

Date: Tuesday 23 July 2024 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 Stefan Barnes
Cllr John Coulson
Cllr Lynn Hall
Cllr Vanessa Sewell

Cllr Carol Clark
Cllr Ray Godwin
Cllr Susan Scott

AGENDA

- | | | |
|----------|--|-----------------|
| 1 | Evacuation Procedure | (Pages 7 - 8) |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interest | |
| 4 | Minutes | |
| | To approve the minutes of the last meeting held on 18 June 2024. | (Pages 9 - 16) |
| 5 | Action Plan for Agreed Recommendations - Review of Access to GPs and Primary Medical Care | (Pages 17 - 26) |
| 6 | PAMMS Annual Report (Care Homes) - 2023-2024 | (Pages 27 - 34) |
| 7 | CQC / PAMMS Inspection Results - Quarterly Summary (Q1 2024-2025) | (Pages 35 - 54) |
| 8 | Chair's Update and Select Committee Work Programme 2024-2025 | (Pages 55 - 56) |

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: Senior Scrutiny Officer, Gary Woods on email gary.woods@stockton.gov.uk

KEY - Declarable interests are:-

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

Members – Declaration of Interest Guidance



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.

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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ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE

A meeting of Adult Social Care and Health Select Committee was held on Tuesday 18 June 2024.

Present: Cllr Marc Besford (Chair), Cllr Nathan Gale (Vice-Chair), Cllr Stefan Barnes, Cllr Carol Clark, Cllr John Coulson, Cllr Lynn Hall, Cllr Susan Scott and Cllr Vanessa Sewell.

Officers: Sarah Bowman-Abouna, Carolyn Nice, Rob Papworth, Natalie Shaw (A,H&W); Geraldine Brown, Gary Woods (CS).

Also in attendance: None.

Apologies: None.

ASCH/10/24 Evacuation Procedure

The evacuation procedure was noted.

ASCH/11/24 Declarations of Interest

There were no interests declared.

ASCH/12/24 Minutes

Consideration was given to the minutes from the Committee meeting held on 21 May 2024. Updates were provided on the following items that were on the agenda:

- Scrutiny Review of Access to GPs and Primary Medical Care: The Committee's final report was presented to Cabinet yesterday (17 June 2024) where all recommendations were subsequently endorsed.

AGREED that the minutes of the meeting on 21 May 2024 be approved as a correct record and signed by the Chair.

ASCH/13/24 SBC Director of Public Health Annual Report 2023-2024

Consideration was given to the Stockton-on-Tees Borough Council (SBC) Director of Public Health Annual Report 2023-2024. Introduced by the SBC Director of Public Health, the report contained the following:

- Foreword (SBC Cabinet Member for Health, Leisure and Culture)
- Introduction (SBC Director of Public Health)
- Executive Summary
- Our picture in Stockton-on-Tees
- What do local people say?
- What works? Addressing health inequalities
- Current local context
- Local action
- Approach – what next in Stockton-on-Tees?

- Next steps
- Appendices (life expectancy; inequality in life expectancy; intersectionality; life expectancy gap between the most and least deprived quintiles of Stockton-on-Tees by cause of death, 2020 to 2021)

The Committee was reminded that, under the Health and Social Care Act (2012), the Director of Public Health had a duty to prepare an independent annual report. This latest version outlined the challenge of persistent health inequalities experienced by people in Stockton-on-Tees. The report highlighted existing examples of good practice and strong partnerships with other organisations and the voluntary and community sector, but was clear that a holistic and systematic approach was required to go further and faster in addressing inequalities. The proposed approach with interventions in civic society, community and services based on a self-assessment complemented the Council's Powering Our Future policy.

With reference to the report's Executive Summary section, attention was drawn to the Population Intervention Triangle (PIT) model as a proposed way of addressing inequalities, along with practical tools which could be used to ensure this approach was embedded across the Council and the wider local system. The report concluded with a list of 'next steps' to be agreed and implemented across partners and communities which needed to be embedded in strategy, policy, design, action, monitoring and evaluation.

Welcoming the information provided, the Committee supported the use of the PIT model and emphasised the need for action to be co-ordinated across the health system. Ensuring oversight of all groups who held public health-related information was also highlighted.

AGREED that the SBC Director of Public Health Annual Report 2023-2024 be noted.

ASCH/14/24 Care and Health Innovation Zone

Noting with interest the ongoing developments regarding the new Tees Valley Care and Health Innovation Zone, the Committee received a briefing on this initiative following a request to senior SBC officers in February 2024. Led by the SBC Head of Policy, Development and Public Affairs, and supported by the SBC Director of Adults, Health and Wellbeing, a presentation was given which covered the following:

- Health and Social Care Sector
- Initial Vision Statement
- The Vision
- The Zone
- Four Building Blocks
- Programme Governance
- Workstream 1: Integrated Clinical Facilities / Capital Delivery
- Workstream 2: Education, Skills & Workforce
- Workstream 3: Innovation / R&D
- Workstream 4: Commercial / Business Growth
- Workstream 5: Masterplanning & Infrastructure

The importance of the health and social care sector within the Tees Valley footprint was emphasised from the outset, with benefits in relation to employment, innovation, research and development, and its vital role in addressing inequalities highlighted.

However, there were significant issues across the sector too, particularly around skills and recruitment, and the condition of estates. The Care and Health Innovation Zone had the potential to help address these challenges, with a projected 9,000 additional jobs located directly on-site and an annual Gross Value Added (GVA) worth of £470 million to the Tees Valley economy (if the vision was fully realised).

An initial vision statement was produced (a link to the published document was included within the covering report for this agenda item) which outlined the key objectives: to breathe considerable new life into Teesdale Business Park (fully utilising all 50 hectares); to bring forward the holistic regeneration of Tees Marshalling Yards (60 hectares) in terms of employment, housing and other ancillary uses; to grow all aspects of the health, public health and social care sector (including supply chains) and make the area a recognised UK cluster; to link the Zone with Stockton Town Centre, boosting connectivity through transport and active travel links. With regards transportation, existing infrastructure (Thornaby Train Station, A19 / A66 roads) was noted.

Four key building blocks had been identified to drive forward the initiative – integrated clinical facilities ('system'-wide), skills pathways, research and development / business incubation, and healthy place making. Dedicated resources (funding and staff) had been assigned as part of this joint project with the Tees Valley Combined Authority (TVCA), with governance structures consisting of a Board (involving senior representation from SBC, TVCA, local acute and mental health NHS Trusts, Teesside University, and the North East and North Cumbria Integrated Care Board (NENC ICB)) and five workstreams.

The presentation concluded with an overview of the current activity being undertaken by the five workstreams. For the 'Integrated Clinical Facilities / Capital Delivery' strand, a collective look at the facility requirements would culminate in a finalised list by the end of summer 2024, whilst the 'Education, Skills and Workforce' group was focused on getting local people into local jobs and removing barriers. Linking academia with business and identifying the Zone's unique selling point was a key feature of the 'Innovation / Research and Development' workstream, and the 'Commercial / Business Growth' arm was planning an awareness-raising event with businesses (existing and potentially new) and utilising the Employment Hub to engage with organisations (not just those within the health and care sector) around this initiative.

Responding to the information provided, the Committee began by asking if there was a timescale for cleaning up the Marshalling Yards, a brownfield site – SBC officers stated that details would be provided after this meeting. It was subsequently confirmed that the far end of the Marshalling Yards sat within the Middlesbrough boundary, but most of the Zone footprint was in Stockton-on-Tees.

Members expressed enthusiasm at the overarching concept which was a pertinent development given the ongoing growth that the Borough was experiencing. It was felt that the reference to the TVCA was particularly important since it would be the engine for this to become reality, and the potential for the site to include a new hospital was also noted. The Committee did, however, voice concern at the lack of Member engagement around the initiative (despite the frequent mentions of community / stakeholder involvement), resulting in missed opportunities by the Council and its partners for the voice of residents to be relayed. SBC officers acknowledged the importance of communication with Councillors and gave assurance that, moving

forward, Members would be fully engaged (including being linked-in with workstream leads) and that views were welcome at any point in time. Future updates would be provided to the Committee as plans progress.

Returning to a more positive theme, the Committee highlighted the exciting opportunity for local people residing within the Ward where the Zone was planned, as well as the existing connectivity that would help with this development. It was also encouraging to have buy-in from senior personnel from the organisations referenced, and other benefits (e.g. retail, aiding recruitment (social care as well as health professionals)) were anticipated for a venture which would be situated at the heart of the Tees Valley.

Reflecting on the presentation and subsequent discussion, Members asked if the development of this initiative was a done deal. SBC officers stated that the Zone was still very much a vision at present, and that tangible change would depend on what emerged from the workstreams and would happen over a significant period of time. Ultimately, stakeholders would need to commit to financial investment, but there was a growing feeling that plans could turn into reality, with national media interest adding to the sense of anticipation. The Committee emphasised the need to sell the concept to the public, ensuring links to care as well as health were robustly communicated.

AGREED that:

- 1) the Care and Health Innovation Zone information be noted.
- 2) further detail be provided regarding the timescale for cleaning up the Marshalling Yards.

ASCH/15/24 CQC Inspection Preparation

The Committee received a briefing on preparations for the anticipated Care Quality Commission (CQC) inspection of Stockton-on-Tees Borough Council (SBC) adult social care services. Introduced by the SBC Director of Adults, Health and Wellbeing, who began by welcoming developments in relation to this new requirement, information was provided on the following elements:

- What is the CQC Assurance Framework?
- How is the assessment structured?
- What preparation have we done for the CQC Assurance Framework?
- What's going to be happening next?

This regulatory framework, enacted through the Health and Care Act 2022, gave the CQC the powers to assess how well Local Authorities were meeting their duties under Part 1 of the Care Act 2014. Assessment would take place across nine 'quality statements' mapped to four key themes ('working with people', 'providing support', 'keeping people safe', and 'leadership'), with all Local Authorities in England expected to be evaluated by December 2025.

Once SBC received its notification, it would have three weeks to return its Local Authority Information Return (LAIR) which would include a self-assessment and SBC performance data, strategies and policies. After the completion of extensive off-site preparation work (including speaking with the Council's partners and reviewing the LAIR / published data), the CQC would then conduct an on-site visit within six months

(giving around six-eight weeks' notice). It was noted that the regulator may want to speak to the Committee and / or other Elected Members.

In readiness for its assessment, SBC had received a peer inspection in October 2023 (which identified key development areas), a monthly CQC Programme Steering Group had been formed (overseeing progress of the Action Plan which was created following the peer inspection), and a SBC Assurance and Co-Production Manager had started in January 2024 to co-ordinate the work needed to prepare for the Assurance Framework and, alongside the SBC Lived Experience Co-Ordinator, to ensure that people's voices and their involvement was woven into what the Council delivered. In addition, a 'Making it Real' Board (comprising of people with lived experience, the Lead Member for Adult Social Care, and Council Officers) was formed in January 2024.

Further preparatory work was highlighted, with SBC due to take part in the Local Government Association (LGA) Assurance Peer Challenge in July 2024, and a programme of support to Council staff being put together (including access to external sessions to aid understanding of the framework and practice answering questions from assessors / peers).

Submitted for consideration alongside the briefing paper, a draft self-assessment document had been prepared ahead of the CQC inspection. The new SBC Assurance and Co-Production Manager outlined the content which included:

- Overview of the Borough of Stockton-on-Tees
- Our Strategic Vision and Key Priorities
- Working in Partnership
- Our Adult Social Care Services
- CQC Assurance Theme 1: Working with People
- CQC Assurance Theme 2: Providing Support
- CQC Assurance Theme 3: Ensuring Safety within the System
- CQC Assurance Theme 4: Leadership
- Feedback from People

The production of this key part of the LAIR had been guided by self-assessments provided by other Local Authorities and was essentially an balanced summary (strengths and areas for development) about how SBC was performing against the criteria within each theme. Collating the material was a collaborative approach across all the Council's adult social care teams, but also reflected partnership-working with external bodies too. The CQC would look to triangulate the evidence submitted, comparing this to what its inspectors saw for themselves and what they heard from service-users, families and carers.

Reflecting on this draft document, the Committee welcomed the level of detail, the layout / use of graphics to highlight key information, and the honesty it portrayed. It was suggested that adding in more quotes would help showcase views on services and the sector in general – this could include the Cabinet Member for Adult Social Care (emphasising the value of leadership teams) and the Committee Chair. SBC officers stated that Member input was envisaged as part of the final version.

The Committee drew attention to some of the statistics within (specifically pages 9 and 20), expressing concerns about the percentage of adults with learning disabilities living in their own home or with families (lower than the regional and national mean),

and the percentage of people (65+) offered reablement services following discharge from hospital (lower than the English Unitary Authorities mean). With regards the latter, Members felt there was an issue in supporting those individuals who were coming out of hospital and required adaptations at home, though SBC officers responded that there may be a problem with how the data was presented (with the percentage quoted (1.3%) being a proportion of the Borough's population rather than those who had been discharged from hospital). A typo on page 4 (timeframe of the Health and Wellbeing Strategy) was also acknowledged and would be corrected.

Concluding the item, SBC officers stated that feedback on the LGA Assurance Peer Challenge could be provided to the Committee in September 2024. Members, meanwhile, noted that the new powers for the CQC around Local Authority adult social care provision added to its existing responsibilities for inspecting care homes, GPs, dentists, hospitals, and Integrated Care Boards (ICBs) – the regulator's capacity to manage this was queried, with the Committee's recent Access to GPs and Primary Medical Care review showing that some GPs had not been inspected for some time.

AGREED that the Care Quality Commission (CQC) Assurance Framework Update briefing be noted.

ASCH/16/24 Minutes of the Health and Wellbeing Board

Consideration was given to the minutes of Health and Wellbeing Board meetings which took place in January 2024, March 2024 and April 2024. Attention was drawn to the following:

- 31 January 2024: Members noted the 'Care and Health Zone' agenda item, a presentation which was not provided to the Adult Social Care and Health Select Committee until today's meeting.
- 27 March 2024: Regarding the 'Pharmacy Needs Update' item, the Adult Social Care and Health Select Committee had not been informed (as was required) of the proposals to close the pharmacy in Thornaby – this was being followed-up with relevant health bodies. Members also welcomed the change in ownership of the pharmacy at 70 Bishopton Lane following issues with the previous proprietor.

AGREED that the minutes of Health and Wellbeing Board meetings which took place in January 2024, March 2024 and April 2024 be noted.

ASCH/17/24 Chair's Update and Select Committee Work Programme 2024-2025

Chair's Update

The Chair informed the Committee that the date for the first Tees Valley Joint Health Scrutiny Committee meeting of 2024-2025 was still to be confirmed. It was noted that attendance at these meetings by representatives of other Tees Valley Local Authorities was often poor during 2023-2024 and that efforts were made to address this throughout the year – attendance statistics had been collated and could be shared with Members if requested.

Work Programme 2024-2025

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 23 July 2024 and items were scheduled to include the draft Action Plan in relation to the recommendations from the recently concluded Access to GPs and Primary Medical Care review, the PAMMS Annual Report (Care Homes) 2023-2024, and the latest CQC / PAMMS quarterly report (Q1 2023-2024). Initial planning for the Committee's next in-depth review of Reablement Services would also commence shortly with a view to presenting a draft scope and plan for approval at the July 2024 meeting.

AGREED that the Chair's Update and Adult Social Care and Health Select Committee Work Programme 2024-2025 be noted.

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Adult Social Care and Health Select Committee

23 July 2024

ACTION PLAN FOR AGREED RECOMMENDATIONS – REVIEW OF ACCESS TO GPs AND PRIMARY MEDICAL CARE

Summary

Members are asked to consider the proposed Action Plan setting out how the agreed recommendations from the review of Access to GPs and Primary Medical Care will be implemented and target dates for completion.

Detail

1. The Committee's final report of the review of Access to GPs and Primary Medical Care (see link below) was considered by Cabinet in June 2024. Cabinet accepted the recommendations contained within.

<https://moderngov.stockton.gov.uk/documents/s7863/Committee%20Report%20-%20Access%20to%20GPs%20and%20Primary%20Medical%20Care.pdf>

2. These are now subject to the procedure for monitoring the implementation of agreed recommendations. An Action Plan has been drawn up and is attached at **Appendix 1**. This sets out how the relevant departments will be taking forward the agreed recommendations and includes target dates for completion.
3. Members should consider and agree the Action Plan. The Committee will receive a detailed progress update on the implementation of recommendations approximately 12 months (or sooner if specifically requested) after the Action Plan has been agreed.

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APPENDIX 1

ACTION PLAN: Review of Access to GPs and Primary Medical Care

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
General					
1	All relevant health bodies (NENC ICB, Cleveland LMC, H&SH, NHS Trusts, and general practices) engage regularly and constructively around the issues raised as part of this review to ensure that patients are approaching / receiving care from the most appropriate services based on need.	Update report to ICB place subcommittee (Stockton) and Health and Wellbeing Board (HWB).	Subcommittee/ HWB assured through report and discussion	Emma Joyeux / Sarah Bowman-Abouna	December 2024
		Local Clinical Interface Group (LCIG) to continue discussing primary and secondary care interface issues that are impacting on primary care capacity.	Collaborative working between primary and secondary care to agree actions as outlined by Primary Care Access Recovery Plan (PCARP)	LCIG via ICB	March 2025
	<i>NENC ICB - North East and North Cumbria Integrated Care Board</i>	Continue to support practices to move to a Modern General Practice Access (MGPA) model to improve access and patient experience (13 practices accessed funding in 23/24).	Improvements in GP Patient survey/local practice survey	Practices	August 2024
			Number of practices accessing MGPA funding	Practices	August 2024
	<i>CLMC – Cleveland Local Medical Committee</i>	Continue to support Primary Care Networks (PCNs) to implement Capacity and Access Improvement Plans (CAIP).	Number of PCNs achieving maximum CAIP funding	PCNs	March 2025
	<i>H&SH – Hartlepool & Stockton Health GP Federation</i>		Regular meetings established	ICB & CLMC/ H&SH	July 2024
	NENC ICB to meet regularly with key stakeholders e.g. CLMC and H&SH.	Regular meetings established and attended by ICB	Practice Manager lead	September 2024	
	NENC ICB to be invited to regularly attend Stockton Practice Managers meeting to further develop collaborative working relationships.	Regular discussions established	SBC, Public Health and NENC ICB	March 2025	
Improved links between local Planning Services functions, Public Health and NENC ICB in terms of new housing developments and the potential impact of these in relation to health service demand / pressures.					

APPENDIX 1
ACTION PLAN: Review of Access to GPs and Primary Medical Care

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
Communications					
2	All relevant health bodies continue efforts to increase public / patient understanding about accessing the most appropriate services (including in the context of the Pharmacy First initiative), using all available communication mechanisms (both print and digital) and links through local community networks (e.g. community partnerships), to ensure key messages are reinforced.	Continued promotion of public messaging through websites and social media channels.	Visibility on websites and social media platforms	ICB/ Practices/ PCNs	March 2025
		HealthWatch Stockton to adopt and promote the resource developed by HealthWatch South Tees.	Communications disseminated through key services and VCSE	HealthWatch Stockton	July 2024
		Key information and messages disseminated through Catalyst, community wellbeing champions and community spaces.	Communications disseminated through key services and VCSE	ICB/ SBC public health	March 2025
		Increase the number of patients with online accounts enabled with full prospective access (target is 95%).	Remaining 5 practices to achieve 95% target	Practices	October 2024
		Promotion of enhanced access appointments on evenings and weekends.	Increased utilisation of appointments	Practices and H&SH	March 2025
		Promotion of at-scale services provided by H&SH that will reduce demand on practice appointments e.g. covid vaccinations, menopause clinics.	Increased utilisation of at-scale services	Practices and H&SH	March 2025
3	Councillors and local MPs be supported in helping with these communication messages as leaders in their communities (as well as their role in raising concerns expressed by the community) and encourage positive feedback as well as concerns (to help share and spread learning and best practice).	Help support messaging around wasted appointments from Did Not Attends (DNA).	Reduction in DNA rates	Councillors/ MPs	March 2025
		HealthWatch communication to be used by Councillors and local MPs, for dissemination in the community – including contact details to send feedback.	Communications disseminated in the community and feedback gathered	Councillors/ MPs	March 2025

APPENDIX 1

ACTION PLAN: Review of Access to GPs and Primary Medical Care

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
4	The value and importance of all general practice roles are highlighted and publicised by health bodies and practices themselves.	Continued promotion of public messaging through websites and social media channels.	Visibility on websites and social media platforms	ICB/ Practices/ PCNs	March 2025
		HealthWatch Stockton to adopt and promote the resource developed by HealthWatch South Tees.	Communications disseminated through key services and VCSE	HealthWatch Stockton	July 2024
5	Local practices be recognised for continuing to deliver primary medical care services safely in Stockton-on-Tees despite the ongoing challenges raised during this review.	Continued promotion of public messaging through websites and social media channels.	Visibility on websites and social media platforms.	ICB/ Practices/ PCNs	March 2025
		Continued support from CLMC specialist in CQC areas to ensure all practices remain focused on the key lines of enquiry for any future inspections.	CQC ratings of good or outstanding to be achieved	CLMC/ Practices	March 2025
Operational					
6	All general practices move towards providing the full use of digital telephony capabilities (including call-back functionality), with appropriate staff in place to support these arrangements.	Support practices to transition from analogue telephony to Cloud Based Telephony (CBT).	All practices to be on CBT	Practices	In line with end date of individual practice contracts
		Support practices to increase functionality of CBT, with particular emphasis on call-back function	All practices to have call-back functionality as part of CBT	ICB/ Practices	October 2024 [or in line with end date of individual practice contracts]
7	All general practices be encouraged to review and refresh care navigation processes, ensuring adequate training is in	ICB to support Protected Learning Time (PLT) to enable practices to access education and training.	Practice staff (admin and clinical) engagement with PLT	ICB/ Practices	March 2025

APPENDIX 1
ACTION PLAN: Review of Access to GPs and Primary Medical Care

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
	place to support implementation to ensure both staff and patients are comfortable with the approach.	ICB to promote national care navigation resources which are available for practices to access self-directed learning.	Practice feedback from accessing care navigation resources	ICB/ Practices	March 2025
		Primary Care Training Hub (PCTH) to support practices with a taught training offer in care navigation to further aide confidence for practice staff.	Practice staff have appropriate training in Care Navigation, Foundation and advanced courses offered during practice PLTs with the last training happening in October.	PCTH to arrange, practices responsibility to ensure that staff are accessing the funded courses.	October 2024
8	To ensure appropriate workforce capacity is in place to maximise the local general practice offer: a) NENC ICB continue to support / encourage uptake of the ARRS scheme, particularly amongst those PCNs which had not accessed this initiative.	Continue to support / encourage uptake of the ARRS scheme through regular dialogue with PCN Operational Managers to discuss workforce plans and available budget.	Increase in headcount (HC) and/or whole time equivalent (WTE) of ARRS roles (June 2023 data: 61 HC/58.04 WTE across Stockton-on-Tees)	ICB/ PCNs	March 2025
		Submission of PCN workforce plan to capture current and future PCN workforce intentions.	Increased utilisation of available budget for ARRS spent by PCNs	PCNs	October 2024 [workforce plan]
		Encourage PCNs to explore new roles, working in collaboration with system partners.	Increase in roles employed directly by PCNs and or by system partners	ICB/ PCNs	March 2025
		Continue to support PCNs to work with system partners to trial and embed new roles. PCNs to determine employment model, which may include a third-party employer e.g. H&SH Federation to employ and manage identified ARRS roles.	Number of ARRS roles employed by H&SH supporting PCNs	PCNs/ H&SH	March 2025

APPENDIX 1
ACTION PLAN: Review of Access to GPs and Primary Medical Care

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
	b) All relevant health bodies continue to explore further and develop options to increase GP recruitment and retention in the Borough.	ICB to support practices by providing free advert listing with the BMJ Careers, which may encourage GPs from outside of the area to move to Tees.	Number of practices using this resource to advertise recruitment opportunities	Practices/ CLMC	March 2025
CLMC continues to support the job advert service for practices.		Number of practices using this resource to advertise recruitment opportunities	Practices/ CLMC	March 2025	
CLMC continues to support practices with Skilled Worker Visas to retain GPs as they leave the Vocational Training Scheme (VTS).		Number of visas in place	Practices/ CLMC	March 2025	
CLMC (working with ICB, H&SH and a PCN) to hold a GP Trainees Conference to share the advantages of continuing to work in Tees with VTS graduates.		Feedback from the conference	CLMC	10/07/24	
	c) Options to increase nursing numbers (including strengthening training offers and uptake) be explored further.	Funded offer from the NHSE PCTH to create a PCN educational lead whose remit is to aide the PCN in increasing placements for all types of student learners. 1 PCN in Stockton signed up.	Increase in student placements numbers	PCN / PCTH	Funding end date – March 2025
PCTH training needs analysis undertaken annually to understand the current requirements within GP practices for workforce training (327 responders in 2024 for Tees compared to 305 in 2023). Training is then commissioned for nursing staff based on staff needs utilising NHSE Continuing Professional Development (CPD) funding. Training offers are distributed via weekly bulletins and bimonthly newsletters.		Increase in completion of Training Needs Analysis to strengthen training offers across the area.	Practices / PCTH	March 2025	

APPENDIX 1
ACTION PLAN: Review of Access to GPs and Primary Medical Care

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
		Ensure that National offers and suggestions are communicated to the workforce with options for local staff to join implementation and task and finish groups to support development of pre-programmes of work in area such as preceptorship programmes for newly qualified nursing staff.	Local nurse coverage on regional and national groups and implementation of new programmes of work to support the nursing agenda.	PCTH / PCNs	March 2025
9	The Borough's four PCNs be encouraged and supported to work together collaboratively to share and adopt good practice.	Continue to support shared learning between PCNs through the bi-monthly Hartlepool and Stockton (HaST) Clinical Directors (CD) Locality Meeting and the bi-monthly PCN CD Forum (all 14 PCNs in Tees).	Share learning	ICB	March 2025
		PCN 23/24 End of Year report to be published.	Report highlights ongoing development of PCNs, innovative ways of working and key successes achieved in 23/24	ICB	September 2024
		Continue to support collaborative working within PCNs as part of CAIP.	Number of PCNs achieving maximum CAIP funding	PCNs	March 2025
Public / patient feedback					
10	Relevant health stakeholders be proactive in encouraging involvement of patients in practice Patient Participation Groups (PPGs), aim to ensure these are representative of a practice's patient list demographic, and consider fostering links between the Borough's PPGs to assist in identifying / addressing any access issues.	Practices to continue efforts to encourage participation in PPGs.	Increased engagement from PPGs	Practices	March 2025
		Friends and Family Test (FFT) participation to be encouraged and results published on practice websites.	Increased FFT responses	Practices	March 2025
		Opportunistic information about PPGs disseminated through HealthWatch, Catalyst, community wellbeing champions and community spaces as part of ongoing	PPG messaging disseminated through key services and VCSE	ICB/ SBC public health	March 2025

APPENDIX 1
ACTION PLAN: Review of Access to GPs and Primary Medical Care

No.	Recommendation	Proposed Actions / Progress	Success Measures	Responsibility	Date
		discussions with service users. ICB to support development of a leaflet.			
11	NENC ICB consider its complaint / compliment reporting mechanisms so future data can be provided at a local general practice level.	ICB to review process to themes complaints/ compliments at a more granular level.	Data made available to local delivery team in Tees Valley	ICB	March 2025
		Themes from available data to be discussed as part of the Primary & Community Care Quality and Variation Group.	Feedback from the Primary & Community Care Quality and Variation Group	ICB	March 2025

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PAMMS Care Home Annual Report 2023- 2024

Introduction

SBC are utilising the Provider Assessment and Market Management Solutions (PAMMS) in our 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 us assess the quality of care delivered by providers. The assessment is a requirement of the Framework Agreement (the Contract) with providers, and they are contractually obliged to engage with the process.

The PAMMS Assessment

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 domains are:

- Assessment, Care Planning & Review.
- Service User Experience.
- Staff Knowledge & Understanding.
- Staff Training & Recruitment.
- Environment, Equipment & General Safety; and
- Leadership, Quality Assurance & Management.

Having a clear set of quality standards within PAMMs provides a framework and baseline for assuring the quality of CQC regulated adult services in Stockton-on-Tees. The system ensures that the degree of oversight, monitoring and support is applied in a consistent way across all providers and is a key component utilised in our Quality Assurance Strategy for CQC Regulated Adult Services.

Priorities for 2023-24 were focussed on homes on the 'Older Persons Care Home Ranked List' that had received an overall rating of 'Requires Improvement' and Learning Disabilities (LD) homes that had not received a PAMMS Assessment in 2022/23. Assessments were planned around priority of support / level of risk, taking into account factors including, date and rating of last CQC / PAMMS assessment, outcomes from most recent CQC / PAMMS assessment report, other intelligence and data that increases the risk of service quality deterioration and the number of PAMMS assessments that can be completed within current team resources.

The summary table below details the PAMMS assessments undertaken by the Quality Assurance and Compliance (QuAC) Team throughout 2023-24. They are listed in alphabetical order and covers contracted Nursing, Residential, LD and Mental Health (MH) Care Homes.

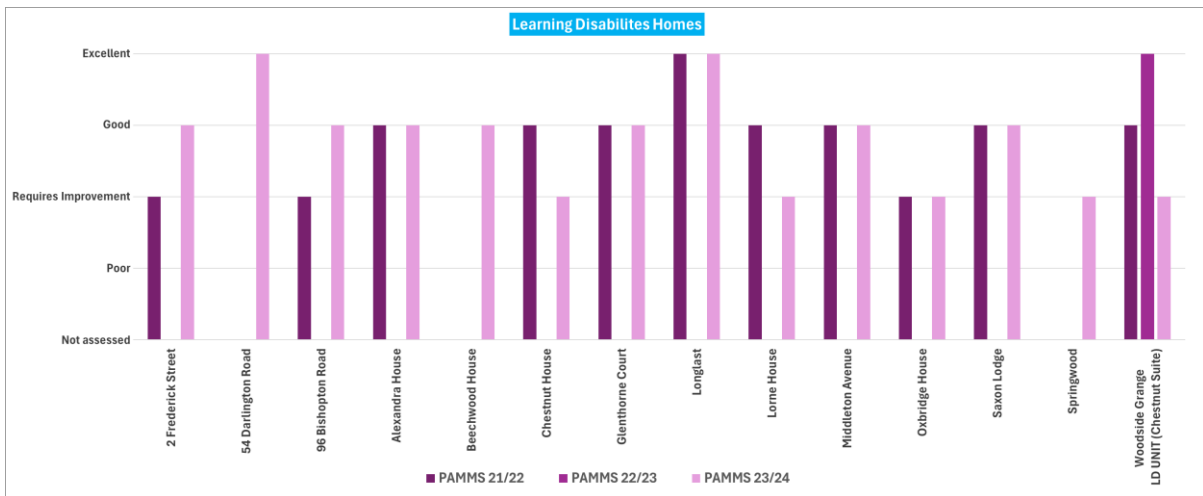
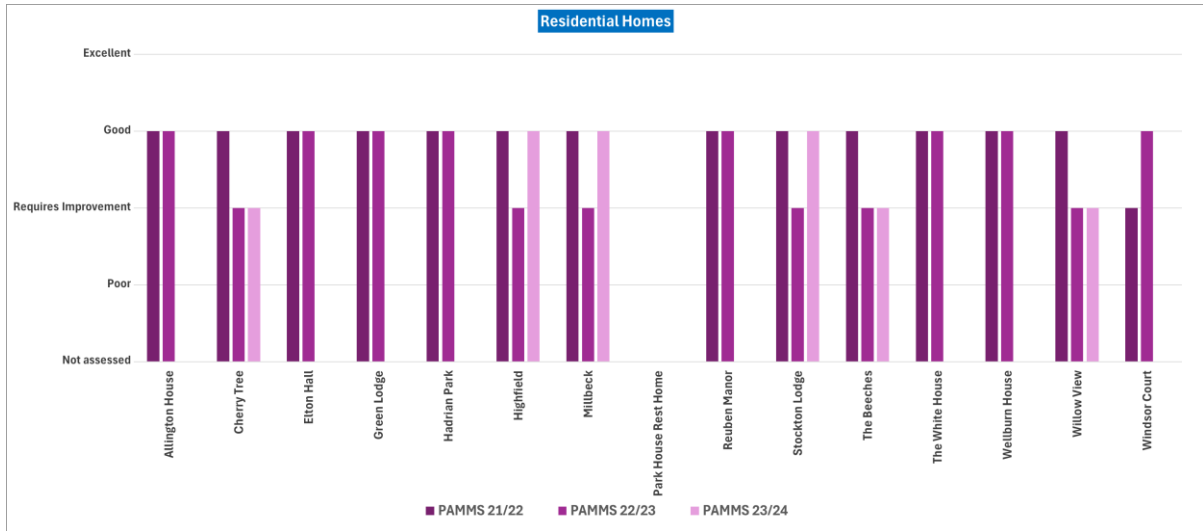
For comparison and trend analysis, the PAMMS Assessment ratings for 2021-22 & 2022-23 are included also.

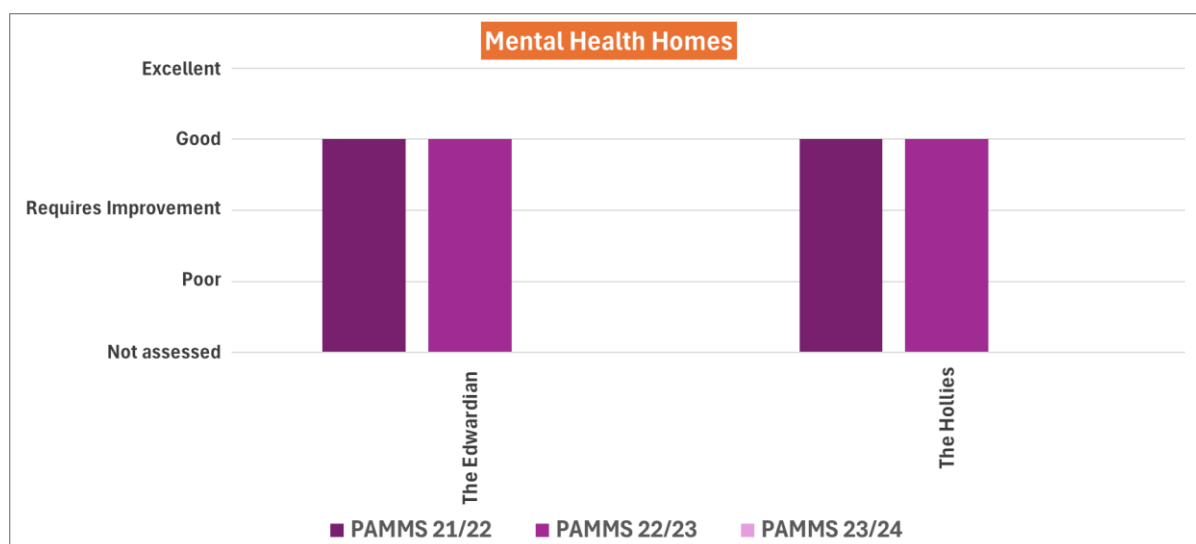
PAMMS Assessment Summary for Contracted Care Homes

Care Home		PAMMS 23/24		PAMMS 22/23		PAMMS 21/22	
Service		PAMMS Rating 23/24	Date Assessment Completed 23/24	PAMMS Rating 22/23	Date Assessment Completed 22/23	PAMMS Rating 21/22	Date Assessment Completed 21/22
Nursing	Allison House	Good	Mar-24	Requires Improvement	Mar-23	Good	Oct-21
	Ayresome Court	Not Assessed		Good	Feb-23	Good	Feb-22
	Chestnut Lodge	Not Assessed		Good	Oct-22	Good	Oct-21
	Churchview	Good	Feb-24	Requires Improvement	Feb-23	Requires Improvement	Feb-22
	Ingleby	Good	Jan-24	Requires Improvement	Jan-23	Good	Mar-22
	Mandale House	Requires Improvement	Feb-24	Requires Improvement	Aug-22	Good	Feb-22
	Piper Court	Good		Good	Mar-23	Good	Mar-22
	Primrose Court	Not Assessed		Good	Feb-23	Good	Oct-21
	Roseville	Not Assessed		Good	Sep-22	Good	Jul-21
	Roseworth Lodge	Not Assessed		Good	Mar-23	Good	Mar-22
	The Maple	Not Assessed		Requires Improvement	Mar-23	Requires Improvement	Jul-21
	The Poplars	Good	Nov-23	Requires Improvement	Nov-22	Good	Nov-21
	Victoria House	Good	Feb-24	Requires Improvement	Nov-22	Good	Jul-21
	Woodside Grange	Requires Improvement	Mar-24	Requires Improvement	Mar-23	Good	Feb-22
	Residential	Allington House	Not Assessed		Good	Aug-22	Good
Cherry Tree		Requires Improvement	Mar-24	Requires Improvement	Feb-23	Good	Mar-22
Elton Hall		Not Assessed		Good	Oct-22	Good	Oct-21
Green Lodge		Not Assessed		Good	Feb-23	Good	May-21
Hadrian Park		Not Assessed		Good	Jan-23	Good	Nov-21
Highfield		Good	Feb-24	Requires Improvement	Sep-22	Good	Jun-21
Millbeck		Good	Oct-23	Requires Improvement	Dec-22	Good	Jan-22
Park House Rest Home		Not yet assessed		Not yet assessed		Not yet assessed	
Reuben Manor		Not Assessed		Good	Mar-23	Good	Mar-22
Stockton Lodge		Good	Dec-23	Requires Improvement	Aug-22	Good	Oct-21
The Beeches		Requires Improvement	Dec-23	Requires Improvement	Jan-23	Good	Oct-21
The White House		Not Assessed		Good	Oct-22	Good	Dec-21

	Wellburn House	Not Assessed		Good	Aug-22	Good	Jun-21
	Willow View	Requires Improvement	Apr-24	Requires Improvement	Dec-22	Good	Nov-21
	Windsor Court	Not Assessed		Good	Jan-23	Requires Improvement	Feb-22
Learning Disabilities	2 Frederick Street	Good	Mar-24	Not Assessed		Requires Improvement	Mar-22
	54 Darlington Road	Excellent	May-24	Not Assessed		Not Assessed	
	96 Bishopton Road	Good	Mar-24	Not Assessed		Requires Improvement	Mar-22
	Alexandra House	Good	Aug-23	Not Assessed		Good	Mar-22
	Beechwood House	Good	Nov-23	Not Assessed		Not Assessed	
	Chestnut House	Requires Improvement	Dec-23	Not Assessed		Good	Jan-22
	Glenthorne Court	Good	Nov-23	Not Assessed		Good	Mar-22
	Longlast	Excellent	Mar-24	Not Assessed		Excellent	Nov-20
	Lorne House	Requires Improvement	Apr-24	Not Assessed		Good	Mar-19
	Middleton Avenue	Good	Oct-23	Not Assessed		Good	Feb-22
	Oxbridge House	Requires Improvement	Nov-23	Not Assessed		Requires Improvement	Sep-19
	Saxon Lodge	Good	Dec-23	Not Assessed		Good	Oct-19
	Springwood	Requires Improvement	Feb-24	Not Assessed		Not Assessed	
	Woodside Grange LD UNIT (Chestnut Suite)	Requires Improvement	Aug-23	Excellent	Mar-22	Good	Nov-19
Mental Health	The Edwardian	Not Assessed		Good	Mar-23	Good	Mar-22
	The Hollies	Not Assessed		Good	Mar-23	Good	Mar-22

The graphs below detail the ratings progression 2021 – 24 categorised by the category of care home (e.g. Nursing, Residential, LD and MH).





Key themes from assessments that scored an 'Excellent' or 'Good' rating.

- The registered manager completed monthly audits of all aspects of the service that were robust and consistent, and used them to critically review the service. The audits had identified areas upon which they could improve. The registered manager produced action plans, which clearly detailed when action had been taken. The provider also completed monthly reviews of the service ensuring good governance arrangements were in place.
- Care plans were very comprehensive, clear, concise, and easy to follow with lots of personalised detail, including people's preferences and routines.
- Care plans included service users' strengths, abilities, and interests to enable them to meet all their needs and preferences including maintaining links with family, friends, and the community as well as social engagement and/or preferred activities
- There was an effective key worker system in place and service users were aware who their key worker was and how the system operates.
- Medication was well managed. Staff had a very polite, patient, and pleasant manner with the residents and checked consent before starting to administer medication.
- Robust processes and procedures in place to ensure safe staff recruitment.
- Staff offered choices to residents and promoted independence.
- Residents spoken with confirmed they were happy with the food provided and were offered a choice of meals each day.
- Residents and their families provided positive feedback.
- There was evidence of a varied activity programme which was being carried out in the home which were tailored to the individual as well as groups.

Key Themes from assessments that scored a 'Requires Improvement' rating.

- Management audits and checks were not always in place and were not completed consistently or at the required frequency. Those that were done were clearly not robust enough to identify issues and follow through for assurance of remedial actions.
- Staff recruitment records were not complete, including gaps in previous employment and missing DBS checks.

- There was little evidence that the provider had a range of regular, organised meetings where service users, relatives and staff can provide feedback or this was listened to, or acted upon appropriately and people were not kept informed of the outcome.
- Care Plans lacked consistency in their quality and information recorded. Areas of note were around person centred care, capacity assessments not being completed and staff unable to discuss the principles around Mental Capacity Act (MCA) and resident's individual likes / dislikes and preferences.
- Management of medicines were not observed to be in good order, including staff not checking consent with residents, medicines rooms not being secured, and poor dispensing and recording of PRN and Variable dose medicines.
- There were areas where Infection, Prevention and Control (IPC) procedures were not observed, PPE not being worn as per guidance, waste not disposed of correctly.
- Service users were not supported effectively to enjoy a variety of activities and social opportunities that are based on their preferences and strengths.
- The care home's décor was in need of investment to stop it looking tired.
- Some shortfalls were identified in relation to the provider's contractual compliance regarding staff induction, supervision, and training.

Coordinated approach with North England Commissioning Support (NECS) Medicines Optimisation Team

Throughout 2022 - 24 we undertook a coordinated support approach with providers around the medicine's elements of the PAMMS assessments. NECS Medicines Optimisation Team are combining their own provider Annual Assurance Meds Audits with our PAMMS assessments, and we are utilising their knowledge and expertise as 'experts by experience' and they are providing evidence to support the answers around Meds specific questions of the PAMMS inspections.

This combined visit method to supporting providers is focussed on improving the quality and robustness of Meds Management and processes to provide safe care delivery.

Next steps

Following on from a provider PAMMS Assessment, an action plan is developed highlighting those areas identified that need an improvement in quality/ compliance to ensure they are being delivered to a 'Good' standard. The action plans are monitored regularly by the responsible QuAC Officer for progress and will be only signed off as compliant and complete when all identified areas demonstrate and evidence the required level of quality and service delivery.

PAMMS Assessments are shared with CQC and ICB (via NECS) to help inform their own intelligence gathering.

The key themes from the PAMMS assessments are shared with the Council's Transformation Managers and Public Health so they can use the evidence to design projects and further interventions to support all care homes improve quality of care.

During 2023/24 the Transformation Team:

- Supported each Provider identified as Requires Improvement with an offer of one-to-one support visits which resulted in the agreement of a bespoke action plan which the provider was supported to implement.

- Dementia Friendly Community project: The development of a Stockton-on-Tees Dementia Friendly Care Homes Guide to help care homes to support, enable and empower their residents to live well with dementia. Care homes are encouraged and supported to become dementia friendly. So far 17 care homes have achieved the dementia friendly accreditation.
- Medicines Management: Support was provided around medicines management with the provision of 7 Meds Optimisation Training sessions where 120 staff across the Care home sector completed the training. A Level 3 Meds optimisation Diploma was developed in conjunction with Learning and Skills, to date 29 people have completed the Diploma with 38 due to complete in October 2024.
- Mental Capacity Act and DOLS training was delivered, and 40 staff members completed the Training. MCA and DOLS resources were also provided to improve staff understanding and awareness.
- A Level 2 Diploma for Wellbeing in Activity was also developed alongside Learning and Skills with 12 due to complete in October 2024. The Transformation Team also facilitates a unique activity coordinators network.
- Well Led programme was delivered in 2023/24.
- Recruitment: Since August 2023 40 candidates have completed an ASC Sector Based Work Academy programme with 37 securing employment and 72 candidates have been directly recruited into the sector via the Employment and Training Hub. The Spring recruitment event was attended by 700 job seekers. In November 2023 we held a Health and Social Care Recruitment event that was attended by 300 job seekers.

The PAMMS ratings are provided to social workers who can share with families searching for a care home so they can access up to date information about our view of quality.

A new PAMMS assessment programme is currently being delivered for 2024/25.

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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 1 2024-2025

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 April and June 2024 (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, 1 inspection result was 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:

- 0 Adult Services were reported on
- 1 Primary Medical Care Service was reported on (1 rated 'Good')
- 0 Hospital / Other Health Care Services were reported on

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

PAMMS Assessment Reports

SBC are utilising the Provider Assessment and Market Management Solutions (PAMMS) in the quality assurance process. PAMMS is an online assessment tool developed in collaboration with Directors of Adult Social Services (ADASS) East and regional Local Authorities. It is designed to assist in assessing the quality of care delivered by providers. The PAMMS assessment consists of a series of questions over a number of domains and quality standards that forms a risk-based scoring system to ensure equality of approach. The PAMMS key areas are:

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

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings. **Appendix 2** shows 5 reports published between April and June 2024 (inclusive), the overall outcomes of which can be summarised as follows:

- 1 rated 'Excellent'
- 1 rated 'Good'
- 3 rated 'Requires Improvement'

APPENDIX 1

ADULT SERVICES

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

None

PRIMARY MEDICAL CARE SERVICES

Provider Name	Elm Tree Medical Centre	
Service Name	Elm Tree Medical Centre	
Category of Care	Doctors / GPs	
Address	22B Westbury Street, Thornaby, Stockton-on-Tees TS17 6PG	
Ward	Mandale & Victoria	
CQC link	https://www.cqc.org.uk/location/1-5154227410/reports/AP1984/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Not inspected	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Good	Good
Well-Led	Not inspected	Good
Date of Inspection	5th March 2024 (focused inspection)	
Date Report Published	9th April 2024	
Date Previously Rated Report Published	13th August 2019	
Further Information		
<p>The CQC carried out an announced assessment of one quality statement, 'equity of access', under the key question 'Responsive' at Elm Tree Medical Centre on the 5 March 2024. It carried out the assessment as part of its work to understand how practices are working to try to meet peoples demands for access and to better understand the experiences of people who use services and providers.</p> <p>The CQC recognise the work that GP practices have been engaged in to continue to provide safe, quality care to the people they serve. It knows staff are carrying this out whilst the demand for general practice remains exceptionally high, with more appointments being provided than ever. However, in this challenging context, access to general practice remains a concern for people. The CQCs strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. The assessment of the quality statement 'equity of access' includes looking at what practices are doing innovatively to improve patient access to primary care and sharing this information to drive improvement.</p> <p>Overall, the practice is rated as 'good' and the key question 'responsive' continues to be rated as providing a good service. The CQC found that the practice organised services to meet patients' needs, particularly those who were most likely to have difficulty accessing care. People can access care, treatment, and support when they need it, in a timely manner, and in a way that works for them. The practice seeks out and uses feedback, data, and other information to monitor and improve access. Feedback and data demonstrated peoples experience for access at this practice was very positive.</p>		

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

None

APPENDIX 2

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

Provider Name	Dale Care Limited	
Service Name	Dale Care – Stockton Home Care	
Category of Care	Care at Home	
Address	Concorde House, Concorde Way, Concorde Business Centre, Preston Farm Industrial Estate, Stockton-on-Tees TS18 3RB	
Ward	n/a	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Requires Improvement	Good
Suitability of Staffing	Requires Improvement	Good
Quality of Management	Good	Good
Date of Inspection	26th February 2024	
Date Assessment Published	10th April 2024	
Date Previous Assessment Published	8th July 2021	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Service-users were seen to be treated with respect and individuality. Staff were respectful and compassionate when interacting with service-users, and offered them choice over their care delivery. All staff gave examples of how to respect the privacy and dignity of their service-users, closing the curtains and covering areas of the body during personal care. Staff fully understood the importance of soliciting the wishes of the service-user and ensuring their requests are adhered to.</p> <p>Staff spoken with knew that the Mental Capacity Act is in place to protect service-users who may be unable to make all decisions for themselves. They understood the importance of giving the service-user choice whenever possible and when a best interest decision would be made on their behalf. On observation, it was evident that staff were familiar with service-user's preferences and when to request verbal consent versus when to take implied consent. Service-users appeared happy with the way their care was delivered.</p> <p>The care plan template prompts gathering of information such as 'what makes a good day for me' and 'my goal setting', as well as details around the support required to maintain activities of daily living including how to deliver this to maintain independence. Detail is also recorded regarding diagnosed medical conditions and the impact that the symptoms have on the individual; there is also a section which details 'trigger points to alert to potential changes' – this</p>		

includes a list of common symptoms to look out for and advises / prompts staff to escalate concerns.

Staff spoken with confirmed that they received regular training on infection control. One staff member explained the importance of changing PPE between each care intervention. However, correct infection control procedures were not always evidenced during observational visits. Observation showed that appropriate hand hygiene was not being followed during medication administration; staff wore gloves to administer and did not change gloves at the required times.

Staff spoken with said they felt confident administering medication; practical training and regular competencies ensure that staff are fully aware of the procedure. Staff were aware of the difference between prompt, assist and administering medication, and could explain the process they would follow for PRN medication. Care plans record what level of support the individual requires with their medication, including ordering and collection from the pharmacy – however, detail was not recorded of how they like to take their medications (for example, with water, one tablet at a time). There were no covert plans required.

Recruitment files were viewed for four staff, including a recent recruit and staff who had worked for the service for a longer period. Application forms with a full employment history were held on file together with interview notes. All 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 signed contract was held on each file; however, there were no copies of the job description.

Observation and discussion with staff highlighted that travel time between calls was not included in the rota, resulting in calls shorter than planned for the service-users. Rotas of additional call rounds were requested at the office, and these also had no travel time factored into the day. This was discussed with the manager who will look into rectifying this as it is a contractual obligation, and this will be monitored via compliance visits.

Staff spoken with could recall having a recent supervision but were unsure how often they meetings took place. None of the staff could recall having an annual appraisal and one was unsure of the difference between a supervision and an appraisal. There was a lack of evidence in the staff files to support that regular 1:1 supervisions and an annual appraisal were taking place.

Audits are carried out on care plans, MAR sheets, call logs and notes. Any required actions are noted and followed-up by office staff. Management carries out visits to the service-users' homes to observe and record the quality of service delivery. Audits have clear robust criteria to ensure consistency throughout the service.

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 by the QuAC during contractual meetings.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority		
<p>Dale Care went through a period of limited engagement, but in recent months, they have been engaging well with the Transformation Team. They attended one-to-one engagement regarding the Care at Home tender but not the wider network engagement. Dale Care management are now regular attendees at Provider Forums and the Leadership and Peer Support Network. They have engaged well with the technology in Care at Home promotion and have taken part in focused work around recruitment and sector skills development alongside TVCA. The new manager of the service is proactive and engages well with general initiatives and communications from the team.</p>		
Current CQC Assessment - Date / Overall Rating	15/04/2023	Good

Provider Name	Families First (North East)	
Service Name	Lorne House	
Category of Care	Learning Disabilities	
Address	66 Yarm Road, Stockton-on-Tees TS18 3PQ	
Ward	Ropner	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Good
Involvement & Information	Requires Improvement	Requires Improvement
Personalised Care / Support	Good	Good
Safeguarding & Safety	Requires Improvement	Good
Suitability of Staffing	Requires Improvement	Good
Quality of Management	Good	Good
Date of Inspection	19 th & 20 th February 2024	
Date Assessment Published	23 rd April 2024	
Date Previous Assessment Published	3 rd April 2019	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were all electronic. They contained appropriate details to the individual and were reflective of residents' needs, preferences, abilities for independence, and life history. The electronic system was not always used correctly, and this led to some inconsistencies across care plans and some incorrectly recorded information. Pictures were included, though not dated. Quality of monthly reviews was not consistent across all files viewed, with some containing generic responses repeated every month. Care plans were signed on the residents' behalf and recorded justly, though there was no evidence of involvement of resident families.</p> <p>No mental capacity assessments were seen in care plans. DoLS were in place for all residents. Staff had a good understanding of the MCA and were able to talk around the principles and how the MCA links to DoLS. Staff gave good examples of how to respect the privacy, dignity, and wishes of residents in differing scenarios. Staff spoke of how they support residents to complete tasks for themselves and with making choices.</p> <p>Interactions observed around the home were positive. There was limited observation of staff asking how residents like things to be done, though it was noted that both resident and staff have been in the home for many years and had good relationships and familiarity built. Staff had a very good understanding of all resident needs and gave clear instructions of certain behaviours that may present, what they mean, and the response the individual is looking for. Staff always spoke calmly and politely, and consent was always sought. Residents all appeared to be relaxed, comfortable, and secure in the home. Staff were confident in explaining safeguarding procedures and knowing signs to look out for. In general, the home followed good safety practices and followed correct infection control protocols. The home is currently undergoing refurbishment; this is taking place a room at a time to limit disruption. The home was generally clean and tidy, though tired in some places and showing signs of building age. There were several fixtures and fittings seen to be damaged or broken across bathrooms, the kitchen, and in corridors. Windows on the front of the building, and on higher floors, were missing safety restrictors.</p>		

<p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. The report acknowledged improvements made since the previous assessment. Medications were found to be handled safely and stored securely. Medications ready for disposal are stored away from others. The controlled drugs count was correct at 0. Administration was scored as partially met; feedback was given to the home around the correct hand hygiene procedures and the appropriate use of gloves. The report and assessment both found no cross-referencing between labels and the device, multiple gaps on EMARs, or medications being recorded at incorrect times of day. Current audits in place in the home did not identify the gaps found in the EMARs.</p> <p>Recruitment checks and staff files are in place, however, require some improvements to be more robust. Not all staff files had two verified references or a copy of their job description, though all files had a signed contract and fully completed inductions. Supervisions were not always completed regularly or on time. The visiting chiropodist had out-of-date paperwork including DBS and insurance – this was raised with the manager to be rectified as a priority. There was always plenty of staff visible throughout the home, and rotas were scheduled well with appropriate coverage of supervisors.</p> <p>Team meetings had not regularly been occurring at the time of assessment, though a schedule had begun to be put in place. Staff spoken with confirmed that the home was a positive place to work, and they felt confident raising concerns with management should they need to. Resident and family surveys were viewed, and feedback again was positive. Review of the complaints file showed no complaints had been received in the last six years. The home employs an external company to complete thorough audits, and this was at 100% compliance at time of assessment.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>An Action Plan has been created by the provider to address the identified areas for improvement. The QuAC Officer will monitor and review the evidence for compliance through contractual visits.</p> <p>Engagement with the Transformation Team has been limited. The Registered Manager cited that he felt support has been more focused on older persons services, but a recent invite to the newly established Learning Disability network has been declined. One-to-one support has not been previously provided but a visit has been arranged for week commencing 13th May to establish the needs of the service and future support from the Transformation Team.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
<p>The Registered Manager has attended some Provider Forums and occasional Leadership and Peer Support Networks. Lorne House is not engaged in the Activity Coordinators Network, and the manager has not completed the Well-Led Programme. Lorne House have not engaged with wider training offers across the network.</p>		
Current CQC Assessment - Date / Overall Rating	03/11/2022	Good

Provider Name	Real Life Options	
Service Name	Real Life Options – Darlington Road	
Category of Care	Residential Home – Learning Disability	
Address	54 Darlington Road, Hartburn, Stockton-on-Tees TS18 5EW	
Ward	Hartburn	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Excellent	n/a
Involvement & Information	Good	n/a
Personalised Care / Support	Excellent	n/a
Safeguarding & Safety	Excellent	n/a
Suitability of Staffing	Good	n/a
Quality of Management	Good	n/a
Date of Inspection	15th April 2024	
Date Assessment Published	13th May 2024	
Date Previous Assessment Published	n/a	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans and risk assessments were very well written and included highly detailed knowledge of residents. Each plan was individualised and person-centred, and there was a comprehensive range of support plans to cover all aspects of care needs. Care plan reviews were seen to take place regularly and evidenced that the residents and their families had been included.</p> <p>Care plans were reflective of resident’s specific needs and abilities, and how to support them to be independent. In addition to support plans, the home has begun to create learning videos for staff which are specific to individual resident needs, abilities, and behaviours, to educate staff in supporting residents to become more independent.</p> <p>Residents appeared to be relaxed and secure, and feedback from family was very positive, speaking highly of the staff and the organisation. Families confirmed they were kept well informed and involved. Observations of interactions around the home demonstrated good relationships, staff were seen to speak in a friendly manner and always asked for consent to complete tasks and continuously engaged throughout.</p> <p>Staff knowledge of the MCA was good. Staff had good knowledge of DoLS and the specifics of residents with restrictions. Staff confirmed they have regular training around MCA and safeguarding, and are confident with their policies and practices as these are tested regularly as part of team meetings.</p> <p>Team meetings occur regularly, and staff are given the opportunity to raise topics or concerns in advance. Staff have regular supervisions and one-to-one meetings. Staff spoke of having a positive work environment and supportive management.</p> <p>The environment was well kept with a homely feel. Communal areas were laid out with consideration to the different needs of the residents. Bedrooms were highly personalised and were seen to have toys and activities, sensory equipment, and decorations chosen by the</p>		

resident. Good practices were followed in relation to infection control and food hygiene. Externally, the premises are safe, secure, and managed appropriately. The home is up-to-date with the relevant safety certification, servicing, and maintenance. The manager has a range of audits in place which feed into an overarching Action Plan.

During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. The home scored 83.5% for their medication optimisation assurance audit. There was good practice seen of front covers, which were of a high standard. Protocols contained detailed resident information. No gaps or missed medications were found in MARs. Observations evidence staff following recommendations made by the Medicines Optimisation Team and followed appropriate PPE usage. Medications are stored safely, temperatures are taken twice daily, and two staff sign off all medications administered.

Plans and Actions to Address Concerns and Improve Quality and Compliance

No areas were identified for improvement to ensure full compliance.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

Since 2021, management from RLO services have participated in the Well-Led Programme, and subsequently continued to engage with initiatives and opportunities presented to them by the Transformation Team.

Darlington Road engage with peers from across other Stockton-on-Tees homes, including fellow LD homes, as well as OP homes, to learn from others, and hear and share good practice. They also routinely attend the Provider Forums, and engage with the Activity Coordinator Network, which brings together Activity Coordinators and Wellbeing staff, to understand how to develop innovative or meaningful activities.

Darlington Road maintain regular contact with the Transformation Team, giving us opportunities to visit their services and interact with the people that use their services, as well as their wider staff teams.

Current CQC Assessment - Date / Overall Rating	24/02/2023	Good
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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	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Requires Improvement
Involvement & Information	Requires Improvement	Requires Improvement
Personalised Care / Support	Requires Improvement	Requires Improvement
Safeguarding & Safety	Requires Improvement	Requires Improvement
Suitability of Staffing	Good	Good
Quality of Management	Poor	Good
Date of Inspection	8th – 12th April 2024	
Date Assessment Published	29th May 2024	
Date Previous Assessment Published	19th December 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The home moved to an electronic care planning system (PCS - Person Centred Software) in October 2023, however, the system was not being utilised fully. Care plans lacked person-centred information and several errors and inconsistencies were seen, some of which posed potential risk to the resident such as incorrect IDDSI levels and information around mental capacity / DoLS. The PCS system identified several instances whereby 'must do' care tasks had not been delivered. Daily notes lacked detail to reflect the care delivered and it appears that not all care delivery is being recorded; some notes relating to activities were poor and included routine personal care tasks such as grooming. Food records were poor with little to no quantifiable data recorded; generic statements were used and did not record what food had been offered / consumed and regularly lacked information on portion size. Monthly weights are recorded for all residents and MUST scores calculated alongside this. Whilst staff demonstrated knowledge of residents and their needs associated with medication administration (for example, how they like to take their medication and where), care plans lacked this detail.</p> <p>The audit trail within the PCS system evidenced that reviews were being completed monthly, however, on review of the audit documents there were errors noted that had been present throughout several reviews and had not been highlighted, evidencing that whilst review is being recorded as completed, an adequate review is not taking place. Where changes in need had been identified, it was not seen to be reflected consistently across related plans.</p> <p>Information available to residents was not always up-to-date, accurate or available in appropriately accessible formats. Care plans did not evidence that residents were involved in their care and support planning. A key worker system has recently been introduced with evidence available to confirm that residents have been consulted about their allocated workers.</p> <p>Handling of medication was assessed during the PAMMS assessment, and the NECS Medicines Optimisation Team undertook an assurance visit on 29 April 2024. The overall score of this assurance visit was 80.5%, and the provider was noted to have rectified some concerns raised</p>		

at the time of the PAMMS. Medication was stored securely and appropriately; the room was clean and tidy and medicines for disposal were stored correctly. The medication round was conducted in a person-centred manner, with excellent rapport observed; not all time sensitive medications were administered in line with instructions. Fridge and medication room temperatures are scheduled to be recorded twice daily, however, the room temperature was recorded as the air-conditioning setting rather than the ambient temperature. There were also numerous occasions when temperatures had not been taken or recorded. This has previously been identified on external audits. Covert medication was seen to be noted in the resident's care plan and instructions are included on the medication labels, however, no covert plan was found to be in place at the time of the PAMMS. Whilst this was implemented prior to the meds assurance audit, more than one external audit had identified this as an issue. Not all PRN and variable dose medicine had a protocol in place and the quality of PRN protocols was inconsistent; some contained good person-centred detail while others lacked the required information to allow staff to make informed decisions on administration. This is an area of improvement that has been identified on several external audits. Medication competencies are being conducted annually, however, the SBC contract states they must be completed six-monthly.

An up-to-date business continuity plan was in place, the contents of which were appropriate. Emergency grab bags were in place. These held the required contents and included a folder for each unit's individual PEEPs. PEEPs were seen to contain the required detail for residents. A copy of a detailed fire evacuation plan was stored in the grab bag, however, this had not been reviewed since November 2022; a recent external audit identified this requiring attention.

Staff spoken with at the time of the assessment demonstrated the appropriate skills and knowledge to conduct their role. They confirmed receipt of mandatory training and were able to discuss topics such as safeguarding, mental capacity and infection control with confidence. All staff, with the exception of two new starters, have completed 100% of the mandatory training courses, however, the SBC contract stipulates that staff must undertake the Care Certificate (Skills for Care) within 12 weeks of employment and the provider reports zero staff have done so. Recruitment records were seen to be in place and appropriate, as were agency staff profiles / checks.

Visiting professionals spoke positively of the engagement and co-operation from the provider. Care and support plans contained the contact details for involved professionals, including specialist services such as neurologists.

Residents and relatives spoken with during the assessment spoke highly of the care and support received at Willow View with little negative to comment upon. The atmosphere in the home was a positive one and observation of staff interaction with residents was also positive and respectful. Residents spoken with were aware of how to make a complaint and reported feeling comfortable to do so if necessary.

Staff also reported an improvement in the working environment in recent months and felt supported by the current manager. Responses in relation to regular supervisions, appraisals and staff meetings were inconsistent, with some staff reporting these do take place, and others not. Records confirmed that supervisions and appraisals have not been taking place in the timeframes set out in the SBC contract and regular staff / resident / relative meetings are not taking place.

PPE was readily available throughout the home and staff were, for the most part, seen to use this appropriately. External audits of the environment are noted to have identified actions such as damaged kitchen worktops and paintwork which prevented adequate cleaning; however, it was found that these had not been addressed. Internal audits of the environment were taking place but were not identifying issues, including those outstanding from previous external audits,

and therefore are not being completed robustly. A walkaround of the internal and external areas of the premises was undertaken on day one of the assessment and it was found that several areas required attention to achieve appropriate standards of cleanliness; many were identified as actions in previous audits.

Doorways, walkways, and fire escapes were free from hazard and blockage; there were exit points to the garden of the home which were not locked and the external of the property required some attention to be made safe, such as broken garden furniture. The home has appropriate lighting and room signage was seen throughout. Some work is required to the dementia unit to provide a dementia friendly environment. When asked for non-person specific risk assessments, the manager advised they were unsure if these existed; the following morning some were provided for review. These assessments were found to be generic and required further detail.

Residents, relatives, and staff surveys were circulated in January 2024; the results of these surveys have not yet been analysed. There was no evidence of the survey responses having been reviewed, with one resident expressing low mood and no follow-up action recorded. An accidents and incidents file is held in the manager’s office and contains detailed information and evidenced analysis for trends and post-accident / incident monitoring. The complaints procedure, which includes contact details for the manager, NI, SBC and CQC was displayed in several areas throughout the home, as was safeguarding and whistleblowing procedures. A complaints / compliments file was in place which, on review, evidenced complaints were not handled in line with the providers internal complaints policy. There was no evidence of lessons learnt or evidence of service improvements as a result. There were several recent compliments on file. Paper-based data such as staff files was stored in lockable cabinets, however, these cabinets were often unlocked, and offices were frequently left unmanned with entry doors also unlocked.

The manager completes a range of appropriate audits, covering care delivery, staff and the suitability of the premises and equipment; however, the completion of these audits has not been consistent and those completed were not of a standard to identify issues or trends. The audits were also not completed at the frequency set by the provider themselves.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan and progress against this will be closely monitored by the Quality Assurance & Compliance (QuAC) Officer. The provider continues to be subject to RASC proceedings and any actions instructed by the Chair of the RASC committee will be undertaken.

CQC plan to reinspect six months from their last inspection (January 2024).

Level of Quality Assurance & Contract Compliance Monitoring

Level 3 – Major Concerns (Enhanced Monitoring)

Level of Engagement with the Authority

Transformation Team: Support from the Transformation Team has been offered to each manager in post over the last year through one-to-one support visits, training, and wider networks. Several of these opportunities were available prior to the current manager returning to the home and attendance in 2023 was good. The current manager and wider staff team at Willow View have always been welcoming and have engaged well with the Team.

None of the recent managers at the home had completed the Well-Led Programme and there has been no attendance from the provider at any of the Leadership and Peer Support Networks

held between April 23-24. Recommendation has been made for the current manager to attend the Well-Led Programme (commencing in Autumn 2024).

Dementia Initiatives: The Dementia Friends accreditation and Dementia Care Home guide have been started / restarted with previous managers, but little progress made. Recommendation has been given to complete this and a further appointment has been made to begin this in June 2024.

NEWS: Compliance with NEWS recording has been variable over the last year, with the lowest recorded % NEWS by bed occupancy being 31% and highest 140%, giving an overall annual average of 92%.

Safeguarding: The provider continues to engage well with the safeguarding team and any enquiries being made. There are currently two safeguarding concerns open for section 42 enquiry.

QuAC Officer: The provider communicates regularly with the QuAC Officer who continues to make weekly visits to the home as instructed by the RASC committee to monitor progress against improvement Action Plans.

Current CQC Assessment - Date / Overall Rating	22/03/2024	Requires Improvement
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Provider Name	Akari Care Limited	
Service Name	Ayresome Court	
Category of Care	Nursing Residential	
Address	Green Lane, Yarm, Stockton-on-Tees TS15 9EH	
Ward	Yarm	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Good
Suitability of Staffing	Excellent	Good
Quality of Management	Good	Good
Date of Inspection	10th – 12th June 2024	
Date Assessment Published	26th June 2024	
Date Previous Assessment Published	1st February 2023	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans overall were well written. There was evidence of in-depth details of resident likes, dislikes and preferences. Good detail was given on specific needs, level of independence, and behavioural triggers. A small area of improvement was identified around resident involvement in care planning; no resident or families spoken with could confirm their involvement in regular reviews. Care plans and risk assessments were reviewed regularly, and there was also evidence of these being updated timely where additional changes were necessary.</p> <p>There was excellent evidence of an effective key worker system and the provider was able to evidence how resident, families and staff play a role in deciding key workers. All residents have a care staff keyworker allocated, though additional keyworkers of any staffing level are considered, and this is based on relationships, abilities to communicate effectively, and staff with the most positive behavioural impact.</p> <p>The home was well-kept, with good cleaning practices in place, and new flooring recently fitted throughout. Dementia-appropriate signage was used throughout, including pictorial paperwork, menus and activity boards. Bedrooms had been personalised with items from home. Interactions around the home demonstrated a welcoming environment in which residents were familiar with all staff and were able to laugh and joke. Residents and families all spoke very highly of the home and the staff; they spoke of how they felt respected and are given their own choice and independence.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Medications were found to be stored securely in a locked medications room and disposed of safely. The medication observation was graded as 'met' in the Med Ops report. Good hand hygiene was observed, good interactions with the resident, and administration was in a safe and person-centred manner. MAR charts had some suggested improvements, including</p>		

recording the cautionary and advisory information, clear recording of medication changes to include prescriber details, and consistent recording of non-administration. The majority of administered PRNs has not been recorded appropriately. All MAR charts had clear directions, discontinued medications were clearly identifiable, and no missed signatures were found. A robust ordering and stock-checking process is in place. Audits are completed monthly and competencies are in line with contract requirements.

Staffing levels are good and there was a good level of staffing visibility around the home, including carers, domestics, maintenance and management. There is a comprehensive induction and probation structure in place for new staff, which included use of the Care Certificate. Staff are appropriately trained; training is monitored and RAG-rated by management, with 98% 'green'. Staff were able to confidently describe the MCA principles and DoLS without prompting and give examples of how this is put into practice. Supervisions and appraisals are carried out regularly and timely. A range of robust internal audits take place regularly, and these were evidenced with good managerial oversight.

Residents are encouraged to be a part of the community both inside and outside the home. There was ample evidence of many social activities taking place, including social clubs, parties, days out, fitness classes, and visits from the local sixth form. The Activities Co-ordinator has also set up residents as pen-pals with a Care Home located in the south of the country. There was evidence of support in maintaining relationships with family and friends. Families were keen to provide feedback to contribute to the assessment and those spoken with were happy with the care residents received, and how safe and cared for their family member felt.

Plans and Actions to Address Concerns and Improve Quality and Compliance

A small, one point Action Plan has commenced by the provider to address the one area of improvement found around including residents in care planning more effectively. This will be monitored by the QuAC Officer.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a good level of engagement with the Local Authority. The manager is responsive to both QuAC, Transformation, and Medicines Optimisation teams. Staff engage well with forums, initiatives, and training that is offered.

Engagement and Support from Transformation Managers

Ayresome Court have a very good relationship with the Transformation Team. They engage with Provider Forums and, where possible, Leadership and Peer Support networks. They have taken part in training and initiatives from the Team including Mental Capacity Act and Dols Training, and Meds optimisation training. Areas of note include:

Well Led Programme: The manager participated in the Well Led Programme 2023/24, completing every session and taking part in the celebration event.

Activities: Since the new Activity Co-ordinator joined the service, she has engaged with all the Activity Co-ordinator network meetings, learning from peers, attends workshops, and brings residents out of the home to participate in community activities.

Research: The home has started to support research in care homes and joined the Enabling Research in Care Homes (ENRiCH) network. Alongside the Transformation Team and another

Stockton-on-Tees care home, Ayresome Court participated in a study called '*experiences of living in residential care for older people*', through My Home Life, and University of London.

Current CQC Assessment - Date / Overall Rating

26/02/2020

Good

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**ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE
Work Programme 2024-2025**

Date (4.00pm unless stated)	Topic	Attendance
16 April	CANCELLED	
23 April (informal)	Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • Summary of evidence / draft recommendations 	Sarah Bowman-Abouna / Emma Joyeux
21 May	Review of Access to GPs and Primary Medical Care <ul style="list-style-type: none"> • (Draft) Final Report Tees, Esk and Wear Valleys NHS Foundation Trust: Governors response to latest CQC report Monitoring: Progress Update – Day Opportunities for Adults CQC / PAMMS Quarterly Update: Q4 2023-2024 Regional / Tees Valley Health Scrutiny Update	Carolyn Nice / Sarah Bowman- Abouna / Emma Joyeux David Jennings / Patrick Scott / Cllr Pauline Beall Rob Papworth Darren Boyd
18 June	SBC Director of Public Health: Annual Report 2023- 2024 Care and Health Innovation Zone CQC Inspection Preparation Minutes of the Health and Wellbeing Board (January, March & April 2024)	Sarah Bowman-Abouna Carolyn Nice / Geraldine Brown Carolyn Nice / Rob Papworth / Natalie Shaw
23 July	Monitoring: Action Plan – Access to GPs and Primary Medical Care PAMMS Annual Report (Care Homes): 2023-2024 CQC / PAMMS Quarterly Update: Q1 2024-2025	Sarah Bowman-Abouna / Emma Joyeux Kerry Anderson Kerry Anderson
17 September	Healthwatch Stockton-on-Tees: Annual Report 2023-2024 SBC Community Spaces Review of Reablement Service <ul style="list-style-type: none"> • (Draft) Scope and Plan Regional / Tees Valley Health Scrutiny Update	Peter Smith / Natasha Douglas Haleem Ghafoor Rob Papworth
22 October	Making it Real Board – Update (TBC) Regional / Tees Valley Health Scrutiny Update	

ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE Work Programme 2024-2025

Date (4.00pm unless stated)	Topic	Attendance
19 November	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity Services Update (TBC) SBC Winter Planning Update (TBC) CQC / PAMMS Quarterly Update: Q2 2024-2025	
17 December		
21 January 2025	Teeswide Safeguarding Adults Board (TSAB): Annual Report 2023-2024 (TBC) Regional / Tees Valley Health Scrutiny Update	
18 February	Overview Report: SBC Adults, Health and Wellbeing (TBC) CQC / PAMMS Quarterly Update: Q3 2024-2025	
18 March	North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2024-2025 (TBC)	

2024-2025 Scrutiny Reviews

- Reablement Service

Monitoring Items

- Care at Home (Progress Update) – TBC
- Access to GPs and Primary Medical Care (Action Plan) – July 2024

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)

Other Reports (as required)

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