

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

QUARTER 3 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 October and December 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, 7 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:

- 6 Adult Services were reported on (5 rated 'Good'; 1 rated 'Requires Improvement')
- 1 Primary Medical Care Service were reported on (1 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 4 reports published between October and December 2024 (inclusive), the overall outcomes of which can be summarised as follows:

- 1 rated 'Excellent'
- 3 rated 'Good'

APPENDIX 1

ADULT SERVICES

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

Provider Name	Stockton Care Limited	
Service Name	Cherry Tree Care Centre	
Category of Care	Residential / Residential Dementia	
Address	South Road, Norton, Stockton-on-Tees TS20 2TB	
Ward	Norton South	
CQC link	https://www.cqc.org.uk/location/1-6150668927/reports/AP5150/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Good	Not inspected
Caring	Good	Not inspected
Responsive	Good	Not inspected
Well-Led	Good	Requires Improvement
Date of Inspection	28th August 2024	
Date Report Published	1st October 2024	
Date Previously Rated Report Published	6th January 2023	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
<p>The home continues to receive supportive monitoring as a result of their most recent PAMMS assessment rating and their ongoing Action Plan. Since the PAMMS assessment, a new Acting Manager has been appointed and most areas of the Action Plan have been signed off and completed. Some actions in relation to personalised care plans are ongoing and the provider's efforts to address this is acknowledged in their CQC report. A further visit will be arranged in the coming weeks to confirm completion to the required standard.</p>		
Engagement and Support from Transformation Managers		
Cherry Tree engage positively and proactively with the Transformation Team initiatives, networks and training. The new leadership team have been welcoming and open to support,		

and have taken the time to understand the opportunities available to them to support quality improvement. The new leadership team are currently participating in the Well Led Programme, and Transformation Managers will continue to encourage engagement in events and networks.

Supporting Evidence and Supplementary Information

CQC inspected Cherry Tree Care Centre and found that previous breaches to regulation had been addressed and no breaches were reported at present.

Staff had attended appropriate training in safeguarding and people reported that they felt safe and knew how to raise any concerns. Risk assessments were completed and regularly reviewed, and people reported that they were involved in decisions about their care. The service was seen to have learnt from accidents and incidents. Staff spoken with said they were well supported, and observations found staff working well together as a team. There were enough staff to meet people's needs, however, some staff spoken with felt they were not always deployed effectively. Managers advised they would review this and communication around staff deployment. Safe recruitment practices were followed, though some improvements could be made to records held and this was actioned promptly by the administrator. Medicines were safely managed, and people reported that they received them on time. The service and equipment were clean and well maintained.

People were given care and support from staff who were well trained. The service liaised closely with healthcare professionals and a visiting community health professional gave positive feedback to inspectors. People were supported to recover their skills and independence, with community health support, enabling them to return home following a fall or illness. Mealtimes were calm and people were supported to have their nutritional needs met.

Care plans were in place and were reflective of people's needs. The provider seeks feedback from people, relatives and staff via meetings and surveys. Relatives spoken with at the time of the inspection were positive about the care and support their relations received. Staff spoken with were knowledgeable about people's care and support needs. Positive interactions between staff and people were observed, with staff seen to be treating people with kindness and compassion. The building was clean, nicely decorated and had an ongoing refurbishment plan.

People received care and support from staff who knew them well and had a kind, caring and respectful approach which maintained people's dignity and independence. People were supported to maintain relationships with those close to them and in the local community. Staff had identified if people were at particular risk of discrimination and social isolation, and positive action had been taken to integrate people with the local community. The service worked in a positive way to ensure everyone's diverse needs were met and people were encouraged to raise any issue or concern. Teamwork at the service was positive.

The service had undergone recent changes in leadership. People, professionals and staff spoken with were positive in their views of management at the home. The Acting Manager was approachable and was a visible presence throughout the service. People and staff were able to raise issues and give feedback, and quality assurance at the service had improved. Robust audits still need to be embedded, although the provider and manager evidenced that this work is in progress. Plans were in place in case of emergency and staff advised that they felt confident in the training and support they were given. Commissioners and healthcare professionals were positive in their feedback of the service, saying the team worked collaboratively. The service was also embarking on several pilot initiatives for older people with Teesside University and other peer support networks.

Participated in Well Led Programme?	Yes (ongoing)	
PAMMS Assessment – Date (Published) / Rating	14/03/2024	Requires Improvement

Provider Name	AAA Homecare Limited	
Service Name	AAA Homecare Limited - Teesside	
Category of Care	Homecare	
Address	1-2 Teesdale Parade, Teesdale Avenue, Billingham, Stockton-on-Tees TS23 1NA	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-18142364722/reports/AP5691/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	19th – 27th August 2024	
Date Report Published	16th October 2024	
Date Previously Rated Report Published	n/a	
Further Information		
<p>AAA Homecare Limited - Teesside is a service registered to provide personal care to individuals living in their own homes and it primarily offer services to older people. The CQC only inspects where people receive personal care – this is help with tasks related to personal hygiene and eating. Where they do, the CQC also consider any wider social care provided.</p> <p>At the time of the inspection, there were 25 people using the service. The CQC carried out an on-site assessment – activity started on 19 August 2024 and ended on 27 August 2024. Information was gathered from people using the service, relatives, the registered manager, staff, and from health and social care professionals involved with the service. The CQC looked at all 34 quality statements.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> • People were very happy with the service and reported staff were good at their jobs. • Staff were passionate about providing good care outcomes and took ownership of their practice. People found staff treated them with dignity and kindness. • Staff felt the registered manager empowered them to be compassionate, give people all the time they needed, and treated each person as an individual. They understood people's needs and how to manage any presenting risks. • Staff sought people's views about how to support them and, when appropriate, relatives were included in discussions about the support being offered. • Recruitment practices were robust. There were enough staff to deliver the care package and systems were in place to ensure new care packages could be supported with adequate numbers of staff. Care packages were only accepted when the registered manager and staff were confident the person's needs could be met. 		

- The management team had created a robust governance system, which rapidly identified the smallest of issues.

People's experience of this service

- People reported interactions between staff and them was positive. One relative spoken to said, *'They have a lovely rapport with everyone.'*
- They found staff were competent, caring and treated people in a dignified manner.
- People found the care package met their needs. People felt involved in all aspects of the design of the care package and how it was delivered. One person stated, *'Me, a relative and AAA sorted the care plan so everyone knows what is going on. The care plan has just been reviewed.'*
- People felt their views were closely listened to and their suggestions acted upon.
- Relatives also told us they liked the app used to record daily notes that could be shared with them with consent. One person said, *'I can see how [Name] has been after each call, it's so comforting.'*
- People found the manager was very approachable and ensured care was delivered in a person-centred manner. One relative said, *'Yes, I would recommend due to a combination of things, flexibility, very comfortable with their visits and Mum is happy with them. It's reassurance for me and this is really important.'*

Provider Name	Thumhara Centre	
Service Name	The Robert Atkinson Centre	
Category of Care	Homecare Agency	
Address	Thorntree Road, Stockton-on-Tees TS17 8AP	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-5010650985/reports/AP4684/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Good	Not inspected
Caring	Good	Not inspected
Responsive	Good	Not inspected
Well-Led	Good	Requires Improvement
Date of Inspection	9 th July – 5 th September 2024	
Date Report Published	29 th October 2024	
Date Previously Rated Report Published	23 rd May 2023	
Further Information		
<p>The Robert Atkinson is registered to provide personal care to individuals living in their own homes and they primarily offer services to older people. The CQC only inspects where people receive personal care – this is help with tasks related to personal hygiene and eating (where they do, the CQC also consider any wider social care provided). The service was specifically set up to deliver support for the local BME communities. At the time of the inspection, 24 people were using the service who received personal care. The CQC gathered information from people using the service, relatives, the provider who is also the registered manager, office staff, care workers and from visiting professionals.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> At the last inspection, appropriate recruitment checks were not followed and the systems in place to monitor the safety and quality of the service were ineffective. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and 17. The provider had employed a company to assist them improve the governance systems. Immigration service staff had visited the service to check safe recruitment arrangements were in place. The provider had worked with a legal team to ensure they followed sponsorship scheme requirements. Staff understood people's needs and how to manage any presenting risks. The registered manager, as a part of their lessons learnt process, was reviewing risk assessment to ensure where people had complex needs, staff had very detailed guidance to follow. Staff worked with people to design care packages, which met their needs, and were achievable within the set timeframe. Staff sought people's views about how to support them. Overall staff felt their views were listened to and their well-being was promoted. 		

People's experience of this service

- An expert by experience contacted people and relatives via the telephone, and inspectors met people who used the service at the Thumhara Centre (which is where the service's office is located).
- People said staff were kind and friendly; and felt safe with the care staff.
- They told the CQC care packages met their needs.
- Where staff managed any aspect of medicine administration, people said this was well managed.
- No concerns were raised about the usage of PPE.
- They made positive comments about the skills and knowledge of the carers.
- Generally, relatives felt their loved one's care was good and personalised to their needs.
- Relatives found the management team were approachable. A relative said, 'They [the staff] do everything fantastically. The care staff are competent and confident enough to do their job. They know [person's name] dietary requirements and other needs.'
- People felt they were fully involved in designing how their care and support was delivered.
- People and families said they were kept well informed.
- People felt their views were closely listened to and their suggestions acted upon.
- People said the registered manager and office staff were very approachable and ensured care was delivered in a person-centred manner. A person said, 'The service is excellent. I always speak to [registered manager] about everything. I can easily change the call timings if I have appointments and my care plan.'

Provider Name	Willow View Care Limited	
Service Name	Willow View Care Home	
Category of Care	Residential / Residential Dementia	
Address	1 Norton Court, Norton Road, Stockton-on-Tees TS20 2BL	
Ward	Norton South	
CQC link	https://www.cqc.org.uk/location/1-2017529554/reports/AP7220/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Inadequate
Effective	Good	Requires Improvement
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Requires Improvement
Date of Inspection	15th October 2024	
Date Report Published	25th November 2024	
Date Previously Rated Report Published	22nd March 2024	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
Willow View have continued to work closely with the authority including social care teams, Transformation Managers and Quality Assurance and Compliance (QuAC) Team, as well as the NECS Medication Optimisation Team. They continue to make progress against their PAMMS Action Plan and the QuAC Team is in regular contact in relation to this, as well as ongoing support as the improvements made are embedded and sustained.		
Engagement and Support from Transformation Managers		
The current manager of Willow View has worked closely with the team for the last five years whilst working in other provisions, and has been involved in leadership networks, provider forums and innovative projects developed to support the wider network. The manager is a very competent manager who has previously completed the Well Led Programme, and since being in post, we have worked to support his strategic vision for the home. The manager is independent and accesses support where required via the Transformation Team, and the initial focus of his work has been around reducing risk within the service, including improving IPC processes, moving and handling, fire safety and staffing.		

Willow View staff have attended the Meds Optimisation training and the manager continues to enrol new staff onto the Level 3 medication diploma. The home is also continuing to work with the Digital Care Home support team to increase the number of staff with NHSMail to facilitate Proxy medication ordering.

The Activity Co-ordinators at Willow View have always engaged consistently with networking, including Activity Co-ordinator Network, separate activity workshops, and collaborative activity development. Activity co-ordinators and management ensure that residents are able to access any network activities in the community. An Activity Co-ordinator is currently enrolled on the L2 Activity Provision in Care qualification.

The manager is continuing to work with the Team to support the progression of his wider agenda, including Dementia Friendly Care homes accreditation, and a member of his leadership team is part of the active Well Led cohort. We will continue to work with the manager and staff of Willow View around initiatives, which will help maintain the homes status of 'good'. As previously stated, the manager is an excellent leader and we look forward to continue to work with him closely in the future.

Supporting Evidence and Supplementary Information

CQC reported that they found the service had driven improvement across all areas and all breaches of regulation were now met.

The environment was clean and well maintained, with an ongoing plan of refurbishment well underway. Medicines were now administered safely and care plans and risk assessments for people included all their current needs and recorded how people wished to be supported. Staff recruitment was safe, and staff levels were provided at safe levels. The staff team were motivated, and spoke with pride about the improvements, their training, and how the service was now well-led. Residents appeared happy, well dressed and cared for, and were supported with their health and care needs. The manager was committed to ensuring people received appropriate care and supported when they needed it. The service had built strong relationships with health and social care professionals, who were complimentary of their approach. The management team had created a robust governance system, which rapidly identified the smallest of issue. CQC acknowledge in their report that the improvements need to be fully embedded and sustained.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	29/05/2024	Requires Improvement

Provider Name	T.L. Care Limited	
Service Name	Ingleby Care Home	
Category of Care	Residential / Residential Dementia	
Address	Lamb Lane, Ingleby Barwick, Stockton-on-Tees TS17 0QP	
Ward	Ingleby Barwick South	
CQC link	https://www.cqc.org.uk/location/1-146749395/reports/AP6261/overall	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Requires Improvement	Good
Caring	Requires Improvement	Outstanding
Responsive	Requires Improvement	Good
Well-Led	Inadequate	Good
Date of Inspection	17 th September 2024	
Date Report Published	29 th November 2024	
Date Previously Rated Report Published	4 th August 2018	
Breach Number and Title		
<ul style="list-style-type: none"> • Regulation 9: Person-centred care • Regulation 12: Safe care and treatment • Regulation 17: Good governance • Regulation 20: Duty of candour 		
Level of Quality Assurance & Contract Compliance		
Level 3 – Major Concerns (Enhanced Monitoring)		
Level of Engagement with the Authority		
<p>The home has been subject to the Responding to and Addressing Serious Concerns (RASC) Protocol since 1 August 2024 following concerns over standards of care and management of medicines, and are therefore undergoing enhanced monitoring. In recent weeks, there has been recruitment of a new Manager at the home and, following the departure of the Regional Manager (RM), Hill Care have redeployed another RM to support the home. Whilst recruitment has been successful to the vacant RM post, it has been confirmed that the current RM support will remain in place to allow for consistency during this process. Relationships are being built with the new staff and efficiency will be monitored by the Quality Assurance and Compliance (QuAC) Team during weekly support sessions as per RASC.</p>		
Engagement and Support from Transformation Managers		
<p>The new Manager met with the Transformation Team a few weeks after she came into post, and she understands the support and opportunities available. The cook and one of the seniors attended a recent Improving Mealtimes for People with Dementia care home research event with</p>		

the Transformation Manager, and the Transformation Manager plans to conduct a follow-up meeting about the research event and meet these staff members in the new year.

The Transformation Team is also working with the Activity Co-ordinator to support in reviewing their approach to activities and improving the range and variety of opportunities for the residents, and has linked the Activity Co-ordinator with peers from other care homes to support with this.

The Manager is engaging well, and she attended the Care Home Safeguarding session as part of Safeguarding Adults week and the provider forums, and Ingleby have a staff member on the L3 medication diploma and staff attended the Meds Optimisation training in October.

The new Manager has been responsive to emails and communication, and the Transformation Team continue to work with the home to engage them with quality improvement initiatives and support.

Supporting Evidence and Supplementary Information

The assessment was undertaken in response to risks relating to care and treatment, medicines management, staffing and leadership. At the time of the assessment, there was no Registered Manager in post and CQC reported a history of inconsistent leadership during 2024. They report that the provider had failed to ensure effective governance and oversight. Medicines were not managed safely. Notifiable incidents were not managed in line with regulations. Quality assurance mechanisms and audits had not been effective in driving improvements. Staff treated people kindly and with respect, however, care records were not person-centred. CQC have asked the provider for an Action Plan in response to the concerns found at this assessment. As a result of this assessment, two warning notices have been served, against Regulation 12 and Regulation 17.

Participated in Well Led Programme?

No

PAMMS Assessment – Date (Published) / Rating

03/01/2024

Good

Provider Name	Saint John of God Hospitaller Services	
Service Name	The Old Vicarage	
Category of Care	Learning Disabilities	
Address	168 Durham Road, Stockton-on-Tees TS19 0DZ	
Ward	Newtown	
CQC link	https://www.cqc.org.uk/location/1-13932289291/reports/AP7332/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	17th October 2024	
Date Report Published	13th December 2024	
Date Previously Rated Report Published	n/a	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider engages well with the Quality Assurance and Compliance (QuAC) Team, with any requests responded to in a timely manner.		
Engagement and Support from Transformation Managers		
To date, engagement with the Transformation Team has been limited, but Transformation Managers plan to ensure visits are made to the service to discuss how managers can engage with opportunities in the future, and to ensure staff and residents are able to engage with initiatives to support quality and ongoing developmental work.		
Supporting Evidence and Supplementary Information		
This was the first inspection for this service. The service was rated 'Good' overall and 'Good' in all key questions.		
The CQC found that the service always made sure people's care and treatment was effective by thoroughly assessing and reviewing their health, care, wellbeing, and communication needs with them. They planned and delivered people's care and treatment with them, including what was important and mattered to them. The service monitored all people's care and treatment to		

continuously improve it. They ensured that outcomes were positive and consistent, and that they fully met both clinical expectations and the expectations of people themselves. People were enabled to live their best life.

The provider worked with people to understand and manage risks by thinking holistically. People were supported and empowered to take risks in areas they wanted to and to enhance their lives. When people's needs changed, or staff picked up changes in people's mood or communication style, care plans and risk assessments were reviewed. Action was taken to understand why a person had become distressed or why an incident occurred and what could be changed to prevent further occurrences.

The service ensured medicines and treatments were safe and met people's needs, capacities, and preferences. Staff who administered medicines had the appropriate training and competency checks. People's medicines were regularly reviewed to ensure they were prescribed for the right reason, in the right dose, and for as short a time as possible.

The service always treated people with kindness, empathy and compassion, and respected their privacy and dignity. The service promoted people's independence, so people knew their rights and had choice and control over their own care, treatment, and wellbeing. Staff promoted people's rights and supported individuals to make choices around how they lived their lives and reached their aspirations. People were empowered to have their say about issues that were important to them.

The provider made it easy for people to share feedback and ideas, or raise complaints about their care, treatment, and support. They involved people in decisions about their care and told them what had changed as a result.

There were enough qualified, skilled, and experienced staff, who received effective support, supervision, and development. They worked together well to provide safe care that met people's individual needs. The Registered Manager promoted a learning culture and ensured staff had access to an extensive range of training.

The service had a shared vision, strategy, and culture. This was based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and their communities. The provider and Registered Manager created a shared direction that made sure each individual person was at the centre of their support when decisions about their lives were being made. Closed culture risks were identified, assessed, and mitigated.

The provider had clear responsibilities, roles, systems of accountability and good governance. They used these to manage and deliver good quality, sustainable care, treatment and support. They acted on the best information about risk, performance and outcomes for people, and shared this securely with others when appropriate. Internal governance procedures were in place with a range of quality monitoring systems and audits. These had helped identify where actions were required and areas for improvement.

They encouraged creative ways of delivering equality of experience, outcome, and quality of life for people. There was a process in place for staff to ensure continuous improvement through innovation and learning was achieved. Staff were actively encouraged to work with people in ways which aimed to improve outcomes for them and allow each individual to experience a good quality of life.

Participated in Well Led Programme?	No
PAMMS Assessment – Date (Published) / Rating	Not yet assessed

PRIMARY MEDICAL CARE SERVICES

Provider Name	Ladhar and Ladhar	
Service Name	Lanehouse Road Dental Surgery	
Category of Care	Dentists	
Address	77 Lanehouse Road, Thornaby, Stockton-on-Tees TS17 8AF	
Ward	Mandale & Victoria	
CQC link	https://www.cqc.org.uk/location/1-2611816025/reports/AP4201/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	23 rd September 2024	
Date Report Published	24 th October 2024	
Date Previously Rated Report Published	22 nd March 2013 (previous provider)	
Further Information		
<p>Lanehouse Road Dental Surgery provides NHS and private dental care and treatment for adults and children. The practice is also a foundation training practice (foundation training practices are selected and approved by the local deanery to provide support and supervision for newly qualified dentists). The CQC carried out this on-site announced assessment on 23 September 2024 and found that the practice had met all regulations. During the assessment, the CQC spoke with three dentists, three dental nurses, and the practice manager.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none"> • Recruitment procedures reflected current legislation. • There was effective leadership and a culture of continuous improvement. • Patients were treated with dignity and respect. • At the time of the assessment, patients could access care, support and treatment when required. • Patients' care and treatment was provided in line with current guidance and infection control procedures were in place. • The practice had systems to manage risks. <p><i>People's experience of this service</i></p> <ul style="list-style-type: none"> • The CQC received feedback from 13 patients. Patient feedback provided a positive view of the dental team and care provided by the practice. 		

- Comments included, 'Amazing dental practice and kind staff', 'Managed to get an appointment really quickly when I was in pain', and 'Amazing practice, lovely staff and clean facilities'.
- Patients commented positively about the standards of cleanliness.
- Patients felt able to book appointments within an acceptable timescale for their needs and said they had enough time during their appointment without feeling rushed.
- Patients told the CQC they were given clear information to help them make an informed choice about their treatment and any associated costs. They were involved in decisions about their care.
- Patients stated that when they were prescribed medicines, sufficient information was given.
- Patients stated that they were supported to maintain their oral health and were provided with appropriate information and resources.
- The practice shared patient feedback with the team. The CQC were told this was reviewed and, where suggestions had been made, appropriate action would be taken.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

None

APPENDIX 2

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

Provider Name	Mr & Mrs J Elliott	
Service Name	Park House Rest Home	
Category of Care	Residential	
Address	2 Richmond Road, Stockton-on-Tees TS18 4DS	
Ward	Ropner	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Excellent	Excellent
Involvement & Information	Excellent	Excellent
Personalised Care / Support	Excellent	Excellent
Safeguarding & Safety	Excellent	Excellent
Suitability of Staffing	Excellent	Good
Quality of Management	Good	Good
Date of Inspection	7 th – 9 th August 2024	
Date Assessment Published	11 th October 2024	
Date Previous Assessment Published	20 th January 2020	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were very well written, were strength-based, and outcomes-focused. A comprehensive pre-admission assessment was completed to contribute toward plans, with each plan being individualised and with great details reflecting specific needs and preferences. Each care plan evidenced the wishes of the resident, their aspirations, and support they would like from staff. Information across care planning was consistent and a comprehensive communication care plan was seen detailing where support and adaptations were required. Plans evidenced that the residents and their families had been included, and all residents spoken with were aware of the contents of their plans. Regular reviews of care plans with keyworkers and resident were seen, in addition to inclusion of families.</p> <p>A robust keyworker structure was in place in the home, and these were mutually chosen to consider personalities and relationships. Residents were clear on the role of their keyworker and spoke of how they spend time with them often.</p> <p>There was an overall homely feel to the premises; the building was well maintained, clean, and fresh. Adaptions to the home had been made to ensure the environment is appropriate for those living with dementia. Access to the home was secure.</p> <p>Residents confirmed they feel safe and supported in the home and had access to appropriate methods to raise concerns should they need to. Actions and improvements following feedback or resident meetings is communicated through display boards and regular resident newsletters.</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. Medication rounds observed were completed in a person-centred manner, with good hand hygiene and medication scanned before administering. MAR charts and front covers were completed to a good standard; there were no missed signatures identified, and robust audits took place regularly. The medication room was tidy and organised by resident. Controlled drugs were stored appropriately. All staff were suitably trained and received regular medication competencies. Residents confirmed they felt sufficiently supported and were involved in decisions around their medications.

Staffing levels around the home were good and were always set higher than requirements based on dependency. Staff, residents and families all commented on the generous staffing levels. Staff files were good and there was evidence of all staff being suitably inducted and trained. Staff confirmed they received training on MCA, DoLS and safeguarding, and were able to describe these practices without prompt. Supervisions and appraisals were carried out regularly with feedback given, and staff noted they felt supported by management.

There was a dedicated Activities Co-ordinator, and residents and families spoke highly of the activities programme. A combination of meetings and one-to-one discussions were held to formulate the activities and events calendar. Two group activities were scheduled per day, and time was also allowed for one-to-one activities. Additionally, the home included day trips, visiting entertainers, a pat dog, and a sensory room. Families were invited to take part in all activities the home schedules. Residents were also supported to attend family and community events.

Observations of interactions between residents and staff demonstrated positive and meaningful relationships. Feedback from families on the level of person-centred care displayed by staff was plentiful. Residents spoke fondly of staff. Staff were seen to promote independence, offer choice, and respect the privacy of residents. The Activities Co-ordinator works with residents to create a plan of three things they would like to achieve in the next year, and all staff were committed to achieving these goals.

Plans and Actions to Address Concerns and Improve Quality and Compliance

No areas were identified for improvement to ensure full compliance.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider engages well with the QuAC and Transformation Teams.

Engagement and Support from Transformation Managers

Park House engages well with the Transformation Team and initiatives. The manager has taken part in the Well Led Programme and attends Leadership and Peer Support Networks and Provider Forums when available. The home regularly takes part in the Activity Co-ordinators Network, has been involved in Stockton International Riverside Festival (SIRF), and engages with the care homes research initiatives.

The manager is currently working with the Transformation Team and Skills for Care around the Digital Pioneers Programme. The manager has also engaged in the development of a Dignity Champions Programme and regularly shares best practice with the team and wider network.

Current CQC Assessment - Date / Overall Rating

18/08/2018

Good

Provider Name	Akari Care Limited	
Service Name	Piper Court	
Category of Care	Nursing / Residential	
Address	Sycamore Way, Stockton-on-Tees TS19 8FR	
Ward	Hardwick & Salters Lane	
	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	16th – 18th September 2024	
Date Assessment Published	21st October 2024	
Date Previous Assessment Published	10th March 2023	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans, overall, were well written and had good detail of specific needs and preferences, abilities and level of independence, behaviour triggers, and likes and dislikes. A small area of improvement was identified around resident and family involvement in monthly care plan reviews, though there was evidence of involvement in initial care plan creation. Care plans and risk assessments were reviewed regularly. There was evidence of care plans being updated timely where changes were necessary.</p> <p>A good keyworker system was in place; the provider was able to evidence how residents and their families played a role in allocating. Keyworkers of any staffing seniority were considered based on requests and relationships built. Keyworker signs were not always visible in rooms, and residents and families were not always aware of their keyworker.</p> <p>The home was well-kept, with good cleaning practices in place. The home had recently employed a new maintenance worker, and a full update throughout the home was in place. Bedrooms had been personalised with items from home. Dementia-appropriate signage and adaptation were seen throughout, including pictorial paperwork, menus, and activity boards, and coloured handrails and toilet seats. Interactions between residents and staff were good, and displayed comfortable relationships where staff and residents were able to laugh and joke. Residents and families all spoke very highly of the home and the staff.</p> <p>A good range of activities was evidenced; a thorough log was kept. The activities calendar was varied, with a different timetable each week, and was designed around resident likes, dislikes and feedback. Activities included those in the home, day visits, and Local Authority offers. The co-ordinator was working to include bedbound or non-social residents.</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. Most medications were labelled with the date of opening recorded, though not</p>		

consistently. Medications were not always disposed of correctly. A returns book was in place and signed by staff upstairs, but not downstairs. Controlled drugs were stored and administered appropriately. Significant entries were missing following PRN administration. Time-sensitive medications were not always administered in line with instructions; times given were not recorded. Documentation was good; front covers were in place to a good standard, and MAR charts all had the start dates with relevant patient information. Self-administration risk assessments and covert plans were in place appropriately with evidence of regular reviews. Protocols were accurate and person-centred, though some were missing, inaccurate, or lacked detail. Competencies were only completed annually, and some cream competencies were out-of-date. Regular audits were completed monthly, and actions were included into the home's development plan.

Staffing levels were good; staffing visibility around the home was to a good level and included carers, domestics, maintenance, and management. There was a comprehensive induction and probation structure in place for new staff, which included use of the Care Certificate. Staff were appropriately trained; training was monitored and RAG-rated by management, with 89% 'green'. Staff were able to describe the purpose of the MCA but were generally unaware of the principles. Staff had good working knowledge of DoLS and restrictions of residents.

Supervisions and appraisals had not been completed consistently, though the new manager had created a new timetable to complete these. A range of robust internal audits took place regularly, and these were evidenced with good managerial oversight and fed into the home's development plan.

Plans and Actions to Address Concerns and Improve Quality and Compliance

A small Action Plan will be completed by the provider to address the areas of improvement found. This will be assessed by the QuAC Officer, with monitoring visits as appropriate to evidence completion and full assurance of improvements.

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 Medicines Optimisation Teams.

Engagement and Support from Transformation Managers

The manager and regional manager engage well with the Transformation Team and wider partners. The manager of the home is in the current cohort of the Well Led Programme and is developing good working relationships with the wider manager network. The home has been an active part of the Activity Co-ordinator Network for many years, working on collaborative activity projects, planning workshops, and attending community activities with their residents.

The manager has been focused on improvements within the home since her appointment and has worked closely with the Medicines Optimisation Team to improve quality and safety of medication management within the home. They have also applied to complete the Dementia Friendly Care Home Accreditation. The manager is keen to develop Piper Court into a centre of excellence for end-of-life care once the standard of quality is sustainable within the home. The manager is also aware of and keen to access the support of wider partners and broader training offers to support staff development.

Current CQC Assessment - Date / Overall Rating

28/03/2023

Requires Improvement

Provider Name	Stockton Care Limited	
Service Name	Primrose Court Nursing Home	
Category of Care	Nursing Dementia / Complex Mental Health	
Address	South Road, Stockton-on-Tees TS20 2TB	
Ward	Norton South	
	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	9th – 11th September 2024	
Date Assessment Published	30th October 2024	
Date Previous Assessment Published	13th March 2023	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were mostly seen to be person-centred, with personal preferences recorded and individual approaches to care and support detailed. Care was seen to be delivered in a person-centred manner with appropriate consent obtained, and staff were well versed in the individual approaches that people needed. Both observation and discussion with residents and their families evidenced that residents were treated with dignity and respect, and interactions were seen to be positive and promoted independence and choice.</p> <p>Care plans were reviewed monthly at minimum, with evidence of more frequent reviews having been completed, alongside review of risk assessments, when a change in need had been identified, and review notes were seen to be descriptive. Service-users and relatives spoken with confirmed that they were involved in care and support planning, however, care plans did not reflect this. Daily notes were variable in quality, with some containing good detail and others only utilising the standard option from the electronic system. A key worker system was in place and personality matches were considered during the allocation process. Some service-users had expressed a preference not to have key workers, and others chose not to have their key worker allocation displayed in their bedrooms, and their choices were respected.</p> <p>The home's statement of purpose was displayed in the reception area of the home; both this and the service-user guide given out at the time of admission contain contact details for the provider. Feedback from residents and visitors confirmed that staff were approachable, and the Manager had an open-door policy.</p> <p>Staff were noted to follow appropriate practice in relation to food hygiene, with hand washing undertaken and PPE worn. Menus were seen to be healthy and balanced, and residents were seen to be offered choice over meals and portion sizes, and supported with personal requests. There were domestic cooking facilities in the ground floor dining area which residents could utilise if they wished.</p>		

Staff confirmed receipt of mandatory training on topics such as safeguarding, DoLS and MCA, and were able to confidently explain how to handle and escalate concerns. Service-users spoken with confirmed they felt safe at the home and relatives reported feeling confident that their loved ones were safe and well looked after by staff at Primrose Court.

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. Medicines were seen to be handled safely, securely and appropriately, with good record-keeping.

Both the interior and exterior of the home were presented well and secure. Appropriate IPC procedures were seen to be in place and the home was free from malodour. The home had a good dementia-friendly environment and was working with SBC's dementia friends' team for continuous improvement on this. Equipment was seen to be in good condition and with appropriate certification. Residents were seen to be supported appropriately with moving and handling, with independence, dignity and safety promoted.

Staff files were reviewed and evidenced appropriate and robust recruitment checks. An online portal was used for the provider and employees to access their employment records and company policies. The system gives managers access to allow them to see how long individuals had spent reviewing policies, giving additional oversight to ensure appropriate staff review.

Service-users, relatives and visiting professionals spoken with at the time of the assessment confirmed good staffing levels and spoke highly of the staff in the home. Staffing levels were seen to be appropriate and adequate for the needs of those in the home, with staff regularly visible throughout the home. Call bells were promptly answered, and staff were engaging meaningfully with residents. The staff rota was checked against the home's dependency tool; there were some gaps noted, however, assurance was given by the provider that this was an administrative error and staffing was appropriate. The home does not use agency staff and utilises internal staff or bank staff from sister homes if necessary.

A training matrix was in place and identified training compliance to be at 84%, however, review of the document identified areas in which the colour coding suggested compliance despite the training not being in line with the specified frequency, which indicated the matrix required review.

Staff confirmed receipt of supervisions and appraisals, however, recommendations were made to the provider to review the supervision process to ensure a personalised approach and contractual obligations in relation to frequency.

Service-users and relatives spoken with at the time of the assessment advised that they felt able to approach staff with any complaints or concerns, and felt there was a clear 'open door policy' in the home. A complaint and low-level grumbles file was in place which evidenced reflective practice and prompt action / response from the provider. Staff, resident and relative meetings took place and meeting minutes were shared appropriately. The provider gathered feedback through surveys sent to staff, residents, relatives / advocates, and visiting professionals.

A variety of audits were completed by both internal staff and external providers. An audit file was reviewed which contained a lessons learnt plan, the outcome of which plans to create a yearly audit planner to ensure oversight of all audits – this is now in place.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address minor areas identified for improvement to ensure full compliance which 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		
<p>The provider is responsive to requests from the Local Authority 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 authority.</p>		
Engagement and Support from Transformation Managers		
<p>The Manager and owners of Primrose Court actively engage with the Transformation Team. The Manager has completed the Well Led Programme and is an active member of our networks and regularly attends Provider Forums. The home's Activity Co-ordinator engages with the Activity Co-ordinators Network, and they regularly attend community events. The home and its staff regularly engage with training offered via the Transformation Team and the Manager has requested support in accessing a Level 5 management qualification.</p> <p>The home is currently in the process of becoming accredited as a dementia-friendly care home. They also engage with the Employment and Training Hub and Sector-Based Work Academy Programme to support with recruitment into their services. The Transformation Team continues to work with the Manager and owners around further improvements and opportunities to support continued improvements.</p>		
Current CQC Assessment - Date / Overall Rating	04/07/2023	Good

Provider Name	Mrs J Stead	
Service Name	Chestnut Lodge Nursing Home	
Category of Care	Nursing / Residential	
Address	302 Norton Road, Norton, Stockton-on-Tees TS20 2PU	
Ward	Norton South	
	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	14th & 15th October 2024	
Date Assessment Published	5th November 2024	
Date Previous Assessment Published	25th October 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were of a good standard; seen to be individualised, using preferred names, and specifically tailored to each residents required needs, with reference to how best to support residents and how they liked to receive their care. All care plans had a specific 'desired outcome'. There were good examples of considerations to residents' strength and weaknesses, and independence was promoted. Bedrooms were seen to be personalised and showcased individual personalities.</p> <p>Residents and families recalled contributing to creating their care plan, though when asked, were unaware of regular reviews taking place. Family members advised that while the home did not always contact them each month for reviews, they did trust them implicitly. Families also spoke of how impressed they were with staffs' intimate knowledge of their loved one, and the time taken to get to know them.</p> <p>The home was looking to recommence their Dementia Friend accreditation. Activities in the home were limited and a contingency was in place due to no Activities Co-ordinator currently being in place. Residents who were less mobile requested more inclusive activities in bedrooms.</p> <p>Residents confirmed they felt supported by staff, and observations showed staff treating residents with kindness and respect. Residents were seen to be given plenty of choices, and residents and families confirmed staff were respectful of their wishes. Residents said staff helped them with accessing support from other services. Good communication logs were kept, with details of visits and communications with other health professionals.</p> <p>All residents had best interest assessments uploaded to their care planning system evidencing family contribution. DoLS were seen to be used in the least restrictive way and recorded appropriately. Risk assessments were in place for each resident, along with overall environment risk assessments. Staff could not recall when they last had training on MCA, safeguarding or</p>		

DoLS, though could confirm this was included in their standard training and knew of internal policies in place. Staff were well versed in the purpose of whistleblowing.

Good levels of hygiene were observed throughout the assessment, including appropriate usage of handwashing and PPE. Staff were all seen to be bare below the elbow. Posters were displayed around the home promoting handwashing techniques and infection prevention. Bathrooms and PPE stations were fully stocked. Appropriate procedures were followed with waste handling and when serving food. Generally, the home was clean and well kept, tidy, and free of malodour.

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 medication room was found to be clean and tidy, and medications were stored and disposed of correctly. Administration was in line with policy and guidance, and rounds observed were person-centred, with excellent hand hygiene. PRNs were recorded with good protocols in place. All medications with variable doses were recorded clearly. Controlled drugs were stored and administered correctly. Front covers were completed to a very high standard, with additional person-centred information on residents' preferences. All MAR charts had clear directions, start and end dates, time-specific meds were in line with directions, and no missed signatures were found. Audits were completed regularly, and competencies were in line with contractual requirements.

Staffing levels were good; the staff body in the home was mostly long tenure. Rotas were in line with dependency tool. Agency use was limited. All staff completed a comprehensive induction when starting. Mandatory training was completed to above 80%, and a mix of online and face-to-face was used. All staff had regular supervisions (though this was not fully up to contractual requirements) and an annual appraisal.

Multiple feedback techniques were used around the home, including surveys, feedback forms, and a grumbles, complaints, and compliments log. All staff commented on how supported they felt by management. A mixture of team meetings, online chats, and notifications through the electronic care planning system were used to convey key messages. A comprehensive range of audits took place and fed into a home Action Plan for improvements required. Both the audits and Action Plans had monthly management oversight, and sign-off when completed.

Plans and Actions to Address Concerns and Improve Quality and Compliance

A small Action Plan will be completed by the provider to address the areas of improvement found. This will be assessed by the QuAC Officer, with monitoring visits as appropriate to evidence completion and full assurance of improvements.

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 Medicines Optimisation Teams.

Engagement and Support from Transformation Managers

The Transformation Team have a good relationship with Chestnut Lodge, and they have accessed a range of support and opportunities over the last year.

The home has accessed training offered via the Transformation Team including Meds Optimisation and Level 3 Medication Diploma. They have accessed support around recruitment via the Care Academy programme and have recently provided guaranteed interviews for candidates on the Sector Based Work Academy programme. The home has also completed their Adult Social Care Workforce Data set, and the administrator is looking to access her Level 5 Management qualification.

The home has not recently attended Provider Forums or Leadership sessions but are responsive to the resources sent to them. The home is up-to-date with DSPT, NHSMail, utilises NEWS appropriately, and has applied to complete the Dementia Friendly Care Home Accreditation. The home is keen to further explore activity provision for supporting residents that are nursed in bed. The administrator has also taken part in the Well Led Programme and is always keen to be involved in new projects if capacity allows.

Current CQC Assessment - Date / Overall Rating	09/03/2023	Requires Improvement
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