Service Name	**Comfort Call – Stockton**	
Category of Care	**Care at Home**	
Address	Tower House, Thornaby Place, Stockton-on-Tees TS17 6EF	
Ward	**n/a**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Excellent**
Quality of Management	**Good**	**Good**
Date of Inspection	**7th June 2023**	
Date Assessment Published	**15th August 2023**	
Date Previous Assessment Published	**27th July 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans include appropriate person-centred information on how staff can support service-users in their preferred choices; both physical and emotional needs are clearly recorded. Care documentation is reviewed and signed by the service-user.

Service-users spoken with confirmed that they receive calls from the office to check that they are happy with the service they receive. Three-monthly 'voice of the resident' calls are made by the Care Co-ordinators, and these were evidenced during the assessment. Throughout visits, all carers were observed asking the service-user for consent and talking through the activities they were doing. Carers were seen to allow time for service-users to express their wishes and did not rush them.

Risks around nutrition, falls and skin integrity are scored at each review, and a documented risk assessment is produced by a Care Co-ordinator, and any measures, identified to reduce risk, are incorporated into the care plan. The system will also recommend when a referral to a health professional may be beneficial.

The daily notes are completed electronically and outline the support needed by the service-user. The tasks are marked as complete and then generally observations about the service-user

are made. The notes were generally quite brief, but captured key information about the support provided, any changes in wellbeing, and any actions taken. Staff spoken with were able to provide examples of possible abuse and were aware of what they would do if they had concerns, and who they would contact both within the organisation and outside. Staff were familiar with the company's whistleblowing and safeguarding policies, and had been issued with copies as part of the induction process. All staff files evidenced that the provider had checked the employee has the right to work in the UK; this was identified by a copy of the individual's passport or birth certificate. Other forms of ID are also held on files in the form of driving license and utility bills. DBS checks had been carried out and the results obtained before induction commenced. A job description and a signed contract was held on each file. Staff spoken with confirmed that regular staff meetings were held prior to the pandemic, but these have not yet recommenced. Staff said that they feel that their ideas and issues are listened to, but would value staff meetings as an additional forum for discussion.
Plans and Actions to Address Concerns and Improve Quality and Compliance
There is a very small Action Plan which the provider has already commenced. This will be monitored by the Quality Assurance and Compliance (QuAC) Officer.
Level of Quality Assurance & Contract Compliance Monitoring
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
Comfort Call staff maintain good engagement with the Local Authority and there is a transparent and professional relationship.

Current CQC Assessment - Date / Overall Rating	**19/05/2021**	**Good**

Provider Name	**Milewood Healthcare Ltd**	
Service Name	**Alexandra House**	
Category of Care	**Learning Disabilities / Mental Health**	
Address	Summerhouse Square, Norton, Stockton-on-Tees TS20 1BH	
Ward	**Norton Central**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Requires Improvement**
Quality of Management	**Good**	**Good**
Date of Inspection	**12th June 2023**	
Date Assessment Published	**22nd August 2023**	
Date Previous Assessment Published	**17th March 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Alexandra House has seven flats and, at the time of the assessment, these were all occupied. The care plan for one service-user, who's placement is funded by Stockton-on-Tees Borough Council, was reviewed. The plan was paper-based, clear, concise, and well ordered. The care plan was very person-centred and covered all relevant areas of daily living, including what was important to the service-user and how staff could support her to achieve these preferred choices.

Staff were observed speaking with service-users in a polite, friendly manner and had a very positive rapport with them, often sharing jokes. The home had a pleasant atmosphere, with plenty of staff visible around the communal areas, who were attentive to service-users' needs, providing reassurance, encouragement, and support as appropriate.

A service-user explained that they lived very independently and are supported by staff with tasks of daily living, such as shopping, meal preparation and cleaning their flat. Service-users enjoyed spending lots of time out in the community with support from staff – during the assessment, activities such as a visit to a garden centre, swimming and lunch out took place.

The home has a dedicated Activity Co-ordinator who, when spoken with, was clearly very enthusiastic about the role and the positive impact stimulation had on the service-users. During the assessment, the Activity Co-ordinator and other staff members were observed carrying out one-to-one activities such as crosswords, crafts, gardening, and baking.

Discussions around group activities and outings were observed and photo books had been produced to record events such as Red Nose Day and the King's coronation.

Deprivation of Liberty Safeguards (DoLS) authorisations had been requested as applicable and copies of the relevant documentation was held in a file in the Manager's office. Specific care plans were in place regarding choices – for example, explaining that the service-user is able to make most day-to-day decisions but needs to be accompanied if they choose to go out as they lack the capacity to understand risks within the community. The care documentation could be enhanced by the addition of a specific care plan around DoLS, listing pertinent dates, conditions of the DoLS and any Relevant Person's Representative (RPR) or Independent Mental Capacity Advocate (IMCA) involvement.

During the assessment, food debris was found under the microwave and under the kitchen units. Food that was opened but not dated was found in the communal fridge, but this was discarded immediately. Staff were observed using PPE appropriately and frequently washing their hands. However, during the assessment, tea towels were found drying in a communal bathroom. This was discussed with the Manager who plans to arrange a visit from infection control, to review practice and update staff knowledge.

Daily and weekly cleaning schedules were not consistently completed and there were several gaps in the management environment checks. During the assessment, it was discussed with the Manager that cleaning schedules and recording need to be more specific, accountable and traceable.

Staff numbers were as per the rota on the days of the assessment and staff reported that they felt that staffing levels were appropriate for the current needs of the service-users. Staff were familiar with service-users' individual needs and preferred routines, and were observed to engage well with them. Observation of interaction confirmed that staff have the right knowledge and skills to provide effective care and support.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified as requiring improvement – progress will be monitored and validated.

Level of Quality Assurance & Contract Compliance Monitoring

Level 1 – No Concerns / Minor Concerns (Standard Monitoring)

Level of Engagement with the Authority

The provider engages very well with the Quality Assurance and Compliance (QuAC) Officer and Transformation Managers. The Registered Manager has completed the Well-Led Programme and regularly attends the Provider Forum.

Current CQC Assessment - Date / Overall Rating	**08/08/2018**	**Good**

Provider Name	**St Martin's Care Limited**	
Service Name	**Woodside Grange Care Home – Chestnut Suite**	
Category of Care	**Residential – Learning Disabilities**	
Address	Teddar Avenue, Thornaby, Stockton-on-Tees TS17 9JP	
Ward	**Stainsby Hill**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Requires Improvement**	**Excellent**
Involvement & Information	**Good**	**Excellent**
Personalised Care / Support	**Good**	**Excellent**
Safeguarding & Safety	**Requires Improvement**	**Excellent**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Requires Improvement**	**Good**
Date of Inspection	**13th July 2023**	
Date Assessment Published	**30th August 2023**	
Date Previous Assessment Published	**18th March 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

The previous PAMMS assessment was a 'light touch' assessment which concentrated on a reduced sample of mandatory-only questions being answered and assessed. The current PAMMS assessment is a 'full' assessment where all questions are evidenced and assessed.

Chestnut Suite is a Learning Disability unit within Woodside Grange Care Home. The home had a change in management in December 2022; the manager is awaiting registration with CQC. Chestnut Suite has a unit manager.

Care plans were comprehensive and contained detailed person-centred information with a focus on promoting independence and choice. Risk assessments were in place where required and both care plans and risk assessments were reviewed and updated regularly. Care plans evidenced referrals to other health and social care services and recommendations were incorporated into care plans. Residents' files evidenced a good range of decision-specific MCA's, DoLS were in place for residents, and had clear details of any advanced decisions such as DNAR and Emergency Health Care Plans. However, some staff only had a basic understanding of MCA and, as such, would benefit from further training.

Observations of staff interactions with residents evidenced they treated them with dignity and their independence is promoted. There was no activity planner in place, and over the course of the assessment, limited meaningful group and / or individual activity was seen to take place. This is an area that requires improvement to benefit residents and to be contractually compliant.

The environment was clean and tidy and tries to present more of a homely environment. The bedrooms were highly personalised. The laundry room and kitchen area are accessible to the

residents to promote and maintain independence skills; a recommendation was made to ensure a risk assessment is in place due to this level of access.

Entry to the home is secure via a keypad, however, staff did not check ID badges and records were not made of all visitors to the unit.

Management, storage and administration of medication was good; team leaders administrating medication hold level 3 qualification, complete refresher training and have 6-monthly competency assessments.

The Statement of Purpose was for the whole of the home and not specific to the unit. It was also not available in an easy-read / assessable format. Recommendations have been made to ensure information is in appropriate formats for the residents such as easy-read guides, use of pictures / images for example service-user guide, complaints, menus, etc.

Agency staff use is kept to a minimum, however, individual agency profiles were not present for some agency staff and there was no evidence of inductions being completed for agency staff.

Staffing levels were seen to be sufficient throughout the assessment and staff's training compliance was high. Staff confirmed they felt supported at work and received regular supervision and appraisal.

Plans and Actions to Address Concerns and Improve Quality and Compliance
The provider will complete an Action Plan to address the areas identified as requiring improvement; progress will be monitored and validated.
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 Quality Assurance and Compliance (QuAC) Officer, however, engagement with the Transformation Managers and Local Authority initiatives such as the Well-Led Programme has been poor.

Current CQC Assessment - Date / Overall Rating	**22/01/2021**	**Good**

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2023-2024

Date (4.00pm unless stated)	**Topic**	**Attendance**
20 June (1.00pm) (informal)	Scrutiny Training	Scrutiny Team
18 July	Overview Report: SBC Adults, Health and Wellbeing CQC / PAMMS Quarterly Update: Q4 2022-2023 Regional / Tees Valley Health Scrutiny Update Minutes of the Health and Wellbeing Board (February & March 2023)	Cllr Ann McCoy / Cllr Steve Nelson / Carolyn Nice / Emma Champley / Sarah Bowman-Abouna Darren Boyd
19 September	Healthwatch Stockton-on-Tees: Annual Report 2022-2023 CQC / PAMMS Quarterly Update: Q1 2023-2024 Monitoring: Progress Update – Care Homes for Older People Review of Access to GPs and Primary Medical Care • Background Briefing • (Draft) Scope & Project Plan	Peter Smith Rob Papworth Sarah Bowman-Abouna / Emma Joyeux
24 October	Well-Led Programme Update Monitoring: Progress Update – Day Opportunities for Adults PAMMS Annual Report (Care Homes): 2022-2023 Review of Access to GPs and Primary Medical Care • North East and North Cumbria Integrated Care Board Regional / Tees Valley Health Scrutiny Update Minutes of the Health and Wellbeing Board (May, June & July 2023)	Julie Nisbet / Ben Brown / Sarah Stokes Rob Papworth Darren Boyd Emma Joyeux
21 November	CQC / PAMMS Quarterly Update: Q2 2023-2024 Review of Access to GPs and Primary Medical Care • Cleveland Local Medical Committee North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity Services Update	Darren Boyd Rachel McMahon Lindsey Robertson / Elaine Gouk / Stephanie Worn

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2023-2024

Date (4.00pm unless stated)	Topic	Attendance
19 December	CQC State of Care Annual Report 2022-2023 Review of Access to GPs and Primary Medical Care • Hartlepool & Stockton Health GP Federation SBC Director of Public Health: Annual Report 2022 (TBC)	Katherine Acheson / Michelle Richardson-Christie Fiona Adamson Sarah Bowman-Abouna
23 January 2024	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2022-2023 Review of Access to GPs and Primary Medical Care • TBC Regional / Tees Valley Health Scrutiny Update	Darren Best / Carolyn Nice TBC
20 February	CQC / PAMMS Quarterly Update: Q3 2023-2024	Darren Boyd
19 March	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account (TBC)	TBC

2023-2024 Scrutiny Reviews
- Access to GPs and Primary Medical Care
- Adult Safeguarding

Monitoring Items
- Day Opportunities for Adults (Progress Update) – TBC
- Care at Home (Progress Update) – TBC

Performance and Quality of Care (standing Items)
- SBC Adults, Health and Wellbeing – Overview Report
- SBC Director of Public Health – Annual Report
- SBC PAMMS (Care Homes) – Annual Report
- Healthwatch Stockton-on-Tees – Annual Report
- Care Quality Commission (CQC) – State of Care Annual Report
- Teeswide Safeguarding Adults Board (TSAB) – Annual Report
- North Tees and Hartlepool NHS Foundation Trust (NTHFT) – Quality Account

Regular Reports
- 6-monthly Adult Care Performance Reports (including complaints/commendations) (new format tbc)
- 6-monthly Public Health Performance Reports (new format tbc)
- Regional / Tees Valley Health Scrutiny – Updates
- Care Quality Commission (CQC) / PAMMS – Quarterly Inspection Updates
- Health and Wellbeing Board – Minutes
- Quality Standards Framework (QSF) for Adult Services (new format tbc)

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2023-2024

Other Reports (as required)

- Healthwatch Stockton-on-Tees – Enter and View Reports
- Care Quality Commission (CQC) – Inspection Reports (by email / by exception at Committee)

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