

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

QUARTER 4 2022-2023

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 January and March 2023 (inclusive). These are included at **Appendix 1** and contain the results of all inspections of services based in the Borough (irrespective of whether they are commissioned by the Council).

During this quarter, **15** inspection results were published. Please note: there is a time lag between dates of the inspection and the publication of the report. In addition, where concerns are identified by the CQC, re-inspections may take place soon after the initial report is published. When the outcomes are made available within the same quarter, the result of the most recent report is included in this update.

The main outcomes from the reports are as follows:

- 12 Adult Services were reported on (5 rated 'Good'; 6 rated 'Requires Improvement'; 1 rated 'Inadequate')
- 2 Primary Medical Care Services were reported on (2 rated 'Good')
- 1 Hospital / Other Health Care Services was reported on (1 rated 'Requires Improvement')

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 **17** reports published between January and March 2023 (inclusive), the overall outcomes of which can be summarised as follows:

- 10 rated 'Good'
- 6 rated 'Requires Improvement'
- 1 rated 'Poor'

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://api.cqc.org.uk/public/v1/reports/64113585-53dc-4703-8100-04d84f3d5299?20230106130000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Requires Improvement	Good
Date of Inspection	6 th & 9 th December 2022 (focused inspection)	
Date Report Published	6 th January 2023	
Date Previously Rated Report Published	10 th December 2019	
Breach Number and Title		
<p><u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u> The provider failed to ensure medicines were managed safely. The provider did not ensure that risks to the health and safety of people had been fully assessed.</p> <p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u> Quality assurance systems did not effectively assess, monitor, and improve the quality and safety of the service.</p>		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
The home engages with the National Early Warning System (NEWS) and has shown high levels of usage, although this is not consistent. The home has recently approached the team for support to use the equipment and resolved issues with recent recording.		

The home engages well with the Quality Assurance & Compliance (QuAC) Officer and is open and transparent in their approach.

The home has not showed any engagement with initiatives such as the Leadership Network or Activities Forum.

The Manager, who is new to her role as a Registered Manager, showed a keen interest in the Well Led programme. However, at the time of the 2022 Well Led cohort she was undertaking her Management Level 5 requirement for her role which took priority.

The provider has engaged well with the NECS Medication Optimisation Team.

Supporting Evidence and Supplementary Information

This was a focused inspection on the domains of Safe and Well Led. Cherry Tree Care Centre is one of multiple homes with the same owner spread across different organisations. The inspection was prompted, in part, due to issues within medicines, infection control, and quality assurance monitoring at the owner’s other services (Roseworth Lodge, Primrose Court, and Churchview (CQC report pending)). The CQC felt that an inspection was required due to established themes occurring across the other owned homes.

Medicines were not always managed safely, and the home did not follow best practice guidance for the receipt, storage, and administration of medicines. Risks to people had not always been recognised and mitigated, and care plans held inaccurate information and lacked detail to support staff to keep people safe. Some best interest decisions regarding the use of bedrails were not in place, but the deputy manager addressed this matter immediately at the time of the inspection.

The provider did not ensure they had a strong oversight of the home and quality assurance processes were either not effective or not in place.

Staff completed safeguarding training and incidents, accidents and safeguarding concerns were recorded appropriately. The provider had recognised that changes could be made in this area to drive improvement.

People lived in a safe environment and health and safety checks were regularly conducted. The home worked with external healthcare professionals to ensure that service-users received joined-up care. Service-users were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests.

The provider had a robust recruitment process and there was evidence that enough staff were deployed to meet people’s needs. The home had a warm friendly atmosphere and staff knew people well. Service-users told the CQC that they felt safe and staff treated them with respect. Staff were enthusiastic and knowledgeable about their roles and worked well together and were supportive, and the home had an open and transparent culture.

At the time of inspection, the Registered Manager was on maternity leave and away from the service. The newly appointed Deputy Manager is currently overseeing the service until the manager returns from leave.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	10/03/2022	Good

Provider Name	Milewood Healthcare Ltd	
Service Name	Oxbridge House	
Category of Care	Residential / Learning Disabilities	
Address	187 Oxbridge Lane, Stockton-on-Tees TS18 4JB	
Ward	Grangefield	
CQC link	https://api.cqc.org.uk/public/v1/reports/e54f3d4f-74ef-488e-9d8a-b872efa58dc2?20230119130000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Not inspected	Not inspected
Caring	Not inspected	Not inspected
Responsive	Not inspected	Not inspected
Well-Led	Good	Requires Improvement
Date of Inspection	14 th , 15 th , 20 th December 2022 & 3 rd January 2023 (focused insp.)	
Date Report Published	19 th January 2023	
Date Previously Rated Report Published	9 th June 2021 (focused inspection)	
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		
There has been no recent engagement with the Authority. The manager was allocated a place on the Well Led Programme but did not complete the first session as didn't come back after the break.		
Supporting Evidence and Supplementary Information		
<p>The last CQC rating for this service was 'Requires Improvement' following an unannounced visit in May 2021 (published 9 June 2021). At the time, the service was in breach of two regulations regarding medicines, risk assessment and the effectiveness of the service's quality assurance systems.</p> <p>At the time of the latest inspection, the Registered Manager was on long-term leave and the Acting Manager was in charge of the service.</p> <p>This inspection covered the key questions 'Safe' and 'Well-Led' to check that the service had followed their Action Plan and that legal requirements were now being met. Infection prevention</p>		

and control measures were also reviewed to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During the inspection, it was found that the service-users were supported to have maximum choice and control of their lives. Staff supported service-users in the least restrictive way possible and always in their best interest. Also, staff placed peoples wishes, needs, and rights at the heart of everything they did.

Risks to service-users had been identified, recorded and risk assessments were in place to reduce risks wherever possible. Accidents and incidents were recorded, and appropriate action had been taken to try and avoid reoccurrence. Robust audits were in place to identify any shortfall in practice and lessons learnt are shared with the staff team.

Service-users were supported safely with medicines; however, it was recommended that the policy around medication should include procedures for social leave.

Staff promoted equality and diversity in their support and understood how to protect them from poor care and abuse. The service was found to be working within the principles of the MCA.

For those key questions not inspected on this visit, the ratings from the last inspection were used to calculate the overall rating. The overall rating for the service has changed to 'Good'.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	06/09/2019	Requires Improvement

Provider Name	Real Life Options	
Service Name	Real Life Options – Darlington Road	
Category of Care	Residential Home – Learning Disability	
Address	54 Darlington Road, Hartburn, Stockton-on-Tees TS18 5EW	
Ward	Hartburn	
CQC link	https://api.cqc.org.uk/public/v1/reports/42a904cd-4271-4e29-9cdc-f2f9116ce2f3?20230211130000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Outstanding
Well-Led	Requires Improvement	Good
Date of Inspection	18 th , 27 th January & 9 th February 2022 (focused inspection)	
Date Report Published	11 th February 2023	
Date Previously Rated Report Published	14 th February 2020	
Breach Number and Title		
<p><u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u></p> <ul style="list-style-type: none"> • Staff were not following correct policies and procedures around the safe administration of medicines. 12(2)(g) • The provider was not ensuring the environment was suitably clean and maintained to minimise the risks in terms of infection prevention and control. Staff did not always wear PPE in line with government guidance. 12(2)(h) <p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u></p> <ul style="list-style-type: none"> • The provider did not have adequate systems in place to assess, monitor and improve the service. Issues identified during the inspection had not been picked up during the provider's audit process. 17(2)(a) • People's records were not always accurate or complete. 17(2)(c) 		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive 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.		

The provider works alongside the Transformation Team on a number of things. The manager has completed the Well Led, they attend the leadership networking, and attend the activity meetings.

Supporting Evidence and Supplementary Information

During the inspection, the CQC found that people's medicines were not always managed safely. Guidance around medicines used to help people who were experiencing distress or anxiety was not always followed. The home was aware of the principles of 'stopping the overmedication of people with a learning disability and autistic people' (STOMP), but had not been following them. One person's records contained information on a medicine allergy that had not been followed. Staff were not always keeping accurate records of the controlled drugs within the home.

The provider's policy on PPE was not in-line with current government guidance. Staff were not able to explain the processes for deep cleaning items such as beanbags and sensory equipment, and it was confirmed that this had not been done on a regular basis.

Corridors contained a mix of carpet and vinyl flooring; however, this was in poor condition with several rips and loose sections, which could pose a trip hazard.

The provider did not ensure fire drills were taking place in line with the policy. Not all staff had taken part in a fire drill in the last 12 months. People, including those unable to make decisions for themselves, had as much freedom, choice, and control over their lives as possible because staff managed risks to minimise restrictions. Staff assessed people's sensory needs and did their best to meet them. Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. There were effective safeguarding and whistleblowing procedures in place at the home.

The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs, wishes and goals. Every person's record contained a clear one-page profile with essential information and do's and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Staff raised concerns and recorded incidents and near-misses, and this helped keep people safe. The manager audited these records to look for patterns and trend to minimise future risk.

Governance processes were not always effective. Some of the records reviewed were not accurate. Daily notes did not always correspond with entries made on medicines records or charts used to monitor people's mood. There was a risk that staff may not be able to access policies and procedures when required.

Staff felt respected, supported and valued by senior staff which supported a positive and improvement driven culture. The provider offered staff an Employee Assistance Programme for free help and advice. Staff felt able to raise concerns with managers without fear of what might happen as a result.

The provider sought feedback from people and those important to them, and used the feedback to develop the service. People had meetings with their key workers every month. Staff

meetings took place, but the manager also had an open-door policy and staff felt able to raise any issues or ideas outside of formal meetings.	
Participated in Well Led Programme?	Yes
PAMMS Assessment – Date (Published) / Rating	Not yet assessed

Provider Name	Royal Mencap Society	
Service Name	Royal Mencap Society – 71 Middleton Avenue	
Category of Care	Residential Home – Learning Disability	
Address	71 Middleton Avenue, Thornaby, Stockton-on-Tees TS17 0LL	
Ward	Village	
CQC link	https://api.cqc.org.uk/public/v1/reports/ad3ab0cf-6863-4629-adbf-330053eb1c2f?20230211130000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Good	Good
Date of Inspection	10 th & 17 th January 2023 (focused inspection)	
Date Report Published	11 th February 2023	
Date Previously Rated Report Published	26 th January 2018	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
<p>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.</p> <p>The provider engages well with the Transformation Team. They have been on the Well Led Programme – in the pipeline to work on some current projects through Transformation Team and attend the networking groups.</p>		
Supporting Evidence and Supplementary Information		
<p>This inspection was prompted by a review of the information CQC held about this service.</p> <p>Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Medicine records were not always completed in full, and the registered manager was reviewing this. The provider ensured people received care and support in a safe, clean, well-equipped, well-furnished, and well-maintained environment that</p>		

met their sensory and physical needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

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

People received kind and compassionate care. Care records were not always completed correctly, and the registered manager was reviewing this. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's care needs and keep them safe. There were not always enough staff to enable people to take part in activities and pursue their interests in their local area. The registered manager was reviewing this.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff placed people's wishes, needs and rights at the heart of everything they did.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. People and those important to them, including advocates, were involved in planning their care.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	01/02/2022	Good

Provider Name	Prestige Care (Roseville) Ltd	
Service Name	Roseville Care Centre	
Category of Care	Nursing / Residential / Dementia	
Address	Blair Avenue, Ingleby Barwick, Stockton-on-Tees TS17 5BL	
Ward	Ingleby Barwick West	
CQC link	https://api.cqc.org.uk/public/v1/reports/325571bf-2c48-4220-a18d-10085c44c5d3?20230221130000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Good	Requires Improvement
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Requires Improvement
Date of Inspection	25th January, 1st, 3rd & 9th February 2023	
Date Report Published	21st February 2023	
Date Previously Rated Report Published	22nd May 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		
<p>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.</p> <p>Provider has some engagement with the Transformation Managers. They are on target for their NEWS and have engaged with the Alliance. The deputy manager participated in Cohort 4 of the Well Led programme.</p>		
Supporting Evidence and Supplementary Information		
<p>The CQC found that risks to people were safely managed. Staffing levels were monitored and the provider had safe recruitment processes. People were safeguarded from abuse. Accidents and incidents were monitored to see if lessons could be learnt to improve the service.</p> <p>Effective infection prevention and control processes were in place. Plans were in place to support people in emergencies.</p>		

The CQC have made a recommendation about the management of some medicines. Medicines were managed safely. However, some improvements were needed within the guidance and records for some medicines such as creams and patches. The CQC recommend that the provider reviews the guidance and records kept for creams, patches, when medicines are required, and people's preferences around how they take their medicines.

People received kind and caring support from staff who knew them well. People and relatives said staff helped people to achieve good care outcomes. People were supported to make their voices heard.

Staff received regular training, supervision and appraisal. People's needs and choices were assessed and monitored. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The service was adapted for people's comfort and convenience. People received effective support with eating and drinking.

People received personalised care based on their decisions and needs. A range of activities was made available to people, which they enjoyed. Staff were able to communicate with people effectively and systems were in place to investigate and respond to complaints.

Good governance systems were in place to monitor and improve standards. People, relatives and staff spoke positively about the leadership of the service. Feedback was sought and acted on and staff worked effectively with a wide range of external professionals.

The last rating for this service was 'Requires Improvement' (published 22nd May 2019). A further inspection took place, but the rating was not reviewed (published 23rd March 2021). The provider completed an Action Plan after the last inspection to show what they would do and by when to improve. At this inspection, the CQC found improvements had been made and the provider was no longer in breach of regulations.

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

Provider Name	Real Life Options	
Service Name	Real Life Options – 2 Frederick Street	
Category of Care	Residential Home – Learning Disability	
Address	2 Frederick Street, Stockton-on-Tees TS18 2BF	
Ward	Stockton Town Centre	
CQC link	https://api.cqc.org.uk/public/v1/reports/8f779669-b959-402f-8122-3758d2ac78db?20230224130000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Good	Good
Date of Inspection	7 th & 8 th February 2023 (focused inspection)	
Date Report Published	24 th February 2023	
Date Previously Rated Report Published	27 th February 2018	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
<p>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.</p> <p>The provider engages well with the Transformation team. A few RLO managers have been on the Well Led programme, and they attend the networking (Leadership plus Activities). The provider is very keen to be involved in more and is good to engage with.</p>		
Supporting Evidence and Supplementary Information		
<p>This inspection was prompted by a review of the information the CQC held about this service. For those key questions not inspected, the CQC used the ratings awarded at the last inspection to calculate the overall rating.</p> <p>Staff supported people to have the maximum possible choice, control and independence, and they had control over their own lives. Staff focused on people's strengths and promoted what</p>		

they could do so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area.

The provider ensured people received care and support in a safe, clean, well-equipped, well-furnished, and well-maintained environment that met their sensory and physical needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

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

People received kind and compassionate care. Staff protected and respected people’s privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people’s needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff placed people’s wishes, needs and rights at the heart of everything they did. People’s quality of life was enhanced by the service’s culture of improvement and inclusivity. People and those important to them, including advocates, were involved in planning their care.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	07/03/2022	Requires Improvement

Provider Name	Real Life Options	
Service Name	Real Life Options – Darlington Road	
Category of Care	Residential Home – Learning Disability	
Address	54 Darlington Road, Hartburn, Stockton-on-Tees TS18 5EW	
Ward	Hartburn	
CQC link	https://api.cqc.org.uk/public/v1/reports/89410f04-2133-448e-8a06-1df807c052d6?20230224130000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Not inspected	Not inspected
Caring	Not inspected	Not inspected
Responsive	Not inspected	Not inspected
Well-Led	Good	Requires Improvement
Date of Inspection	10 th & 14 th February 2023 (focused inspection)	
Date Report Published	24 th February 2023	
Date Previously Rated Report Published	7 th February 2022 (focused inspection)	
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		
<p>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.</p> <p>The provider engages well with the Transformation team. A few RLO managers have been on the Well Led programme, and they attend the networking (Leadership plus Activities). The provider is very keen to be involved in more and is good to engage with.</p>		
Supporting Evidence and Supplementary Information		
<p>The last rating for this service was 'Requires Improvement'. The provider completed an Action Plan after the last inspection to show what they would do and by when to improve.</p> <p>At this inspection, the CQC found improvements had been made and the provider was no longer in breach of regulations.</p>		

The CQC undertook this focused inspection to check they had followed their Action Plan and to confirm they now met legal requirements. This report only covers their findings in relation to the key questions 'Safe' and 'Well-Led' which contain those requirements.

People received the right support with their medicines. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff turnover was low, which supported people to receive consistent care from staff who knew them well.

For those key questions not inspected, the CQC used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from 'Requires Improvement' to 'Good'. This is based on the findings at this inspection.

Participated in Well Led Programme?	Yes
PAMMS Assessment – Date (Published) / Rating	Not yet assessed

Provider Name	T.L. Care Limited	
Service Name	Mandale Care Home	
Category of Care	Residential / Residential Dementia	
Address	136 Acklam Road, Thornaby, Stockton-on-Tees TS17 7JR	
Ward	Mandale & Victoria	
CQC link	https://api.cqc.org.uk/public/v1/reports/ca164a46-ad60-432f-aa67-e02d35c5844a?20230225130000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Requires Improvement	Good
Date of Inspection	26 th January 2023 (focused inspection)	
Date Report Published	25 th February 2023	
Date Previously Rated Report Published	19 th July 2019	
Breach Number and Title		
<p><u>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</u></p> <ul style="list-style-type: none"> The provider failed to have in place effective systems and procedures to protect people from abuse and to prevent, identify and report abuse. Regulation 13(1) - (3) <p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u></p> <ul style="list-style-type: none"> The provider failed to have robust systems and processes in place to demonstrate safety was always effectively managed. The governance and quality monitoring of the service was not robust enough to ensure people were protected from the risk of harm. Regulation 17(1) and (2)(a), (b), (c) and (f) <p><u>Regulation 18: Care Quality Commission (Registration) Regulations 2009</u></p> <ul style="list-style-type: none"> Failure to notify CQC of important incidents. 		
Level of Quality Assurance & Contract Compliance		
<p>Level 2 – Moderate Concerns (Supportive Monitoring)</p> <p>The Quality Assurance and Compliance (QuAC) Officer will liaise with the CQC who will monitor progress against their Action Plan and support the provider to ensure they improve and progress against the areas identified.</p>		

Level of Engagement with the Authority		
<p>Up until January 2023, the home engaged fully with the Transformation Team, attending both the Well-Led and activities programmes. The Manager and Activities Lead left the service early this year; since this time there has been no contact.</p> <p>The home generally works well with the Quality Assurance and Compliance (QuAC) Officer; however, they do not always respond promptly for requests for information.</p>		
Supporting Evidence and Supplementary Information		
<p>Following concerns received in relation to the environment, staffing, record-keeping and the quality of care people received, the CQC undertook a focused inspection. The standards inspected were 'Safe' and 'Well-Led'; two inspectors and an Expert by Experience carried out the inspection.</p> <p>People were not always safe and protected from the risk of avoidable harm and abuse. On occasions, staff had failed to fully assess risks to service-users and failed to take steps to manage and minimise these risks. Staff had not followed safeguarding procedures; the incidents had not been referred to the Local Authority Safeguarding Team, the police or the CQC.</p> <p>Service-user's care and support plans did not evidence that risks were robustly assessed and did not contain sufficient information to support staff in managing these risks. Systems and processes were either not in place or not robust enough to demonstrate that safety was always effectively managed.</p> <p>Staff generally were suitably competent to care for the service-users. However, some staff required refresher training in mandatory areas such as Moving and Handling and First Aid.</p> <p>The inspectors were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, some areas of the service required re-decorating and updating to ensure that they could be cleaned effectively. A home improvement plan was in place.</p> <p>The Registered Manager did not have oversight of all serious incidents which occurred in the home. These incidents were able to re-occur as measures had not been implemented to minimise and mitigate risk. Systems were not in place to identify these omissions.</p> <p>The service did not always comply with regulatory requirements; there were several events that required notification to the CQC, but these had not been submitted.</p>		
Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	02/08/2022	Requires Improvement

Provider Name	Nationwide Healthcare Limited	
Service Name	Ashwood Lodge Care Home	
Category of Care	Residential / Residential Dementia	
Address	Bedale Avenue, Billingham, Stockton-on-Tees TS23 1AW	
Ward	Billingham South	
CQC link	https://api.cqc.org.uk/public/v1/reports/43fcfa79-30f3-4fd2-812b-c5720a2f57da?20230302130010	
	New CQC Rating	Previous CQC Rating
Overall	Inadequate	Good
Safe	Inadequate	Requires Improvement
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Inadequate	Good
Date of Inspection	18 th & 25 th January 2023 (focused inspection)	
Date Report Published	2 nd March 2023	
Date Previously Rated Report Published	27 th September 2019	
Breach Number and Title		
<p><u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u></p> <ul style="list-style-type: none"> The provider failed to ensure care and treatment was provided in a safe way. Medicines were not managed safely. <p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u></p> <ul style="list-style-type: none"> The provider did not have effective systems in place to monitor and improve the quality and safety of the service. 		
Level of Quality Assurance & Contract Compliance		
Level 3 – Major Concerns (Enhanced Monitoring (prior to closure))		
Level of Engagement with the Authority		
The Registered Manager engaged with the Local Authority but had little support from the providers.		
Supporting Evidence and Supplementary Information		
<p>A CQC focused inspection was undertaken to review the key questions of 'Safe' and 'Well-Led'. The report highlights several areas of concern:</p> <ul style="list-style-type: none"> Risks to people were not always identified or mitigated. Risks associated with certain health conditions had not been managed to ensure that people remained safe. 		

- The home did not ensure that assessment tools were used effectively.
- Guidance from external healthcare professionals was not always followed.
- Information to support people to remain safe with their dietary needs had not been passed to kitchen staff. Food to supplement people’s diet was not always available.
- Effective plans to keep people safe in the event of a fire were not in place.
- Medicine management was unsafe: Contingency plans had not been put in place for the re-ordering of medicines. Protocols for PRN ‘when required’ medicines were not always in place, and there was limited information to support staff to recognise when people might need their medication. Changes recorded on MARs did not always have a supporting record from the prescribing professional. Gaps in recording were evident on MAR sheets and TMARs (Topical Medicines Application Records).
- Leadership arrangements in the absence of the Registered Manager were inadequate.
- The nominated individual lacked knowledge about the running of the service and was not able to produce a number of documents requested during the inspection.
- The inspector had to seek assurances from the provider that enough food was ordered, and appropriate staff were deployed, to ensure that people were safe.
- The provider did not ensure it had oversight of the home. Following interventions by the Fire Service, NHS IPC nurse and Local Authority, the provider was asked to produce a number of Action Plans outlining how the home was to improve and be safe. The provider had failed to recognise these failures.

THIS HOME HAS NOW CLOSED (please see Managers and Members briefing 45).

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	10/01/2023	Poor

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://api.cqc.org.uk/public/v1/reports/7f2a32e5-dce1-4551-bbb9-25156c5f396b?20230302130010	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Requires Improvement
Safe	Requires Improvement	Requires Improvement
Effective	Requires Improvement	Requires Improvement
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Requires Improvement	Requires Improvement
Date of Inspection	25th November & 5th December 2022 (focused inspection)	
Date Report Published	2nd March 2023	
Date Previously Rated Report Published	11th December 2019	
Breach Number and Title		
<p><u>Regulation 11 HSCA RA Regulations 2014 Need for consent</u></p> <ul style="list-style-type: none"> The provider failed to meet the requirements of the Mental Capacity Act 2005 and associated code of practice. Restrictions were being imposed on people without evidence of capacity assessments or best interest decisions. <p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u></p> <ul style="list-style-type: none"> Systems and processes in place to monitor the quality and safety of the service were not effective. 		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
<p>There has been no engagement from the provider with the Local Authority initiatives, however, the home has been without a Registered Manager for the past six months.</p> <p>The provider is in the top-ten homes for NEWS score recordings despite a poor engagement historically. They engage well with the IPC team, Medicine Optimisation Team and the Quality Assurance & Compliance (QuAC) Officer.</p>		

Supporting Evidence and Supplementary Information

The inspection was prompted, in part, due to concerns received in relation to staffing, fire safety, the culture, and the overall management of the home. As a result, the CQC decided to undertake a focused inspection to review the key questions of 'Safe' and 'Well-Led' only. During the inspection, the CQC found areas of potential concern relating to consent and restrictive practice, and so decided to also inspect the key question 'Effective'.

The Fire Service had visited the home on 16 November 2022 and identified shortfalls in fire safety records and some practices. The provider was working with the Fire Service in relation to this and had made some improvements at the time of the inspection.

The décor of the home did not always promote effective infection control. Some areas of paintwork and furnishings were not intact and therefore difficult to keep clean.

Accidents and incidents were recorded, monitored and analysed to reduce the risk of reoccurrence. There were enough staff on duty to safely meet people's needs.

People and relatives felt there were enough staff. Staff were recruited in a safe way and the provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks. Staff completed a comprehensive induction at the start of their employment, including completion of the Care Certificate. Staff were supported in their roles through regular supervisions and appraisals.

Staff safely administered and managed people's medicines and had received up-to-date medicines training.

Restrictions were being imposed on people without evidence of capacity assessments or best interest decisions, and some MCA documentation where limitations and restrictions were being imposed upon people were unclear or included conflicting information that did not meet MCA requirements. DoLS applications had been submitted to the Local Authority for review in-line with legal requirements. Staff sought consent from people prior to providing support.

People were supported to maintain their health. Staff assisted people to access support from healthcare professionals such as GPs, dentists, speech and language therapists, and pharmacist when required.

The systems in place for checking the quality and safety of the service were not always effective as they failed to identify the shortfalls in practices detailed in this report. Shortfalls were identified in relation to infection control, the management of risk, care plans, consent, and fire safety.

People and relatives spoke positively about the service. Comments included "Everything is good, no improvements needed", and "I think it's all very good. They are all very willing and are all nice".

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	21/02/2023	Requires Improvement

Provider Name	Mrs J Stead	
Service Name	Chestnut Lodge Nursing Home	
Category of Care	Residential / Nursing	
Address	320 Norton Road, Norton, Stockton-on-Tees TS20 2PU	
Ward	Norton South	
CQC link	https://api.cqc.org.uk/public/v1/reports/4327edfd-eac4-4fde-bcad-14ae50b593ff?20230309130000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Requires Improvement	Requires Improvement
Date of Inspection	6 th February 2023 (focused inspection)	
Date Report Published	9 th March 2023	
Date Previously Rated Report Published	20 th February 2018	
Breach Number and Title		
<u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u> <ul style="list-style-type: none"> The provider failed to ensure care and treatment was provided in a safe way. 		
<u>Regulation 17 HSCA RA Regulations 2014 Good governance</u> <ul style="list-style-type: none"> The provider did not have effective systems in place to monitor and improve the quality and safety of the service. 		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
<p>The manager has a good relationship with the Quality Assurance & Compliance (QuAC) Officer. The home's admin engages well with the Local Authority initiatives; they have worked on the DSPT, attends Provider Forums, and supported projects with the Transformation Managers.</p> <p>The home is currently under target for NEWS usage.</p>		

Supporting Evidence and Supplementary Information		
<p>Following a review of information held, the CQC carried-out a focused Inspection to review the key questions of 'Safe' and 'Well-Led'. The CQC identified breaches in relation to safe care and treatment, and the assessing and monitoring of quality and safety of the home.</p> <p>The CQC found the home ensured people received person-centred care, worked with families to achieve good outcomes, and had an open and transparent culture.</p> <p>The CQC found choking risks had not been managed safely; Nurses had introduced and prescribed the use of thickener without the direction or advice from the Speech & Language Therapy (SALT) Team.</p> <p>Effective fire safety plans were not in place, fire safety documentation was not readily available, and fire drills had not been completed in-line with the provider's policy.</p> <p>Although permanent staff were recruited safely, safe procedures were not in place for the use of agency staff, and the home did not have robust protocols for checking the identify of agency staff.</p> <p>The CQC found the provider did not have effective monitoring systems in place to monitor and improve the quality and safety of the service; the lack of systems and procedures in the areas mentioned above had not been recognised or identified by either the Registered Manager or the provider.</p> <p>The home was found to be working within the principles and of MCA. Best Interest decisions and DoLS were recorded and monitored. Medications were managed safety and audits were effective. Staff had completed safeguarding training and the CQC was assured the home was preventing and controlling infections.</p>		
Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	25/10/2022	Good

Provider Name	Akari Care Limited	
Service Name	Piper Court	
Category of Care	Nursing / Residential / Functional Mental Health	
Address	Sycamore Way, Stockton-on-Tees TS19 8FR	
Ward	Hardwick & Salters Lane	
CQC link	https://api.cqc.org.uk/public/v1/reports/9073ff83-3b99-4f08-aa7c-2ce47cb40d5f?20230504120000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Requires Improvement
Safe	Requires Improvement	Requires Improvement
Effective	Not inspected	Not inspected
Caring	Not inspected	Not inspected
Responsive	Not inspected	Not inspected
Well-Led	Requires Improvement	Requires Improvement
Date of Inspection	1 st , 3 rd & 6 th March 2023 (focused inspection)	
Date Report Published	28 th March 2023	
Date Previously Rated Report Published	12 th January 2022	
Breach Number and Title		
<p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u></p> <ul style="list-style-type: none"> The provider had failed to keep complete, accurate and up-to-date records. This included records relating to medicines management, people's dietary requirements and the safety of the environment. 17(2)(c)(d) The provider's quality assurance system had failed to identify the concerns found during inspection. 17(2)(a) 		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
<p>The provider's level of engagement with the Local Authority requires improvement; there has been a lack of a consistent Registered Manager in the home which has been a contributing factor. As a further result of this, the home has not been able to participate in the Well Led Programme.</p> <p>There is consistent poor engagement with the National Early Warning System (NEWS) which is regularly monitored by the Quality Assurance & Compliance (QuAC) Officer with support from relevant health colleagues.</p> <p>The home has also not engaged with any network or local initiatives which the Local Authority provides and supports.</p>		

The home continues to engage with the Local Infection Prevention and Control Nurse.

Supporting Evidence and Supplementary Information

A CQC focused inspection was undertaken to review the key questions of 'Safe' and 'Well Led'. The report highlights concern in relation to accurate record-keeping in relation to the management of medicines. Medicines records were not always accurate or up-to-date. The management of risk around people's dietary requirements was not always clearly documented. Information on how people took their medicines was not always clearly documented to support staff to administer them correctly. Guidance and records were not always consistent around how often people's creams should be applied. Guidance for 'as and when needed medication' was unclear and further information was needed for the variable doses. The reason for administering when required medicines was not always noted and the outcome was not always recorded to review effectiveness.

The CQC found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

The provider conducted checks including Disclosure and Barring Service checks and obtained references before new staff were employed. Staffing levels were calculated using a dependency tool. This worked out the number of staff needed to meet the needs of the people living at Piper Court, and each shift was then staffed accordingly. The provider was recruiting for new staff, so at times agency staff were used to cover shifts to ensure sufficient staff were always available.

Accidents and incidents were monitored to identify any areas of concern. Appropriate referrals were made to agencies such as the Falls Team. Patterns and trends were looked for so lessons could be learned, and any necessary changes made going forward.

The new Manager acknowledged areas where improvements were required. They were working on an Action Plan to address concerns and had the support of the provider with this. The CQC found there was a positive culture within the home and an atmosphere where people who used the service, and staff, felt valued. The CQC found the Manager and wider management team to be open and honest throughout the inspection. The provider was responsive to feedback and keen to make the required improvements.

Managers and staff were clear about their roles and understanding quality performance, risks and regulatory requirements. Records were not always accurate or complete. This included care plans, medicines records and maintenance checks. The provider's quality assurance systems had not been effectively implemented. The audits and checks being undertaken had failed to identify all of the issues the CQC found during this inspection.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	10/03/2023	Good

PRIMARY MEDICAL CARE SERVICES

Provider Name	Queenstree Practice	
Service Name	Queenstree Practice	
Category of Care	Doctors / GPs	
Address	The Health Centre, Queensway, Billingham, Stockton-on-Tees TS23 2LA	
Ward	Billingham Central	
CQC link	https://api.cqc.org.uk/public/v1/reports/18d829a2-e4cf-40b5-9dca-268a40367e90?20230109150038	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Good	Good
Date of Inspection	14 th , 15 th & 30 th November 2022 (focused inspection)	
Date Report Published	9 th January 2023	
Date Previously Rated Report Published	29 th June 2016	
Further Information		
<p>The practice is located in Billingham Health Centre, Billingham and provides primary medical care services to patients living in the surrounding areas of Billingham. The practice is based on the ground floor and shares the premises with a health centre and other healthcare professionals. The practice provides services to around 4,100 patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.</p> <p>This inspection was a focused inspection carried out in line with the CQCs inspection priorities. It was carried out in a way which enabled the CQC to spend a minimum amount of time onsite. This was with consent from the provider and in line with all data protection and information governance requirements.</p> <p>The CQC found that:</p> <ul style="list-style-type: none"> • The practice provided care in a way that kept patients safe and protected them from avoidable harm. • Patients received effective care and treatment that met their needs. • Staff were appropriately trained to carry out their roles. • Staff maintained the necessary skills and competence to support the needs of patients. • Staff dealt with patients with kindness and respect and involved them in decisions about their care. 		

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Improve processes so that staff who require Disclose and Barring Service (DBS) checks receive or update them when required.
- Improve processes so that all structured medication reviews are completed at appropriate intervals in line with national guidance.
- Seek ways of introducing a Patient Participation Group (PPG) to encourage patient feedback and involvement.

Details of the CQCs findings and the evidence supporting its ratings are set out in the evidence tables accompanying the published report for this provider on the CQC website

– see [https://s3-eu-west-](https://s3-eu-west-1.amazonaws.com/dpub.evidence/EYFLQSLATVPGB7/EYFLQSLATVPGB7-EA.pdf)

[1.amazonaws.com/dpub.evidence/EYFLQSLATVPGB7/EYFLQSLATVPGB7-EA.pdf](https://s3-eu-west-1.amazonaws.com/dpub.evidence/EYFLQSLATVPGB7/EYFLQSLATVPGB7-EA.pdf).

Provider Name	Norton Medical Centre	
Service Name	Norton Medical Centre	
Category of Care	Doctors / GPs	
Address	Billingham Road, Norton, Stockton-on-Tees TS20 2UZ	
Ward	Norton North	
CQC link	https://api.cqc.org.uk/public/v1/reports/7c49222a-c65a-4eaf-be3a-56f4d281136e?20230113080046	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Not inspected	Good
Responsive	Requires Improvement	Good
Well-Led	Good	Good
Date of Inspection	15 th , 16 th & 30 th November 2022 (focused inspection)	
Date Report Published	13 th January 2023	
Date Previously Rated Report Published	3 rd December 2015	
Further Information		
<p>The practice is located in Norton Medical Centre, Norton, and provides primary medical care services to patients living in the surrounding areas of Norton. The practice is based on 3 floors, Nursing on the ground floor, GPs on the first level floor, and management and administration on the top floor. It offers on-site parking, disabled parking, a disabled WC, lift facilities, wheelchair and step-free access. The practice provides services to around 17,200 patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.</p> <p>This inspection was a focused inspection carried out in line with the CQCs inspection priorities. It was carried out in a way which enabled the CQC to spend a minimum amount of time onsite. This was with consent from the provider and in line with all data protection and information governance requirements.</p> <p>The CQC found that:</p> <ul style="list-style-type: none"> • The practice provided care in a way that kept patients safe and protected them from avoidable harm. • Patients experienced poor access however, the provider was committed to exploring ways at addressing this. • Patients received effective care and treatment that met their needs. • Staff were appropriately trained to carry out their roles. • Staff maintained the necessary skills and competence to support the needs of patients. • Staff dealt with patients with kindness and respect and involved them in decisions about their care. • The way the practice was led and managed promoted the delivery of high-quality, person-centre care. 		

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

- Ensure that a risk assessment is carried out for all staff that are not required to complete a DBS check.
- Continue to monitor and reduce summarised patient notes.
- Continue to monitor and seek improvements for appointments and access in line with new and emerging technologies.

Details of the CQCs findings and the evidence supporting its ratings are set out in the evidence tables accompanying the published report for this provider on the CQC website

– see [https://s3-eu-west-](https://s3-eu-west-1.amazonaws.com/dpub.evidence/A9T42P2DTQAFGV/A9T42P2DTQAFGV-EA.pdf)

[1.amazonaws.com/dpub.evidence/A9T42P2DTQAFGV/A9T42P2DTQAFGV-EA.pdf](https://s3-eu-west-1.amazonaws.com/dpub.evidence/A9T42P2DTQAFGV/A9T42P2DTQAFGV-EA.pdf).

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

Provider Name	North East Ambulance Service NHS Foundation Trust	
Service Name	North East Ambulance Service NHS Foundation Trust	
Category of Care	Ambulance Service	
Address	Ambulance Headquarters, Bernicia House, Goldcrest Way, Newburn Riverside, Newcastle-Upon-Tyne NE15 8NY	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/857fc7df-c6e9-495b-ac23-d519497e7eaf?20230216100442	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Requires Improvement	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Inadequate	Good
Date of Inspection	26th – 28th July & 13th – 15th September 2022	
Date Report Published	2nd February 2023	
Date Previously Rated Report Published	10th January 2019	
Further Information		
<p>The North East Ambulance Service NHS Foundation Trust (NEAS) provides an emergency ambulance service 24 hours a day, 365 days a year across the North East of England. The Trust has just under 3,500 staff and volunteers, 55 ambulance stations and has a fleet of over 600 vehicles. Every year, Trust staff answer over half a million 999 calls and almost 1 million 111 calls, and transport around 300,000 patients to hospital and completes more than 500,000 PTS journeys.</p> <p>The CQC carried out this unannounced inspection of as part of its continual checks on the safety and quality of healthcare services. They inspected Emergency and Urgent Care, the Emergency Operations Centre and the NHS 111 service. They also inspected the 'Well-Led' key question for the Trust overall, but did not inspect PTS or Resilience (HART) services at this inspection.</p> <p>The rating of services went down. Key findings included:</p> <ul style="list-style-type: none"> • Leaders did not always understand or manage all of the priorities and issues the service faced and governance processes did not operate effectively across the organisation to ensure risk and performance issues were identified, escalated appropriately, managed and addressed promptly. The CQC were not assured the board had sufficient oversight and 		

focus on the operational risks or had effective systems to ensure incidents were consistently reported in line national patient safety reporting guidelines.

- Although staff were focused on the needs of patients receiving care, they did not always feel respected, supported and valued. Some staff told the CQC they did not feel they could raise concerns without fear of blame or reprisal and the Trust did not have effective systems to seek and act upon feedback from staff and other relevant persons.
- Although leaders actively and openly engaged with patients, equality groups, the public and local organisations to plan and manage services, engagement with staff was less robust.
- The portfolios for executive leaders were large and corporate services teams lacked capacity to be able to provide appropriate support. There were also limited succession plans to support staff to develop their skills and take on more senior roles.
- Services did not always have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Although the Trust had a workforce plan and had secured additional funding to increase the number of staff in patient facing roles, the Emergency Operations Centre did not have enough health advisors or clinical staff, and the CQC were not assured advanced call-handler experts had received appropriate training or competency assessments.
- The Trust monitored agreed response times to facilitate good outcomes for patients however, although the Trust was one of the top performing ambulance services in the country for its response time to category one calls, performance did not meet the national target against this and other call category standards.
- The Trust aimed to provide the right care in a timely way and prioritised life-threatening responses, however people could not always access the service when they needed it, in line with national standards.
- Systems and processes for continually learning and improving services were not robust. Learning from complaints and incidents was not embedded across the Trust and the pace of delivering improvement was slow.

Following this inspection, the CQC served the Trust with a notice under Section 29A of the Health and Social Care Act 2008. They told the Trust it needed to make the following significant improvements: (1) to ensure governance systems operated effectively; (2) in listening, responding, and acting upon feedback from staff and other relevant persons; (3) in incident reporting, investigating and monitoring of actions to prevent re-occurrence ensuring improvements are made as a result; (4) in medicines management to reduce risks to patients.

APPENDIX 2**PAMMS ASSESSMENT REPORTS**
(for Adult Services commissioned by the Council)

Provider Name	Oxbridge Care Limited	
Service Name	Windsor Court Residential Home	
Category of Care	Residential / Residential Dementia	
Address	44-50 Windsor Road, Oxbridge, Stockton-on-Tees TS18 4DZ	
Ward	Parkfield & Oxbridge	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Requires Improvement
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	12th, 14th & 16th September 2022	
Date Assessment Published	4th January 2023	
Date Previous Assessment Published	3rd February 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Following the last PAMMS assessment, the Provider had really engaged and put a lot of work into improving the areas that were assessed previously as 'Requires Improvement'.</p> <p>A lot of research and time had been invested into the development of some new excellent Mental Capacity Act Assessment and Best Interest decision support tools, that have been integrated within care plans. The staff also had an excellent understanding of the principles of the Mental Capacity Act and how this was used within the home to support residents with a least restrictive practice (i.e. try liquid medication rather than tablets before considering covert process). This was also evidenced during the assessment when a staff member wrote down her question on a note pad to ensure that a lady who had hearing difficulties could understand the questions around her medication, and then make her own decision.</p> <p>Staff also had a very good understanding of the Safeguarding and Whistleblowing Procedures, and were able to confidently explain the processes and who they could report to outside of the organisation.</p> <p>The Provider had put some thought into the Service User Guide and has it in a variety of formats to make understanding it easier for residents.</p>		

<p>It was evidenced that they do need to improve their data security as some offices were left open and computers unlocked when they were left unattended (but not all offices), and data was left out unsecured in the home.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The Provider will complete an Action Plan to address areas identified for improvement which will be monitored by the Quality Assurance and Compliance (QuAC) Officer.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The Provider engages well with the QuAC Officer – both Owner and Manager.</p> <p>The Provider had good engagement with the Transformation Managers, engaging fully in all initiatives.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>05/10/2018</p>	<p>Good</p>

Provider Name	Nationwide Healthcare Limited	
Service Name	Ashwood Lodge Care Home	
Category of Care	Residential / Residential Dementia	
Address	Bedale Avenue, Billingham, Stockton-on-Tees TS23 1AW	
Ward	Billingham South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Poor	Requires Improvement
Involvement & Information	Requires Improvement	Requires Improvement
Personalised Care / Support	Requires Improvement	Good
Safeguarding & Safety	Requires Improvement	Requires Improvement
Suitability of Staffing	Poor	Good
Quality of Management	Requires Improvement	Good
Date of Inspection	7 th – 9 th November 2022	
Date Assessment Published	10 th January 2023	
Date Previous Assessment Published	14 th October 2021	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>There were four areas which received scores of 'Poor' within this assessment:</p> <p><u>Care plans</u>: Care plans were not available for some of the residents and had been archived for several months. Care plans had not been reviewed for several months and lacked personalised information from residents, and there was lack of evidence of consent to confirm residents' involvement and agreement with the care plans for their care. We found that some care plans that had been reviewed with updated comments had not had the updated care comments transferred into the main body of the care plan.</p> <p><u>Staff</u>: Due to the Manager covering so many care shifts (rather than use Agency staff), staff had not had regular supervisions and no appraisals had been completed within the last 12 months.</p> <p><u>Recruitment</u>: There were no Profiles or records of Inductions for new Agency staff who had come into the home, which placed the residents at risk. However, the Manager had obtained the Profiles of regular / past Agency workers, had developed a full Agency Induction template, and created a dedicated file before the PAMMS assessment was concluded.</p> <p><u>Training</u>: The level and frequency of training undertaken did not meet contractual requirements. The Manager did acknowledge this and was trying to source all free training available, as she reported that she was not able to obtain a training budget from the Owners to buy-in appropriate training.</p> <p>There were significant concerns with the environment, which was tired and in need of refurbishment, that was not conducive to infection control management. The service did not have a full domestic team, which had impacted on cleaning schedules. Due to the scope of the PAMMS questions and the range of elements within, this question was actually scored as 'Requires Improvement' due to the service meeting other contractual elements within this</p>		

<p>question (i.e. COSHH file was up-to-date and complete and the service also engages with IPC Assurance Programme with IPC Nurse at North Tees).</p> <p>Medication was stored appropriately, and observations of medication rounds evidenced a caring and safe administration process. However, there was limited evidence of resident involvement in their medication management and some residents did not have appropriate MCA documentation in place when decisions were being made on their behalf.</p> <p>It must be noted that the residents, families and visiting professionals could not speak highly enough of the care within the service and were extremely complimentary of the staff and the Manager.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>A Responding To and Addressing Serious Concerns Protocol (RASC) meeting was held on 11th January 2023 and the home has now been placed into the RASC process following a review the areas of concern highlighted in the PAMMS assessment and subsequent visits from other professionals (Infection Control Team and Environmental Health).</p> <p>Quality Assurance and Compliance (QuAC) Officer will monitor progress against all areas identified as needing improvement during contract visits and additional Action Plan monitoring visits.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 3 – Major Concerns (Enhanced Monitoring / Proactive Intervention)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The Manager has a very good level of engagement with the Authority; however, they are leaving their post on Friday 13th January 2023. We have been informed that the Owner has employed a consultant to oversee the service in the interim.</p> <p>This service does not engage with the Transformation Manager programmes and meetings.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>27/09/2019</p>	<p>Good</p>

Provider Name	Care UK Community Partnerships Ltd	
Service Name	Hadrian Park	
Category of Care	Residential / Residential Dementia	
Address	Marsh House Avenue, Billingham, Stockton-on-Tees TS23 3DF	
Ward	Billingham East	
	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	12th December 2022	
Date Assessment Published	25th January 2023	
Date Previous Assessment Published	15th November 2021	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were observed to contain a wealth of information that is person-centred, such as preferences and views. Care plans prominently displayed assessments of mental capacity and decisions are made in the residents' best interests. Any such decisions had been carefully discussed with all relevant parties and accurately documented. Pre-admission and admission assessments, which matched resident care plans, made clear mention of residents' medical conditions and needs. All care plans contained pertinent risk assessments as well as care and support strategies to manage the resident's needs and risks.</p> <p>Positive comments from residents were received, and it was clear from observations that overall wellbeing was being maintained.</p> <p>In key areas, employees demonstrated high knowledge and understanding, and they reported feeling encouraged and supported by management.</p> <p>Systems were in place to safeguard people from abuse and to ensure safe of workforce recruitment. The home is neat, tidy, and well-kept. Staff members were observed following infection control precautions. Medicines were kept in good order and were assessed by the Quality Assurance and Compliance (QuAC) Officer and the NECS Medicine Optimisation Team.</p> <p>Staffing rotas indicated that there were enough employees on duty who had the required knowledge, training, and experience to deliver care and assistance in an efficient manner.</p> <p>Records show that the provider frequently collects and assesses information on the quality of services provided to ensure that residents receive effective and safe care and support.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an Action Plan for all questions identified as 'Requires Improvement' and the QuAC Officer will monitor this progress through contract visits.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
<p>The provider has an open and transparent relationship with the QuAC Officer and responds to requests for information in a timely manner.</p> <p>Hadrian Park are positive with engagement, they attend groups, have taken part in the Management Skills Development programme and often share good news stories. They attend NTHEA training and NEWS scores are completed in line with requirements.</p>		
Current CQC Assessment - Date / Overall Rating	23/02/2018	Good

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 West	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Good
Involvement & Information	Requires Improvement	Good
Personalised Care / Support	Requires Improvement	Good
Safeguarding & Safety	Requires Improvement	Good
Suitability of Staffing	Requires Improvement	Requires Improvement
Quality of Management	Good	Good
Date of Inspection	23rd November 2022	
Date Assessment Published	31st January 2023	
Date Previous Assessment Published	24th March 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Since the last assessment, the provider had maintained a 'Good' in 'Quality of Management'. However, there has been a move to 'Requires Improvement' across the other domains.</p> <p>We found that service-users were generally happy and they advised that staff treat them with dignity and respect, however staff were observed not always offering choice. Service-users were confident that they would raise concerns if required. Feedback from those who use the services was sought, and the provider maintained links to the local community.</p> <p>The provider displayed relevant information correctly and was analysing information well to help to improve service delivery.</p> <p>There were concerns identified with the environment and infection prevention control which has resulted in a 'Poor' for the relevant standard of the assessment. Attention is required to the décor of the home and the environment. A poor standard of flooring was identified which had deteriorated and is harbouring bad odours which is contributing to the malodour of the home.</p> <p>The provider has had difficulties with housekeeping staff, with both recruitment and retention of staff, which has contributed to the issues identified. This has had a detrimental effect on the care staff. Staff feedback raised concerns with time pressures to deliver care and support in other areas of the home.</p> <p>Improvements were identified as required in relation to both medication management and the safe handling of medication.</p> <p>Staffing levels were safe and staff training met contractual requirements.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will create a draft Action Plan for review by the Quality Assurance and Compliance (QuAC) Officer which will then be approved and monitored until completion through contractual visits and reviews.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
<p>The provider continues with a lack of engagement with the NEWS scores.</p> <p>The manager had previously attended the 'Well Led' course and attends the provider forums. The provider engages well with the IPC nurse and the NECS Medicine Optimisation Team. The provider engages well with the QuAC Officer.</p>		
Current CQC Assessment - Date / Overall Rating	04/08/2018	Good

Provider Name	Akari Care Limited	
Service Name	Ayresome Court	
Category of Care	Nursing Residential	
Address	Green Lane, Yarm, Stockton-on-Tees TS15 9EH	
Ward	Yarm	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Requires Improvement	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	11th January 2023	
Date Assessment Published	1st February 2023	
Date Previous Assessment Published	15th February 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>During the assessment we found there was evidence that Service users spoken to were supported to maintain relationships with family, friends, and the community in which they live.</p> <p>There were excellent examples of the provider using appropriate formats to help both staff and service users communicate effectively. One service user who was nonverbal due to a recent health condition, was provided with pictorial cues to help with communication. These pictures included: bed/tired/drink/food etc. The home included any individual communication needs within the resident's care plan for example one service user used PECS, photos and symbols to support his communication. The home has also supported a referral for an electronic devise to support communication however after initial assessment was not deemed suitable.</p> <p>There was excellent evidence of an effective key worker system, and the provider was able to evidence how families, staff and service users had played a role in deciding their key workers.</p> <p>Appropriate records were not always maintained with reference to professionals' visits and their update/feedback from those visits.</p> <p>The Provider showed excellence in Staff & Deployment, in particular staff training and safe staffing levels.</p> <p>Daily Notes required improvement in the level of detail recorded.</p> <p>Overall, a positive assessment for Ayresome Court; Staff and Service Users were happy with the care they received and delivered, and the place in which they work and live. Ayresome Court were able to maintain good levels of care following a change of management since the last assessment.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>There is a very small action plan which the provider has already commenced. The actions include Improvements in Daily Records and their accuracy and Safe Handling, and Safe Storage of Medication.</p> <p>This will be monitored by the Quality Assurance and Compliance Officer (QuAC).</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
Level of Engagement with the Authority		
<p>The provider has a good level of engagement with the local authority. They have completed their DPST tool kit.</p> <p>The manager engages well with the QuAC officer and the NECS Medicines Optimisation Team and regularly attends the provider forums.</p> <p>There is positive engagement with the use of the NEWS kit.</p> <p>The manager has completed this year's cohort of the Well Lead programme.</p>		
Current CQC Assessment - Date / Overall Rating	26/02/2020	Good

Provider Name	Cleveden Care Limited	
Service Name	Teesdale Lodge Nursing Home	
Category of Care	Residential / Nursing / Nursing Dementia	
Address	Radcliffe Crescent, Thornaby, Stockton-on-Tees TS17 6BS	
Ward	Mandale & Victoria	
	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	26th & 27th October & 3rd November 2022	
Date Assessment Published	10th February 2023	
Date Previous Assessment Published	16th November 2021	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>The Provider has maintained a rating of 'Good' across all domains within this PAMMS assessment.</p> <p>There were a couple of questions that were rated as 'Excellent'. One of those was for the staff knowledge and understanding of the MCA and DoLS process, and the other was for the staff supporting the residents to understand their own medication and actively supporting them to be involved in the management of their own medication (e.g. talking through new medication with residents and offering to contact GP for the resident with their queries).</p> <p>There were two areas which were identified as 'Requiring Improvement'. One area was the staff knowledge around the Business Continuity Plan, and the other was the environment and decor around the home, especially the dementia unit. There was evidence that some level of improvements had been made (i.e. improved signage and lighting), however there was still substantial work to be done to improve the general décor to be more dementia friendly.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The Provider will complete an Action Plan for all questions identified as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor this progress through contract visits.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		

Level of Engagement with the Authority		
<p>The Provider engages very well with the Local Authority through Leadership and Peer Support Network, Activity Co-ordinators Network, Provider Forums and completed DSPT.</p> <p>They maintain very open and honest communication with the QuAC Officers, and good engagement with the Transformation Managers.</p> <p>Excellent engagement with NTHEA Training Alliance and are the top Provider for using NEWS kits, evidencing the most frequent usage figures.</p>		
Current CQC Assessment - Date / Overall Rating	03/09/2019	Good

Provider Name	Teesside Healthcare Limited	
Service Name	Churchview Nursing and Residential Home	
Category of Care	Nursing / Residential	
Address	Thompson Street, Stockton-on-Tees TS18 2NY	
Ward	Stockton Town Centre	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Requires Improvement
Involvement & Information	Requires Improvement	Good
Personalised Care / Support	Requires Improvement	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Requires Improvement	Requires Improvement
Quality of Management	Requires Improvement	Requires Improvement
Date of Inspection	25 th January 2021	
Date Assessment Published	21 st February 2023	
Date Previous Assessment Published	23 rd February 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans did not always include appropriate person-centred information. There was some evidence observed of lovely person-centred information which was written in the first person, but this was not consistent across all of care plans. There was insufficient evidence to be assured that service-users, along with their families, had helped to shape the care plans or had been involved in their development. There was little evidence that care plans had been signed / agreed by the service-user (or appropriate representative).</p> <p>Service-users were not aware of who their key worker was, despite the information being documented in their care plans. Service-users felt safe and supported in the home and were confident in raising concerns to the provider.</p> <p>Staff were not confident in questioning around the principles of the Mental Capacity Act, but were knowledgeable of which service-user had DoLS in place and what this meant. Staff feedback was mixed in relation to supervision, staff support and an awareness of internal policies. Staffing levels were sufficient and in-line with the providers dependency tool; staff supported that their staffing levels were sufficient through discussions.</p> <p>Relevant risk assessments had been completed, including choking, falls, self-neglect, safe environment, mobilisation and assessments tools such as MUST and Waterlows which were completed for service-users and used to inform care plans.</p> <p>Referrals to external professionals were made where concerns were identified.</p> <p>There was a lack of evidence that the provider had conducted a range of regular, organised meetings where service-users, relatives and staff were able to provide feedback, which was listened to, acted upon appropriately and people were kept informed of the outcome.</p>		

<p>Recruitment records did not confirm that the organisation had carried-out all relevant employment checks when staff are employed. The provider was not meeting the Local Authority contract requirement for overall staff training.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate.</p> <p>The home will continue to engage with the NECS Medicines Optimisation Team to support the home to make the necessary improvements.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 2 – Moderate Concerns (Supportive Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The provider is currently not receiving new placements from the older people’s accommodation framework. However, engagement has remained positive. The service has been without a Registered Manager for many months which has contributed to the lack of implementation of improvements following the last PAMMS inspection. A Manager has since been recruited and a start date is pending.</p> <p>Engagement with NEWS is positive and the provider is completing about the minimum monthly requirement.</p> <p>Staff training engagement with North Tees Education Alliance is positive.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>02/03/2023</p>	<p>Requires Improvement</p>

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	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Good
Involvement & Information	Requires Improvement	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Requires Improvement	Good
Date of Inspection	5th December 2022	
Date Assessment Published	22nd February 2023	
Date Previous Assessment Published	10th March 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans did not always include appropriate person-centred information and were inconsistent with the level of detail and the tense in which they were written. There was evidence that service-users had been given information in appropriate formats and they confirmed that they are encouraged to provide feedback about how the service might be improved.</p> <p>Through observation, there was evidence that staff understood when to obtain consent, verbal or implied, and how to document records of consent. Staff were able to describe how they ensure that the principles of the MCA are put into practice in their daily work.</p> <p>There was evidence that the service-user's needs, together with any risks to their health and wellbeing, had been taken into account through the assessment process; however, there was evidence that care and support plans were not always regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks, and that these were not always effectively managed to keep the service-user safe.</p> <p>Staff training in the service was impressive and stood above the contractual requirement.</p> <p>The provider was not providing information about the quality of the service to people who use the service and sharing feedback from those who had taken part in sharing their views.</p> <p>Feedback in relation to activities was positive, however, the provider was not recording activity engagement to evidence service-users' participation.</p> <p>There were some improvements identified in relation to medicines management such as improvements with topical charts and handwritten entries.</p>		

<p>Audits were being carried-out regularly but the provider was advised to increase the frequency of the audits to ensure clear oversight of quality.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate.</p> <p>The home will continue to engage with the NECS Medicines Optimisation Team to support the home to make the necessary improvements.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The provider is engaging well with staff development opportunities; two places have been secured on the Medication Level 3 training and one place allocated for a member of staff to carry out the Level 3 Diploma in Adults social care qualifications. Cherry Tree are actively engaging in one-to-one support from the Transformation Team and has recently attended the Activity Forum.</p> <p>Engagement with the National Early Warning System (NEWS) is positive, as is the engagement with the Local Infection Prevention Control Nurses.</p> <p>Cherry Tree actively engage and respond well to the Quality Assurance & Compliance Officer.</p> <p>The Acting Manager (Deputy) is due to enrol on the next cohort of the Well-Led course.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>06/01/2023</p>	<p>Requires Improvement</p>

Provider Name	Indigo Care Services Limited	
Service Name	Green Lodge	
Category of Care	Residential / Residential Dementia	
Address	The Green, Billingham, Stockton-on-Tees TS23 1EW	
Ward	Billingham South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Good	Good
Quality of Management	Requires Improvement	Good
Date of Inspection	21st November 2022	
Date Assessment Published	1st March 2023	
Date Previous Assessment Published	24th May 2021	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>During the assessment, care plans were observed to clearly evidence resident involvement, and were person-centred, individual to residents, documenting their choices and preferences, and how they like staff to support them. Interactions with residents were positive, staff treat residents with dignity and respect, and promote independence.</p> <p>The provider did not have in place an effective mechanism to collect low-level complaints / dissatisfaction; however, this was discussed at the time and a system was implemented before the end of the assessment.</p> <p>Although staff were receiving regular supervision, the frequency was not in-line with contractual requirements.</p> <p>Staff training is supported and promoted; at the time of the assessment, the overall training compliance was 97%, and the manager has also recently introduced additional training for staff around autism and learning disabilities.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The manager will complete an Action Plan for all the questions identified as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor its progress through contract visits. The manager has already implemented some improvements for areas identified during the PAMMS assessment.</p>		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		

Level of Engagement with the Authority		
<p>The current management have excellent communication levels with the QuAC Officer and have a very open and transparent relationship.</p> <p>The provider has some engagement with Local Authority initiatives; the manager has recently presented at a Leadership and Peer Support Network and has recently offered to be a mentor for a developing manager.</p> <p>The provider is also just under target with NEWS usage and aiming to achieve this moving forward.</p>		
Current CQC Assessment - Date / Overall Rating	30/09/2020	Good

Provider Name	St. Martin's Care Limited	
Service Name	Woodside Grange Care Home (Older People's service only)	
Category of Care	Residential / Nursing / Dementia	
Address	Teddar Avenue, Thornaby, Stockton-on-Tees TS17 9JP	
Ward	Stainsby Hill	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Good
Involvement & Information	Good	Good
Personalised Care / Support	Requires Improvement	Requires Improvement
Safeguarding & Safety	Requires Improvement	Good
Suitability of Staffing	Requires Improvement	Good
Quality of Management	Requires Improvement	Good
Date of Inspection	16 th – 19 th January 2023 (Older People's service only)	
Date Assessment Published	2 nd March 2023	
Date Previous Assessment Published	24 th February 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans in place were well organised, however the quality was not consistent across all care plans viewed, with documents in place not always seen to be fully completed. The home did not have specific DoLS care plans in place for those residents who had a DoLS authorisation, and information regarding DoLS was not always accurate in care plans (for example, reflecting correct LPA arrangements and any conditions).</p> <p>Risk assessments were seen to be completed which informed the care plans, however the level of risk was not consistently completed to highlight the level of risk (i.e. low / medium / high).</p> <p>Daily records were observed to not be completed in full; care plans and supporting risk assessment reviews were not consistently carried out.</p> <p>Although the home had a variety of formats for resident information, these were not seen to be used consistently; on some unit's, food menus were not on display and others were not the correct day. Medications were not always administered in-line with prescribers' instructions, several gaps in administration were found, medication was not always ordered and available for residents, and medication audits were not robust enough.</p> <p>The home environment was tired with visible marks and scuffs on wall, doors, skirting boards; some carpeted areas looking dirty. The environment was not observed to be in-line with effective infection control management, particular bathrooms in which flooring was coming away from walls, grout and silicone were showing signs of wear, and rust was present on radiators, commodes and bath chairs.</p> <p>Dependency tool was not available to be viewed against staffing rotas to ensure appropriate staffing levels were in place to meet resident needs.</p>		

<p>A number of health and safety service certifications were seen to be out-of-date.</p> <p>Feedback from residents was generally positive; residents felt they were well looked after and confirmed they were able to make their own choices and decisions.</p> <p>There has been a recent change in management; the deputy has taken on the managers post.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete an Action Plan to address areas identified as requiring improvement; progress will be monitored and validated through contractual visits.</p> <p>Support and follow-up with the Medicines Optimisation Team. Support visit from Infection Prevention Control Nurses.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 2 – Moderate Concerns (Supportive Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The provider has a good relationship with the QuAC Officer. The provider has a good level of engagement with Local Authority initiatives. The provider has taken part in the Recruitment and Retention Programme, interviewing on the Sector-Based Work Academy Programme (SWAP) and took part in the Community Carnival.</p> <p>The provider is engaging with Alliance, however their NEWS usage is just below target. The provider has taken part in a meeting with Teesside University, however, has yet to take on any students and they have also looked at the Better Health at Work award but did not start the programme.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>27/01/2021</p>	<p>Good</p>

Provider Name	Knights Care (2) Limited	
Service Name	The Maple Care Home	
Category of Care	Nursing / Residential / Dementia	
Address	Dover Road, Stockton-on-Tees TS19 0JS	
Ward	Newtown	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Requires Improvement
Involvement & Information	Requires Improvement	Requires Improvement
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Requires Improvement	Requires Improvement
Suitability of Staffing	Requires Improvement	Requires Improvement
Quality of Management	Requires Improvement	Good
Date of Inspection	12th,13th & 14th December 2022	
Date Assessment Published	2nd March 2023	
Date Previous Assessment Published	27th August 2021	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Mental Capacity Assessments and documented Best Interest decisions were not consistently carried-out. DoLS conditions were not always noted in the care documentation and involvement of the RPR was not always evident.</p> <p>Care plans were held in an electronic format, but they were very person-centred and include service-user's preferences around their care delivery. A food and nutrition plan for a service-user at risk of weight loss clearly listed foods that would encourage him to eat.</p> <p>There were examples of service-users' choice being supported in a safe way. One service-user who likes to smoke is also on oxygen. The care plan evidenced the agreement they have in place to support his decision in the safest way possible.</p> <p>Medication was being administered covertly without a covert medication agreement in place. There was no evidence of a pharmacist being involved to confirm how the medication should be given to maintain its pharmaceutical properties.</p> <p>Room and fridge temperatures were recorded in the medication rooms; however, gaps were evident, and there was no action noted when temperatures were outside recommended guidelines. Fridge and ambient medication were checked for accurate labelling, opening and expiry dates; not all items were dated appropriately and two items of medication on the trolley were identified as out-of-date.</p> <p>Medication records were held on an electronic system called Navimeds. Not all medication profiles were fully completed and there was no information detailing any support the service-user may need around medication. No dates were recorded with the service-users photograph and no confirmation that the image was a true likeness.</p>		

<p>Some medication had not been administered as prescribed; on numerous occasions two doses of paracetamol had been given within four hours of each other.</p> <p>Staff performance management was inconsistent; supervision sessions had not been carried-out during the first six months of the year and no annual appraisals had taken place.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 2 – Moderate Concerns (Supportive Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The provider and the Manager engage well with the QuAC Officer and respond promptly to any requests for information. The Manager has limited engagement with the Local Authority initiatives.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>05/10/2022</p>	<p>Requires Improvement</p>

Provider Name	Vorg Hollies Ltd	
Service Name	The Hollies Residential Care Home	
Category of Care	Mental Health Residential	
Address	447 Norton Road, Norton, Stockton-on-Tees TS20 2QQ	
Ward	Norton North	
	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	31st January, 1st & 9th February 2023	
Date Assessment Published	3rd March 2023	
Date Previous Assessment Published	11th March 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were seen to be person-centred and reviewed regularly; care plans contained additional information regarding residents' diagnosis from NHS website.</p> <p>Residents are encouraged to make their own choices, maintain relationships with family and friends, and access the local community. Residents are supported to make their own decisions and staff support residents to make informed lifestyle choices.</p> <p>Observations of staff interactions demonstrated staff treat residents in a non-discriminatory manner, residents were treated with dignity and respect, and independence was promoted. Staff knew their residents well.</p> <p>The home provided weekly key worker sessions with residents; residents can discuss their care plans and raise / discuss any preferences.</p> <p>The handling and administration of medication was good.</p> <p>The home is a relatively small home and is similar to a domestic home. The home was clean and tidy, however would benefit from a refresh.</p> <p>The home ensures safe recruitment of staff and agency staff are not used. Staff confirm they feel supported, however frequency of staff supervision was not in-line with contractual requirements.</p> <p>The provider gathers and evaluates information about the quality of services; the manager reviews all incidents / accidents to identify actions to prevent possible reoccurrence.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The home will complete an Action Plan for the two areas identified as 'Requires Improvement', which will be monitored through contractual visits.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good level of engagement with the Quality Assurance and Compliance (QuAC) Officer. There has been a recent change in management – Nominated Individual, Manager and Deputy. The previous Manager has attended the Well Led programme, attends leadership and peer support sessions, and is always friendly and engaging.		
Current CQC Assessment - Date / Overall Rating	27/09/2019	Good

Provider Name	Methodist Homes	
Service Name	Reuben Manor	
Category of Care	Residential / Dementia Residential	
Address	654-656 Yarm Road, Eaglescliffe, Stockton-on-Tees TS16 0DP	
Ward	Eaglescliffe	
	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	6th, 7th & 8th February 2023	
Date Assessment Published	9th March 2023	
Date Previous Assessment Published	30th March 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were seen to be person-centred and detail residents' preferences and abilities to promote and maintain independence skills and their likes / dislikes, hobbies and interests. Care plans are reviewed and updated regularly. Risk Assessments were in place and aligned with care plans.</p> <p>Not all residents who were prescribed medication had a medication care plan in place which details how they like to take their medication.</p> <p>Staff were observed to have positive and meaningful interactions; residents were treated with dignity and respect, staff were observed to promote independence, offer residents choices, and seek consent before providing care and support.</p> <p>The home has two Activities Co-ordinators in place; one was on annual leave during the time of the assessment, however activities are also supported by the homes Chaplain and care staff. A good level and variety of activities were seen to be available to residents across the home. Staff were seen to be proactive in encouraging residents to participate in activities.</p> <p>MCA and BI decisions were seen to be person-centred and decision specific.</p> <p>The home environment is to a high standard including décor, furniture and fittings; the home was clean and tidy, with no infection control issues noted. The home was safe and secure; all relevant health and safety certification was seen to be in date and the Dementia unit was seen to be dementia-friendly.</p> <p>The handling, administration and management of medication was to a good standard and were assessed by the Quality Assurance & Compliance (QuAC) Officer and the NECS Medicines</p>		

<p>Optimisation Team. The home follows safe recruitment practice and staff are provided with the required training for their roles. Although there was evidence of staff receiving supervisions, the frequency was not in-line with contractual requirements – however, staff received annual appraisals. Appropriate staffing levels were seen to be in place.</p> <p>The manager completes a range of audits, monitors complaints and incidents, and feeds back findings and lessons learned in a monthly document shared with staff.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>There were only two areas identified as 'Requires Improvement' – the manager will complete an Action Plan to address these areas which will be monitored through reviews and contract visits.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The manager has a good, open relationship with the QuAC Officer. The manager has limited engagement with the Local Authority initiatives.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>17/12/2020</p>	<p>Good</p>

Provider Name	Akari Care Limited	
Service Name	Piper Court	
Category of Care	Nursing / Residential / Functional Mental Health	
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	6th February 2023	
Date Assessment Published	10th March 2023	
Date Previous Assessment Published	10th March 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>There were some good examples of person-centred care planning identified and some lovely well detailed service-user biographies.</p> <p>The provider evidenced some great examples of maintaining links with the community and community groups, family and friendships through activities and general day-to-day living. A new shop has been created in the home for service-users to visit.</p> <p>There was evidence that service-users were consulted, and their views included, when considering service improvements and changes: two service-users travelled to a sister home and met with a supplier who were looking at developing corporate menus.</p> <p>Service-users were kept informed of changes in the home and they had recently taken part in choosing their own key workers. There was a good embedded key worker process in place.</p> <p>The home was well presented and had a lovely warm atmosphere.</p> <p>Staff were knowledgeable about safeguarding, the different types of abuse, and their responsibilities in relation to safeguarding. Staff training compliance was excellent at 94% completion of mandatory training. However, staff knowledge around Mental Capacity required improvement.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>There were issues identified with medication management. Improvement was required in relation to appropriate records being maintained around the prescribing, administration, monitoring and review of medications. Staff were not always handling medicines safely, securely and appropriately.</p>		

<p>This was discussed with the Manager and the Quality Assurance and Compliance (QuAC) Officer, and NECS Medicines Optimisation Team are currently supporting the Manager to make the necessary improvements.</p> <p>The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the QuAC Officer, with supportive monitoring visits completed as appropriate.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The Manager is new to her post at Piper Court but is familiar with the requirements of the Local Authority (LA). She has strong links with stakeholder professionals and health colleagues.</p> <p>The Manager has shown an interest in completing the Well Led Programme following discussions with the QuAC Officer.</p> <p>Piper Court staff maintain good engagement with the LA and there is a transparent and professional relationship.</p> <p>Engagement with the NEWS kit is currently being monitored due to historic poor engagement.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>28/03/2023</p>	<p>Requires Improvement</p>

Provider Name	Gradestone Limited	
Service Name	Roseworth Lodge Care Home	
Category of Care	Residential / Residential Dementia / Nursing	
Address	Redhill Road, Stockton-on-Tees TS19 9BY	
Ward	Roseworth	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	8th March 2023	
Date Assessment Published	16th March 2023	
Date Previous Assessment Published	25th March 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were of a satisfactory standard, but they were not always person-centred. Care plans sampled were detailed with how staff could deliver care, with details on health conditions and how these were to be managed, but did not always evidence a person-centred approach. Care plans were inconsistent with detail on how staff could maintain and promote service-users' independence or maintain current strengths.</p> <p>Referrals to appropriate services (Dietician, SALT, FALLS) was evidenced when a need had been identified.</p> <p>Service-users confirmed that they felt safe and knew how to raise any concerns if it was required.</p> <p>Observation of staff interactions were positive and caring, and staff were knowledgeable of safeguarding and infection control processes and confirmed training was carried out and understood. Improvements were required around staff knowledge and confidence in Mental Capacity.</p> <p>The response to activities in the home was mixed and a lack of activities was observed.</p> <p>There was extensive decoration work being carried-out across all areas in the home, including the replacement of communal furniture. It is evident that the provider is financially investing in the home.</p> <p>Medication management showed a vast improvement, and engagement with the Medicines Optimisation Team has been beneficial. Time-sensitive medication recording had improved, ensuring a correct interval are left between administrations, significantly reducing the risk of</p>		

<p>overdosing. PRN protocols were in place and person-centred and storage of medications had improved.</p> <p>Governance in the home has also shown improvements. The provider had implemented a care planning tool which was not previously in place. This allowed them more oversight into the content and quality of care plans. The frequency of existing audits had been increased to allow issues to be raised and addressed sooner.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance & Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>Engagement with the NEWS kit is excellent.</p> <p>The provider is in the process of completing the annual IPC audit with the Infection Prevention and Control Nurses, and often approaches them for advice.</p> <p>The Manager has previously completed the Well Led Programme and engages well with the QuAC Officer.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>06/12/2022</p>	<p>Inadequate</p>

Provider Name	Edwardian Residential Care Homes Limited	
Service Name	Edwardian	
Category of Care	Residential Mental Health / Learning Disabilities	
Address	72 Yarm Road, Stockton-on-Tees TS18 3PQ	
Ward	Parkfield & Oxbridge	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Requires Improvement
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	7th February 2023	
Date Assessment Published	27th March 2023	
Date Previous Assessment Published	18th March 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans included appropriate person-centred information on how staff can support service-users in their preferred choices; both physical and emotional needs were clearly recorded. Care plans were written in the first person 'what works for me', and bubble diagrams are used for service-users to highlight events that have been significant to them and achievements that they are proud of.</p> <p>Service-users spoken with confirmed that they are treated with dignity and respect, and that staff and management support them to maintain their privacy and independence. Staff were observed to have a good rapport with the service-users, with interaction very relaxed and often jovial.</p> <p>The home has a dedicated Activity Co-ordinator who, when spoken with, was clearly very enthusiastic about the role and the positive impact stimulation had on the service-users. During the assessment, the Activity Co-ordinator was observed carrying out one-to-one activities with service-users in the garden room and also a group session of bingo.</p> <p>All service-users spoken with were aware of their care plans and there was clear evidence of their involvement in developing them. Monthly reviews carried-out were signed as evidence of involvement and confirmation of agreement. All service-users at the home have capacity to make decisions around their own care, but with consent, the provider ensures that other relevant stakeholders are also involved.</p> <p>Staff were observed to handle medication safely and appropriately during administration, maintaining good infection control processes and using PPE appropriately. The service-users are very aware of their own medication and were observed discussing their medication with the staff.</p>		

<p>The Edwardian is a small home with a small staff team and very low staff turnover. Two recruitment files were reviewed for the latest recruit and a long-serving staff member. The recruitment process for the newest staff member evidenced that action points from the previous PAMMS had been embedded in practices.</p> <p>Staff felt that their opinions and ideas were valued by management and confirmed that there was plenty of opportunity to give feedback, such as supervisions, staff meetings and a WhatsApp group.</p> <p>Monthly fire drills were carried-out and recorded; documentation would be enhanced by including who has participated and the exact length of time the evacuation took to complete.</p> <p>A range of 'walk arounds' and audits are carried-out by the Manager and Deputy Manager; the documentation of findings is variable and should include actions which are signed-off when complete.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete an Action Plan to implement suggestions made in the report.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The provider engages well with the Quality Assurance and Compliance (QuAC) Officer and Transformation Managers. The Manager has completed the Well Led Programme.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>07/03/2018</p>	<p>Good</p>

Provider Name	Allison House Thornaby Limited	
Service Name	Allison House Care Home	
Category of Care	Dementia Residential and Nursing	
Address	Fudan Way, Thornaby, Stockton-on-Tees TS17 6EN	
Ward	Mandale & Victoria	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Good
Involvement & Information	Requires Improvement	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Requires Improvement	Good
Suitability of Staffing	Requires Improvement	Requires Improvement
Quality of Management	Requires Improvement	Good
Date of Inspection	6th March 2023	
Date Assessment Published	29th March 2023	
Date Previous Assessment Published	8th October 2021	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Medication was kept securely; the trolleys were clean and organised and were not left open or unattended. The medication was administered by nurses who wore a red tabard to indicate that they should not be disturbed. During one of the observations, the nurse was seen to administer medication to several service-users wearing the same pair of gloves, and to touch the thickening powder without observing correct hand hygiene.</p> <p>Not all staff confirmed that they had received MCA / DoLS training. A nurse on duty stated she had not received any MCA / DoLS or Safer People Movement training.</p> <p>Service-users' well-being is monitored through the completion of M.U.S.T. Braden Scale and the Abbey pain scale. These are all carried-out and documented monthly. PEEPs are in place for all service-users and are reviewed monthly or upon any change that may affect safe evacuation.</p> <p>The home uses carehome.co.uk to solicit feedback and visitors are encouraged to submit a review; copies of the reports are displayed within the home. A customer satisfaction questionnaire was completed in April 2022; findings reported in bar charts with comments made documented. However, no actions were formulated from the findings, and it is recommended that the Manager re-commences the 'you said we did' report.</p> <p>The home requires a robust quality assurance system to identify areas of concern or non-compliance. A range of appropriate audits should be introduced for all areas of service delivery; findings should be analysed, and Action Plans developed. Action Plans should include timescales, who will carry-out the action, and should be signed-off upon completion.</p> <p>Nurse's pin numbers were seen to be checked as part of the recruitment process, but a regular review was not in place. It was suggested that a matrix should be put in place to record when a nurse's pin number was issued and the renewal date.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an Action Plan to address the areas identified as requiring improvement; progress will be monitored and validated through contractual visits.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
The provider and the Manager engage well with the Quality Assurance and Compliance (QuAC) Officer and respond promptly to any requests for information. The Manager has attended the Well Led Programme but has not had any recent engagement with the Transformation Team.		
Current CQC Assessment - Date / Overall Rating	30/07/2022	Good