

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

QUARTER 1 2025-2026

The CQC is the national inspectorate for registered health and adult care services. Inspection reports are regularly produced, and these are published on a weekly basis.

The CQC assesses and rates services as being 'Outstanding', 'Good', 'Requires Improvement', or 'Inadequate'. Where providers are found to be in need of improvement or inadequate, the CQC make recommendations for improvement and / or enforcement action. Specific actions taken in each case can be found in the relevant inspection report.

Where inspections are relevant to the Borough, a summary of the outcome is circulated to all Members each month. An update from Adult Services is included which summarises the position in relation to service provision and any actions taken at that time.

Quarterly Summary of Published CQC Reports

This update includes inspection reports published between April and June 2025 (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, **6** 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:

- 5 Adult Services were reported on (5 rated 'Good')
- 1 Primary Medical Care Service was reported on (1 rated 'Good')
- 0 Hospital / Other Health Care Services were reported on

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

PAMMS Assessment Reports

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

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

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings. **Appendix 2** shows **1** report published between April and June 2025 (inclusive), the overall outcome of which can be summarised as follows:

- 1 rated 'Excellent'

APPENDIX 1

ADULT SERVICES

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

Provider Name	Akari Care Limited	
Service Name	Wellburn House	
Category of Care	Residential	
Address	Wellburn Road, Fairfield, Stockton-on-Tees TS19 7PP	
Ward	Fairfield	
CQC link	https://www.cqc.org.uk/location/1-327616973/reports/AP9978/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	Requires Improvement
Date of Inspection	30 th January 2025	
Date Report Published	4 th April 2025	
Date Previously Rated Report Published	5 th February 2019	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider engages well with the Local Authority. The manager is receptive to both QuAC and Transformation Teams and responds timely to any requests.		
Engagement and Support from Transformation Managers		
The manager of Wellburn House engages well with the Transformation Team, attending Provider Forums and supports staff to access training opportunities including Meds Optimisation training and Level 3 medication diploma. She has previously participated in, and completed, the Well-Led Programme.		

The Activity Co-ordinator is highly engaged with the Activity Co-ordinator Network, getting residents involved in activities with other care homes in the community, and getting residents involved in workshops and other meetings to improve activity provision across the Borough.

The manager is responsive to communications from the team and is open to visits at the home. The manager has worked in the Borough for many years and, as an experienced manager, will reach out to the team when she needs support.

Supporting Evidence and Supplementary Information

During the inspection, the CQC found that risks to people were assessed and monitored to help keep people safe. Medicines were managed safely. Staffing levels were monitored to ensure people received effective and timely care. The provider's recruitment processes minimised the risk of unsuitable staff being employed. People were safeguarded from abuse, and staff said they would raise any concerns they had. Effective infection prevention and control systems were in place.

People received fair and equal care and treatment. People's choices and needs were assessed to ensure effective support was provided, people received care based on their choices and needs, and were involved in making decisions. Staff provided information people could understand and made sure people understood their care and treatment to enable them to give informed consent. The service involved those who knew people best in best interests decisions, where people did not have capacity. People received effective support with eating and drinking.

Staff worked in effective partnership with other professionals to monitor and improve people's health and wellbeing. Staff worked hard to provide a wide range of highly engaging activities that were tailored to people's interests. Managers made sure staff received training and regular supervisions and appraisals to maintain high-quality care. Leaders were visible, knowledgeable and supportive, helping staff develop in their roles. They undertook a wide range of checks to monitor and improve standards at the service. Leaders and staff worked in close and effective partnership with others to improve people's experiences.

The CQC received positive comments from people who lived at the service, relatives, and staff. People spoke positively about the care they received, describing staff as caring and kind. They also said the service provided lots of interesting activities to keep them physically and mentally active. People and relatives said they were involved in how the service was run and felt that their voices were heard. Staff spoke positively about the culture and values of the service.

Participated in Well Led Programme?

Yes

PAMMS Assessment – Date (Published) / Rating

17/02/2025

Good

Provider Name	Teesside Healthcare Limited	
Service Name	Churchview Nursing and Residential Home	
Category of Care	Nursing / Residential / Residential Dementia	
Address	Thompson Street, Stockton- on-Tees TS18 2NY	
Ward	Stockton Town Centre	
CQC link	https://www.cqc.org.uk/location/1-146797079/reports/AP9208/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Good	Requires Improvement
Caring	Good	Not inspected
Responsive	Good	Not inspected
Well-Led	Good	Requires Improvement
Date of Inspection	7 th January 2025	
Date Report Published	23 rd April 2025	
Date Previously Rated Report Published	2 nd March 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		
Both the Acting Manager and the Senior Management Team within the organisation work closely and are regularly in contact with the Quality Assurance and Compliance (QuAC) Team. A small Action Plan is being completed following a recent PAMMS assessment, from which they were rated ‘Good’.		
Engagement and Support from Transformation Managers		
There has been some inconsistency with leadership historically within Churchview, but the owners and the Recruitment, Training and Development lead have maintained engagement and contact with the Transformation Team. Following the appointment of the current Manager, she has been proactive with her engagement with the team, inviting the team into the home, attending events and responding to communications in a timely and effective manner. Churchview have been consistently represented at Provider Forums and Leadership meetings. They attended the Safeguarding Adults session for care homes as part of Safeguarding Adults week. They have taken part in training opportunities, including Meds Optimisation training, and accessed the Level 3 medication Diploma, and regularly enquire about additional training that the home / group require. They regularly engage with the Employment and Training Hub and have interviewed and employed candidates from the Care		

Academy. Their Activity Co-ordinator attends the Activity Co-ordinator Networks and fully engages with other care homes, bringing residents into the community for planned events and activities alongside other local care homes. The manager and wider team are keen to engage in further development work within the home to support care provision and quality, and we will continue to support the Manager as she progresses in her role. Although the current Manager has not participated on the Well Led Programme, the Transformation Team will support the Manager with future leadership development opportunities to support their role.

Supporting Evidence and Supplementary Information

This assessment was undertaken, in part, due to receipt of concerns received around staffing, management oversight, dignity, and people's care, and to confirm actions had been taken to address the breaches of regulation noted in their last assessment. At this assessment, the service was no longer in breach of regulations.

There were some risks identified relating to equipment left in communal areas, however, immediate action was taken to rectify the issues and discuss with staff once reported to management. Otherwise, systems and processes were in place to assess risks to people and ensure they were safeguarded from avoidable harm. The provider learned from accidents and incidents to mitigate future risks. Infection prevention and control processes were in place and staff followed them.

There were enough trained and competent staff to support people and keep them safe. People were supported with their nutritional needs and to access a range of health care professionals. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff supported people in a kind, caring way and respected their decisions and choices, and they received person-centred care and care plans detailed how they wished to be supported. The home did not have a Registered Manager at the time of the inspection, but had a Manager who was overseeing the service with the support of the provider. The provider had an effective quality assurance process which included regular audits. People, relatives and staff were regularly consulted about the quality of the service through regular communication, surveys, meetings and reviews.

People reported that they were happy and felt safe living in the home and receiving support from staff. Staff listened to people, involved them in their care planning, and encouraged them to make decisions. Staff encouraged people to be as independent as possible and to reach their full potential. People advised that they knew how to complain and raise concerns about things they were not happy about.

Participated in Well Led Programme?

No

PAMMS Assessment – Date (Published) / Rating

27/01/2025

Good

Provider Name	Exemplar Health Care Limited	
Service Name	Tees Grange	
Category of Care	Complex Mental Health	
Address	375 Norton Road, Stockton-on-Tees TS20 2PJ	
Ward	Norton Central	
CQC link	https://www.cqc.org.uk/location/1-15153678799/reports/AP10413/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	18 th February – 19 th March 2025	
Date Report Published	2 nd June 2025	
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 home engages well with Local Authority teams.		
Engagement and Support from Transformation Managers		
The Transformation Team link Tees Grange into the initiatives and training available to the care homes across Stockton-on-Tees. The Transformation Team will continue to work with Tees Grange on future opportunities.		
Tees Grange have attended Provider Forums, and Activity Co-ordinator and Leadership Networks.		

Supporting Evidence and Supplementary Information	
<p>This is the first rated CQC assessment for this newly registered service. The assessment was undertaken in response to concerns relating to the use of restraint and because the service had never been rated.</p> <p>During the assessment, the CQC found no evidence that people were at risk of harm from the concerns highlighted. People were supported and treated with dignity and respect, and involved as partners in their care. Staff responded to people's needs in the moment and acted to minimise any discomfort, concern or distress, using techniques to de-escalate situations when people became distressed. Records showed that care plans and risk assessments were followed, and staff discussed different scenarios with each other to help make sure they were following best practice. Staff stated they had enough time to support people and meet their immediate needs. Staff promoted people's independence, and had received mandatory training in equality, diversity and human rights to emphasise the importance of treating people as unique individuals with different and diverse needs.</p> <p>During the assessment, the CQC found that the provider had a good learning culture and people could raise concerns. Managers investigated incidents thoroughly and lessons learned were shared with the wider staff team. People were protected from harm and kept safe. Staff understood and managed risks.</p> <p>There were enough staff with the right skills, qualifications and experience. Staff received training and regular appraisals to maintain high-quality care. Staff managed medicines well.</p> <p>The management team had a clear vision of the direction and standards they wished to see at the service, and were visible and knowledgeable, helping staff develop in their roles. The management team worked hard to ensure care and support continuously improved, so people experienced a better quality of life. The management and provider were very effective in conveying their vision and values to staff, so positive outcomes were achieved for people and person-centred care was at the forefront of the support they delivered.</p>	
Participated in Well Led Programme?	No
PAMMS Assessment – Date (Published) / Rating	n/a

Provider Name	Milewood Healthcare Ltd	
Service Name	Beechwood House	
Category of Care	Learning Disability Residential Home	
Address	1 Priory Gardens, Norton, Stockton-on-Tees TS20 1BJ	
Ward	Norton Central	
CQC link	https://www.cqc.org.uk/location/1-10888442433/reports/AP8872/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Good
Effective	Good	Requires Improvement
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Requires Improvement
Date of Inspection	24 th March – 16 th April 2025	
Date Report Published	3 rd June 2025	
Date Previously Rated Report Published	10 th November 2022	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
Beechwood House has maintained a positive and engaging relationship with the Transformation Team, and are open to opportunities for activities, training and events. A number of staff from the care home have participated in the Well Led Programme. The Transformation Team will ensure the manager and home continue to engage.		
Supporting Evidence and Supplementary Information		
The inspection assessed the service against 'Right support, right care, right culture' guidance to make judgements about whether the provider guaranteed people with a learning disability and autistic people respect, equality, dignity, choices, independence, and good access to local communities that most people take for granted.		

At the previous inspection, the service was found to be in breach of Regulation 11 HSCA RA Regulations 2014 'Need for consent'. At this inspection, improvements had been made, and the service was no longer in breach of regulations.

Inspectors found a culture of inclusion, equality, and respecting people's diversity. The staff embraced this approach and work diligently to embed these principles into their everyday practice. Service-users were found to be very involved in how the service was run; management and staff encouraged people to share their views, and always looked to see what improvements could be made. Staff actively supported people to develop the skills needed to live more independently and reach their full potential.

Care records clearly detailed people's needs and were written in a person-centred manner. Some people had been supported to write their own assessments and support plans. Staff knew how to provide safe care. They understood people's needs and how to manage any presenting risks.

The provider and registered manager promoted a learning culture where staff had access to a wide range of training, which equipped them with the skills and knowledge to work well with people who used the service. The inspectors were assured that the recruitment process was robust and met the requirements. Staff were seen to receive effective support, supervision and development, and worked together well to provide safe care that met people's individual needs.

The registered manager and staff followed best practice around the administration of medication for people with a learning disability and autistic people. The administration of medication was found to be safe and met people's needs, capacities, and preferences.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	06/11/2023	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	
CQC link	https://www.cqc.org.uk/location/1-327573482/reports/AP10640/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	3 rd April 2025	
Date Report Published	4 th June 2025	
Date Previously Rated Report Published	28 th March 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 provider engages well with the Local Authority. The manager is receptive to all teams and responds timely to any requests and contractual performance reporting.		
Engagement and Support from Transformation Managers		
The Activity Co-ordinators and staff teams that support residents to participate in activities and events in the community engage on a high level with the Transformation Team; attending networking meetings, research events, activities in the community, and events and initiatives that support the residents to socialise with other care home residents.		
The Transformation Team will continue to engage with the leadership team.		
Supporting Evidence and Supplementary Information		
The CQC conducted this assessment to follow-up concerns relating to medicines management, staffing levels and the environment. The CQC also followed-up the breach of regulation relating to good governance identified at the last inspection.		

There had recently been a high number of medicines-related errors. These had reduced significantly due to the provider's actions. The provider had developed bespoke guidance around reporting medicines errors to provide staff with clarity about what incidents to report. Additionally, the CQC found there to be more in-depth medication audits being completed due to the current increase in medicines incidents.

The environment was safe, and records showed action was taken to address any issues identified. The home was clean and tidy throughout.

Safeguarding concerns, incidents and accidents were analysed monthly to help identify trends and learning, and were reported to the Local Authority and investigated. The CQC found that the recording of the findings from the analysis would benefit from more detail.

The provider has a structured approach to quality assurance, though some audits had not been completed consistently. The provider had identified this issue, and an action was in place to bring all audits in line by the end of April 2025.

The CQC found that there were sufficient staff to meet people's needs and new staff were recruited safely. Staff gave positive feedback to CQC about the culture in the home and the support they received from management.

People and relatives gave positive feedback about the care provided. They said staff supported people to maintain independence. Staff understood the importance of this and articulated positive examples of how they maintained independence when caring for people.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	21/10/2024	Good

PRIMARY MEDICAL CARE SERVICES

Provider Name	The Densham Surgery	
Service Name	The Densham Surgery	
Category of Care	Doctors / GPs	
Address	The Health Centre, Stockton-on-Tees TS18 1HU	
Ward	Stockton Town Centre	
CQC link	https://www.cqc.org.uk/location/1-540731286/reports/AP7375/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Requires Improvement	Good
Date of Inspection	11 th December 2024	
Date Report Published	24 th June 2025	
Date Previously Rated Report Published	4 th October 2016	
Further Information		
<p>The Densham Surgery delivers services to nearly 4,000 patients under a contract held with NHS England. The CQC assessed quality statements across ‘safe’, ‘responsive’, and ‘well-led’ key questions.</p> <p><i>CQC view of the service</i></p> <ul style="list-style-type: none">• SAFE: The service had a good learning culture and people could raise concerns. Managers investigated incidents thoroughly. People were protected and kept safe. Staff understood and managed risks. The facilities and equipment met the needs of people, were clean and well-maintained, and any risks mitigated.• RESPONSIVE: People were involved in decisions about their care. The service provided information people could understand. People knew how to give feedback and were confident the service took it seriously and acted on it. People received fair and equal care and treatment. The service worked to reduce health and care inequalities through training and feedback.• WELL-LED: Leaders were visible, knowledgeable and supportive, helping staff develop in their roles. Staff understood their roles and responsibilities. However, there were still some gaps in the overview of assurance and some processes were not always effective. <p>The CQC found one breach of regulation linked to governance and has asked the provider for an Action Plan in response to the concerns found at this assessment.</p>		

People's experience of this service

- People were positive about the quality of their care.
- They felt safe and were fully involved in planning their care and understood their rights.
- People said they received high quality care from knowledgeable staff who treated them.
- They had confidence and trust in the healthcare professionals at the practice.

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 / Residential Dementia	
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	Excellent
Quality of Management	Excellent	Good
Date of Inspection	19 th – 21 st May 2025	
Date Assessment Published	30 th June 2025	
Date Previous Assessment Published	11 th October 2024	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The home used an electronic care plan system; a comprehensive pre-admission assessment was completed by the manager with the prospective resident and, where appropriate, family and friends. The care plans included detailed person-centred information about the resident and their choices and preferences. The detail contained in the care plan clearly evidenced input from the resident, family and care staff; residents spoken with were fully aware of the contents of their care plan and confirmed continuous involvement. Information was accurately reflected across the documents and there was evidence of regular reviews conducted with the Key Worker to ensure that the details reflected the current wishes and abilities of the resident.</p> <p>Most residents were observed to eat in the pleasant dining room; a menu was available on each table, a larger menu was on display on the wall, and pictorial menus were also available. Residents spoken with confirmed their involvement in menu planning and all commented on the 'excellent food'. A cooked breakfast was available each morning; two explicit choices plus alternatives for lunch, and lighter options at teatime. Staff were observed to notice that one resident was not enjoying her choice of meal; they discreetly offered alternatives and promptly brought a new meal. Menus were reviewed on a regular basis and were formulated by the residents with oversight from staff to ensure variety and nutritional value. Catering and care staff demonstrated an excellent knowledge of residents' dietary preferences together with their choice of portion size; a range of beverages were offered to accompany meals, including wine.</p>		

The medication room was found to be clean and tidy with medication organised per resident. Medication room and fridge temperatures were monitored, recorded and re-set daily, and were all within recommended limits. Medications had clean, clear labelling with the date of opening recorded and entries on the medication administration records matched the labelling on the medication. Medication requiring refrigeration, thickeners and topical preparations were all stored correctly. Controlled drugs were stored in an appropriate locked cupboard fixed to a solid wall. All controlled drug medications were prepared separately with a witness present and the appropriate entries made in the register. Protocols were in place for medication taken as and when required and included person-centred information. Robust medication audits were carried out by the manager and the medication 'Champion'.

Staff spoken with felt that the training received was relevant and of a good standard, comprising of online training, face-to-face training, and competency assessments. All staff at the home complete the mandatory care training regardless of their role. At the time of the assessment, compliance for mandatory was 100%. Reminders were issued to staff when refresher training was due; these were followed up by the manager. The range of training available was very comprehensive, including training around needs of individual residents and specialist training for staff who carried out 'Champion' roles. There was clear evidence of career progression, with training and qualification sourced to support this. Excellent staff retention ensured continuity of care and allowed staff to gain a good knowledge of needs and build meaningful relationships with residents and their families.

Satisfaction surveys had been completed for residents, staff, visitors and professionals within the last 12-month period. The findings were collated into a report with comments and Actions Plans, and were available to be viewed. Feedback on the quality of the service was solicited from residents as part of the Key Workers monthly review and actions documented. Feedback via carehome.co.uk was also encouraged; service-users and visitors had used this option to give feedback on the service. At the time of the assessment, there was 72 reviews all awarding five stars. The home received a 'Top 20 Award' for 2025. Monthly key performance indicators recorded falls, infections, hospital admissions, safeguarding alerts, incidents, weight loss, and pressure areas. The manager reviewed this information to identify trends, training gaps and any areas of concern.

The manager and provider were innovative in developing ways to improve the quality of care and outcomes for the residents in the home. They had a 'Champions' programme which developed staff knowledge and understanding, and had been used as a beacon for other homes developing these roles. The manager regularly shared best practice in Provider Forums and had been involved in developing courses for Health and Social Care at a local college.

The home was committed to providing the best possible care for those residents living with dementia. The Dementia Champion attends external training and disseminates learning to all the staff. The management and staff participate in the Alzheimer's Society 'Dementia Friends' programme and engaged with the staff from the Living Well with Dementia Hub to ensure that the environment was appropriate. Support for family members was also available through dementia coffee mornings and activities held during Dementia Action Week.

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 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		
The manager and the whole staff team have an ongoing, positive relationship with the Transformation Team – always keen to engage with initiatives and opportunities. The manager (and provider) has participated in the Well Led Programme, always attend Council activities, community events, Provider Forums, Leadership Networking and Activity Co-ordinator meetings. They have also started to participate in research projects.		
Current CQC Assessment - Date / Overall Rating	18/08/2018	Good