

Date: Tuesday 19 November 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 Carol Clark
Cllr Ray Godwin
Cllr Vanessa Sewell

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 22 October 2024. (Pages 9 - 16)
- 5 Scrutiny Review of Reablement Service**
To consider information from the North East and North Cumbria Integrated Care Board (NENC ICB) in relation to this scrutiny topic. (Pages 17 - 34)
- 6 CQC / PAMMS Inspection Results - Quarterly Summary (Q2 2024-2025)** (Pages 35 - 66)
- 7 Making it Real Board - Update** (Pages 67 - 70)
- 8 Chair's Update and Select Committee Work Programme 2024-2025** (Pages 71 - 74)

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 22 October 2024.

Present: Cllr Marc Besford (Chair), Cllr Stefan Barnes, Cllr Carol Clark, Cllr Lynn Hall, Cllr Vanessa Sewell, Cllr Marcus Vickers (sub for Cllr John Coulson)

Officers: Sarah Bowman-Abouna, Angela Connor, Susan Dixon, Rob Papworth, Gavin Swankie (A,H&W); Gary Woods (CS)

Also in attendance: None

Apologies: Cllr Nathan Gale (Vice-Chair), Cllr John Coulson, Cllr Ray Godwin

ASCH/33/24 Evacuation Procedure

The evacuation procedure was noted.

ASCH/34/24 Declarations of Interest

There were no interests declared.

ASCH/35/24 Minutes

Consideration was given to the minutes from the Committee meeting held on 17 September 2024.

AGREED that the minutes of the meeting on 17 September 2024 be approved as a correct record and signed by the Chair.

ASCH/36/24 Scrutiny Review of Reablement Service

Following the Committee's approval of the scope and plan for the Reablement Service review at the last meeting in September 2024, this first evidence-gathering session involved an initial submission from the Stockton-on-Tees Borough Council (SBC) Adults, Health and Wellbeing directorate.

Led by the SBC Integrated Interim Care Team Lead (CQC), and supported by the SBC Strategic Development Manager (Adults & Health) and the SBC Service Manager – Integrated Early Intervention and Prevention, a presentation was given which covered the following:

- What is reablement?
- Why (provide the service)?
- Who can access the service?
- How we deliver the service?
- Activity and Performance
- Feedback about our staff
- Client feedback

- Future
- Powering Our Future

Coming under the wider umbrella of 'intermediate care', reablement was one of several short-term support offers involving NHS and social care services. Providing assistance within a person's own home, this assessment and support service helped an individual to do tasks (e.g. washing, getting dressed) for themselves rather than relying on others, with support workers working alongside the person while they regained skills and confidence. The aim was to maximise independence (doing tasks 'with' them, not 'for' them), and the service could be used to support discharge from hospital, prevent re-admission, or enable an individual to remain living at home.

From a legislative perspective, the Council had a duty to prevent, reduce or delay needs for care and support (Care Act 2014 s2) for all adults (18 years-old or over), including carers. In practice, this meant early intervention to prevent deterioration and reduce dependency on support from others, and reablement was one of the ways the Council could fulfil this duty. The Care Act regulations required the Council to provide reablement support free-of-charge for a period of up to six weeks – this was for all adults, irrespective of whether they had eligible needs for ongoing care and support.

The service may be accessible if an individual had a temporary illness / accident, a crisis, a change in their (or their carers') circumstance, or to avoid unnecessary admission to hospital. Where a 'need' (not a 'want') had been identified, individuals would be referred following an assessment via a health or social care professional. Any subsequent support could be tailored to the individual, and its duration was dependent upon their progress (i.e. this free service could be less than the maximum six-week period).

In terms of service delivery, the SBC Reablement Team consisted of a Manager, a Deputy Manager, four Co-ordinators, an Assistant Co-ordinator, three Senior Support Workers, and 37 Support Workers (courtesy of a recent expansion in October 2024) who were all dedicated and worked alongside individuals to promote independence. The workforce had a mix of experience, and the service benefitted from good staff retention, with those in post for a number of years able and willing to share their knowledge and expertise with newer recruits.

With a focus on making every contact count, visits to service-users occurred 1-4 times per day, with Senior Support Workers holding regular weekly reviews with individuals to ensure they were on track to achieve their goals and adjust their support plan accordingly (they were also able to assess and order low level equipment to aid independence). Discharge plans and end dates were agreed with individuals, and throughout the duration of their assistance, staff could signpost to other services such as welfare rights, community groups and befriending initiatives so an individual had a support network to help them remain at home and not feel isolated when leaving the reablement offer. Help was also provided with applications for entitled benefits.

The SBC Reablement Service was last inspected by the Care Quality Commission (CQC) in May 2021 where it was subsequently given an overall rating of 'Good'. 591 individuals were supported between April 2023 and March 2024, with just over 75% of this number independent on leaving the service (those who needed further care required less intensive support due to the work undertaken by staff). Local performance was consistently better than the regional and national averages over the past four years, with the 2023-2024 data ranking Stockton-on-Tees eighth in the

country (top in the region). In addition, the service had been shortlisted for the regional (North East and Scotland) Great British Care Awards in the categories of 'Team Award', 'Newcomer to Care', 'Co-ordinator', and 'Care Manager'.

Two key areas were identified regarding considerations around the future service offer. The first concerned the issue of 'demographics', with population projections up to 2030 showing that there was an expectation for a consistent increase in the number of people aged 55 and over in the Borough (particularly in the 65 to 69 and 80 to 84 age-brackets). Related to this, a system developed by the Institute for Public Care indicated that 'projected service demand' for both the Borough's residential and nursing care population was expected to grow by 10% over the next five years. Whilst SBCs local market assessment for residential provision anticipated that this growth would be significantly lower, acuity, length of stay, and use of short-term assessment beds to support hospital discharge would impact on the Council's ability to support people to independence.

The presentation concluded with a summary of the reablement review being undertaken via the Council's *Powering Our Future* (POF) initiative, the project proposal of which was signed off by the POF Board in June 2024. As part of the first phase of this work, the commissioned Discharge 2 Assess (D2A) provision was brought in-house earlier in October 2024, and a pilot assessment of activity monitoring technology would begin (the results of which were due to be reported in December 2024). Phase two of the review was looking to establish revised models of reablement to accommodate support for people in the community and greater numbers of people being discharged from hospital, as well as those with a mental health need, autism or learning disability.

Commending officers for the performance of the Reablement Service, the Committee drew attention to the previously considered agenda item involving an update on care and health winter planning, and asked if they concurred with the statement that there was enough capacity within the service to cope with anticipated demand. In response, Members heard that existing structures were sufficient to deal with the Council's projections on the numbers requiring support, but issues would inevitably follow should these projections be exceeded, as would staff absences as a result of sickness / COVID. Resilience was built into plans to counter potential surges in demand, though much was fundamentally down to having enough staff available.

With reference to the first phase of the ongoing SBC *Powering Our Future* review of reablement, the Committee enquired about what sort of technology was being considered as part of the intended pilot. Officers spoke of the use of sensors (subject to an individual's consent) which fed into a dashboard to give a picture of how a person was managing within their own home – this could help understand patterns of behaviour which could then identify risks (including changes in normal routines which may indicate a problem) and any associated support needs.

Members asked if the service had any dealings with the North Tees and Hartlepool NHS Foundation Trust (NTHFT) Frailty Ward and, if it did, was this relationship working well. Officers stated that referrals were received from the Frailty Ward and that the service worked alongside colleagues within that NHS function which carried out more healthcare-related tasks and offered overnight provision (something the Reablement Service did not). Most of those receiving reablement support were aged over 65 years old.

Reflecting on the number of staff employed within reablement and the number of individuals supported during 2023-2024, the Committee praised the hard work and dedication of those providing the service. It was subsequently highlighted that there were only 28 support staff during the 2023-2024 year, a total which had since risen. It was also noted that a robust training offer was in place to support / strengthen the workforce.

Member questions finished with a comment on last week's (17 October 2024) Cabinet meeting which included a *Powering Our Future* report stating that, in light of the Council's financial position, there was a need for some people to pay more for their care. To this end, the Committee requested further details on the way the Reablement Service was funded and the costs it incurred, as well as future projections around budgets / expenditure for this type of care.

AGREED that the information presented by the SBC Adults, Health and Wellbeing directorate be noted and further details be provided in relation to Reablement Service funding / costs.

ASCH/37/24 Regional Health Scrutiny Update

Consideration was given to the latest Regional Health Scrutiny Update report which summarised the work of regional health scrutiny committees and highlighted some recent health-related developments impacting on the Tees Valley and / or wider North East and North Cumbria footprint. Attention was drawn to the following:

- Tees Valley Joint Health Scrutiny Committee: As part of the previously agreed rotational arrangements, Hartlepool Borough Council was now hosting the Committee in 2024-2025. The last meeting (and first of the current municipal year) was held on 19 September 2024 and, following the appointment of a new Chair and Vice-Chair, items included Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) updates on Respite Care / Adult Learning Disability Services and the Community Mental Health Transformation initiative, as well as an update on the Community Diagnostic Centre (CDC) in Stockton.

The next Committee meeting was scheduled for the 7 November 2024 – anticipated items (still to be confirmed) included TEWV presentations on health inequalities and male suicide, as well as a North East and North Cumbria Integrated Care Board (NENC ICB) winter planning update.

Members representing Stockton-on-Tees Borough Council (SBC) on the Tees Valley Joint Health Scrutiny Committee noted the delay between the last meeting in September 2024 and the previous one in March 2024, as well as SBCs involvement and influence on some of the key items on the September 2024 agenda. In terms of these, encouragement was expressed at both the Respite Care and CDC updates, the latter of which confirmed the anticipated opening of the CDC in Stockton by Christmas 2024.

- Sustainability and Transformation Plan (STP) / Integrated Care System (ICS) Joint Health Scrutiny Committee: No further developments regarding this Joint Committee since the previous update in May 2024. In related matters, several regional developments were highlighted, including the ongoing promotion of the NHS 'Be wise, immunise' campaign to vaccinate high-risk people against COVID-19 and flu, the ongoing 'collective action' by GP services, details of the North East

and North Cumbria women's health programme, a NHS Clinical Conditions Strategic Plan targeting 12 health conditions making the biggest impact on people, and a link to the latest NENC ICB annual report and accounts (1 April 2023 – 31 March 2024).

AGREED that the Regional Health Scrutiny Update report be noted.

ASCH/38/24 Health and Wellbeing Board - Forward Plan (September 2024) & Previous Minutes (May, June and July 2024)

Consideration was given to the Health and Wellbeing Board forward plan (as of September 2024) and the minutes of previous meetings which took place in May 2024, June 2024 and July 2024. Attention was drawn to the following:

- Forward Plan: The Board's forward plan had been added to this agenda item to enable the Committee to have sight of forthcoming business that was due to be considered.
- 31 July 2024: Item 6 of these minutes recorded ongoing discussions in relation to the functions of the Board, the format of Board meetings, and the opportunity for Board development.

AGREED that the forward plan and the minutes of Health and Wellbeing Board meetings which took place in May 2024, June 2024 and July 2024 be noted.

ASCH/39/24 Chair's Update and Select Committee Work Programme 2024-2025

CHAIR'S UPDATE

The Chair had no further updates.

WORK PROGRAMME 2024-2025

Consideration was given to the Committee's current work programme. The next meeting was due to take place on 19 November 2024 where the latest CQC / PAMMS quarterly update would be provided, and the second evidence-gathering session for the ongoing Reablement Service review would be held. An update on the work of the Making it Real Board was also anticipated.

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

ASCH/40/24 URGENT ITEM: Care and Health Winter Planning Update

Members were asked to consider a Care and Health Winter Planning Update report which, with the permission of the Chair, had been added to this meeting agenda as an urgent item in order to ensure the Committee had the opportunity to review and comment ahead of the report going to the Stockton-on-Tees Borough Council (SBC) Cabinet on 14 November 2024.

Introduced by the SBC Director of Public Health, it was stated that the report was owned by the Health and Wellbeing Board and covered the Council's care and health winter planning arrangements (as part of the Board's system assurance role). The

report would be going to the Health and Wellbeing Board meeting on 30 October 2024 and covered the following elements:

- Winter planning (including integration workshops and admissions avoidance)
- Infectious disease surveillance (including COVID, flu and vaccinations)
- Health protection work with key settings (including local response)
- Adult social care support (including demand and capacity management)
- Housing
- Supporting our communities (including food support and Community Spaces)
- Consultation and engagement
- Next steps

The report outlined SBC involvement in the wider winter planning infrastructure and several elements were subsequently highlighted, including the oversight of NHS planning and co-ordination of partners by the Tees Valley Local A&E Delivery Board (LAEDB) to mitigate the impact of winter. The LAEDB was compiling a comprehensive overview of winter plan arrangements and would share this with the wider system in November 2024. Attention was also drawn to data on COVID-19 hospitalisations (which continued to have an unpredictable pattern of peaks and troughs), the Council's Rough Sleeper Team, and the wide range of support being offered to the Borough's communities.

Praising officers for presenting this report to the Committee prior to it being considered by both the Health and Wellbeing Board and SBC Cabinet, Members proceeded to raise a number of comments and questions. Commending the Council's PAMMS inspections of local care providers (robust monitoring arrangements which aided families to make informed choices), the Committee queried whether the stated '*capacity to undertake up to a further 6 assessment of services which intelligence indicates may be at risk*' (paragraph 36) would include a look into the SBC First Contact service following recent issues highlighted around the Council's 'front door'. Officers confirmed that incident reporting intelligence would help inform where future PAMMS inspections should be undertaken.

Clarity was sought on the 'ensure home first' / 'Discharge 2 Assess (D2A)' approach (paragraphs 40-42), with officers explaining that this was an initiative to get those who were medically fit to leave hospital out of such settings. Individuals were discharged to their own home where an assessment would then be undertaken to establish their care and support needs.

Noting the section on 'monitoring the impact of winter on local people and the social care workforce', Members asked if the Council's 'capacity dashboard' was available to all professionals so there was transparency around any surplus capacity in local provision. The Committee heard that the referenced 'holding list' (paragraph 43) existed due to service demand, with relevant managers meeting on a regular basis to discuss who was on it (which changed on a daily basis) and who should be prioritised.

The Committee moved its focus onto the current situation regarding COVID, commenting that local hospitalisation rates appeared higher compared to other areas. Officers stated that there was not always a pure reason for an increase in cases, but that existing ill-health (co-morbidities) made it more likely individuals would be more significantly impacted if they contracted the virus. Whilst the reasons for fluctuating COVID rates were not fully understood (it was noted that it was now harder to capture

information compared to the early days of COVID), greater proportions of people working in public-facing roles could be a factor.

Continuing with the theme of infectious diseases, Members asked if the 14 listed sites offering both COVID-19 and flu vaccines (appendix 3) was sufficient across the Borough (some anomalies with the stated and actual offer at some community pharmacies was also highlighted, including duplicate entries for Fairfield Pharmacy). Officers gave assurance that access to vaccinations was spread as wide as possible across Stockton-on-Tees and that it was up to the sites to put themselves forward to offer these. There was no indication that coverage was insufficient or that the local population was unable to get to the Borough's pharmacies, and the sites listed were the most up-to-date the Council had.

Welcoming the SBC Public Health partnership-working with the GP Federation (paragraph 21), the Committee sought feedback from the recent Winter Health Conference that was held on 1 October 2024 (paragraph 47). Officers spoke of the development of bespoke clinics supporting substance misuse which would be promoted via organisations with links to affected individuals (e.g. hostels, CGL) and through the voluntary, community and social enterprise (VCSE) sector – dates could be provided if required. Members urged the promotion of the Employment and Training Hub (the venue for the Winter Health Conference).

Concluding this item, responses to further Committee queries confirmed that production of the Winter Wellbeing Guide (paragraph 49) would include distribution of hard-copies to selected groups, and further evidence of crisis support provided by the Council (e.g. foodbanks) would be added to the report prior to its presentation to SBC Cabinet.

AGREED that the Care and Health Winter Planning Update report, and the subsequent Committee comments in relation to its content, be noted.

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Adult Social Care and Health Select Committee

19 November 2024

SCRUTINY REVIEW OF REABLEMENT SERVICE**Summary**

The second evidence-gathering session for the Committee's review of Reablement Service will focus on a submission from the North East and North Cumbria Integrated Care Board (NENC ICB) in relation to this scrutiny topic.

Detail

1. Identified as a key contributor during the scoping exercise for this review, the NENC ICB has been asked to respond to the following lines of enquiry:
 - NENC ICB role within reablement provision.
 - Partnership-working with the Council / local NHS Trusts regarding this service.
 - Views on existing local service / provision (e.g. effectiveness / value-for-money).
 - Any feedback received from partners / public in relation to the Stockton-on-Tees reablement service.
 - Future considerations around support / funding for reablement provision.
2. A presentation has been prepared and is included within these meeting papers. The NENC ICB Head of Commissioning and Strategy is scheduled to be in attendance to provide an overview of the submission and respond to any comments / questions.
3. For background information, the existing NENC ICB integrated care strategy, '*Better health and wellbeing for all*', can be accessed via the following link:
 - <https://northeastnorthcumbria.nhs.uk/media/imnfhjfn/final-nenc-integrated-care-strategy-16-december-2022.pdf>

In addition, NHS England good practice guidance for ICBs, '*Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge*' (which is referenced within the NENC ICBs presentation), includes recommended actions for up to March 2025 (see pages 31-33):

- <https://www.england.nhs.uk/wp-content/uploads/2023/09/PRN00761-intermediate-care-framework-rehabilitation-reablement-recovery-following-hospital-discharge.pdf>
4. A copy of the agreed scope and plan for this review is included for information.

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**North East and
North Cumbria**

Adult Social Care and Health Select Committee

Review of Reablement Service

Kathryn Warnock

19th November 2024

What is intermediate care?

Intermediate care is short-term care – generally limited to 6 weeks – aimed at maximising a person’s independence.

It is either ‘step up’ to prevent someone being admitted to hospital or moving to a care home; or

‘step down’ to support someone’s recovery after a hospital stay and help prevent readmission.

Common reasons someone may need intermediate care include recovery from a fall, surgery or a stroke.

In addition to reducing pressure on acute services, intermediate care can improve independence and quality of life for patients and those around them.

Evidence suggest that it reduces readmissions and improves independence for people with chronic conditions compared with prolonged stays in acute hospitals.

People who have received intermediate care report improved independence, confidence and mobility.

Most people receiving intermediate care are older adults.

In a 2018 national audit, the average patient age was 79 years and older across all types of intermediate care.

People often have frailty and multiple long-term conditions, such as chronic obstructive pulmonary disease (COPD), heart disease and diabetes.

Over time, the health and care needs of people entering intermediate care have increased.

Demand for intermediate care services is expected to rise due to our ageing population and the increasing prevalence of chronic conditions and frailty.

Types of Intermediate care

Traditionally, there are four main types of intermediate care: reablement, home-based, bed-based and crisis response

| Type of care | Definition |
|-----------------|--|
| Reablement | Support delivered in someone's own home or usual place of residence that aims to help them recover skills, confidence and independence. Most commonly delivered by social care practitioners. |
| Home based | An intervention delivered in someone's own home or usual place of residence that aims to support recovery from illness and maximise independence. It can help people move or stay out of hospital. Most commonly delivered by health care professionals, for example, occupational therapists or physiotherapists. |
| Bed based | Similar to home-based intermediate care but delivered in a bed-based setting, for example, a community hospital, care home or acute hospital. |
| Crisis response | Rapid assessment in someone's own home in response to a crisis (for example, a fall, infection or exacerbation of an existing condition). If necessary, a short-term intervention is provided (for example, medication or catheter care), crisis response is mostly delivered as an urgent community response service. |

Intermediate Care - context



National Hospital Discharge and Community Support policy has placed significant increased demand/ pressure on 'step-down' intermediate care services



Significant national/ regional focus on 'Discharge to Assess' rather than assessments in hospital and early discharge once a patient doesn't meet the Criteria to Reside to support acute hospital pressures



Impact has been seen across both home based intermediate care services (domiciliary care and reablement) and bed based intermediate care services (Rosedale and spot purchased care home beds)



Additional impact on community workforce

Better Care Fund (BCF)

- Since 2015, the BCF has been crucial in supporting people to live healthy, independent and dignified lives, through joining up health, social care and housing services.
- This vision is underpinned by 2 core objectives to:
 - enable people to stay well, safe and independent at home for longer
 - provide people with the right care, at the right place, at the right time.
- Requires Integrated Care Boards (ICBs) and Local Authorities to agree a joint plan, owned by the Health and Wellbeing Board (HWB), governed by an agreement under section 75 of the NHS Act (2006).
- This continues to provide an important framework in bringing local NHS services and Local Authorities together to tackle pressures faced across the health and social care system and drive better outcomes for people.

National Condition 2 - Enabling people to stay well, safe and independent at home for longer

Local areas should agree how services they commission will support people to remain independent for longer, and where possible support them to remain in their own home.



Stockton-on-Tees BCF Schemes include:



Reablement services



Assistive technology



Carers' support services



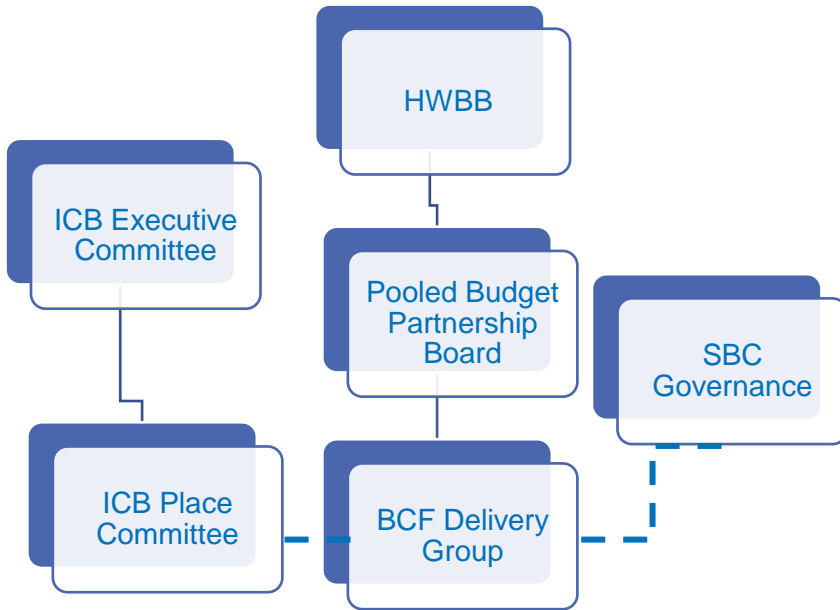
Rosedale Intermediate Care Centre (step-up and step-down)



Additional Roles within iSPA

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Stockton-on-Tees BCF Governance



Role of BCF Delivery Group/ PBPB:

- ensure oversight of delivery and monitoring of the plan
- review current schemes
- agree future proposals/ business cases

- Number of operational working groups / forums to supporting the transformation

BCF Metrics

Provide people with the right care, at the right place, at the right time

- discharge to usual place of residence
- new: discharge metric ahead of winter 2023 (Discharge Ready Date)

Enabling people to stay well, safe and independent for longer

- permanent admissions to residential and care homes
- unplanned admissions for ambulatory sensitive chronic conditions
- **the proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services**
- new: emergency hospital admissions due to falls in people over 65.

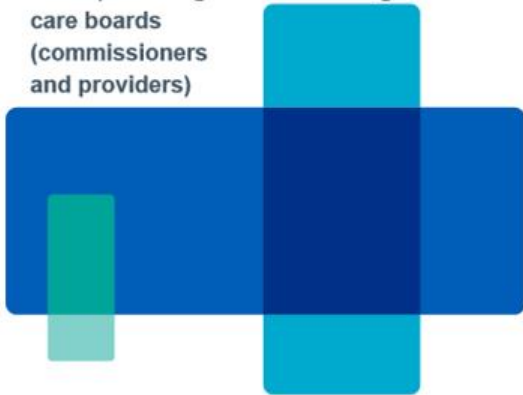
Intermediate Care Framework

Classification: Official



Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge

Good practice guidance for integrated care boards (commissioners and providers)



Priority area 1: Improve demand and capacity planning

- Gathering data to plan and commission services
- Increasing productivity
- Agreeing actions and determining system impact

Priority area 3: Implement effective care transfer hubs

- What is a care transfer hub's role in intermediate care?
- Developing care transfer hub capability
- Priority actions for systems
- Medium-term actions for systems

Priority area 2: Improve workforce utilisation through a new community rehabilitation and reablement model

- Implementing the new model through workforce approaches
- Changing behaviours and culture

Priority area 4: Improve data quality and prepare for a national standard

- Preparing for a national standard
- Embedding real-time data into day-to-day operational working
- Evaluation and ongoing monitoring of the impact of interventions
- Developing the data

Community rehabilitation and reablement model



1. Acute inpatient / virtual ward care

From admission

- ❖ Planning ahead with the person to prepare for discharge
- ❖ Actions taken to reduce the risk of deconditioning
- ❖ Movement and physical and social activity supported and encouraged by ward team

No longer meeting criteria to reside

- ❖ Information collated for care transfer team
- ❖ Physical, psychological, social, cognitive and communication needs included

Care transfer

- ❖ Single referral system
- ❖ Triage and direction to appropriate local team with the right skills to undertake the assessment
- ❖ Most people will be assessed and receive their rehabilitation intervention at home. A small proportion may require a short-term bedded unit.

Assessment to take place as soon as possible after no longer meeting the criteria to reside

Discharge



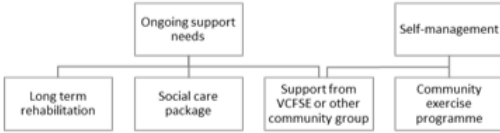
2. Rehabilitation assessment in the community

- ❖ Holistic assessment with integrated MDT to agree personal goals and outcomes
- ❖ Involves the person and their family, friends, carers and others involved in supporting them if appropriate and agreed with them
- ❖ Delegation to skilled support workers where appropriate
- ❖ Oversight and supervision by registered therapist, and escalation protocols in place
- ❖ Following assessment, where appropriate a person can be directed to supported self-management
- ❖ Outcome of assessment recorded in Individual Rehabilitation Plan



4. Transition from intermediate care

Transition for long-term/ongoing needs

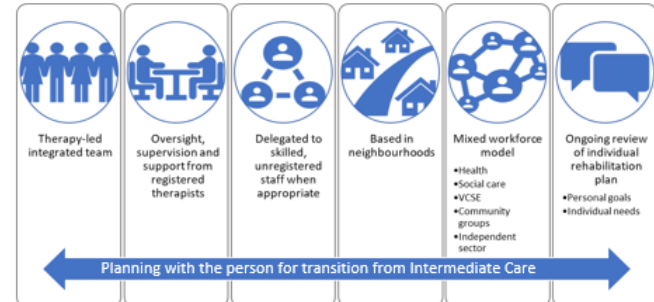


- ❖ Transition for long-term/ongoing needs
- ❖ Planned with the person and their family, friends or carers as appropriate
- ❖ Audit, peer reviews and evaluation to inform improvement in delivery, training and upskilling, and reduction in variation

Discharge

One or more elements may be required
Additional assessments may be required, e.g. a new or updated Care Act assessment or NHS Continuing Healthcare assessment

3. Delivery of rehabilitation interventions



| |
|--|
| Adult Social Care and Health Select Committee |
| Review of Reablement Service |
| Outline Scope |

| | |
|--|---|
| Scrutiny Chair (Project Director): Cllr Marc Besford | Contact details: marc.besford@stockton.gov.uk |
| Scrutiny Officer (Project Manager): Gary Woods | Contact details: gary.woods@stockton.gov.uk 01642 526187 |
| Departmental Link Officer: Rob Papworth (SBC Strategic Development Manager (Adults & Health)) | Contact details: rob.papworth@stockton.gov.uk |
| Which of our strategic corporate objectives does this topic address? | |
| <p>The review will contribute to the following Council Plan 2023-2026 key objectives (and associated 2023-2024 priorities):</p> <p><i>A place where people are healthy, safe and protected from harm</i></p> <ul style="list-style-type: none"> • Support people to remain safely and independently in their homes for as long as possible and offer help to people who are feeling lonely. • Engage with individuals, families, carers and communities when developing adult social care support and continue to collaborate with the NHS to ensure health and care services work effectively together. | |
| What are the main issues and overall aim of this review? | |
| <p>‘Reablement’ is a short period of rehabilitation which usually takes place in a person’s own home.</p> <p>National evidence suggests that supporting early and safe discharge from hospital into a reablement-type service delivers better outcomes for individuals when compared to longer periods of hospitalisation or immediate transfer into care at home. It is also cost-effective for health and adult social care services, both reducing pressure on bed-capacity in hospitals and the need for large packages of ongoing community or residential or nursing care. Research has continued to evidence that most people prefer to remain in their own homes and communities.</p> <p>Locally, the Reablement Service provides support for people with poor physical or mental health to help them manage their illness / condition by learning or re-learning the skills necessary for daily living (so that they can remain in the community). The service seeks to ensure that people can maximise their independence when they need it – this can include both ‘step-up’ care (escalation of need for people already supported to live independently) as well as ‘step-down’ (to avoid hospital admission or ensure safe discharges). It also promotes and supports people to be more independent and reduce the need for long-term service provision for as long as possible.</p> <p>The offer is provided free (as mandated by the Care Act 2014) for the person receiving support for up to a maximum of six weeks. A person with ongoing care and support needs following this six weeks will be financially assessed for their ongoing contribution to their care.</p> | |

There are a number of Stockton-on-Tees Borough Council (SBC) *Powering Our Future* (POF) projects that link to this review; 'Supporting People to Live Independently' and 'Early Intervention and Prevention'. The final report produced by the Adult Social Care and Health Select Committee will be submitted to these workstreams for their awareness.

The aim of the review is to identify whether the Reablement Service offered by the Council is:

- 1) maximising independence for people being discharged from hospital and living in the community.
- 2) reducing the need for ongoing, more intensive support in people's own homes and reducing the need for admission into 24-hour care.
- 3) working effectively with NHS provision that supports people on a reablement pathway.
- 4) using technology as effectively as possible.

The Committee will undertake the following key lines of enquiry:

Which organisations are involved in the planning and delivery of the existing local Reablement Service and what role do they play?

How much does the service cost the Council and its partners, and how is it funded? Is current funding sufficient for future projected provision?

What is the previous / current / anticipated capacity and subsequent demand for use of the service?

How is the service promoted and how do people access it / how are they identified as potentially benefitting from it?

How does the Council and the NHS monitor the impact and effectiveness of the service?

What technology is used within current service provision? What options are there to incorporate technology in future service provision?

Is there an opportunity to involve the VCSE more in the reablement pathway.

Feedback from service-users and their families / carers – how easy was it to access; did the service help an individual's independence; was Council and NHS provision provided in a seamless way?

Who will the Committee be trying to influence as part of its work?

Council, Cabinet, North East and North Cumbria Integrated Care Board (NENC ICB), local NHS Trusts, social care providers, public.

Expected duration of review and key milestones:

6 months (report to Cabinet in March 2025)

What information do we need?

Existing information (background information, existing reports, legislation, central government documents, etc.):

- Social Care Institute for Excellence (SCIE): Role and principles of reablement (<https://www.scie.org.uk/integrated-care/intermediate-care-reablement/role-and-principles-of-reablement/>)
- NHS: Care after illness or hospital discharge (reablement) (<https://www.nhs.uk/conditions/social-care-and-support-guide/care-after-a-hospital-stay/care-after-illness-or-hospital-discharge-reablement/>)

- Care Quality Commission (CQC): SBC Reablement Service (latest inspection – May 2021) (<https://api.cqc.org.uk/public/v1/reports/40ab9f3d-8d99-463f-a538-6e615a29fb73?20210521120000>)

Who can provide us with further relevant evidence? (Cabinet Member, officer, service user, general public, expert witness, etc.)

What specific areas do we want them to cover when they give evidence?

Stockton-on-Tees Borough Council

- Adults, Health and Wellbeing (Strategy and Transformation)
 - Legal requirements regarding reablement
 - Existing service structure, costs and funding
 - Access / promotion of service and levels of demand
 - Impact of service and current / future challenges
 - Views on planning and delivery of existing service
- Reablement Manager and staff
- Service Managers for Reablement / Social Care Teams / Social Workers
 - Role within reablement provision
 - Views on existing local service / feedback received

North East and North Cumbria Integrated Care Board (NENC ICB)

- Role within reablement provision
- Partnership-working with the Council
- Views on existing local service / feedback received

Local NHS Trusts

VCSE Sector

- Potential for involvement in reablement pathway

Service-Users and Families / Carers

- Views on experience of service / ways to improve

Other Local Authority Areas

- Any alternative approaches to reablement provision

How will this information be gathered? (eg. financial baselining and analysis, benchmarking, site visits, face-to-face questioning, telephone survey, survey)

Committee meetings, reports, research, reviewing existing / seeking provider and service feedback, site visits (TBC)

Communities Powering Our Future: How will key partners and the public be involved in the review?

Committee meetings, information submissions, analysis of historical / new feedback on services.

How will the review help the Council meet the Public Sector Equality Duty?

The Public Sector Equality Duty requires that public bodies have due regard to the need to advance equality of opportunity and foster good relations between different people when carrying out their activities. This review will be mindful of these factors.

How will the review contribute towards the Joint Strategic Needs Assessment, or the implementation of the Health and Wellbeing Strategy?

Stockton Joint Strategic Needs Assessment (JSNA): Information gathered will contribute to the ongoing development of the JSNA.

Stockton-on-Tees Joint Health and Wellbeing Strategy 2019-2023: Maximising health and wellbeing.

Provide an initial view as to how this review could lead to efficiencies, improvements and / or transformation:

- Maximising independence and reduced need for more intensive support at home or within 24-hour care provision.
- The use of technology is an effective enabler for people's independence and supports people to live their lives as independently as possible.

| |
|---------------------|
| Project Plan |
|---------------------|

| Key Task | Details/Activities | Date | Responsibility |
|--|---|---|---|
| Scoping of Review | Information gathering | June / July 2024 | Scrutiny Officer Link Officer |
| Tri-Partite Meeting | Meeting to discuss aims and objectives of review | 09.09.24 | Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer |
| Agree Project Plan | Scope and Project Plan agreed by Committee | 17.09.24 | Select Committee |
| Publicity of Review | Determine whether Communications Plan needed | TBC | Link Officer, Scrutiny Officer |
| Obtaining Evidence | SBC Adults, Health & Wellbeing NENC ICB Local NHS Trusts | 22.10.24 19.11.24 17.12.24 21.01.25 18.02.25 | Select Committee |
| Members decide recommendations and findings | Review summary of findings and formulate draft recommendations | 18.03.25 | Select Committee |
| Circulate Draft Report to Stakeholders | Circulation of Report | March 2025 | Scrutiny Officer |
| Tri-Partite Meeting | Meeting to discuss findings of review and draft recommendations | TBC | Select Committee Chair and Vice Chair, Cabinet Member(s), Director(s), Scrutiny Officer, Link Officer |
| Final Agreement of Report | Approval of final report by Committee | 22.04.25 | Select Committee, Cabinet Member, Director |
| Consideration of Report by Executive Scrutiny Committee | Consideration of report | [20.05.25] | Executive Scrutiny Committee |
| Report to Cabinet / Approving Body | Presentation of final report with recommendations for approval to Cabinet | 15.05.25 | Cabinet / Approving Body |

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

QUARTER 2 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 July and September 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, **5** 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:

- 2 Adult Services were reported on (2 rated 'Good')
- 3 Primary Medical Care Service were reported on (3 not rated)
- 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 7 reports published between July and September 2024 (inclusive), the overall outcomes of which can be summarised as follows:

- 4 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)

| | | |
|--|---|----------------------------|
| Provider Name | Kensington Home Care Limited | |
| Service Name | Kensington Home Care | |
| Category of Care | Homecare Agency | |
| Address | Rooms 6-8, Gloucester House, 72 Church Road, Stockton-on-Tees TS18 1TW | |
| Ward | n/a | |
| CQC link | https://www.cqc.org.uk/location/1-14954071090/reports/AP3275/overall | |
| | New CQC Rating | Previous CQC Rating |
| Overall | Good | n/a |
| Safe | Good | n/a |
| Effective | Good | n/a |
| Caring | Good | n/a |
| Responsive | Good | n/a |
| Well-Led | Good | n/a |
| Date of Inspection | 8th – 14th May 2024 | |
| Date Report Published | 6th August 2024 | |
| Date Previously Rated Report Published | n/a | |
| Further Information | | |
| <p>The CQC carried out an on-site assessment on 9 May 2024; off-site assessment activity started on 8 May 2024 and ended on 14 May 2024. It looked at 95 evidence categories within 34 quality statements. The service performed well against the majority of statements the CQC looked at.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> • There were areas for improvement in evidence categories linked to timeliness of care calls, cultural awareness of staff and future care planning. • Safeguarding procedures and policies were in place and implemented effectively. • Risks were regularly reviewed following a detailed pre-assessment process and proactive work with other health and social care partners. • People and their relatives were involved in care planning. • The provider has a 'visiting officer' role in place and this proved effective in understanding people's needs from the outset. • Six-monthly reviews were used to assess how people were finding the service and if any changes needed to be made. • The visiting officer worked closely with the care co-ordinator and registered manager; the team had a strong understanding of people's needs. | | |

- Staffing levels were sufficient to keep people safe, although there were times when staff arrived late for care calls, or did not stay the full time. Rotas were well planned and the registered manager was working to reduce the number of delayed calls, and to improve communication in this regard.
- The majority of people who used the service described positive experiences, with carers being kind and respectful. Where particular concerns were raised about standard of food preparation, the registered manager acted on these.
- The registered manager worked well with local partners. They had suitable experience in social care and led the service strongly. They acknowledged they could do more to explore links with other community organisations or educational establishments and were responsive to feedback.

People's experience of this service

- People were supported to maintain their independence and had a clear say in how they planned and received care.
- People, relatives and staff felt they could speak up if they had any concerns. Where they had done so, the registered manager took prompt, effective action.
- Some people raised concerns about the ability of some staff to communicate effectively, and to understand their food preferences. There were examples of poor outcomes for people in terms of food preparation. The registered manager was aware of this and was responsive to feedback regarding how to make improvements.
- People confirmed staff completed the tasks that had been agreed in advance as their care plan, and that the service got in touch through a range of means to see if any changes were needed.
- People told the CQC they felt safe and felt the service delivered what they expected the majority of the time. Some people had experience delayed calls but never significantly so.
- Representative comments included, "It's a local company and the quality of the care they give mum has given mum a new lease of life. No I don't think there is anything else they could do to improve it." Another said, "Overall it's a good service. There have been some issues with staff understanding our culture and some communication difficulties though." Another said, "To tell you the truth it's a small company and the staff treat me respectfully and as a human being. I did have problems in the beginning but it's all been sorted."

| | | |
|--|---|----------------------------|
| Provider Name | Prestige Care (Roseville) Ltd | |
| Service Name | Roseville Care Centre | |
| Category of Care | Nursing / Residential / Dementia | |
| Address | Blair Avenue, Ingleby Barwick, Stockton-on-Tees TS17 5BL | |
| Ward | Ingleby Barwick North | |
| CQC link | https://www.cqc.org.uk/location/1-5123732549/reports/AP5141/overall | |
| | New CQC Rating | Previous CQC Rating |
| Overall | Good | Good |
| Safe | Good | Good |
| Effective | Good | Good |
| Caring | Good | Good |
| Responsive | Good | Good |
| Well-Led | Good | Good |
| Date of Inspection | 5th – 15th August 2024 | |
| Date Report Published | 22nd August 2024 | |
| Date Previously Rated Report Published | 21st February 2023 | |
| Breach Number and Title | | |
| None. | | |
| Level of Quality Assurance & Contract Compliance | | |
| Level 1 – No Concerns / Minor Concerns (Standard Monitoring) | | |
| Level of Engagement with the Authority | | |
| The Group Operations Manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner. | | |
| Engagement and Support from Transformation Managers | | |
| <p>Following recent concerns raised through the CQC whistleblowing, a meeting was held between the Transformation Team and Roseville senior management team including the Regional Manager, Acting Manager and Deputy Manager. General performance and strategic direction of the home was discussed, and the team conceded that there had been issues under the previous manager, but they have been working towards significant improvements in the home.</p> <p>Areas for continued development were highlighted and support was requested from the Transformation Team which included improvements in staff knowledge about dementia, escalation of medical need, falls prevention, and MCA and DOLS – this has been consolidated into an Action Plan.</p> | | |

The Acting Manager and Deputy Manager have been allocated places on the Well Led Programme to support leadership, innovation and team building within the home and across the wider network.

The newly appointed manager is due to commence her role in October and will continue to be supported by the current Acting Manager (and Clinical Lead) and Deputy Manager. The team are keen to explore wider development opportunities and partnership work, including Skills for Care Digital Pioneers Programme.

Supporting Evidence and Supplementary Information

The inspection was completed due to concerns received by the CQC in relation to care, safeguarding, risk management, staffing, the environment, and the leadership of the home.

The CQC assessed a small number of quality statements from all key questions which focused on the areas of concern. The assessment of these quality statements did not indicate any concerns, and the overall rating remains 'Good'.

The scores for these areas have been combined with scores based on the key question ratings from the last inspection which was completed in January 2023. At the time of the assessment, there was no Registered Manager in post – however, interim management arrangements were in place which people, relatives and staff were happy with.

Systems and processes were in place to assess and mitigate risks and ensure people were safeguarded from the risks of avoidable harm and abuse. Recognised tools were used to assess people's needs and leaders worked to ensure best practise guidance was followed.

Staff knew people well and were kind and caring in their approach, ensuring people were supported with decision-making and their choices respected.

Checks of the equipment and the environment were completed, and a refurbishment plan was in place and being completed.

Governance processes were in place to monitor the service and drive improvements. However, there were mixed views about staffing levels and sustained improvements were needed in relation to the recording of recruitment checks, staff training and support. These had been identified by the provider, however, further development and embedding of processes was needed.

| | | |
|---|-------------------|-------------|
| Participated in Well Led Programme? | Yes | |
| PAMMS Assessment – Date (Published) / Rating | 07/09/2022 | Good |

PRIMARY MEDICAL CARE SERVICES

| | | |
|--|---|----------------------------|
| Provider Name | Mr Michael Stanley Hulley | |
| Service Name | Roseworth Dental Centre | |
| Category of Care | Dentists | |
| Address | 73 Ragpath Lane, Stockton On Tees, Cleveland, TS19 9JW | |
| Ward | Roseworth | |
| CQC link | https://www.cqc.org.uk/location/1-3527282242/reports/AP4237/overall | |
| | New CQC Rating | Previous CQC Rating |
| Overall | n/a | n/a |
| Safe | Regulations met | n/a |
| Effective | Regulations met | n/a |
| Caring | Regulations met | n/a |
| Responsive | Regulations met | n/a |
| Well-Led | Regulations met | n/a |
| Date of Inspection | 3rd July 2024 | |
| Date Report Published | 22nd August 2024 | |
| Date Previously Rated Report Published | 29th March 2013 (previous provider) | |
| Further Information | | |
| <p>Roseworth Dental Centre provides NHS and private dental care and treatment for adults and children. The CQC carried out this on-site announced assessment on 3 July 2024 and found that the practice had met regulations. During the assessment, the CQC spoke with two dentists, two qualified dental nurses, the reception supervisor, the business manager, and practice supervisor.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> • The practice had systems to manage risks. • Recruitment procedures reflected current legislation. • Infection control procedures followed published guidance. • Patients' care and treatment was provided in line with current guidance. • Patients were treated with dignity and respect. • At the time of the assessment, patients could access care, support and treatment when required. • There was effective leadership and a culture of continuous improvement. <p><i>People's experience of this service</i></p> <ul style="list-style-type: none"> • During the assessment, the CQC received feedback from nine patients – all responded positively to the service which was provided. • Comments included that staff were welcoming, polite, professional and helpful. They also said that they were given information about treatment options and felt fully involved in the decision process. | | |

- The practice shared patient feedback with the team. The CQC was told this was reviewed and, where suggestions had been made, appropriate action would be taken.
- Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.
- Patients commented positively about the standards of cleanliness.

| | | |
|---|---|----------------------------|
| Provider Name | Syed Yusuf Abdullah & Deepa Abdullah | |
| Service Name | Hardwick Dental Practice | |
| Category of Care | Dentists | |
| Address | 50 Hardwick Road, Stockton-on-Tees TS19 8JY | |
| Ward | Hardwick & Salters Lane | |
| CQC link | https://www.cqc.org.uk/location/1-1174619026/reports/AP5909/overall | |
| | New CQC Rating | Previous CQC Rating |
| Overall | n/a | n/a |
| Safe | Regulations met | n/a |
| Effective | Regulations met | n/a |
| Caring | Regulations met | n/a |
| Responsive | Regulations met | n/a |
| Well-Led | Regulations met | n/a |
| Date of Inspection | 3 rd June 2024 | |
| Date Report Published | 28 th August 2024 | |
| Date Previously Rated Report Published | 9 th April 2014 (previous provider) | |
| Further Information | | |
| <p>Hardwick Dental Practice provides NHS and private dental care and treatment for adults and children. The CQC carried out this on-site announced assessment on 3 June 2024. During the assessment, the CQC spoke with two dentists, one qualified dental nurse, the receptionist, and the practice manager.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> • The practice had systems to manage risks. • Recruitment procedures reflected current legislation. • Infection control procedures followed published guidance. • Patients' care and treatment was provided in line with current guidance. • Patients were treated with dignity and respect. • At the time of the assessment, patients could access care, support and treatment when required. • There was effective leadership and a culture of continuous improvement. <p><i>People's experience of this service</i></p> <ul style="list-style-type: none"> • Two weeks before the inspection, the practice was asked to encourage patients to share their views of the service with the CQC. Thirty-one comments were received and all views expressed by patients were positive. • Comments included that staff were friendly, helpful, professional and polite. • They also commented they could get appointments quickly and easily. • Patients said they would recommend the service to friends and family. • The practice shared patient feedback with the team. The CQC was told this was reviewed and, where suggestions had been made, appropriate action would be taken. | | |

- The provider gathered feedback from staff through meetings, surveys, and informal discussions.
- Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.
- Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.
- Patients commented positively about the standards of cleanliness.

| | | |
|---|---|----------------------------|
| Provider Name | Grange Dental Practice | |
| Service Name | Grange Dental Practice | |
| Category of Care | Dentists | |
| Address | 384-386 Norton Road, Stockton-on-Tees TS20 2QL | |
| Ward | Norton South | |
| CQC link | https://www.cqc.org.uk/location/1-5104053930/reports/AP4229/overall | |
| | New CQC Rating | Previous CQC Rating |
| Overall | n/a | n/a |
| Safe | Regulations met | n/a |
| Effective | Regulations met | n/a |
| Caring | Regulations met | n/a |
| Responsive | Regulations met | n/a |
| Well-Led | Regulations met | n/a |
| Date of Inspection | 17 th July 2024 | |
| Date Report Published | 17 th September 2024 | |
| Date Previously Rated Report Published | 17 th September 2013 | |
| Further Information | | |
| <p>Grange Dental Practice provides NHS and private dental care and treatment for adults and children. The CQC carried out this on-site announced assessment on 17 July 2024 and found that the practice had met regulations. During the assessment, the CQC spoke with three dentists, three dental nurses, a decontamination nurse, a dental therapist, and the business manager.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> • The practice had systems to manage risks. • Recruitment procedures reflected current legislation. • Infection control procedures followed published guidance. • Patients' care and treatment was provided in line with current guidance. • Patients were treated with dignity and respect. • At the time of the assessment, patients could access care, support and treatment when required. • There was effective leadership and a culture of continuous improvement. <p><i>People's experience of this service</i></p> <ul style="list-style-type: none"> • During the assessment, the CQC received feedback from 36 patients – all patients' feedback was positive. • Patients told the CQC that staff were professional, welcoming, comforting and kind. They also commented that the standard of care was always excellent, and they would recommend the practice to anyone. • The practice shared patient feedback with the team. The CQC was told this was reviewed and, where suggestions had been made, appropriate action would be taken. | | |

- Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.
- Patients commented positively about the standards of cleanliness.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

None

APPENDIX 2

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

| | | |
|---|--|------------------------------|
| Provider Name | SSL Healthcare Ltd | |
| Service Name | The White House Care Home | |
| Category of Care | Residential | |
| Address | 76a Darlington Road, Hartburn, Stockton-on-Tees TS18 5ET | |
| Ward | Hartburn | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Good |
| Involvement & Information | Good | Good |
| Personalised Care / Support | Excellent | Excellent |
| Safeguarding & Safety | Good | Good |
| Suitability of Staffing | Good | Good |
| Quality of Management | Good | Good |
| Date of Inspection | 10th June 2024 | |
| Date Assessment Published | 7th August 2024 | |
| Date Previous Assessment Published | 27th October 2022 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans were seen to be highly personalised and person-centred. Observations of interactions with residents were seen to be positive. Care plans and risk assessment were seen to be updated regularly.</p> <p>Throughout the assessment, family / relatives were seen to be welcomed into the home and could enjoy meals and join in activities with their loved ones. It was evident there were strong relationships with relatives who provided lots of praise and positive feedback regarding the home and staff team.</p> <p>The home is proactive in engaging with other care homes to provide joint activities and was pivotal in establishing a monthly activity at a local social club where residents from different care homes come together. Each care home takes turns to host the activity and organise different events (i.e. Country and Western afternoon, etc.).</p> <p>The home is ambitious about their activity provision alongside providing an activity programme that includes activities both inside and outside of the home; they also take residents to trips out to the Lake District and caravaning holidays. The home is also innovative in their practice and introduced virtual reality into the lives of their residents with VR Headsets. The home captures residents' experiences and shares these via photographs and videos with family / relatives.</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 management was found to be good.

MCA assessment and DoLS were in place where required, and mental state and cognition care plans also linked to the Dementia, Living GEMS states.

Sufficient staff are available to residents exceeding the staffing required as per the dependency tool. Staffing training compliance was 92% for mandatory training at the time of the assessment.

The manager gathers and evaluates information about the quality of service to improve. Relative surveys were last carried out in January 2024; feedback was positive and any suggestions, etc. were seen to be acted on. The manager records and monitors any complaints, incidents / near misses and safeguarding alerts, and has a range of audits that are both effective and robust.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan for the very few questions identified as 'Requires Improvement' and the QuAC Officer will monitor this progress through contract visits.

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 positive relationship with the QuAC Officer. Concerns around late submission of monthly performance data has now been resolved.

Engagement and Support from Transformation Managers

The White House is highly engaged with, and regularly contributes to the work of, the Transformation Team.

They attend all relevant training and have recently attended Complaints Management, Recovery Ally, Fire Safety and Meds Optimisation training, and have provided evidence of how this training will be implemented into their practice.

They attend all Leadership and Peer Support Network meetings and have presented on several occasions and regularly share best practice with peers. They attend all Provider Forums unless on annual leave and are scheduled to present at the upcoming forum in September 2024.

They are heavily engaged with the Research in Care Homes programme and have presented at an event for the National Institute for Health and Care and have also produced a video about innovation and positive risk taking in care homes that has been shared at two regional conferences. One of their residents also sits on the FINCH National Research Board working in particular on an Action Falls initiative which looks to reduce falls in care home settings.

Their Activity Co-ordinator is an integral part of the Activity Co-ordinators Network and supported the creation of the monthly resident social group at Elm Tree Social Club; their residents have taken part in events including Care Home Legends, SIRF Community Carnival and the Big Green walk.

They have excellent relationships with wider partners and stakeholders, and regularly engage with them to support development of practice and to improve their own practice.

The White House and their staff are always motivated, innovative and have the resident at the heart of their service delivery, and it is a pleasure to work with them.

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| Current CQC Assessment - Date / Overall Rating | 18/12/2019 | Outstanding |
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| Provider Name | Methodist Homes | |
| Service Name | Reuben Manor | |
| Category of Care | Residential / Dementia Residential | |
| Address | 654-656 Yarm Road, Eaglescliffe, Stockton-on-Tees TS16 0DP | |
| Ward | Eaglescliffe East | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Good |
| Involvement & Information | Good | Good |
| Personalised Care / Support | Good | Good |
| Safeguarding & Safety | Excellent | Good |
| Suitability of Staffing | Good | Good |
| Quality of Management | Good | Good |
| Date of Inspection | 8th July 2024 | |
| Date Assessment Published | 14th August 2024 | |
| Date Previous Assessment Published | 9th March 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans were electronic, well organised and easy to follow. Care plans were seen to be person-centred and contained the residents' personal details, likes / dislikes. Residents' abilities and preferences were recorded to ensure independence was promoted. Risk assessments were in place and aligned with care plans. Care plans and risk assessments were seen to be reviewed and updated regularly. Mental Capacity Assessments were seen to be in place for residents with DoLS Authorisations and Best Interest Decisions in place where required.</p> <p>Observations evidenced residents' overall wellbeing is maintained and staff interactions with residents was seen to be positive and respectful, promoting dignity. Feedback from residents regarding the home, staff and food was positive.</p> <p>Staff had the relevant knowledge and training required for the role. The home has an in-house Moving and Handling trainer which allows for one-to-one training sessions for staff, if required, and greater availability of training, which in turn increases resident safety. This has contributed to the 'Excellent' rating for 'Safeguarding & Safety' domain. Staff receive regular supervision and annual appraisal; staff training compliance levels were high. Sufficient staff were seen to be on duty as per the staffing recruitments from the dependency tool, however, the feedback from staff was staffing levels could be improved.</p> <p>Safeguarding information and was on display around the home; staff had a good understanding of safeguarding, had completed relevant training, and were confident in responding and reporting to safeguarding concerns. Residents confirmed they felt safe.</p> <p>Safer recruitment practices were seen to be in place, however, some gaps in employment history were not explored. Appropriate documentation was available for agency staff and visiting professionals.</p> | | |

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| <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 handling, administration and management of medication was found to be good.</p> <p>At the time of the assessment, the home was undergoing redecoration; other areas were seen to be decorated to a high standard. The dementia unit was dementia friendly, including appropriate signage for bathrooms, memory boxes outside of bedrooms, coloured toilet seats, coloured crockery, sensory area, and activity room.</p> <p>The manager has a range of audits in place; Actions Plans were seen to be in place for any areas identified, however, would benefit from an audit schedule. The manager has a folder in place to log all incidents, and a monthly report is produced from analysis of audits and incidents. The reports viewed were seen to cover a range of areas, included lessons learned, and signposted to other relevant areas such as policies and procedure or external support such as local safeguarding.</p> | | |
| Plans and Actions to Address Concerns and Improve Quality and Compliance | | |
| <p>There were only four individual questions identified as 'Requiring Improvement'; the manager will complete an Action Plan to address these areas which will be monitored by the QuAC Officer through reviews and contract visits.</p> | | |
| Level of Quality Assurance & Contract Compliance Monitoring | | |
| <p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p> | | |
| Level of Engagement with the Authority | | |
| <p>The manager and deputy have a good open relationship with the QuAC Officer, are responsive to requests, and compliant with contractual requirements such as submission of performance data and utilisation of NEWS observations.</p> | | |
| Engagement and Support from Transformation Managers | | |
| <p>The Transformation Team have a good relationship with Reuben Manor, but engagement with training and networks is limited to Activities and occasional Leadership and Peer support networks. They involve residents in activities within the community and engage regularly with the Activity Co-ordinator Network, including meetings, workshops and attendance at activities across Stockton-on-Tees, most recently being the Care Home Legends, and Residents on Ice events. The manager has said that she would like to be more involved across the network and the team will continue to engage across the coming year.</p> | | |
| Current CQC Assessment - Date / Overall Rating | 17/12/2020 | Good |

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| Provider Name | Oxbridge Care Limited | |
| Service Name | Windsor Court Residential Home | |
| Category of Care | Residential | |
| Address | 44-50 Windsor Road, Oxbridge, Stockton-on-Tees TS18 4DZ | |
| Ward | Ropner | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Good |
| Involvement & Information | Good | Good |
| Personalised Care / Support | Good | Good |
| Safeguarding & Safety | Good | Good |
| Suitability of Staffing | Good | Good |
| Quality of Management | Good | Good |
| Date of Inspection | 8th – 10th July 2024 | |
| Date Assessment Published | 16th August 2024 | |
| Date Previous Assessment Published | 4th January 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans overall were of a good standard, covering a range of need and requirements, and personalised to each resident. Resident likes, dislikes and preferences were seen to be considered. Good detail was given on specific needs, level of independence, and behavioural triggers. Care plans and risk assessments were reviewed regularly, and there was also evidence of plans being updated timely where changes were necessary. A small area of improvement was identified around resident involvement in care planning; no resident or families spoken with could confirm their involvement in monthly reviews.</p> <p>The home was well-kept, with good cleaning practices in place. The home has adapted well to be dementia-friendly, though a recommendation was made to include more pictorial dementia-friendly notifications for posters, menus, and activity boards. Bedrooms had been personalised with items from home. Interactions around the home were good; the environment was homely, and residents were clearly familiar with all staff and each other, with good examples of relationships between all. Residents and families spoke very highly of the home and the staff.</p> <p>Staffing levels are good, and there was a good level of staff visibility around the home. There is a comprehensive induction and probation structure in place, which included use of the Care Certificate. Staff were seen to be appropriately trained; training was at 95% completion. Staff were able to confidently describe the MCA principles and were well informed on residents with DoLS and their restrictions. Supervisions and appraisals are carried out regularly and timely. A range of robust internal audits take place regularly with evidence of good managerial oversight.</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. MAR chart entries were seen to be a high standard; there was some evidence of inconsistent recording of non-administration and discontinuations with a lack of further details. Covert administrations were recorded clearly. Front covers were in place to a good standard.</p> | | |

Medication rounds observed were carried out in a safe and person-centred manner and there was good hand hygiene observed. Recommendations were made to seek clarity from prescribers on a small number of instructions, and to ensure covert plans include all relevant detail to aid safe administration. A robust ordering and stock checking process is in place. The medication room was found to be clean, tidy, and well organised. Fridge temperatures are recorded daily. Controlled drugs were stored correctly, and medications ready for disposal are stored separately. Medication audits are completed monthly, and competencies are completed in line with contractual requirements.

Residents are encouraged to be a part of the community both inside and outside the home, and a social calendar is in place. Residents and families spoke very highly of the activities available, that they are never 'going bored', and particularly liked the Activity Co-ordinator. There was plenty of evidence of many social activities taking place, and activities were seen to be inclusive to all residents. The home makes a conscious effort to adapt day trips to ensure everyone in the home has an opportunity to take part in social events. There was good evidence of support in maintaining relationships with family and friends, who were observed sitting in the garden, and joining in with activities and at mealtimes.

Plans and Actions to Address Concerns and Improve Quality and Compliance

A small Action Plan has commenced by the provider to address the inclusion of 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 and other Local Authority teams.

Engagement and Support from Transformation Managers

Over the last year, Windsor Court have engaged fully with the Transformation Team; they are heavily involved in the Activity Co-ordinator Network, involving residents in community activities and other engagement initiatives. They also co-lead the running of the monthly Resident Social Group, supporting other Activity Co-ordinators with activity sessions and support. They recently got a resident involved in a research in care homes Patient and Public Involvement (PPI) session, which we hope will continue in the future.

Windsor Court management and owners attend all relevant training and are an integral part of the networks and provider forums. The home is always keen to engage with partnership and project work. The outcome of the PAMMS reflects the hard work and dedication of the team and they are always willing to share best practice with peers and ask for support when required.

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| Current CQC Assessment - Date / Overall Rating | 05/10/2018 | Good |
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| Provider Name | Indigo Care Services Limited (also known as Orchard Care Homes) | |
| Service Name | Green Lodge | |
| Category of Care | Residential | |
| Address | The Green, Billingham, Stockton-on-Tees TS23 1EW | |
| Ward | Billingham South | |
| | 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 | Good | Good |
| Quality of Management | Requires Improvement | Requires Improvement |
| Date of Inspection | 5 th – 7 th July 2024 | |
| Date Assessment Published | 22 nd August 2024 | |
| Date Previous Assessment Published | 1 st March 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>Care plans overall were personalised, and there was evidence of having taken time to find out resident likes, dislikes and preferences. Good detail was given on specific needs, level of independence, and behavioural triggers, and the homepage identified risks to be aware of, medical information, and DoLS status at-a-glance. Care plans and risk assessments were reviewed regularly, though there was no evidence of resident and family involvement either in care plans or when speaking to residents and family. Some care plans were seen to have conflicting information, or not completed in full, and recommendations were made to ensure care is taken on the electronic system used to prevent confusion.</p> <p>The home had been adapted well to be accessibility-friendly. There was evidence of the home working to be dementia-friendly, including pictorial signage, menus, and activity boards, posters and paperwork in easy-read formats, and use of different coloured handrails, plates and toilet seats. In general, the home was well-kept, clean and tidy, and bedrooms personalised. Interactions around the home were good; staff showcased some good relationships with residents and an intimate knowledge of how to care for each resident without needing to consult care plans.</p> <p>Staff were seen to be appropriately trained; training was at 98% completion. Staffing visibility was good, though was seen to be better downstairs than upstairs. Staff had limited knowledge of MCA principles, DoLS and restrictions without referring to care plans, and knowledge of whistleblowing practices. Additionally, staff raised concerns following recent unsettlement in the management team and lack of support received in this time.</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. An improvement had been made from the previous medications audit to 80%.</p> | | |

Generally, medications were found to be stored and disposed of correctly, fridge temperatures recorded consistently, medications rotated with expiries checked daily, and the medication room was clean, tidy and well organised. A robust ordering system is in place, and a medication returns book was seen. Medications upstairs had clear labelling with date of opening, but this was not reflected downstairs. Medication rounds observed went well; good hand hygiene was followed along with the 'dot and pot' method, and administration was in a safe and person-centred manner. Recommendations were made to ensure medication is always available, time-sensitive meds are given at prescribed times, and to ensure patch application records are completed fully. There were minimal MAR charts requiring clarification on dosage. There was evidence seen that regular in-depth audits are taking place, though competencies were not completed in line with contract.

It was identified during the assessment that not all staff had completed their Level 3 medications training in full, and the manager could not confirm which staff had or had not completed, nor could they confirm if annual refreshers take place; in lieu of evidence, it was requested staff who are not able to be confirmed are taken off medication rounds until confirmation of L3 qualifications is gained.

Supervisions and appraisals were not evidenced to be carried out bi-monthly, with some staff only having two or three in a one-year period. Medication competencies were also not evidenced as being completed bi-annually. Staff could not confirm a regular meeting schedule, nor were meetings evidenced to be taking place regularly, and there was no evidence of staff feedback being gathered.

The home utilises an electronic platform to manage a highly robust internal audit system. A range of audits were seen, taking place regularly (daily, weekly and monthly). The system evidenced good managerial oversight. All audits fed into a live Action Plan, which requires evidence to be uploaded at completion, and is audited by the provider's internal quality team.

Plans and Actions to Address Concerns and Improve Quality and Compliance

An Action Plan is being created by the provider to address all areas of improvement. This will be monitored by the QuAC Officer. The manager has already implemented some improvements for areas identified during the PAMMS assessment.

UPDATE (13/11/2024): An Action Plan has been created by the provider to address all areas of improvement. This has subsequently been completed and further support visits have also taken place. Both the Registered Manager and General Manger are completing the Well-Led course. A Deputy Manager is in the process of being recruited for additional support.

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 QuAC, Transformation, and Safeguarding Teams.

Engagement and Support from Transformation Managers

The Transformation Team have met with the general manager and previous manager to discuss the needs of the home. A support plan was agreed and provided but this was not completed. Communication with the general manager is good and she is motivated to develop the home, but they currently do not attend or engage in other initiatives provided by the Transformation Team and have not responded to the call for spaces on the most recent upcoming Well Led

Programme. We will continue to encourage and work with the team at Green Lodge to support through recent management changes and fully involve them in upcoming projects and work.

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| Current CQC Assessment - Date / Overall Rating | 30/09/2020 | Good |
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| Provider Name | Gradestone Limited | |
| Service Name | Roseworth Lodge Care Home | |
| Category of Care | Residential / Residential Dementia / Nursing | |
| Address | Redhill Road, Stockton-on-Tees TS19 9BY | |
| Ward | Roseworth | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Requires Improvement | Good |
| Involvement & Information | Good | Good |
| Personalised Care / Support | Requires Improvement | Good |
| Safeguarding & Safety | Requires Improvement | Good |
| Suitability of Staffing | Requires Improvement | Good |
| Quality of Management | Requires Improvement | Good |
| Date of Inspection | 18th – 21st June 2024 | |
| Date Assessment Published | 22nd August 2024 | |
| Date Previous Assessment Published | 16th March 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>The home has just begun the process of transitioning to a new electronic care planning system (PCS). Care plans were reviewed on both the old and new system and an inconsistent level of detail was noted across care plans; the inconsistencies were present between residents, systems and individual care plans. Some were well detailed with person-centred information, including likes and dislikes and known triggers. Information was available for residents, visitors and staff in various formats, and this was advertised by posters displayed in the home. A welcome pack is available for all residents. Residents, staff and visitors spoken with were complimentary toward the care provided at the home and confirmed choice is promoted and consent sought for interventions. Capacity assessments were well detailed and procedures for monitoring DoLS conditions were comprehensive.</p> <p>There was little evidence of service-user involvement in care planning, reference to key workers was minimal within care plans, with no other evidence that this was in place. Generic statements were used in assessments, care plans and daily notes, and detail was inconsistent among records (as mentioned above).</p> <p>Safeguarding information was displayed in appropriate places around the home and staff had a good awareness of their responsibilities in maintaining safety of residents. Observations of care delivery during the assessment were noted to be safe and person-centred. Appropriate PPE was used by staff, and the environment was clean and tidy. Corridors, doorways and fire exits were free from clutter and obstruction. Some areas in the home would benefit from re-decoration, particularly the dementia units with a focus on dementia-friendly décor. Meaningful activities were seen to be delivered in varying formats (1-1, small group and large group). A range of audits are completed to monitor IPC standards in the home, the frequency of which varied. The premises was secure and equipment appropriately maintained and certified.</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</p> | | |

the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Some areas of improvement were identified in relation to record-keeping, otherwise medicines were seen to be handled safely.

A DBS and training matrix were in place, but both did not contain adequate / accurate information to provide assurance that the required checks / training is in place. Training is delivered both online and face-to-face. The provider has obtained confirmation of insurance / DBS for visiting professionals (where necessary). The provider has not used agency staffing in recent months, however, there was evidence of appropriate checks made to previous agency staff. Staff have access to an online platform which contains all policies and procedures, and it was evident from discussion with staff that all were aware of this. Rotas were reviewed against the homes dependency tool and seen to be in line with the required hours; some staff did comment that staffing levels sometimes feel low due to skill sets. A business continuity plan was seen to be in place but does require review as it is not fully complete; staff were also not aware of the document. PEEPS and grab bags were in place with the expected contents.

Staff advised they feel supported by management, but it was evident the supervisions and appraisals are not taking place as required. A matrix is in place for supervisions but needs review to provide the overview expected from a matrix. Staff meetings were noted to be taking place, but staff were not consistently informed of the outcomes. A complaints file was in place; there were only two complaints on file, one of which had good detail including investigation and outcome, the other had no evidence of follow-up. There were several compliments on file.

The disorganisation of audit files gave little assurance of appropriate managerial oversight and recommendation has been given in regard to this. An audit file was presented for review which contained two different contents lists; the file did not follow either of these. A range of audits were seen but the organisation of the system made it difficult to interpret against the required frequency, and some audits appeared to not have been completed. There were gaps noted in audits and little evidence of follow-up actions in several areas.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address areas identified for improvement to ensure full compliance which will be monitored by QuAC Officer.

UPDATE (13/11/2024): The provider has been supported in completing an Action Plan to address areas identified for improvement to ensure full compliance, and progress will be monitored by the QuAC officer. The provider has received wider support around best practice as a result of ownership of other homes in the Borough.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The provider is responsive to requests from, and liaises closely with, their QuAC Officer. Performance Dashboard submissions are made in a timely fashion and queries are responded to promptly. There have been no concerns raised in regard to engagement with other departments within the Local Authority.

Engagement and Support from Transformation Managers

One-to-one work was completed with the home in 2023 which supported them to move from 'Requires Improvement' to 'Good' in their PAMMS. The home and wider group have continued to engage well with initiatives from the Transformation Team, including attending training,

network events and provider forums. Recently, engagement has dipped, but the manager has continued to communicate with the team when pressures within the home prevent her or staff attending sessions.

The wider group has engaged well with recruitment initiatives, providing guaranteed interviews and employing candidates from the Sector Based Work Academy Programme. The group has also participated in recruitment events for international and sponsored workers.

The home took part in a pilot programme with the Community Matrons around use of their proactive time and focused support for the home. This has helped develop support which has been extended to the wider network, particularly when homes are struggling, and was recognised in their sister homes CQC report.

The home has participated in a number of activities in the community with their residents, joining with other care homes to participate in collaborative events. The manager participated in one of the first cohorts of the Well Led Programme and additional places will be offered to other senior staff within the home.

The owner of the home was also instrumental in the development of the Level 3 medication diploma and a number of staff have accessed this qualification. They have also taken part in Meds Optimisation training as part of the November cohort.

The recent PAMMS assessment is disappointing and additional work will be completed by the Transformation Team alongside their QuAC Officer to bring them back up to the required standard. The positive relationships between the teams and senior management will ensure that this should be completed in a timely manner.

Current CQC Assessment - Date / Overall Rating

14/07/2023

Good

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| Provider Name | St Philips Care Limited | |
| Service Name | The Maple Care Home | |
| Category of Care | Residential / Dementia | |
| Address | Dover Road, Stockton-on-Tees TS19 0JS | |
| Ward | Newtown | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Requires Improvement | Requires Improvement |
| Involvement & Information | Requires Improvement | Requires Improvement |
| Personalised Care / Support | Requires Improvement | Good |
| Safeguarding & Safety | Good | Requires Improvement |
| Suitability of Staffing | Requires Improvement | Requires Improvement |
| Quality of Management | Requires Improvement | Requires Improvement |
| Date of Inspection | 15th – 18th July 2024 | |
| Date Assessment Published | 10th September 2024 | |
| Date Previous Assessment Published | 2nd March 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>The home has just begun the process of transitioning to a new electronic care planning system (PCS). The amount of person-centred information included in the care plans varied greatly and incorrect information was evident in some. All care plans reviewed contained a front page with an up-to-date photograph of the service-user and pertinent information (e.g. preferred name, room information, known allergies, next of kin and family details). A comprehensive pre-assessment had been completed for recent admissions and this information was seen to be included in the care plans.</p> <p>There is currently no Key Worker system in place; this is a requirement of the Framework Agreement for Residential and Nursing Care (para 3.2.2).</p> <p>Service-users and family members spoken with could not recall attending a meeting and had not completed a satisfaction questionnaire. Minutes of two service-user / family meetings held during the past 12 months were available, however, attendance was poor. All service-users spoken with confirmed that they would be comfortable to make a complaint should they feel the need to do so. One service-user had recently raised a concern about menu choices for vegetarians.</p> <p>Staff were not able to confirm they had received supervisions and appraisals, and there had been gaps in this process. Some staff had not had supervisions for a number of months. Staff confirmed that they find the new management team very approachable, and they operate an open-door policy. The home now uses Curve Learning for training for new staff members and for refresher training. At the time of the assessment, the compliance rates for mandatory training were well below the contractual requirement of 80%.</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</p> | | |

findings. The home has just moved on to a new EMAR system and the profile pages on this are still being updated, however, full details were present in a paper file. Not all time-sensitive medication had been administered in line with instructions. The pharmacy had not included special instructions on the handheld devices, but staff were not checking the pharmacy label for administration instructions. The quality of PRN protocols was not consistent; some were not in place and others viewed had missing medications and were not service-user specific. There was no detail as to how staff would make an informed decision on which order to give multiple medicines for the same indication (e.g. laxatives for constipation). Some topical preparations were not applied as prescribed and full directions were not always available for care staff to follow. Two service-users had not had their topical medication applied for 13 days. Medication had been returned for service-users who were without medication at the start of the new cycle. This had not been returned correctly, as all medication was removed from original packs and stored in one plastic bag, therefore without any accurate audit trail. Medication audits were not robust enough to identify issues that were found during the assessment.

Staff were able to give examples of different types of abuse and to detail how they might handle any concerns they have around this, including signs to look out for and escalation processes. They confirmed they would feel able to raise concerns with internal management, but should the need arise to raise concerns externally, they advised they would feel comfortable in whistleblowing and referenced raising concerns to the CQC. Service-users spoken with confirmed that they felt safe and secure, and would feel comfortable raising any issues that they may have. Safeguarding referrals were submitted to the Local Authority where required and a notification sent to the CQC.

The home is currently in the process of major refurbishment, and dementia-friendly decoration and signage is being adopted throughout.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate.

UPDATE (13/11/2024): A timescale has been put to the provider to complete the Action Plans due to this being the second consecutive PAMMS assessment with an overall outcome of 'Requires Improvement'. If satisfactory progress is not made, a pre-RASC meeting will be held to determine whether to initiate RASC protocols.

Support around medicines management has been provided by the NECS Medicine Optimisation Team, with further support sessions to continue.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The manager is responsive to the QuAC and the Safeguarding Team, however, engagement with Transformation Managers could be improved.

Engagement and Support from Transformation Managers

The changes to management and activity teams over the last year have meant there has been no consistent engagement with the initiatives, meetings and activities alongside the Transformation Team. However, the new manager is engaging with the Transformation Team

currently, and will be supported to access all initiatives, support and peer relationships with other care homes across Stockton-on-Tees.

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| Current CQC Assessment - Date / Overall Rating | 05/10/2022 | Requires Improvement |
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|---|--|------------------------------|
| Provider Name | Anchor Hanover Group | |
| Service Name | Millbeck | |
| Category of Care | Residential | |
| Address | High Street, Norton, Stockton-on-Tees TS20 1DQ | |
| Ward | Norton Central | |
| | New PAMMS Rating | Previous PAMMS Rating |
| Overall Rating | Good | Good |
| Involvement & Information | Good | Good |
| Personalised Care / Support | Good | Good |
| Safeguarding & Safety | Good | Requires Improvement |
| Suitability of Staffing | Requires Improvement | Good |
| Quality of Management | Good | Good |
| Date of Inspection | 2nd September 2024 | |
| Date Assessment Published | 26th September 2024 | |
| Date Previous Assessment Published | 25th October 2023 | |
| PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns) | | |
| <p>The care plans were generally personalised, demonstrating an effort to understand the residents' likes, dislikes, and preferences. Detailed information was provided regarding specific needs, levels of independence, and behavioural triggers, while the homepage effectively highlighted risks, medical information, and DoLS status in a concise manner. Although care plans and risk assessments were reviewed on a regular basis, there was limited evidence of involvement from residents and their families in the care planning process or during discussions with them.</p> <p>Observations of the interactions and care provided to residents indicated that staff members treat them with dignity and respect. Staff were observed encouraging independence and choice, and they sought consent prior to delivering care. The feedback from service users was positive overall, and it was evident from the observations that general wellbeing was been maintained.</p> <p>The staff demonstrated a strong understanding of key areas and expressed a sense of support from the management. There were systems in place to ensure the secure recruitment of employees and to safeguard individuals from mistreatment; however, there was little evidence to confirm that staff supervisions were conducted on a bi-monthly basis.</p> <p>The environment was found to be clean and tidy with no unpleasant odours. The home is designed to be dementia-friendly but has room for improvement. It is not a specialised dementia care facility, yet it features various color-coded handrails, bedroom doors, and bathroom signage. The home is collaborating with a PAC Certified Independent Trainer from Young at Hearts to enhance its dementia-friendly environment.</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. When checked how medications were being given, it was seen to be done safely and</p> | | |

with the person's needs in mind. Good hand hygiene was observed. Medications were stored appropriately and secure. Process was in place if fridges go out of range, however, in July the fridges did get out of range and no action was taken until 10 days later. The medications looked at had clear labels with the date they were opened recorded. Some creams were missing from the list of medications. The instructions for where and how to put on certain medicated creams were not clear. Patches were not consistently recording date of removal or location. Plans to give medication covertly did not involve a pharmacist. It was not clear if a meeting had been held to decide what was best for the person, and the doctor had not signed off the assessment. These points form part of the providers Action Plan for improvement.

The home uses an electronic platform to oversee a comprehensive internal audit system. Various audits are conducted on a regular basis (daily, weekly and monthly). The system demonstrated effective managerial supervision. All audits contribute to a dynamic Action Plan which mandates the submission of evidence upon completion and is subject to review by the provider's internal quality team.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan for all questions assessed as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor this for progress through contractual visits.

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

Engagement and Support from Transformation Managers

The manager of Milbeck engages well with the Transformation Team and attends initiatives when they are relevant. The manager has historically taken part in the Well-Led Programme, has completed the Dementia-Friendly Care Home accreditation, and took part in the Care Home Quality Group. A full assessment of needs was completed with the home late last year and identified that they were operating in line with the expectation of the Transformation Team and partners, including completing the Data and Security Protection toolkit, having up-to-date NHSMail, and effectively utilising NEWS and relevant escalation pathways. They have also taken part in the research programme supporting a study around oral health. The home manager attends Provider Forums when possible and the occasional Leadership and Peer Support Network.

Although the manager can be responsive to emails and open to visits to the home, she or the team have not attended any of the initiatives or networking that have been held this year, so engagement is limited.

| | | |
|---|-------------------|-------------|
| Current CQC Assessment - Date / Overall Rating | 13/12/2018 | Good |
|---|-------------------|-------------|

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Adult Social Care and Health Select Committee

19 November 2024

MAKING IT REAL BOARD – UPDATE

Summary

The Committee will receive an update on the work of the Making it Real Board.

Detail

1. In December 2023, Stockton-on-Tees Borough Council (SBC) announced its intention to create a new board to help shape services it delivers.

<https://www.stockton.gov.uk/article/11667/Community-voices-called-upon-to-help-shape-Council-services>

2. This announcement followed the consideration of a report by the SBC Cabinet on 14 December 2023 which subsequently led to the approval of the proposal for a Making It Real Board and the timescales for implementation. The Cabinet report can be accessed at:

<https://moderngov.stockton.gov.uk/documents/s5606/Making%20It%20Real%20Board.pdf>

3. An update on the work of the Board since its inception has been provided for the Committee and is included within these meeting papers.

Name of Contact Officer: Gary Woods

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Making it Real Board

Update to ASH 19 November 2024

| | |
|--------------|--|
| <p>What</p> | <p>Making It Real Board (MIRB) is a user led group made up of people with Lived Experience who are accessing, support people who are accessing or may benefit from services delivered by Adults and Health.</p> |
| <p>Why</p> | <p>The MIRB is a strategic group, with a clear term of reference to collaborate directly with senior colleagues on work the council plans to do, are currently doing and contribute towards future services. MIRB is about co-production not engagement.</p> |
| <p>Who</p> | <p>The MIRB has a core membership of people with lived experience, supported by council officers from the Commissioning team and senior staff from Adult Social Care.</p> <p>As the MIRB has evolved over the past 9 months, there has been some movement in membership with people with lived experience. Further work will need to be progressed to expand the pool of people who would like to engage in this process from across the population to ensure positive representation.</p> |
| <p>How</p> | <p>MIRB meets monthly and, where necessary, they have established task and finish groups to work on areas of interest.</p> |
| <p>Where</p> | <p>MIRB have recently completed the development of the Council's first Local Account, which will be published if there is agreement at Cabinet on 14 November.</p> <p>For 2025/26 the MIRB will be working with partners to review and refresh the Adult Strategy (2025 -29).</p> |

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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 LGA Assurance Peer Challenge Update Review of Reablement Service <ul style="list-style-type: none"> (Draft) Scope and Plan | Natasha Douglas Haleem Ghafoor / Rebecca Saunders-Thompson Cllr Pauline Beall / Carolyn Nice Rob Papworth |
| 22 October | Review of Reablement Service <ul style="list-style-type: none"> SBC Adults, Health and Wellbeing | Rob Papworth / Gavin Swankie / Susan Dixon |

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

| Date (4.00pm unless stated) | Topic | Attendance |
|-----------------------------------|--|---|
| | Care and Health Winter Planning Update Regional / Tees Valley Health Scrutiny Update Health and Wellbeing Board: Forward Plan (Sep 24) & Previous Minutes (May, Jun & Jul 24) | Sarah Bowman-Abouna |
| 19 November | CQC / PAMMS Quarterly Update: Q2 2024-2025 Making it Real Board – Update Review of Reablement Service <ul style="list-style-type: none"> • North East and North Cumbria Integrated Care Board (NENC ICB) | TBC Carolyn Nice / Angela Connor / Rob Papworth Kathryn Warnock |
| 17 December | North Tees and Hartlepool NHS Foundation Trust (NTHFT): Maternity Services Update Review of Reablement Service <ul style="list-style-type: none"> • Local NHS Trusts (TBC) Regional / Tees Valley Health Scrutiny Update | Stephanie Worn / TBC |
| 21 January 2025 | Teeswide Safeguarding Adults Board (TSAB): Annual Report 2023-2024 (TBC) Care Quality Commission (CQC): State of Care Annual Report 2023-2024 Monitoring: Progress Update – Care at Home (TBC) Review of Reablement Service <ul style="list-style-type: none"> • TBC | Debbie Robinson |
| 18 February | Overview Report: SBC Adults, Health and Wellbeing (TBC) CQC / PAMMS Quarterly Update: Q3 2024-2025 Review of Reablement Service <ul style="list-style-type: none"> • TBC Regional / Tees Valley Health Scrutiny Update | |
| 18 March | North Tees and Hartlepool NHS Foundation Trust (NTHFT): Quality Account 2024-2025 (TBC) Review of Reablement Service <ul style="list-style-type: none"> • TBC | |

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

2024-2025 Scrutiny Reviews

- Reablement Service

Monitoring Items

- Care at Home (Progress Update) – TBC (early-2025)
- Access to GPs and Primary Medical Care (Progress Update) – TBC (mid-2025)

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)

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