

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

QUARTER 1 2026-2027

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

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

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

Quarterly Summary of Published CQC Reports

This update includes inspection reports published between April and June 2026 (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, 8 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:

- 7 Adult Services were reported on (7 rated 'Good')
- 0 Primary Medical Care Services were reported on
- 1 Hospital / Other Health Care Services was reported on (1 rated 'Good')

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 **6** reports published between April and June 2026 (inclusive), the overall outcomes of which can be summarised as follows:

- 1 rated 'Excellent'
- 5 rated 'Good'

APPENDIX 1

ADULT SERVICES

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

Provider Name	HC-One Limited	
Service Name	Victoria House Nursing Home	
Category of Care	Residential / Residential Dementia / Nursing	
Address	Bath Lane, Stockton-on-Tees TS18 2DX	
Ward	Stockton Town Centre	
CQC link	https://www.cqc.org.uk/location/1-320756032/reports/AP21482/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Good
Date of Inspection	11 th February – 13 th March 2026	
Date Report Published	21 st April 2026	
Date Previously Rated Report Published	29 th September 2017	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has good levels of engagement with the Quality Assurance & Compliance (QuAC) Officer, and the manager is open to support and keen to make continuous improvements. The manager has good levels of communication with the QuAC Officer, responding to information requests and submitting performance data in a timely manner.		
Engagement and Support from Transformation Managers		
The home is accredited as dementia-friendly following support from the Community Link Worker, who assisted with the application process, completion of the Dementia Friendly Care Home Guide, and delivery of Dementia Friends sessions.		

Victoria House engages with the Transformation Team through attendance at Provider Forums and some Activity Co-ordinator Network meetings. Over the next year, we will aim to strengthen engagement by working more closely with the home to increase participation in wider opportunities and initiatives, including collaborative working with other care homes and residents across the Borough.

Supporting Evidence and Supplementary Information

The CQC visited the service on the 11th and 18th February 2026. The assessment was prompted by the length of time since the previous inspection.

The inspection found that regular safety checks were completed on the environment, utilities and equipment. People received their medicines as prescribed, at the right time, and in the correct way. Infection prevention and control practices were followed to minimise the risk of infection.

The environment was welcoming, bright and homely. Mealtimes were observed to be calm, well-managed and person-centred. Activities were taking place on both days of the visit, with people speaking positively about the range available. Staff were responsive to people's needs and demonstrated patience, compassion, and a clear commitment to providing good-quality care.

Safe recruitment processes were in place. Call bells were responded to promptly, and staffing levels were appropriate to meet people's needs. Safeguarding investigations were detailed and evidenced lessons learned.

Care plans were person-centred and included best-practice guidance to support people effectively. People were involved in assessments, care planning and reviews, enabling them to make informed decisions about their care. Staff treated people with kindness and respect, promoted independence, and supported people to maintain their health and wellbeing.

The service culture was positive and person-centred. Staff reported good morale and described managers as approachable, supportive and responsive. Managers worked closely with staff, people and relatives to ensure care standards met expectations, and led by example.

People and relatives consistently reported feeling safe, supported and confident in staffing levels and availability. They confirmed access to healthcare professionals when needed, choice and flexibility with food, and enjoyment of activities and outings. Relatives and people said they would feel comfortable raising concerns or making a complaint if required.

The CQC also used the Short Observational Framework for Inspection (SOFI) to understand the experience of people who could not communicate verbally. Observations showed kind and caring staff who encouraged independence, provided support at people's own pace, and used moving and handling equipment safely. Staff offered choice, allowed time for responses, reassured people, and communicated clearly while providing gentle, respectful support.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	29/01/2026	Good

Provider Name	Mr & Mrs J Elliott	
Service Name	Park House Rest Home	
Category of Care	Residential / Residential Dementia	
Address	2 Richmond Road, Stockton-on-Tees TS18 4DS	
Ward	Ropner	
CQC link	https://www.cqc.org.uk/location/1-117529575/reports/AP20239/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Good
Date of Inspection	6 th January – 10 th February 2026	
Date Report Published	22 nd April 2026	
Date Previously Rated Report Published	18 th August 2018	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications, and responding to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
The whole home has a high level of engagement with the Transformation Team and participate in a wide variety of opportunities, activities and initiatives, including Provider Forums, Activity Co-ordinator Networks, Well-Led Programme, workshops, events, and research projects.		
Supporting Evidence and Supplementary Information		
The CQC found that the provider worked with people and healthcare partners to understand what being safe meant to them and the best way to achieve this. Staff concentrated on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. The provider made sure there were always enough qualified, skilled and experienced staff, who received thorough support, supervision and strong development opportunities. They worked together well to provide safe care which met people's individual needs.		

Evidence from CQC notifications was consistent with safeguarding practices in the home; incident recording and lessons learned information was used across the team to improve care and reduce future risk. People subject to Deprivation of Liberty Safeguards (DoLS) had information recorded appropriately with documentation up to date. The conditions specified were met and were cross-referenced in care planning records.

The provider made sure people's care and treatment was effective and achieved desired outcomes by assessing and reviewing health, care, wellbeing and communication needs with them, fully involving them consistently. The care plans reviewed demonstrated an excellent standard of person-centred practice, with strong evidence the service knew people well and maintained records which supported safe, dignified, and personalised care. Across all the plans scrutinised there was a consistent approach to documenting preferences, needs, risks, and decision-making arrangements.

The service excelled at understanding the needs and aspirations of people living at the service. Aside from the thorough care and support plans, the environment promoted independence. One example was the "staff wall" in the entrance hall. This had a display of each staff member with large print and a high-quality colour photograph, sharing their backgrounds, training completed as well as some personal information. This helped people at the service, families and new staff get to know the team. The notice board near the staff wall evidenced the home had links to several local organisations which included an LGBT+ support service, opportunities for supported exercise, art and culture. People said that they were able to access the community as and when they wanted; with support or independently depending on their individual needs.

Food was varied, appetizing and the chef able to accommodate all needs and preferences. Nutritional requirements were displayed in the kitchen but away from public view. People could request anything they wanted, but there was a wall menu display as well as in large print at tables. In addition, snacks were available at any time. A staff member took a snack and drinks trolley around the service periodically so that everyone had the opportunity to have something they liked. Staff were observed encouraging and assisting some people to eat; this was where they wanted to eat – their room, the dining room or anywhere else. Mealtimes were flexible, which meant that the team were able to stagger serving so it remained calm. In the dining area, condiments were available on every table, which was presented in a café style with attractive cutlery, crockery and napkins.

The provider was exceptional at fostering a positive culture where people knew they could speak up and their voice would be heard. Staff advised consistently that they felt included in any discussions and decisions relating to improvement and innovation in the home. There was a clear culture of openness and honesty within the staff team; this came across clearly when talking to staff who all said that they felt able to speak up and were encouraged to do so. In 2025 the service employed a Deputy Manager, part of whose role was to support service development and innovation. This role has enabled the service to bring in new and more efficient approaches to care while ensuring that the staff are involved throughout. This meant new ideas were piloted and feedback gained leading to successful decision making and implementation.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	30/06/2025	Excellent

Provider Name	Hales Group Limited	
Service Name	Aspen Gardens	
Category of Care	Housing with Care (Extra Care)	
Address	George Stephenson Boulevard, Hardwick, Darlington Lane, Stockton-on-Tees TS19 8BG	
Ward	Bishopsgarth & Elm Tree	
CQC link	https://www.cqc.org.uk/location/1-23312337136/reports/AP20784/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	16 th March 2026	
Date Report Published	19 th May 2026	
Date Previously Rated Report Published	n/a	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The scheme manager and provider work well with the Local Authority and are largely responsive to communications. A PAMMS assessment was recently undertaken, and the provider is working to complete an Action Plan to address identified areas of improvement – this is due for completion in July 2026.		
Engagement and Support from Transformation Managers		
The scheme manager at Aspen Gardens demonstrates strong and consistent engagement with the Council and key system partners. She works closely with colleagues across the Transformation, Strategy and Development, and Strategic Housing teams, contributing positively to service improvement and partnership working.		
The manager regularly attends Provider Forums and engagement events where possible, and is an active participant in the Extra Care Operational Group. This includes collaborative working with Transformation and Strategy representatives, Social Work Team Managers, Strategic Housing, Registered Housing Providers, and North Tees Hospital Discharge teams.		

She has proactively raised relevant operational issues and worked constructively with the Hospital Discharge Team to support safer and more effective discharge pathways back into Extra Care settings. Her approach reflects a clear commitment to improving outcomes for residents.

The manager is also proactive in her approach to workforce development, both attending and encouraging staff participation in training opportunities. She has ensured effective communication with her team, particularly during the transition from the incumbent provider to the new provider, maintaining stability and continuity of care.

Overall, the manager communicates consistently and effectively, making full use of engagement opportunities provided through the Transformation Team. She is well-regarded and works collaboratively, contributing positively to the wider system.

Supporting Evidence and Supplementary Information

Aspen Gardens is a care-at-home provider supporting adults of all ages within an extra care living scheme, where individuals reside in their own apartments or bungalows and have access to communal facilities. The CQC inspection was undertaken due to the length of time since the service's registration and short notice was given to ensure management availability during the site visit.

Overall, the service was found to deliver safe care, and people reported high levels of satisfaction. However, inconsistencies were identified in recruitment practices, with some staff files incomplete. These issues had not been detected through existing audit processes. The matter was raised with the registered manager, who implemented immediate corrective actions.

Operationally, medicines management was safe, and risks to individuals were appropriately assessed and managed. Safeguarding systems were in place to protect individuals from abuse and neglect. Processes ensured that incidents and accidents were recorded and acted upon. Care provision was person-centred, with staff demonstrating a good understanding of individual needs and preferences. Visit scheduling was largely consistent, with monitoring systems in place and improvements made where required. Communication needs were assessed, and care plans were accessible and regularly updated. Engagement with external healthcare professionals, including district nurses, GPs and social workers, was evident.

Staff reported feeling well-supported by management, with regular supervision, appraisal, and appropriate training in place. Staff morale was positive, with feedback indicating they enjoyed their roles and felt their wellbeing was supported. While quality assurance systems were generally effective and linked to action plans driving improvement, they had not identified the recruitment file gaps.

Feedback from individuals and their relatives was predominantly positive. People reported feeling safe and described staff as kind, caring, and respectful. Most visits occurred as planned, though some individuals indicated room for improvement in timekeeping. The service demonstrated flexibility in responding to unplanned needs, including additional support requests.

Individuals were aware of how to raise concerns and expressed confidence that issues would be resolved promptly. Support extended beyond personal care to include household tasks, meal preparation, and shopping where required. Continuity of care was a strength, with individuals supported by familiar staff who understood their needs.

The extra care model was highly valued, particularly the availability of responsive support outside scheduled visits. Communal facilities, including a bistro and social activities, contributed positively to the sense of community and wellbeing. Overall, individuals expressed high satisfaction with the service, with minimal suggestions for improvement.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	24/03/2026	Good

Provider Name	Edwardian Residential Care Homes Limited	
Service Name	Edwardian	
Category of Care	Residential Mental Health	
Address	72 Yarm Road, Stockton-on-Tees TS18 3PQ	
Ward	Ropner	
CQC link	https://www.cqc.org.uk/location/1-279562500/reports/AP20249/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Good
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Good
Date of Inspection	20 th January – 14 th February 2026	
Date Report Published	1 st June 2026	
Date Previously Rated Report Published	7 th March 2018	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
Relationships between the Transformation Team and the care home remain strong, with active participation in key initiatives and development opportunities. Regular attendance at Provider Forums, networks, workshops, activities, and training supports ongoing learning and service improvement. The manager has previously participated in the Well Led Programme, and we will begin to look at other ways we can work with the home.		
Supporting Evidence and Supplementary Information		
Care records were stored on a secure electronic system with updates input on tablets. A new staff member had been recruited to assist with the transition from paper-based to electronic records – this had been accomplished well in the last 12 months.		
People's care records contained clear and easy to understand information about their individual needs and risks, and how to support them effectively.		

For those people who were not always able to express their needs and wishes verbally or when a person had declining mental health, staff used personalised communication profiles, including descriptions of each person's gestures and body language, which enabled them to recognise early signs of distress and respond before concerns escalated.

People received their medicine safely and were supported to access the support of health care professionals when needed.

The provider had taken steps to minimise the risk of abuse because staff knew how to identify and report it. Staff immediately escalated a concern about a person who had a fall, and managers shared this promptly with health services, the Local Authority and the CQC.

Team meetings included short safeguarding reflection exercises where staff discussed learning from national cases and how it applied to their service.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place, and appropriate checks had been undertaken before staff began work. Staff reported that they received training to enable them to carry out their role. Staff received effective supervision and a yearly appraisal.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to take positive risks to engage with the community as independently as possible, for example going to the cinema in a small group; another person was able to gain part-time employment, and another had started volunteering.

People were encouraged to personalise their rooms, and staff supported people to create a memory wall in the activities and social space which helped them manage periods of low mood.

People received a varied and nutritional diet and were complimentary of the food provided. People were encouraged to support food preparation and choices were always respected.

The interactions between people and staff showed staff knew people well. Staff had good knowledge of people's needs and spoke with genuine affection about the people they supported. The atmosphere at the home was homely, relaxed, and nurturing. It was clear people felt relaxed and comfortable in the company of staff. The management team were approachable, and they, alongside the staff team, worked in collaboration with external agencies to provide good outcomes for people. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

The service fully lived up to the principles of 'Right Support, Right Care, Right Culture' – focusing on people's strengths and promoting what they can do, but also meeting their dreams and ambitions.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	27/03/2023	Good

Provider Name	Milewood Healthcare Ltd	
Service Name	Cleveland Villa	
Category of Care	Residential / Learning Disabilities / Mental Health	
Address	41a Cleveland Avenue, Stockton-on-Tees TS20 2PE	
Ward	Norton South	
CQC link	https://www.cqc.org.uk/location/1-18391339166/reports/AP24026/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	1 st April 2026	
Date Report Published	12 th June 2026	
Date Previously Rated Report Published	n/a	
Further Information		
Cleveland Villa is a residential care home registered to provide support to one person living with a learning disability and / or mental health condition. This was the first assessment for this newly registered service. The CQC assessed the service against ‘Right support, right care, right culture.’ This guidance supported judgements about whether the provider guaranteed people with a learning disability or mental health condition respect, equality, dignity, choices, independence and good access to local communities that most people take for granted. <i>CQC view of the service</i> • The CQC found the provider delivered care in line with those standards. • It found people living at Cleveland Villa were treated with compassion, and their dignity was consistently upheld. Respectful and safe support was observed in communal areas. People’s support plans were personalised and reflected how they chose to spend their time, including their individual wishes, preferences, and choices. • People and their relatives were actively involved in assessing their needs. Staff took account of communication preferences to ensure meaningful engagement with people at all times. • The provider was easy to contact and worked to prevent discrimination. People were treated fairly and equally. Staff had received relevant training and used inclusive practices to ensure people’s care was consistent. People were supported to make informed decisions about their care. Where restrictions on people’s liberty were in place, these were assessed and discussed with family and professionals. • Professional partners provided positive feedback, highlighting how people had progressed significantly since being supported by the provider.		

People's experience of this service

- People appeared comfortable in their environment and with the staff that supported them.
- No concerns were identified, and relatives were happy with all aspects of care.
- They spoke positively about the environment, the care people received, the staff and the organisation. One family member told the CQC, '*[Person's name] house is always clean and tidy, I wish I lived there. The staff are great, I know [relative's name] is well looked after.*'

Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via <https://www.cqc.org.uk/location/1-18391339166/reports/AP24026/overall>.

Provider Name	HMW Care Limited	
Service Name	Bluebird Care (Stockton and Hartlepool)	
Category of Care	Homecare Agencies	
Address	Durham and Tees Valley Business Centre, Orde Wingate Way, Stockton-on-Tees TS19 0GA	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-15820806268/reports/AP24344/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	17 th April – 8 th May 2026	
Date Report Published	16 th June 2026	
Date Previously Rated Report Published	n/a	
Further Information		
Bluebird Care (Stockton and Hartlepool) provide care to people living in their own home. They are registered to provide care to people living with dementia, people with sensory impairment, physical disabilities, and mental health conditions. Not everyone who used the service received personal care (the CQC only inspects where people receive personal care – this is to help with tasks related to personal hygiene and eating. Where they do, the CQC also consider any wider social care provided). This assessment was carried out because the service had been registered for over 12 months and had not yet been assessed and rated. At the time of the assessment, there were seven people receiving personal care. <i>CQC view of the service</i> • The provider was committed to providing a non-discriminatory and inclusive approach within the service, both for people using the service and staff. They were committed to ensuring they met the needs and expectations of people, through a person-centred approach. • The provider had a robust assessment process, which involved people and, where appropriate, their family members or advocates. Detailed and person-centred care plans were created to help guide staff when supporting people. Care plans included information on how to safely manage risk. • People’s needs were met by a consistent team of staff who had undergone a safe recruitment process. People were given choice wherever possible and consent was obtained when staff were providing support. Where people lacked capacity to make informed decisions, best interest decisions were made and documented.		

- People's needs were regularly reviewed, and staff liaised with other professionals to promote people's health and wellbeing.
- Staff had the necessary training to support people's individual needs and felt confident in asking for additional training if they felt it necessary. They received regular support through supervision, appraisals and meetings. Staff spoke very positively of the support they received from the provider.
- The provider had robust governance and audit systems in place to ensure good oversight of the service. They had developed a positive culture of mutual respect between management, staff and people who used the service. They were committed to developing a high standard of care and were focused on embedding good practice before growing the service.

People's experience of this service

- People using the service and their relatives described positive experiences of care that was person-centred, kind and responsive to their needs. People told the CQC they felt safe with staff, trusting them to provide care in a way that respected their wishes and supported their wellbeing. People did not feel rushed by staff and felt all their needs were met during visits. One person said, *'The staff are so kind and caring. [Staff] do whatever is needed and show their concern. We have a good laugh'*. A relative said, *'[Staff] are very good. They give [my family member] their medicines, shower and dress them, and make sure that they are settled and safe before they leave'*.
- People's needs were assessed before they used the service to ensure their care reflected their needs, preferences and wishes. A relative said, *'A care plan is in place and when it was put in place they went through everything with [family]'*.
- People received their care from a regular staff team who knew their needs well. A person said, *'I normally get the same two main carers, so I know who's coming'*. Staff were generally on time for calls and people stated the provider was flexible if call times needed to be changed.
- Staff treated people with respect and maintained their dignity when providing their care. A person said, *'I don't feel embarrassed about showering. They are good at what they do, and I have a good giggle with them'*. A relative said, *'They are very caring'*.
- People and their relatives had opportunities to share their views about the service, and these were acted on. A relative said, *'They get feedback from us when they phone us'*. People knew how to make a complaint and were confident the provider would respond appropriately to any concerns they had. A relative said, *'When we signed up with them, we were given a pack which contains the complaints procedure'*.

Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via <https://www.cqc.org.uk/location/1-15820806268/reports/AP24344/overall>.

Provider Name	CEL Homecare Limited	
Service Name	CEL Homecare Teesside	
Category of Care	Care at Home	
Address	98 Church Road, Stockton-on-Tees TS18 1TW	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-20130691250/reports/AP23880/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Requires Improvement	n/a
Well-Led	Good	n/a
Date of Inspection	22 nd April – 28 th May 2026	
Date Report Published	26 th June 2026	
Date Previously Rated Report Published	n/a	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
CEL continue to foster a positive and effective working relationship with the Transformation Team. Their Manager and Director maintain a visible presence at Provider Forums and sector events, demonstrating a commitment to engagement and partnership working.		
They actively contribute to workforce development across the sector, building strong links with organisations such as Skills for Care and collaborating closely with Stockton Riverside College.		
CEL are responsive, approachable and consistently engage in a constructive manner with the Transformation Team, attending meetings and working collaboratively to address challenges and opportunities.		

We value the positive relationship that has been established with CEL and appreciate their commitment to partnership working. We look forward to continuing to work together to support high-quality services and workforce development across the sector.

Supporting Evidence and Supplementary Information

The CQC found that the provider had identified issues with staffing and feedback systems and was taking steps to address them and improve the service. Staffing levels were monitored, but people and relatives said there were sometimes issues with punctuality and consistency of staff. In some cases, this had impacted the care people received.

Feedback was sought from staff, people and relatives. However, in some cases, feedback from people was inconsistently sought and they had difficulty in contacting the provider when issues arose.

Medicines were safely managed. People were safeguarded from abuse, and incidents were monitored to keep people safe. Staff were supported with regular training, supervision and appraisal.

People received effective support with eating and drinking. Staff worked collaboratively with people, relatives and healthcare partners to ensure people received the support they wanted and needed.

Care was based on people's assessed needs and preferences. Staff were able to communicate with people effectively to ensure their voices were heard. Systems were in place to investigate and respond to complaints.

Systems were in place to monitor and improve standards at the service. Leaders worked in effective partnership with healthcare partners to ensure people received support that met their needs. Staff spoke positively about the culture and values of the service, and felt supported in their roles.

People described staff as kind and caring, and said they had professional but friendly relationships with them. People and relatives told the CQC they usually received the support they wanted, and that staff treated them with dignity and respect. However, people and relatives also said inconsistent staff teams had negatively impacted on their care experience. The provider was working to address this issue to improve people's experience.

Participated in Well Led Programme?

No

PAMMS Assessment – Date (Published) / Rating

17/02/2026

Good

PRIMARY MEDICAL CARE SERVICES

None

HOSPITAL AND COMMUNITY HEALTH SERVICES

(including mental health care)

Provider Name	CIPHER Medical Consultancy Limited	
Service Name	CIPHER Medical	
Category of Care	Ambulances	
Address	Unit 5, Limeoak Way, Stockton-on-Tees TS18 2LS	
Ward	n/a	
CQC link	https://www.cqc.org.uk/location/1-11260512455/reports/LAP-01954/overall	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	15 th & 16 th December 2025	
Date Report Published	9 th June 2026	
Date Previously Rated Report Published	n/a	
Further Information		
This comprehensive assessment was the first assessment of the service since the provider moved locations. The service had been previously inspected but not rated at a previous location in 2018. The CQC reviewed feedback from people who had used the service, partner organisations and local NHS trusts, including the local ambulance trust. Positive feedback was given by those using the service, their relatives and staff at services where users were transported and handed over. Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via: - Emergency and Urgent Care: https://www.cqc.org.uk/location/1-11260512455/reports/LAP-01954/emergency-and-urgent-care - Patient Transport Services: https://www.cqc.org.uk/location/1-11260512455/reports/LAP-01954/patient-transport-services		

APPENDIX 2

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

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	Excellent
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Excellent	Good
Quality of Management	Good	Good
Date of Inspection	27 th & 28 th April 2026	
Date Assessment Published	28 th May 2026	
Date Previous Assessment Published	18 th July 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
Residents were seen to be treated with respect and person-centred care was delivered. Care plans were clear and concise, and gave directions on resident’s needs and preferences. Care plans used resident’s preferred names and were personalised, with no evidence of generic statements. Care plans discussed the resident’s life history, their likes and dislikes, and their routines. Family dynamics were considered as part of care plans. There was evidence of residents and families being involved in care planning. Documentation and signage around the home was in an accessible format with pictorial paperwork and displays. Alternative formats were available for residents and families if needed. The home environment was adapted to be dementia-friendly and all staff in the home have completed the Dementia Friends accreditation. There was evidence found of out-of-date activity timetables and changes to that day’s menu not reflected on menus displayed, which contributed to the decrease to ‘Good’ in the ‘Involvement & Information’ domain. Activities offered were varied, including 1:1, groups, external visits, and entertainers. The home engaged in the Local Authority Activity Network and participated in social activities engaging with other homes. There was a dedicated activity room, with a monthly activity schedule displayed. Residents had free access to the activities room for board games, knitting, books, and dominoes. Family and friends were seen to come in and out regularly. Involvement of the		

Activities Co-ordinator in care planning that had previously been observed was not witnessed within this assessment.

Daily notes and charts were completed consistently. There were minimal instances found of staff completing notes inconsistently. Monthly reviews had no identified gaps. Review notes gave good detail on the reasons for any changes, and additional reviews were seen outside of scheduled monthly reviews for additional updates when required. Each care plan had an associated risk assessment, and this was also reviewed monthly.

Residents all had an allocated keyworker, in line with the Stockton-on-Tees Borough Council (SBC) contract. Keyworkers were chosen based on relationships, with the resident and their family consulted, and were clearly recorded on care plans. Keyworkers were not always involved in building and review of care plans.

The food hygiene rating for the home was '5'. Behaviours relating to food hygiene were of a good standard. Tables were set appropriately and food was covered in transit. Residents were supported to make choices from the menus daily, and the weekly menu was displayed on the dining room wall, with a copy in resident bedrooms. A trolley with refreshments moved around the home outside mealtimes.

Care delivery was observed to be safe, and those spoken with confirmed the same level of care. Residents spoke highly of the staff caring for them. Safeguarding information was on display around the home. Staff knew the available reporting mechanisms for any concerns, both internal and external. Staff confirmed they had all completed safeguarding training and were aware of the whistleblowing policy.

The internal environment was clean and tidy, furniture was secured, exits were alarmed, and corridors were clear from trip hazards. Appropriate Infection Prevention and Control (IPC) procedures were observed and followed by all staff. An IPC champion was in place as per SBC contract. Externally, the premises were well-maintained. Servicing and certificates were in place for equipment, including six-monthly lifting equipment regulations testing. High-risk rooms and areas were coded to prevent access; there were instances throughout the assessment of these spaces being left accessible.

Medication rounds observed were completed in a person-centred manner. Staff were very well informed of the resident needs and had a lovely warm rapport in each room visited. Good hand hygiene practices were followed, and medications were checked against the medication administration record before administering. The treatment and medication trolleys were locked, and the trolley was well organised. Medications were labelled clearly with dates of opening. Medications no longer in use were safely disposed. Controlled drugs were stored in a locked cupboard and had a count book in place, audited weekly. Ambient room and fridge temperatures were taken daily.

Medication administration records had front covers in place. Protocols for medications taken as and when required were in place. No gaps were witnessed on medication administration records and correct codes were used for administration, refusals, and non-administered. Medication competencies were undertaken six-monthly, in line with the SBC contract. Regular medication audits were undertaken.

The provider undertook safer recruitment checks. References, copies of right to work documents, and Disclosure and Barring Service certificates were in place. Induction booklets and probation reviews were on file. Review of competency and performance was evident. The induction content was thorough and covered the Care Certificate. Staff supervisions were undertaken bi-monthly with an annual appraisal, in line with SBC contractual requirements. The dependency tool was viewed and evidenced that the home was always sufficiently staffed, with

an additional 10% overstaff contingency which contributed to the increase in the 'Suitability of Staffing' domain to 'Excellent'. A range of audits and checks were completed by maintenance, kitchen, and domestic staff, with appropriate scheduling. Books and files did not contain any gaps. The home manager conducted and had oversight of regular audits. There was evidence of staff going back to audits to note when identified areas had been actioned.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
An action plan is in progress to address the one area of improvement found. This will be monitored by the Quality Assurance and Compliance (QuAC) Officer for compliance.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good level of engagement with the Local Authority, responsive to both QuAC and Transformation Teams, and engages well with forums, initiatives, and training that is offered. Monthly reporting is submitted timely.		
Engagement and Support from Transformation Managers		
Ayresome Court engage fully with the Transformation Team, including the Well Led Programme, Provider Forums, training, networking and workshops, and the Activity Co-ordinator Network. The Transformation Team will continue to work with the home to identify new opportunities, including research projects and other initiatives.		
Current CQC Assessment - Date / Overall Rating	26/02/2020	Good

Provider Name	Mr & Mrs J Elliott	
Service Name	Park House Rest Home	
Category of Care	Residential / Residential Dementia	
Address	2 Richmond Road, Stockton-on-Tees TS18 4DS	
Ward	Ropner	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Excellent	Excellent
Involvement & Information	Excellent	Excellent
Personalised Care / Support	Excellent	Excellent
Safeguarding & Safety	Excellent	Excellent
Suitability of Staffing	Excellent	Excellent
Quality of Management	Excellent	Excellent
Date of Inspection	13 th & 14 th April 2026	
Date Assessment Published	2 nd June 2026	
Date Previous Assessment Published	30 th June 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
The home used an electronic care planning system. A comprehensive pre-admission assessment was completed by the Manager in consultation with the prospective resident and, where appropriate, their family and friends. Care plans contained detailed, person-centred information that reflected each resident's individual choices and preferences. Information was consistently recorded across all documentation, with evidence of regular reviews undertaken with the keyworker to ensure care plans remained accurate and reflected the resident's current wishes, needs and abilities. Documentation included appropriate person-centred information, with a front page containing a photograph, name, date of birth, advance decisions, and details of any Lasting Powers of Attorney (LPA). A comprehensive life and family history was recorded, including lifestyle, care preferences, and personal views. Care plans clearly outlined each resident's individual needs, strengths, and personal preferences, providing staff with guidance on how to encourage independence wherever possible. They included comprehensive information to support residents in maintaining relationships with family members, staying connected to the wider community, and continuing to enjoy their chosen interests. During the assessment, family and friends were observed visiting the home and confirmed that residents regularly participated in activities both within the service and in the local community. Residents were invited to share their personal wishes, which the Manager and Activities Co-ordinator actively sought to accommodate. At present, the Manager was exploring options to obtain a scooter with a sidecar to meet the specific request of one resident. Residents spoken with confirmed that their right to privacy and dignity was consistently upheld. Staff were observed to knock before entering bedrooms, address residents in their preferred manner, and seek consent prior to providing any care or support. Clear signage was displayed on bedroom doors to inform staff and visitors when personal care was in progress, ensuring residents were not interrupted.		

Feedback from both residents and relatives was highly positive. One family member shared, *'I love spending time here; we are all very close'*, while a resident described the staff as *'kind and friendly'*.

The home had also received excellent feedback on carehome.co.uk, which contributed to it being awarded a Top 20 Care Home accolade for 2025. To further promote respectful, person-centred care, the home had appointed a dedicated Dignity Champion. This role included undertaking specialist training, maintaining a dignity folder, and completing regular dignity audits.

Most residents were seen dining in the welcoming main dining area, where menus were conveniently placed on each table. A larger menu was displayed on the wall, and pictorial menus were also available to support choice. An additional, smaller dining room was available for residents who preferred a quieter setting or who wished to dine privately with visitors. Residents confirmed that they were actively involved in planning the menus and spoke very positively about the quality of the food, describing it as excellent. A cooked breakfast was offered daily, with lunch providing two clear meal options alongside alternatives, and lighter choices available at teatime. Catering and care staff demonstrated a strong understanding of each resident's dietary needs, preferences, and portion choices. A wide selection of drinks was available with meals, including wine. Park House had its last food hygiene inspection on 9 April 2026 and received verbal confirmation that they had retained their five-star (very good) rating. During the visit, the kitchen appeared clean, tidy and well-organised, and catering staff were knowledgeable about safe food handling. Staff serving food were seen to be following appropriate food hygiene practices.

The medication room was found to be clean, well-organised, and securely locked during routine walkarounds unless in use. Daily checks were completed for both room and fridge temperatures, with readings recorded and reset as required. All temperatures reviewed were within the recommended limits. Medications awaiting disposal were stored separately in an appropriate designated container. All medicines examined had clear, legible labels, however the date of opening was not recorded in all cases. All staff administering held the level 3 qualification in medication and received regular training updates around medication. Quarterly medication competencies were carried out together with an annual topical competency. Staff spoken with confirmed that they were confident in managing medication because of the training and support they received.

Risk assessments were in place where specific needs were identified for a resident and equipment required. Documented checks of wheelchairs, mattresses, pressure cushions, and profiling beds were carried out. During the assessment, there was a visit to assess the suitability of the service for people living with dementia; the home received the dementia-friendly accreditation in May.

The dependency tool, used by the Manager to produce the rota, was now linked to the care planning software to ensure that it reflected the current needs of the residents. Rotas were reviewed and confirmed that staffing levels consistently exceeded those recommended by the dependency assessment tool. Staff reported that unplanned absences were typically covered by off-duty colleagues, with additional support from management and agency staff when required to maintain adequate staffing levels. Observation confirmed that staff had the right knowledge and skills to provide effective care and support to the residents, and sufficient time for unhurried and meaningful interaction.

A comprehensive programme of appropriate and effective audits was undertaken by management and designated 'Champions' responsible for specific areas. Where improvements were identified, action plans were developed which clearly outlined responsibilities and timescales, and these contributed to the overall Home Improvement Plan.

The Manager utilised the 'Safety Culture System' to design and implement audits across any aspect of the service requiring review. The Deputy Manager, who holds specific responsibility for driving service improvement, had also developed and completed additional audits.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
No areas were identified for improvement to ensure full compliance.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The Manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
The whole home has a high level of engagement with the Transformation Team and participate in a wide variety of opportunities, activities and initiatives, including Provider Forums, Activity Co-ordinator Networks, Well Led Programme, workshops, events, and research projects. We will continue to identify new opportunities and engage with the home on future projects.		
Current CQC Assessment - Date / Overall Rating	22/04/2026	Good

Provider Name	Anchor Hanover Group	
Service Name	Millbeck	
Category of Care	Residential	
Address	High Street, Norton, Stockton-on-Tees TS20 1DQ	
Ward	Norton Central	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	11 th – 13 th May 2026	
Date Assessment Published	3 rd June 2026	
Date Previous Assessment Published	21 st July 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
The home utilised an electronic care planning system. Care plans reviewed were personalised and comprehensive, with each resident having a front-page summary containing key information such as photograph, room number, resuscitation status, and the status of Deprivation of Liberty Safeguards or Liberty Protection Safeguards authorisations. This provided a clear overview of identified risks, medical history, care needs, and key contacts, supporting accessibility for professionals and families. An ‘About Me’ section was in place for each resident, detailing personal preferences, communication needs, and important relationships, promoting person-centred care. Care delivery was recorded in real time, with task completion monitored through a colour-coded system, enabling effective oversight. Minor instances of copied information were identified but were addressed and rectified during the assessment. Daily records and monitoring charts were consistently completed, providing assurance that risks to health and wellbeing were effectively monitored. Recognised tools, including the Malnutrition Universal Screening Tool and Waterlow assessments, were used to assess and manage risks relating to nutrition, hydration, and skin integrity. Clear escalation processes were documented within care plans. Monitoring systems covered key areas such as nutrition, mobility, continence, and personal care, supporting timely identification of emerging risks. Whilst care plans and risk assessments were reviewed monthly, some delays in updating the main body of care plans following changes were identified; these were addressed at the time of the visit. Observed practice confirmed that care was delivered in a respectful, dignified, and person-centred manner. Residents were supported calmly and appropriately, with privacy maintained. Food and drink were offered regularly, with residents supported to make informed choices.		

Staff demonstrated a good understanding of safeguarding, including types of abuse and reporting processes. They confirmed that concerns would be escalated promptly internally and externally, including to the Local Authority and the Care Quality Commission where required. Awareness of whistleblowing procedures and protections was evident.

Staff files evidenced appropriate pre-employment checks, including Disclosure and Barring Service checks, with systems in place to monitor renewals. Induction programmes, including completion of the Care Certificate for care staff, were structured and supported through a blend of electronic learning and face-to-face training. A supervision matrix was in place, demonstrating that staff received supervision in line with contractual requirements, alongside annual appraisals. Training systems supported ongoing development and role-specific competencies.

Medication practices were safe and well managed. The medication room was secure, clean, and appropriately organised, with controlled drugs stored correctly. Daily temperature checks were completed with clear guidance in place for managing any variations outside of recommended ranges.

The service used an electronic medication administration record system, with robust processes for medication receipt, verification, administration, and monitoring. Protocols for medicines to be taken as required and for variable dose medications were in place and up-to-date. Medication competencies were completed at least every six months in line with contractual requirements.

Good standards of food, hand, and personal hygiene were observed, with staff wearing appropriate personal protective equipment and following effective hand hygiene practices. Food was appropriately covered during transit, and dining tables were prepared in advance of mealtimes. The home holds a food hygiene rating of five, providing further assurance regarding food safety standards.

The home had been designed to be dementia-friendly. Although it was not a specialist dementia service, features such as colour-coded handrails, bedroom doors, and bathroom signage support orientation and promote independence. The upper floor incorporated themed spaces, including a beach-themed area and a dedicated 'chatty bench,' which encouraged social interaction and engagement.

The service was working to further enhance the environment for people living with dementia. Documentation had been completed for inclusion within the Local Authority's dementia-friendly guide, and the service had received an award in recognition of this work.

The premises were well maintained, clean, and secure, with appropriate access controls in place. Fire safety measures were observed to be robust, with clear signage and unobstructed exits.

Equipment was well maintained, with up-to-date servicing records, including six-monthly lifting equipment inspections and routine maintenance checks. All observed equipment was clean and appropriately labelled.

A comprehensive audit programme was in place, covering key areas such as care planning, medication, nutrition, falls, infection prevention and control, and Deprivation of Liberty Safeguards. Audit findings informed a live universal action plan, supporting continuous improvement.

The event recording system was used effectively to record accidents, incidents, complaints, and safeguarding concerns, with clear allocation of actions and oversight from senior management to ensure completion and accountability.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
No areas were identified that were 'Requires Improvement'.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
The management team at Millbeck demonstrate a professional and co-operative approach in their interactions with the Transformation Team, responding helpfully to communication and maintaining a positive dialogue. The manager took part in an early cohort of the Well Led Programme, as did the deputy. Whilst overall engagement is limited, there is a good opportunity to develop a more active partnership moving forward.		
Current CQC Assessment - Date / Overall Rating	13/12/2018	Good

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	26 th & 27 th May 2026	
Date Assessment Published	11 th June 2026	
Date Previous Assessment Published	7 th July 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
Residents were seen to be supported in a person-centred manner with dignity upheld. Consent was obtained and choices respected when supporting individuals. No discriminatory practices were observed. There was evidence in care plans of residents and their families being involved in care plans and discussions with people confirmed the same. A keyworker system was in place; however, there was limited evidence of keyworkers being involved in reviews, and people did not appear to be aware of who their allocated workers were. Positional changes, MUST (malnutrition universal screening tool) assessments, and Waterlow scores were carried out regularly; however, they did not always align with the care plan. Feedback from those spoken with was positive regarding the home and staff, and their communication / liaison with other services to support residents with their health and wellbeing. All risk assessments, including PEEPs (personal emergency evacuation plans), were in date and reviewed within the last month; however, monthly reviews were not consistently completed in line with contractual requirements. Daily notes were completed well, though often were basic. Residents had access to food and drink outside mealtimes and had choice over menu options and portion sizes. Appropriate hygiene and food safety practices were observed, and records were largely well maintained, with any issues identified and addressed by management. The home was rated '5' (very good) at their most recent food hygiene inspection in June 2025. The home was clean, tidy and free from malodour, and appropriate infection prevention and control procedures were seen to be in place. There were several mechanisms in place for obtaining feedback on and monitoring the quality of service delivered, including several audits, oversight of accidents and incidents, and satisfaction surveys. Those spoken with reported that they / their loved ones were safe and well cared for at Roseworth Lodge, and feedback was extremely positive in this regard and high praise was given to staff and management.		

Medications were stored safely, with appropriate monitoring in place and staff competencies conducted in line with contractual requirements, though there was a new electronic medication system in place which staff required additional training on as there was an apparent lack of understanding of the system. The premises was seen to be safe and secure, and health and safety checks and practices were in place as expected. A dementia-friendly environment was observed, and the home had completed the dementia-friendly guide. Appropriate recruitment procedures were in place, including three-yearly DBS checks as per best practice. Training compliance was at 100% and staff confirmed they had regular supervisions and appraisals; documentation confirmed the frequency of which was in line with the contractual obligation. A range of audits were conducted by both departmental staff (kitchen, maintenance, domestic) and the managerial staff. The managerial audits included a specific review of the departmental staff audits. The audits were noted to identify where gaps had occurred and recorded follow-up actions taken, giving assurance of managerial oversight and a responsive approach.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
An action plan will be created to address the areas identified as requiring improvement. as well as areas which were overall good but with recommendations made for improvement. This will be monitored closely by their Quality Assurance and Compliance (QuAC) Officer to ensure completion within the imposed timeframes.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider is responsive to requests from, and liaises closely with, their QuAC Officer. Performance Dashboard submissions are made in a timely fashion, and queries are responded to promptly.		
Engagement and Support from Transformation Managers		
The care home engages well with the Transformation Team, making good use of the range of opportunities available to support service development and quality improvement. This includes regular participation in Provider Forums, Activity Networks, workshops, and training sessions, which are helping to build shared learning and strengthen practice. The home demonstrates commitment to developing leadership capacity and driving improvement through looking at future research project opportunities.		
Current CQC Assessment - Date / Overall Rating	14/07/2023	Good

Provider Name	HC-One Limited	
Service Name	Highfield (Stockton)	
Category of Care	Residential / Residential Dementia	
Address	Highfield Care Centre, The Meadowings, Yarm, Stockton-on-Tees TS15 9XH	
Ward	Yarm	
	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	1 st & 2 nd June 2026	
Date Assessment Published	22 nd June 2026	
Date Previous Assessment Published	1 st September 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
The home used the Nourish electronic care planning system. Care plans were person-centred, clearly outlining preferences, needs, and guidance for care, including emotional support. Biography sections were completed, capturing life histories. Monthly reviews evidenced resident and family involvement, supported by care plan involvement forms and ‘resident of the day’ discussions (uploaded in line with system use, as signed consent was not obtained). Each resident had an allocated key worker, recorded within the system, and displayed in bedrooms. Daily records and monitoring charts were consistently completed, supporting effective risk management. Malnutrition Universal Screening Tool (MUST) and Waterlow tools were used appropriately, with monitoring charts maintained daily and shared with health professionals where clinically indicated. Care plans and risk assessments were reviewed monthly. Personal Emergency Evacuation Plans (PEEPs) were maintained in paper format, with an updated matrix reviewed monthly. The Nourish system supported continuous recording, with both structured and free-text entries used to ensure personalised records. Care plans also evidenced access to external professionals when required. A varied activities programme was in place with two co-ordinators, offering group and one-to-one engagement. Activities were communicated via calendars, newsletters, and displays, with records and photographic evidence maintained. Residents were supported with regular food and drink, choice was actively promoted, and safe food hygiene practices were observed. The home held a 5-star food hygiene rating. Residents had access to a kitchen area, promoting independence.		

National Early Warning Score (NEWS) monitoring was embedded into practice in line with Local Authority contractual requirements, with 100% monthly compliance achieved. Staff demonstrated good awareness of safe care practices, including moving and handling and Infection Prevention & Control (IPC). Staff confirmed regular supervision in line with SBC contractual requirements, alongside annual appraisals. Recruitment processes were robust, though recording of employment gaps required improvement. Structured induction, training, and shadowing processes were in place. The environment was clean, safe, and dementia-friendly. IPC measures were in place, including an IPC Champion and annual IPC audit completed in line with SBC contractual requirements. Equipment was serviced and compliant. Medication management was safe, with secure storage, regular audits, and competencies completed at least six-monthly in line with SBC contractual requirements. Electronic Medication Administration Records (eMAR) systems were effectively used, with no gaps identified. The service completed regular audits and monthly learning meetings to review incidents and safeguarding. Feedback systems, including 'You Said, We Did' boards, were in place; however, resident and relative surveys had not yet been completed in line with annual contractual requirements.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an action plan for all questions assessed as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor this for progress through contractual visits.		
Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider has a good relationship with the QuAC Officer and responds to requests for information in a timely manner.		
Engagement and Support from Transformation Managers		
The leadership team at Highfield show a professional approach when engaging with the Transformation Team, responding and maintaining open, positive communication. Overall involvement has been relatively limited, however the introduction of a new Activity Co-ordinator who has begun attending networking events presents a valuable opportunity to strengthen engagement and build a more proactive partnership going forward.		
Current CQC Assessment - Date / Overall Rating	10/12/2022	Good

Provider Name	Stockton Care Limited	
Service Name	Primrose Court Nursing Home	
Category of Care	Nursing Dementia / Complex Mental Health	
Address	South Road, Stockton-on-Tees TS20 2TB	
Ward	Norton South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	8 th & 9 th June 2026	
Date Assessment Published	23 rd June 2026	
Date Previous Assessment Published	17 th September 2025	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
Care plans were person-centred, personal to the resident, and completed to a good standard. Residents were seen to be supported in a person-centred manner with dignity upheld. Consent was obtained and choices respected when supporting individuals. Those spoken with commented on how familiar staff were with individuals and their care needs, and this was reflected upon observation; interactions between staff and residents was positive and residents were well-presented. Staff had excellent knowledge of the Mental Capacity Act and how it impacted their residents. They were aware of which individuals had Deprivation of Liberty Safeguards (DoLS) and any associated conditions, and were able to confidently discuss these in detail, including reference to Herbet Protocols, Emergency Health Care Plan (EHCP), and Do Not Attempt CPR (DNACPR) documentation. Documentation of keyworkers and their involvement in care planning and monthly reviews was inconsistent and people were not always aware of their allocations. Information gathered within assessments was included in care plans and escalation of concerns to other professionals (health etc) was evidenced. People were involved in their / their loved one's care planning and kept up-to-date with any changes or relevant information. Feedback from residents, relatives, and professionals was positive, highlighting good care, communication, and appropriate escalation of needs. The keyworker system was in place but required clearer communication and consistency in practice. Assessments, risk management, and monthly care plan reviews were up-to-date and of good quality. Daily notes were written factually and respectfully, and aligned with care plans. Residents were offered choice in daily living, including meals, and high standards of food hygiene were observed. The home was rated '5' (very good) at their most recent food hygiene inspection in February 2025.		

A range of quality assurance processes were in place to support governance and continuous improvement. Surveys for residents, relatives, staff, and professionals were aligned to the Care Quality Commission (CQC) domains, with evidence of analysis and responsive action planning. Monthly accident and incident reviews included trend analysis, lessons learned, and time-bound action plans, while safeguarding records were well maintained, with clear logs, outcomes, and associated documentation. Complaints / Compliments management also captured compliments from residents and relatives. A comprehensive programme of audits was in place, led by the manager, covering key areas such as health and safety, nutrition, and environment, with findings linked to action plans. Additional oversight was demonstrated through enhanced provider audits, ensuring thorough monitoring and accountability across the service.

Feedback from residents and relatives confirmed that they feel safe, well cared for, and supported, including during safeguarding processes. Staff demonstrated strong knowledge of safeguarding procedures, including recognising abuse and escalating concerns appropriately. The home environment was clean, well-maintained, and supported by effective infection prevention and control processes, with regular audits and clear oversight, and several designated infection control champions. Medication management was generally safe and well-organised, with appropriate storage, auditing, and staff competency checks in place. The service provided a well-equipped, dementia-friendly environment that promoted independence, supported by comprehensive health and safety systems, regular maintenance checks, equipment servicing, and up-to-date policies. The home had completed the dementia-friendly guide, as per contractual requirement. Overall, robust governance arrangements were in place, with minor improvements identified to strengthen recording and audit follow-through.

Regular supervisions and appraisals took place in compliance with the required bi-monthly supervision and annual appraisal schedules. Staff files were well-organised and contained all necessary recruitment documentation, including verified references, Disclosure & Barring Service (DBS) checks with three-yearly updates (per good practice recommendations), with evidence of internal auditing. Induction processes incorporated mandatory training, including completion of the Care Certificate, and were properly documented and signed off. Training compliance was recorded at 100%.

Staffing levels exceeded dependency tool requirements, with appropriate skill mix evidenced across rotas, which were effectively managed through an online system. Workforce stability was supported by internal cover for shifts and ongoing professional development opportunities, alongside designated staff champions in several key care areas.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an action plan to address the recommendations made and one area rated as 'Requires Improvement', and this will be overseen for compliance by the Quality Assurance & Compliance (QuAC) Officer.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider is responsive to requests from the Local Authority and liaises closely with their QuAC Officer. Performance Dashboard submissions are made in a timely manner, and queries are responded to promptly.

Engagement and Support from Transformation Managers		
Engagement between the Transformation Team and the care home remains positive, with the home actively involved in key initiatives and development opportunities. This includes consistent attendance at Provider Forums, Activity Networks, workshops, and training, supporting ongoing learning and service enhancement. The manager is planning to join the Council's 'Well Led' leadership development programme, further evidencing their commitment to strengthening leadership and embedding a culture of continuous improvement.		
Current CQC Assessment - Date / Overall Rating	04/07/2023	Good