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

QUARTER 2 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 July and September 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, **9** 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:

- 6 Adult Services were reported on (2 rated 'Outstanding'; 3 rated 'Good'; 1 rated 'Requires Improvement')
- 1 Primary Medical Care Services was reported on (1 not rated)
- 2 Hospital / Other Health Care Services were reported on (2 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 July and September 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	**Creative Support Limited**	
Service Name	**Creative Support – Teesside Services**	
Category of Care	**Homecare**	
Address	2 Innovation Court, Yarm Road, Stockton-on-Tees TS18 3DA	
Ward	**n/a**	
CQC link	https://www.cqc.org.uk/location/1-133366635/reports/AP21691/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**Outstanding**	**Good**
Safe	**Good**	**Good**
Effective	**Outstanding**	**Good**
Caring	**Outstanding**	**Good**
Responsive	**Outstanding**	**Good**
Well-Led	**Outstanding**	**Good**
Date of Inspection	**10th March – 14th April 2026**	
Date Report Published	**3rd July 2026**	
Date Previously Rated Report Published	**21st 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		
Creative Support work proactively and positively with the Adult Social Care Transformation Team across a wide range of key areas. They consistently engage in Local Authority initiatives, regularly attending Provider Forums to receive important updates and explore new opportunities to strengthen their service. They also participate in focused sessions such as Safeguarding Adults Week Provider Session and our Learning Disability Network.		

Their commitment to workforce development is strong. Creative Support are active participants in our Care Academy programme, frequently interviewing candidates from the Sector-Based Work Academy Programme. They attend all Recruitment Events at the Employment and Training Hub and have previously brought people with lived experience to support and enrich candidate discussions.

Creative Support have also been actively involved in implementing the national Care Workforce Pathway. They have embedded the Pathway within their job descriptions, role expectations, and internal development opportunities, ensuring alignment with the DHSC and Skills for Care requirements that set out clear knowledge, skills, values and behaviours. Their adoption of the Pathway strengthens career progression, supports workforce development, and demonstrates a commitment to delivering high-quality, person-centred care.

Creative Support collaborate effectively with other Care at Home providers, sharing best practice, opportunities, and activity options for people accessing services. They demonstrate a genuine commitment to improving outcomes for the individuals they support, as well as contributing to the wider learning disability network across the Borough.

They maintain a strong partnership with Stockton Riverside College, supporting the development of new qualifications and delivering educational sessions to students as part of their curriculum.

Having observed various Creative Support staff working directly with individuals, they consistently demonstrate a caring, person-centred approach that promotes independence and respects personal preferences. The positive ethos of the organisation, led by the Registered Service Director, is clearly evident throughout the service.

Supporting Evidence and Supplementary Information

The CQC found that the provider and staff demonstrated exceptional practice across all areas of ‘right support, right care, and right culture’. People received highly personalised and empowering care that truly promoted independence, choice, and meaningful outcomes. People were supported through deeply compassionate, person-centred care that truly valued and enriched their quality of life. Every aspect of support was thoughtfully shaped around their individual needs, wishes and aspirations.

The management team had clear aims in providing person-centred care, promoting extremely positive outcomes, and enhancing people’s quality of life. They were continuously looking at ways they could further improve the service, empower people, and improve their health and wellbeing. People were supported by staff who embraced the providers’ values and were proud to work in such an inclusive environment. The management team shared learning and always maintained effective communication with professionals and families.

Robust recruitment processes, bespoke training, and regular supervision ensured staff were skilled, knowledgeable and competent. Staff followed best practice models and guidance, enabling them to support people with a strong understanding of their needs and with compassion. Obstacles were overcome by collaborative working, with the person always being the centre of any decision-making.

Staff were extremely kind, caring, and provided compassionate care always. Observations showed people were truly respected as individuals and relationships with staff were built on trust and mutual respect.

Risks were managed effectively while promoting people’s choices and encouraging new experiences. Incidents were reported, reviewed, and used as learning opportunities, with a focus on reduction.

Effective governance systems were in place to monitor and assess the quality and safety of the service, ensuring areas for innovation and continuous improvement were identified. The service ensured people could communicate their needs and wishes in personalised ways, with staff attuned to individual communication styles. The service was particularly creative in presenting information in ways people could understand.

People were overwhelmingly positive about the quality of their care. They told the CQC they were fully involved in planning their care and understood their rights. People consistently described feeling exceptionally safe when receiving support from the service. There was overwhelming confidence in staff, with one person stating, '*I always feel confident and safe when they are here*'. Relatives echoed this assurance, highlighting the reliability and dependability of care.

The service demonstrated a strong commitment to supporting people to remain socially connected and to lead fulfilling lives beyond their home environment. People described highly personalised approaches to managing individual risks, demonstrating a strong commitment to safety alongside independence. People were empowered to lead meaningful lives entirely shaped by their own choices, preferences and goals. Staff were highly skilled at balancing support with the promotion of independence.

Where people were unable to share their views verbally, staff demonstrated exceptional skill in understanding and responding to their needs through alternative communication methods.

Without exception, people and relatives spoke about staff with warmth and genuine appreciation, consistently describing care that went above and beyond expectations.

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

Provider Name	**Bondcare (Ambassador) Limited**	
Service Name	**Elton Hall Care Home**	
Category of Care	**Residential Dementia / Mental Health**	
Address	Elton Village, Elton, Stockton-on-Tees TS21 1AG	
Ward	**Eaglescliffe West**	
CQC link	https://www.cqc.org.uk/location/1-543983962/reports/AP26114/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**Requires Improvement**	**Good**
Safe	**Requires Improvement**	**Good**
Effective	**Good**	**Good**
Caring	**Good**	**Good**
Responsive	**Good**	**Good**
Well-Led	**Requires Improvement**	**Good**
Date of Inspection	**8th June – 8th July 2026**	
Date Report Published	**3rd August 2026**	
Date Previously Rated Report Published	**7th December 2019**	

Breach Number and Title
The service was in breach of legal regulation in relation to governance at the service.
Level of Quality Assurance & Contract Compliance
Level 2 – Moderate Concerns (Supportive 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 care home currently engages with the Transformation Team at a lower level; however, there is a positive opportunity to strengthen this relationship over the next six months and increase participation in Transformation initiatives. The manager has a strong track record of engagement from a previous role at another service within the Borough, providing a positive foundation on which to build a more collaborative partnership. The manager also completed the Well Led Programme.
Supporting Evidence and Supplementary Information
This inspection was undertaken due to the length of time since the service's previous assessment. At the time of the inspection, there had been a recent change in management. The newly appointed manager had identified a number of areas requiring improvement and had already begun implementing changes. While progress was evident, inspectors identified ongoing concerns in relation to medicines management and environmental

safety. Governance systems had not consistently identified or effectively addressed these issues, resulting in a breach of the legal requirements associated with good governance.

The inspection found that sufficient staffing levels were in place and people received timely, compassionate support. Staff spoke positively about their roles and demonstrated a strong commitment to delivering person-centred care. They reported feeling supported by the new management team and had access to the training and resources necessary to perform their duties effectively.

People received care that reflected their individual needs, wishes and preferences. Their dignity, privacy and rights were respected, and care plans included information relating to capacity and consent. However, some care records were found to be out of date or incomplete and required review. Although individual risks were generally well assessed, concerns remained regarding record-keeping and aspects of the environment which could potentially impact people's safety.

Staff worked collaboratively with healthcare professionals to ensure people received appropriate support. Visiting professionals provided positive feedback regarding the responsiveness of the management team when concerns were raised. People were also encouraged to maintain social connections and participate in activities that were meaningful to them.

Inspectors found evidence of a positive and inclusive culture within the home. Staff and relatives expressed confidence in the management team, reporting that feedback was actively sought and acted upon. Staff felt comfortable raising concerns, and the service maintained positive links with the local community to support the delivery of care.

While no evidence of harm was identified, the CQC concluded that systems and processes had not always been effective in identifying and addressing areas of concern. The provider assured inspectors that action was being taken, and some issues were addressed immediately during the inspection process. The CQC requested that the provider submit an action plan detailing how the identified concerns would be addressed.

Feedback from people using the service and their relatives was overwhelmingly positive. Inspectors were told that staff consistently treated people with kindness, respect, empathy, and compassion. People reported feeling safe and well supported, with one resident commenting that staff knew them well and treated them respectfully. Inspectors also observed positive interactions between staff and people living in the home. Where individuals were unable to verbally share their experiences, a structured observational tool was used to assess the quality of care provided.

Most people and relatives were satisfied with staffing levels and the range of activities available. Inspectors observed staff responding appropriately to people's needs and saw individuals engaging in activities during the inspection. Relatives highlighted the positive impact of staff encouraging social interaction, although a small number felt that staffing and activities could be improved at times.

Feedback regarding meals was particularly positive, with people describing the food as varied and of good quality. Residents appreciated having a choice of meals and dining locations, including the option to dine in their own rooms if preferred. Relatives reported feeling welcomed within the home and were encouraged to participate in meals and activities alongside their family members.

The management team received particularly strong praise from both residents and relatives. People described management as approachable and effective in addressing issues promptly. Relatives noted significant improvements within the home, including environmental enhancements and increased confidence in the leadership team, commenting that recent

management changes had made a substantial and reassuring difference to the quality of the service.		
Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**17/12/2025**	**Good**

Provider Name	**Oxbridge Care Limited**	
Service Name	**Windsor Court Residential Home**	
Category of Care	**Residential**	
Address	44-50 Windsor Road, Oxbridge, Stockton-on-Tees TS18 4DZ	
Ward	**Ropner**	
CQC link	https://www.cqc.org.uk/location/1-107082503/reports/AP23877/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	**12th May – 13th July 2026**	
Date Report Published	**19th August 2026**	
Date Previously Rated Report Published	**5th October 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 level of engagement with the Local Authority. The manager is responsive to both the Quality Assurance & Compliance (QuAC) Officer and other Local Authority teams. Monthly reporting is submitted timely.
Engagement and Support from Transformation Managers
The care home, staff and residents engage to a high level, with several opportunities and initiatives run by the Transformation Team, including participation in the Well Led Programme, high attendance at Provider Forums, previous Leadership Peer Support Networks, Activity Co-ordinator Network, and activities and events hosted in the community. We will begin to explore what further projects could further enhance the experiences of everyone at the home, including participation in the Veteran Friendly Framework (VFF).
Supporting Evidence and Supplementary Information
The Care Quality Commission (CQC) gathered information from people who used the service, relatives, the management team, staff, and visiting professionals. Everyone was positive about the care and support provided.

Staff were knowledgeable about people's needs, as was the Registered Manager. The facilities and equipment met people's needs, were clean and well-maintained, and any risks mitigated. Staff responsible for the administration of medicines had received training. People received their medicines safely. Safe recruitment procedures were in place. Safeguarding investigations were detailed with lessons learnt.

Staff provided people with the information they needed to understand their care and treatment and make their own decisions wherever possible. Where people lacked capacity, staff appropriately involved relatives and relevant professionals to ensure decisions reflected their best interests. Care records identified evidence of working with other health and social care professionals. Care assessments and other monitoring tools were completed for people.

Staff were kind, caring and patient and encouraged people with their independence. Care plans were individualised and detailed to help ensure the care needs of the person were met.

Complaints were investigated and responded to. The staff received many compliments from people and family. Systems were in place to monitor the quality of the service and identify improvements.

People using the service told CQC they felt safe. A person said, '*I feel very safe. There are enough staff and they are very good.*' A relative said, '*The care home is run by a wonderful couple, and they have made every effort to keep [person] comfortable and safe*'. Another person said, '*They (staff) treat me with complete respect and dignity but, by the same token, you can have a good crack and joke with the staff*'. A relative said, '*The care is good and this home is a place I would choose to live*'.

Everyone enjoyed the food provided. A person told the CQC, '*The food is very good, and I enjoy my breakfast more than anything, but I also like the choices I get at lunchtime*'. Another said, '*I enjoy the food, but it has got better lately, why, I don't know, as they haven't changed the cook*'. A relative told the CQC how food was prepared, cooked, and stored using clean equipment and utensils that meet the person's dietary and cultural requirements. They said, '*They (staff) have gone above and beyond to ensure [person] has fresh nutritious meals and snacks*'.

People told CQC about how they spent their day. A person told the CQC, '*I have recently started attending the local working men's club, and it was surprisingly enjoyable, and I now go regularly*'.

Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**28/07/2026**	**Good**

Provider Name	**Creative Support Limited**	
Service Name	**Creative Support – Teesside Services**	
Category of Care	**Supported Living**	
Address	2 Innovation Court, Yarm Road, Stockton-on-Tees TS18 3DA	
Ward	**Ropner**	
CQC link	https://www.cqc.org.uk/location/1-133366635/reports/AP22305/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**Outstanding**	**Good**
Safe	**Outstanding**	**Good**
Effective	**Outstanding**	**Good**
Caring	**Outstanding**	**Good**
Responsive	**Outstanding**	**Good**
Well-Led	**Outstanding**	**Good**
Date of Inspection	**31st March – 19th June 2026**	
Date Report Published	**20th August 2026**	
Date Previously Rated Report Published	**5th February 2016**	
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		
Creative Support work proactively and positively with the Adult Social Care Transformation Team across a wide range of key areas. They consistently engage in Local Authority initiatives, regularly attending Provider Forums to receive important updates and explore new opportunities to strengthen their service. They also participate in focused sessions such as Safeguarding Adults Week Provider Session and our Learning Disability Network. Their commitment to workforce development is strong. Creative Support are active participants in our Care Academy programme, frequently interviewing candidates from the Sector-Based Work Academy Programme. They attend all recruitment events at the Employment and Training Hub and have previously brought people with lived experience to support and enrich candidate discussions.		

Creative Support have also been actively involved in implementing the national Care Workforce Pathway. They have embedded the pathway within their job descriptions, role expectations, and internal development opportunities, ensuring alignment with the DHSC and Skills for Care requirements that set out clear knowledge, skills, values and behaviours. Their adoption of the pathway strengthens career progression, supports workforce development, and demonstrates a commitment to delivering high-quality, person-centred care.

Creative Support collaborate effectively with other Care at Home providers, sharing best practice, opportunities, and activity options for people accessing services. They demonstrate a genuine commitment to improving outcomes for the individuals they support, as well as contributing to the wider learning disability network across the Borough.

They maintain a strong partnership with Stockton Riverside College, supporting the development of new qualifications and delivering educational sessions to students as part of their curriculum.

Having observed various Creative Support staff working directly with individuals, they consistently demonstrate a caring, person-centred approach that promotes independence and respects personal preferences. The positive ethos of the organisation, led by the Registered Service Director, is clearly evident throughout the service.

Supporting Evidence and Supplementary Information

The Care Quality Commission (CQC) assessed the service against 'Right support, right care, right culture' guidance to make judgements about whether the provider guaranteed autistic people and people with a learning disability respect, equality, dignity, choices, independence, and good access to local communities that most people take for granted. The management team and staff demonstrated exceptional practice across all areas of right support, right care, and right culture. People received highly personalised and empowering care that truly promoted independence, choice, and meaningful outcomes.

People were supported through deeply compassionate, person-centred care that truly valued and enriched their quality of life. Every aspect of support was thoughtfully shaped around their individual needs, wishes, and aspirations. The management team had clear aims in providing person-centred care, promoting extremely positive outcomes, and enhancing people's quality of life. They were continuously looking at ways they could further improve the service, empower people, and improve their health and wellbeing. People were supported by staff who embraced the provider's values and were proud to work in such an inclusive environment.

Robust recruitment processes, bespoke training, and regular supervision ensured staff were skilled, knowledgeable, and competent. Staff followed best practice models and guidance, enabling them to support people with a strong understanding of their needs and with compassion. Obstacles were overcome by collaborative working, with the person always being the centre of any decision-making. Staff were extremely kind, caring, and always provided compassionate care. Observations showed people were truly respected as individuals, and relationships with staff were built on trust and mutual respect.

Risks were managed effectively while promoting people's choices and encouraging new experiences. Incidents were reported, reviewed, and used as learning opportunities, with a focus on reduction.

Activities and outings were described as abundant and meaningful, reflecting a service that actively promoted inclusion and a rich social life. A visiting professional told the CQC, '*The staff always ensure that the activities are safe, inclusive, meaningful, and enjoyable. The smile on the residents' faces and their sense of achievement when they have made something themselves that they can take away with them is unmeasurable*'. This demonstrated a strong culture of enabling people to live full and connected lives, with staff consistently seeking

opportunities to enhance people's experiences. People were supported to access a wide range of activities, including film clubs, arts and crafts sessions, trips to cafés, and discos. These opportunities ensured people experienced enjoyment, social inclusion, and a genuine sense of belonging within their wider community.

Effective governance systems were in place to monitor and assess the quality and safety of the service, ensuring areas for innovation and continuous improvement were identified. The service ensured people could communicate their needs and wishes in personalised ways, with staff attuned to individual communication styles. The service was particularly creative in presenting information in ways people could understand. The management team shared learning and always maintained effective communication with professionals and families.

The CQC found people were overwhelmingly positive about the quality of their care and told the CQC they felt safe and fully involved in planning their care and understood their rights. People and their families consistently described an exceptional and highly reassuring experience of care. This was underpinned by genuine compassion and understanding, and defined by strong responsive care.

A strong theme was genuine choice and individuality, where people were supported to live in ways that truly reflected who they were. Consent and involvement were clearly embedded. Relationships were described as warm, compassionate and genuine, with staff consistently going beyond expectations. Staff were also recognised for their understanding and skill, particularly where previous support had been less effective.

Where people were unable to share their views verbally, staff demonstrated exceptional skill in understanding and responding to their needs through alternative communication methods. During the assessment, the CQC attended a craft afternoon, and an evening disco arranged for people receiving personal care. Although some people used non-verbal communication and had limited verbal ability, the CQC was still able to gain a rich and meaningful understanding of their experiences and preferences. Some people used pictorial tools to communicate their wishes. Through careful observation of interactions, body language, and responses to care, alongside feedback from visiting professionals, the CQC developed a highly positive, detailed and consistent picture of peoples lived experiences.

Staff demonstrated a strong commitment to supporting people to remain socially connected and to lead fulfilling lives beyond their home environment. A relative told the CQC, '*[Person] goes to college two days a week. [Person] goes to their drama group and to a film night in Middlesborough. [Person] went to a creative support disco in Middlesborough… and to Larry's lanes a bowling café*'. Another relative told the CQC, '*They do all sorts with [person], they choose between different things. [Person] goes swimming and bowling; they're always looking for activities for [person]*'.

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

Provider Name	**Lago Homecare Limited**	
Service Name	**Lago Homecare – Yarm Office**	
Category of Care	**Homecare**	
Address	Second Floor Offices, 62-64 High Street, Yarm, Stockton-on-Tees TS15 9AH	
Ward	**n/a**	
CQC link	https://www.cqc.org.uk/location/1-19676027868/reports/AP27106/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	**7th August 2026**	
Date Report Published	**15th September 2026**	
Date Previously Rated Report Published	**n/a**	

Further Information

Lago Home Care is a domiciliary care service providing personal and social care to people living in their own home. The CQC undertook this inspection because this was a new service which had not received a quality rating. At the time of the inspection, there were 18 people receiving a regulated activity. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, it also considers any wider social care provided.

The CQC assessed the service against 'Right support, right care, right culture' guidance to make judgements about whether the provider guaranteed autistic people and people with a learning disability respect, equality, dignity, choices, independence, and good access to local communities that most people take for granted. At the time of the assessment, the service was not supporting any autistic people or people with a learning disability, but the provider had regard to 'Right support, right care, right culture'.

CQCs view of the service

- People received care and support that was safe, effective and personalised to their assessed needs. There were sufficient numbers of staff to meet people's needs, and people benefited from support delivered by a consistent staff team who knew them well. People and their relatives spoke positively about the quality of care provided, describing staff as caring and knowledgeable. Care plans were regularly reviewed to ensure they remained reflective of people's needs, preferences and desired outcomes.

- The service was well-led by a management team that promoted a clear vision centred on delivering high-quality, person-centred care. Effective governance systems were in place to oversee the quality and safety of the service. Accidents, incidents, and safeguarding

concerns were reviewed to promote safety and ensure timely and appropriate action. People using the service were also given opportunities to provide feedback.

People's experience of the service

- People supported by Lago Homecare and their relatives were positive about their experiences of care and consistently told the CQC that staff provided safe, compassionate and reliable support. Feedback indicated people's needs were met and that staff treated them with kindness, dignity and respect. One relative said, '*I was worried at first as I did not think [name] would like strangers coming into her home. I was pleasantly surprised. She adjusted quite quickly really and now she looks forward to their visits*'.

- People told the CQC that staff were dependable, arrived as expected, and had the skills and knowledge required to support them safely. Staff took time to get to know people, understand their preferences, and deliver care in line with their wishes. People and their relatives said staff encouraged independence wherever possible and respected their choices, helping them to maintain control over their daily lives.

- People and their relatives also spoke positively about management and stated that they felt comfortable raising any concerns or queries. They were confident these would be listened to and addressed appropriately. Overall, people expressed confidence in the service and felt staff genuinely cared about their wellbeing. One relative said, '*Staff come for one hour but are usually finished a little before. This is nice because they take time to sit and chat with [name] while they complete their paperwork*'. This demonstrated that staff valued building positive relationships and providing person-centred support that extended beyond the completion of care tasks.

Provider Name	**Real Life Options (RLO)**	
Service Name	**Real Life Options – 96 Bishopton Road**	
Category of Care	**Residential – Learning Disability**	
Address	96 Bishopton Road, Stockton-on-Tees TS18 4PA	
Ward	**Newtown**	
CQC link	https://www.cqc.org.uk/location/1-126668409/reports/AP29044/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	**17th August – 4th September 2026**	
Date Report Published	**21st September 2026**	
Date Previously Rated Report Published	**13th November 2019**	

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 and open relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.

Engagement and Support from Transformation Managers

RLO demonstrates a strong commitment to engagement and partnership working. The manager consistently attends manager network meetings and sector events, actively contributing to discussions and shared learning opportunities. The provider is keen to engage with wider initiatives and remains proactive in seeking opportunities to support continuous improvement and best practice.

Supporting Evidence and Supplementary Information

The Care Quality Commission (CQC) found people were protected from avoidable harm because staff and managers understood safeguarding procedures and knew how to identify and report concerns. Risks to people's health, safety and wellbeing were assessed and managed appropriately. However, window safety checks were not fully aligned with current standards, and some window restrictors required replacement with tamper-proof versions. The Registered

Manager took immediate action to mitigate any potential risks and arranged for the necessary upgrades.

Some areas of the home had recently been redecorated, although other areas and items of furniture appeared worn and in need of refurbishment. The provider had an ongoing home improvement programme in place and planned to complete further improvements over the coming months. Storage space within the home was limited and, during the CQCs initial visit, several items were being stored in a bathroom area. This was identified as unsuitable and had been addressed by the time of the follow-up visit.

Safe recruitment practices were in place, and sufficient staffing levels were maintained to meet people's needs. Staff spoke positively about the training and support available to them. One staff member commented, '*Training is good. Monthly online training and regular classroom training.*'

Medicines were generally administered safely and in line with people's support plans. However, medicine stock management and completion of medicine administration records were not always effective, with some records incomplete or inaccurate. The provider responded positively to this feedback and was implementing measures to strengthen practice. Despite these issues, people received their medicines as prescribed. Staff adopted a person-centred approach to medicines support and worked with healthcare professionals to successfully reduce one person's reliance on medication.

People's needs were assessed, and care was delivered in accordance with current best practice and guidance. Individuals and their relatives were involved in planning and reviewing care to ensure support remained personalised and responsive to their wishes, preferences, and diverse needs. People were supported to maintain good health and wellbeing, and had access to healthcare services when required. The provider promoted choice and independence, enabling people to have maximum control over their lives. A staff member told the CQC, '*The staff team go out of their way in enabling each person to achieve their goals.*'

The CQC reviewed the provider's application of the Mental Capacity Act 2005 (MCA) and management of Deprivation of Liberty Safeguards (DoLS). Staff and managers demonstrated an understanding of MCA principles, and DoLS authorisations were appropriately requested and monitored. People were not subject to unlawful or unnecessary restrictions, and were supported to exercise choice, control and freedom in their daily lives.

People were supported by caring and compassionate staff who promoted choice in ways individuals could understand. Staff treated people with warmth and respect, recognising their individuality and maintaining their dignity. Independence was actively encouraged, with one staff member explaining they promoted independence by '*focusing on individual strengths of people we support and encouraging them to do tasks on their own*'.

Not all people were able to communicate verbally with the CQC. To gain assurance, inspectors observed interactions in communal areas, visited people's bedrooms where individuals wished to show them around, and sought feedback from relatives. The CQC visited at different times of the day and had some form of interaction with everyone using the service.

All six people living at the home had resided there for a number of years. During the inspection, people appeared calm, relaxed and comfortable in their surroundings. Those able to do so moved independently around the building and interacted positively with both staff and other residents. Bedrooms were personalised to reflect people's interests and personalities, and a range of activities and resources, including jigsaw puzzles, arts and crafts materials, and a pool table, were available. Staff supported people to take part in activities they enjoyed.

People told the CQC they were happy living at the home and liked the staff who supported them. One person described enjoying activities outside the home, including attending football matches and a drama club, as well as watching sports on television in their own room. Interactions between people and staff were relaxed, friendly and good humoured.

The CQC observed people being offered choices at mealtimes and enjoying nutritious home-cooked meals prepared by staff. People were encouraged to contribute to menu planning, shopping, and the preparation of snacks and drinks, promoting involvement and independence.

Staff interacted with people in a respectful and supportive manner. Personal care was provided promptly, discreetly, and in accordance with people's preferences. Staff knew people well and demonstrated a good understanding of their needs, routines and choices.

Inspectors reviewed examples of people setting their own goals and working towards outcomes that were meaningful to them, such as developing daily living skills and saving for significant purchases. In some cases, achieving these goals had also contributed to a reduction in behaviours of distress.

Governance systems were effective in monitoring quality, safety and performance. Staff reported feeling well supported by management and worked collaboratively to drive continuous improvement. Feedback from people, relatives and staff was actively sought and used to inform service development. One staff member said, '*My managers are supportive, listen and respond to concerns appropriately.*'

Relatives spoke positively about the care provided and expressed confidence in the service. Comments included, '*They're really good with [my family member] and keep us up to date with what he's up to and how he's doing*', and, '*We've never had to raise a concern. The staff are fantastic.*'

Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**07/03/2024**	**Good**

PRIMARY MEDICAL CARE SERVICES

Provider Name	**Leven Vale DP Ltd**	
Service Name	**Leven Vale Dental Practice**	
Category of Care	**Dentists**	
Address	Low Lane, High Leven, Yarm, Stockton-on-Tees TS15 9JT	
Ward	**Southern Villages**	
CQC link	https://www.cqc.org.uk/location/1-2059765455/reports/AP25519/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**n/a**	**n/a**
Safe	**Regulations met**	**No action**
Effective	**Regulations met**	**No action**
Caring	**Regulations met**	**No action**
Responsive	**Regulations met**	**No action**
Well-Led	**Not all regulations met**	**Requirements notice**
Date of Inspection	**27th May 2026**	
Date Report Published	**9th July 2026**	
Date Previously Rated Report Published	**3rd August 2020**	

Further Information

Leven Vale Dental Practice is in Yarm and provides NHS and private dental care and treatment for adults and children. The practice had four treatment rooms, and there was step-free access to the practice and car parking spaces available outside the practice.

The CQC carried out this unannounced on-site inspection on 27 May 2026 and found the practice had not met all regulations. At the time of the CQCs inspection, there was a total of nine staff, of which there were two dentists (one of which was the owner), four dental nurses (two of which were trainee dental nurses), two dental therapists, and one dental hygienist. The CQC gathered feedback from staff and spoke to a range of staff during its inspection, including three dental nurses and one dentist.

The practice had some systems to identify and manage risks, including infection prevention and control, hazardous substances, clinical waste, stock control and environmental cleaning. However, these were not always working effectively and required improvement. Leadership and oversight of the service was not always effective. Processes for continuous improvement were in place but were not always applied effectively. The provider was not complying with Regulation 17 Good governance. Full details of the regulation the provider was not meeting are within the inspection report. The CQC has asked the provider for an action plan in response to the concerns found at this inspection.

Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via https://www.cqc.org.uk/location/1-2059765455/reports/AP25519/overall.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

Provider Name	**Tees, Esk and Wear Valleys NHS Foundation Trust**	
Service Name	**Specialist community mental health services for children and young people**	
Category of Care	**Mental Health**	
Address	West Park Hospital, Edward Pease Way, Darlington DL2 2TS	
Ward	**n/a**	
CQC link	https://www.cqc.org.uk/provider/RX3/reports/AP22389/specialist-community-mental-health-services-for-children-and-young-people	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Requires Improvement**
Safe	**Requires Improvement**	**Requires Improvement**
Effective	**Good**	**Not assessed**
Caring	**Good**	**Not assessed**
Responsive	**Good**	**Not assessed**
Well-Led	**Good**	**Not assessed**
Date of Inspection	**14th – 16th April 2026**	
Date Report Published	**7th August 2026**	
Date Previously Rated Report Published	**15th September 2022** (focused inspection)	

Further Information

The CQC carried out this unannounced inspection as the service had previously been rated 'requires improvement' within the last five years (the previous focused inspection in July 2022 covered the key question of 'safe' only (which was rated as 'requires improvement') and identified breaches in Regulation 18 HSCA (RA) Regulations 2014 Staffing and Regulation 9 HSCA (RA) Regulations 2014 Person-centred care).

At this inspection, the rating had changed to 'good' (these areas had improved and were not in breach of regulation). However, the CQC did identify a breach of Regulation 12 Safe care and treatment, in relation to risk assessments and documentation of risk with regards to safety summaries and safety planning (at its previous inspection, this had been highlighted, however had not sufficiently improved).

During this latest inspection, the inspection team visited nine out of 29 teams: Teesside CAMHS Crisis and Intensive Home Treatment, Getting Help Team Tees Valley, Neurodevelopmental Assessment Team Teesside, Getting Help Team Durham Darlington, Getting More Help Hartlepool, Getting More Help Learning Disabilities CAMHS Teesside, CAMHS Eating Disorder Team Harrogate, CAMHS Harrogate Community, and CAMHS North Yorkshire Single Point of Access. The CQC spoke with 19 carers of young people accessing services.

CQC view of the service

- Teams were passionate, caring and committed to providing high quality care to young people and their families. The services used feedback to make improvements to the service to meet the needs of people in their local communities.
- Managers were supportive of staff and valued their teams and the work they were doing. Staff spoke positively of their teams and the support they received from each other.
- Feedback from carers and young people was positive, reflecting observations the CQC undertook of appointments and assessments during the inspection.
- The CQC identified some issues with documentation and recording of risk within the online systems, however, risk was well managed overall within services and young people were receiving safe care and treatment.
- Mental Health Act and Mental Capacity Act Compliance Summary Clinicians spoken with all had a good understanding of the Mental Health Act (MHA) and Mental Capacity Act (MCA) and when necessary, use of legislation was appropriate.
- Staff within children and young people's services all had knowledge and awareness of Gillick competence (a UK legal principle determining that children under 16 can consent to medical treatment without parental knowledge or permission if they possess sufficient understanding, intelligence, and maturity to fully appreciate the proposed care).
- Training in both the MHA and MCA was mandatory for staff and training compliance across the services was above target and most services were at 100% training compliance. MHA and MCA mandatory training included assessing mental capacity, best interests, deprivation of liberty, applying the MCA to young people aged 16 or 17, the MCA as part of human rights, the relationship between the MCA and the MHA, and MHA levels 1 and 2.

People's experience of this service

- In September 2025, the Trust changed their electronic patient experience system. This transition provided an opportunity to undertake a comprehensive review of all patient and carer experience surveys. T survey questions were co-produced with service-users and carers to ensure they were meaningful, accessible, and aligned with what mattered most to people using services. One carer had fed back that they have regular contact with the crisis team for their child and each time, they consistently went above and beyond to ensure their child is listened to and felt supported. Another carer fed back that their appointment was on time, the clinician was informed and wanted to know more about the family's situation and that support was offered and explained with a follow-up appointment arranged. They felt the process was extremely inclusive.

- Patient and carer feedback was generally positive, with praise given to clinicians' person-centred approach and the support offered to families. Carers fed back that they were met with kindness, compassion and patience and that their loved ones looked forward to their appointments. A theme throughout feedback was that young people 'felt seen' and that services offered 'safe spaces' to open up. However, some feedback referred to communication between professionals in different disciplines, which was not always current. Overall, the Trust's survey feedback had good response rates and positive feedback, noting support, clinicians' skills and kind, empathic approaches as common themes. Young people's voices were captured through reviews of compliments and complaints.

- The service regularly reviewed patient and carer feedback in order to identify areas for improvement and had action plans with dates to embed these. The Trust used a variety of methods to collect feedback, including paper surveys which were sent via a freepost address, QR codes which were displayed using posters and business cards and could be displayed on the back of ID badges or handed out to patients or carers during appointments. Weblinks were available. The most popular method for feedback was QR codes.

- The CQC also completed observations of appointments during its onsite inspection. It observed 19 appointments over three days which evidenced kind, compassionate approaches from staff, good therapeutic relationships, and holistic approaches to young people's needs.

Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via https://www.cqc.org.uk/provider/RX3/reports/AP22389/specialist-community-mental-health-services-for-children-and-young-people.

Provider Name	**Change, Grow, Live**	
Service Name	**Stockton Recovery Service**	
Category of Care	**Community Services – Substance Abuse**	
Address	32 William Street, Stockton-on-Tees TS18 1DN	
Ward	**Stockton Town Centre**	
CQC link	https://www.cqc.org.uk/location/1-4632202186/reports/LAP-02242/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Good**
Safe	**Good**	**Requires Improvement**
Effective	**Good**	**Good**
Caring	**Good**	**Good**
Responsive	**Good**	**Good**
Well-Led	**Good**	**Good**
Date of Inspection	**26th & 27th May 2026**	
Date Report Published	**21st September 2026**	
Date Previously Rated Report Published	**18th January 2019**	

Further Information

Stockton Recovery Service delivers specialist community support for adults with drug and alcohol addiction problems. The service runs a range of groups, sessions and meetings to support clients – some of these involve therapy that focuses on thoughts and behaviour, such as self-management and recovery training; others focused on peer support from people with similar experiences.

People who are alcohol dependent can access detoxification either at home or in an inpatient setting depending on need and as part of a wider recovery plan. Healthcare professionals oversee the process to ensure safety and provide ongoing guidance. People may be prescribed medication to help manage withdrawal symptoms and cravings as they reduce their alcohol intake.

The service also offers a range of treatment options for people with drug problems. Support may include self-directed change for those not at risk of withdrawal, peer support groups and recovery meetings, medication-assisted treatment (such as methadone or buprenorphine) for people dependent on opioids, medically supervised detoxification, and facilitated access to residential rehabilitation programmes. Treatment plans are developed collaboratively, with clinical oversight to ensure safe prescribing, stabilisation and, where appropriate, planned reduction or detoxification.

Stockton Recovery Service was registered with the Care Quality Commission (CQC) on 10 January 2018. The regulated activity it was registered to carry out was treatment of disease, disorder or injury. The service had a Registered Manager at the time of the inspection who was also the Service Manager.

There had previously been service hubs in both Stockton and Middlesbrough. However, since the CQCs last inspection in January 2019, the Middlesbrough service had been taken over by another service provider. The CQC inspected the Stockton hub (the location's only hub) which was based on William Street but also had a rear entrance on Skinner Street.

CQCs view of the service

- During the previous inspection, the CQC identified that risk management plans were not fully completed to address all risks identified, and key information was missing to confirm how each risk was being mitigated and managed. This was a breach of Regulation 12 (Safe care and treatment). However, this had now been addressed as risk management plans were effective in mitigating any risks identified. Other issues identified at the previous inspection, such as consistently recording discharge plans, had also been addressed. However, the provider continued to have challenges with evidencing that all staff received an annual appraisal.

- All staff had completed Mental Capacity Act training and staff the CQC spoke with demonstrated a good understanding of its principles, particularly the five statutory principles. Staff were able to identify when a client's capacity to consent to treatment may be in question and took appropriate steps to support clients in making their own decisions.

- Care records reviewed evidenced that capacity assessments were completed and documented appropriately on a decision-specific basis for significant decisions. Where clients lacked capacity, staff involved mental health services and made best-interest decisions that considered the individual's wishes, feelings, culture and personal history.

- Staff also ensured that signed consent-to-treatment forms and confidentiality agreements were in place that clearly documented who personal information could be shared with. These records were accessible to all staff involved in the client's care and treatment.

People's experience of the service

- Staff treated clients with discretion, respect and compassion, and provided practical help, emotional support and advice. The CQC spoke with 12 clients, and their feedback was overwhelmingly positive, with comments highlighting supportive, non-judgemental staff, effective keyworker relationships, help with rebuilding family relationships, and access to valued recovery groups.

- Clients were supported to understand and manage their care and knew how to raise concerns. Information about the complaints process and feedback forms were readily available, and clients received responses to concerns raised.

- The service actively sought and acted on feedback through a 'you said, we listened' approach. Improvements included providing hot drinks in reception, introducing evening recovery groups, and offering free Wi-Fi. Clients were also involved in service development, and lived experience perspectives informed the recruitment process for a Consultant Clinical Psychologist through representation from the local Lived Experience Recovery Organisation (LERO).

- The service offered flexible access to care through face-to-face, telephone, online and outreach appointments. The service opened in the evening one day a week so that clients who were working could attend appointments. Outreach appointments in community settings or at home helped reduce barriers to engagement and ensured care was delivered in a way that met individual needs.

Further details can be found under the five domains (Safe, Caring, Effective, Responsive, Well-Led) via https://www.cqc.org.uk/location/1-4632202186/reports/LAP-02242/substance-misuse-services.

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**	
Address	44-50 Windsor Road, Oxbridge, Stockton-on-Tees TS18 4DZ	
Ward	**Ropner**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**6th & 7th July 2026**	
Date Assessment Published	**28th July 2026**	
Date Previous Assessment Published	**1st July 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans were person-centred and used correct names and pronouns. Care plans were seen to be personalised to the resident, with no generic statements. Risk assessments were in place as part of care planning. Care plans and risk assessments were reviewed regularly; the majority were completed timely, with only one plan having a few gaps for the most recent months' review. Overall, monthly reviews were in place for all residents in addition to specific care plan reviews. Daily notes and charts were seen to be completed consistently, with only minimal gaps in reporting noted. Handovers were completed at each shift change.

Residents were observed to be well supported and treated with dignity, respect and kindness. Staff had good awareness of resident needs and preferences. Information made available to residents was offered in alternative formats. Residents and their families were aware of their care plans and confirmed they were consulted on the content of plans. A keyworker system was in place, though involvement of keyworkers in care plans was not always evidenced or not always meaningful, and staff were not fully aware of their role as keyworker in line with the Stockton-on-Tees Borough Council (SBC) contract.

There was a well-planned and varied activities calendar in place, with lots of activities for the residents to take part in. There was evidence of the Activities Co-ordinator taking feedback on all activities and suggestions for future. Activities included those in the home, external visits and

trips, and access to the local communities. Families were encouraged to be involved in activities, which was also observed during the assessment.

All those spoken with during the assessment stated they felt safe being in the home and appreciated the support they received from staff. Delivery of care observed was safe and supportive. Staff all confirmed they received regular training on safeguarding, Mental Capacity Act, and Deprivation of Liberty, and knew of the correct reporting procedures both internally and externally.

Both internal and external environments were safe and secure. Around the home, access was restricted through key codes, and all high-risk rooms were locked when not in use. The home had completed the Dementia Friends accreditation, and the home utilised dementia-friendly signage and orientation points. Environmental risk assessments were in place and reviewed annually. Appropriate testing and in-date service certification was viewed, and the home completed regular equipment audits. A new fire alarm system had recently been fitted around the home in addition to all new fire doors for bedrooms. A recent fire audit and risk assessment had been completed.

Infection prevent control (IPC) practices were in place, with ample supplies of personal protective equipment (PPE) which was utilised by staff correctly. The home had an allocated IPC champion and engaged with the IPC training network. The current food hygiene rating was '5', and on observation, there were good levels of hand and food hygiene practices. Food was covered in transit and PPE worn.

Medication was observed to be handled safely, with good standards of recording. Medication rounds were completed in a person-centred manner, with good communication witnessed and good levels of hand hygiene. All medication administration record (MAR) charts had an appropriate front cover in place with resident details. On review of MAR charts, there were no missed medication records, crossing out or writing over, or incorrect use of codes. Medications taken as and when required and variable doses were appropriately recorded with protocols in place. Discontinued meds were clearly recorded. The medication room was locked when not in use, and trolleys were secured to walls. Both the trolley and the room were clean, tidy, and well organised. Controlled drugs were appropriately stored and audited. Room and fridge temperatures were taken daily. All medications had clean, clear labelling, with dates of opening and expiry as needed. Staff competencies were completed six-monthly (in line with the SBC contractual requirements). Monthly manager audits were completed.

Staff files were completed to a good standard and were evidenced as having been recently audited. All staff had Disclosure and Barring Service (DBS) checks to the right level. Sponsorship licenses and visas were in place. Right-to-work and identification checks were evidenced. Inductions for staff were completed on the commencement of work, and were completed in full and signed off by management. The care certificate was completed as part of the induction (in line with SBC contractual requirements). Staff received regular supervisions (which were bi-monthly – in line with SBC contractual requirements) and an annual appraisal.

Appropriate recordings of safeguarding and incidents were taken, which included lessons learnt reviews. Feedback from residents, families and staff was taken regularly in addition to annual surveys. Outcomes and actions taken were shared accordingly.

A range of audits took place daily, weekly and monthly, which included maintenance, domestic and kitchen. The manager had good oversight of these audits. Manager audits were completed monthly. All audits were in date, with no gaps. Audits evidenced follow-ups on areas of improvement.

Plans and Actions to Address Concerns and Improve Quality and Compliance		
A small action plan will be developed by the provider, which will be agreed and monitored 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 has a good level of engagement with the Local Authority. The manager is responsive to both the QuAC Officer and other Local Authority teams. Monthly reporting is submitted timely.		
Engagement and Support from Transformation Managers		
The care home, staff and residents engage to a high level with a number of opportunities and initiatives run by the Transformation Team, including participation in the Well Led Programme, high attendance at Provider Forums, previous leadership peer support networks, Activity Co-ordinator Network, and activities and events hosted in the community. We will begin to explore what further projects could further enhance the experiences of everyone at the home.		
Current CQC Assessment - Date / Overall Rating	**05/10/2018**	**Good**

Provider Name	**Elysium Care Limited**	
Service Name	**Stockton Lodge Care Home**	
Category of Care	**Residential / Residential Dementia**	
Address	Harrowgate Lane, Stockton-on-Tees TS19 8HD	
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	**20th – 22nd July 2026**	
Date Assessment Published	**20th August 2026**	
Date Previous Assessment Published	**10th October 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans and assessments were seen to be reviewed at least monthly, or more frequently if it was required due to a change in need or update. The home used an electronic care planning system which was easy to use and navigate. The system had a front page for each resident which was seen to contain appropriate person-centred information. Deprivation of Liberty Safeguards (DoLS) care plans were in place for residents and provided appropriate details. The DoLS status was recorded on the front sheet for all residents. Life histories and 'About Me' documents were seen to be completed, and likes and dislikes forms were also completed and incorporated into care plans. Also, daily notes were inputted into the electronic care system, and any family or professional visits were seen to be recorded in daily notes.

The home had a key worker system in place which met the Stockton-on-Tees Borough Council (SBC) contractual requirements. Each resident was generally allocated a Senior Carer, who oversaw the care plans and risk assessments, and a carer. Seniors were responsible for developing and reviewing the resident care plans. Key worker posters were seen to be on display in residents' bedrooms which included photographs of the staff members along with a description of the role.

The home had an Activity Co-ordinator. There was a clear activities board displayed in the home, with a range of activities planned for each morning, afternoon, and at weekends. At the time of the visit, an external activity was booked for the afternoon; a singer which residents were engaged with. The lounge of the home was a central point where lots of the residents came together and engaged in the activities. The lounge was seen to be full most of the time throughout the assessment.

Residents were observed to be offered choice of where they would like to eat. Residents were observed to eat in the main dining room, the quiet dining room, the lounges, and bedrooms. Staff spoke to residents daily with the menu, and supported residents to make their meal choices. In addition to the daily menu, the tea trolley was observed to be available during the

morning, afternoon, and was also available for supper, which contained drinks and snacks. A food hygiene inspection was last carried out on 1 May 2025 with a rating of '5'.

Staff files were reviewed of different lengths of service and roles. All staff files had evidence of application forms, interview notes, two verified references, and an enhanced, in date Disclosure and Barring Service (DBS) check. Most files had gaps in employment history checked, apart from one file, which had employment history recorded but no evidence of exploring gaps in employment history. All copies of documentation had been signed and verified as seeing the original document.

All staff undertook an induction at the start of employment. Staff supervision and a training matrix was in place. Supervisions were undertaken on a bi-monthly basis in line with the SBC contractual requirements. Staff were seen to receive an annual appraisal.

There was a clear safeguarding display in the entrance of the home. The Safeguarding Policy was on display and there was information on the notice board which included definitions, types of abuse, signs to look out for, and how to report concerns, including contact details. The home had a Safeguarding Champion in place, and this information was displayed in the home.

All residents spoken to stated that they felt safe and happy at Stockton Lodge. Observations of staff interactions with residents demonstrated they were treated fairly and in a non-discriminatory manner. Interactions were warm, friendly and genuine. Staff promoted and maintained residents' dignity. Residents were well presented, maintaining their general wellbeing. Staff appeared to know their residents well and staff from across all departments were seen to interact with the residents. Staff were seen to address residents in line with their preferences and would speak to the resident to obtain consent prior to providing care and support.

The home environment was safe for residents to be able to be as independent as possible. Entry to the home was restricted with key-coded access, and the kitchen, laundry, cleaning and storage cupboards were seen to be locked or key-coded. Corridors and rooms were seen to be clear and free from hazards.

Externally, the home's ground, car park and gardens were well maintained. Internally, the home was also well presented, clean and tidy, with no malodour. The home felt homely and welcoming. Two of the corridors were decorated to support the needs of residents with dementia. Doors were decorated using different colours and designs to help with orientation. Bathrooms were clean and free from clutter and hazards. Handwashing and Personal Protective Equipment (PPE) were available throughout the home and was well stocked.

The home had completed the Dementia Care Home Guide and had achieved the Dementia Accreditation. The home environment was dementia-friendly, with dementia signage around the home in contrasting colours and orientation points.

The home had an Infection Prevention Control (IPC) Champion in place and annual IPC audits were undertaken with the IPC nurse. The home completed their own internal infection control audits. Control of Substances Hazardous to Health (COSHH) Data Sheet and COSHH Risk Assessments were in place, with evidence of annual review. Cleaning records for both communal and individual bedrooms were reviewed and completed in full.

The manager used a range of information to be able to continually improve the home; for example, learning from complaints, compliments, resident meetings, staff meetings, audits, learning from incidents, and safeguarding monitoring. Resident and families and staff surveys took place annually. On the whole, feedback from residents was positive, and some comments from relative feedback included, '*Staff are brilliant with [resident]. They deserve a medal*'. Overall, staff feedback was positive, with some staff commenting on how they enjoyed their role and the manager was good, approachable and supportive.

A range of audits took place in the home. The manager had an audit file in place which included an audit matrix and schedule which advised the audits required frequency and person responsible.

There was a well organised Maintenance Certification file in place with a certificate matrix. Most service certification was seen to be in date. A range of maintenance checks were seen to be in place and maintenance books in place were seen to be completed consistently and up-to-date.

Medications were seen to be stored and administered safely. Medication rooms were clean, tidy and free from clutter. Medications were stored in locked medication trolleys. Fridge and room temperatures were seen to be taken and recorded daily; there were no gaps seen. All medications were seen to have clean and clear labelling, with date of opening recorded. There were no gaps in administration seen on the Medication Administration Record (MAR) charts that were sampled. A medication round was observed and staff handled medicines safely, securely and appropriately. The medication round was carried out in a person-centred manner with appropriate hand hygiene undertaken in between each resident. The Medication Policy was in place and in date. Staff received competency assessments every six months in line with contractual requirements.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete a small action plan to address the individual question that were rated as 'Requires Improvement'. This will be monitored 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 manager engages well with the QuAC Officer, responding promptly to requests and submitting provider submission in a timely manner. The manager is responsive to ideas and suggestions to further improve the service.

Engagement and Support from Transformation Managers

The home engages positively with activities, and the manager attends selected Provider Forums. Engagement with the wider range of opportunities offered through the Transformation Team, including training, development programmes and research initiatives, has been limited. Increased participation in these opportunities could support in building a deeper level of engagement, and we look forward to working with the home to strengthen this going forward.

Current CQC Assessment - Date / Overall Rating	**23/02/2026**	**Good**

Provider Name	**Akari Care Limited**	
Service Name	**Piper Court**	
Category of Care	**Nursing / Residential**	
Address	Sycamore Way, Stockton-on-Tees TS19 8FR	
Ward	**Hardwick & Salters Lane**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**17th & 18th August 2026**	
Date Assessment Published	**24th August 2026**	
Date Previous Assessment Published	**4th September 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

There was clear evidence that work had taken place to re-write care plans since the previous assessment to include more clear, person-centred detail. Care plans had a front-page snapshot of resident's care needs. Life history and family background was given, and this was considered throughout the plans in place also. Care plans had a clear structure that was easy to follow but was not task-oriented. Likes, dislikes, preferences, and their capabilities were clear.

Information in the home was made available to residents in alternative formats. Residents said that staff were very helpful and would give them any information they needed. The home had competed the Dementia Friendly accreditation and accommodations were made around the home to meet the needs of those living with dementia.

Residents spoke very highly of the home and said staff were 'lovely, very helpful, you can tell them anything, and they have been a shoulder to cry on'. Residents and families said that the home was incredibly supportive, and there was no discrimination or being made to feel a burden. Interactions around the home showcased strong and familiar relationships between staff and residents. Staff were well-versed in resident's needs, behaviours, abilities, and communication styles. The comfort level of residents towards staff was clear.

The home now had two Activity Co-ordinators in place, and the activities timetable was ample and varied. Lots of activities were observed during the assessment, big and small. Activities were largely in the home at present; staff were exploring ideas outside of the home. Participation was encouraged respectfully and activities in the lounges were well attended.

Family and friends were observed visiting throughout the assessment, and residents said that family could come whenever they liked. Residents were encouraged to engage with the local community – a local primary school visited frequently and took part in activities, games, and arts

and crafts. Pictures were seen of the social club evening held monthly in the home, which brought together residents, families and staff.

All care plans clearly identified where a resident had or had not been able to be involved, which met the Stockton-on-Tees Borough Council (SBC) contractual requirements. Families were familiar with care planning and monthly reviews. The home had recently begun to include goal-setting into care planning much more effectively. Many residents had jobs as part of their goals and were proud to talk about this.

Residents were not aware who their keyworker was, though knew they had a poster in their room naming 'their staff'. Families knew there was a keyworker system in place and who this was. Keyworkers were clearly recorded on care plans. Keyworker involvement in care planning was implemented in line with the SBC contractual requirements.

Monthly reviews had good detail and were completed consistently. Risk assessments were included as part of the care planning and reviewed monthly. Daily notes were completed frequently. There were no gaps in daily notes, however, many notes did not contain any summary or were completed inconsistently between staff. Some charts also contained conflicting or inconsistent reporting.

Hydration and snack stations were in place as well as a tea trolley and a resident run tuck shop. Residents confirmed they had access to food and drink whenever they wanted and that there was also access to alternatives if they asked. The home had a food hygiene rating of '5'. Good standards of food hygiene practices were observed. The menu was varied and balance, and portion sizes were suitable.

The home had allocated Infection Prevent and Control (IPC) champions, in line with SBC contractual requirements. IPC audits and walkarounds took place frequently. Cleaning logs were all completed with no gaps. The home environment was clean, tidy and fresh smelling. Bathrooms and kitchenettes were clean, free from clutter, and well organised. Waste was appropriately managed and disposed. There were ample supplies of hand gel, handwash, paper towels, and personal protective equipment, and this was seen to be used correctly.

The environment was safe when moving around the home. Fire escapes were all free from blockages, corridors had no trip hazards, and all high-risk rooms were key coded and locked when not in use. There was fire and emergency equipment and lighting around the home. A range of service certification was in place and in date, maintenance audits were completed monthly, and equipment testing was all in date.

Medication rounds were person-centred, and staff were friendly, polite and encouraging. Staff checked all medications against the medication administration record (MAR) before administering. Good levels of hand hygiene were observed. Medication rooms and trolleys were clean, well-organised, and locked when not in use. Controlled drugs were stored appropriately and audited regularly. Room and fridge temperatures were taken daily.

All medications had clean, clear labelling, with dates of open and expiry as appropriate. MAR charts and medications stored all matched. Labels matched the MAR charts except one, which was missing further notes. MAR charts all had front covers in place, and those viewed had no gaps in administration and correct administration codes were used. Protocols were in place for medications taken as and when required or covert. A medication policy was in place and in date. Regular medication audits took place. Staff were all appropriately trained and received six-monthly competencies in line with SBC contractual requirements.

Staff files were completed to a good standard. Appropriate pre-employment checks were undertaken. Enhanced Disclosure and Barring Service certificates for all staff were in place prior to starting. Nurse pins and appropriate certifications were seen. All staff had completed

induction booklets, which were in line with the Care Certificate. Staff received bi-monthly supervisions and an annual appraisal, in line with SBC contractual requirements. Paperwork was not in place for the visiting chiropodist used in the last year; the newly appointed visiting chiropodist had appropriate paperwork on file, as did other visiting professionals.

Different insights and feedback methods were utilised by the home and used to form lessons learnt. A safeguarding file was in place which reported lessons learnt, and an accidents and incidents had monthly trends analysis. A range of surveys were taken across the year. Resident / relative and staff meetings were scheduled for the year in advance. Feedback and lessons learnt was discussed as part of meetings. A 'you said, we did' board was displayed.

A range of audits took place in the home. Cleaning, maintenance, and kitchen audits and logbooks were completed and had management oversight from the Interim Manager and Regional Manager. Manager audits took place every month and covered a variety of topics. All audits were in date with no gaps. Monthly audits from higher management also took place consistently, including regional, quality, and catering teams.

Plans and Actions to Address Concerns and Improve Quality and Compliance

An action plan is being created by the provider to address the few areas noted as 'Requires Improvement,' which will be monitored through visits by the Quality Assurance and 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 has a good level of engagement with the Local Authority. The manager is responsive to both QuAC, Transformation, and Medicines Optimisation teams. Monthly reporting is submitted timely.

Engagement and Support from Transformation Managers

Piper Court engage well with the initiatives and opportunities offered from the Transformation Team, including dementia friends, Veteran Friendly Framework, Activity Co-ordinator Network and Care Home Provider Forums. There are other opportunities that we will explore with the home, including the Well Led Programme and research projects, as well as other training and development sessions.

Current CQC Assessment - Date / Overall Rating	**04/06/2025**	**Good**

Provider Name	**Bondcare Willington Limited**	
Service Name	**Allington House**	
Category of Care	**Residential / Residential Dementia**	
Address	Marsh House Avenue, Billingham, Stockton-on-Tees TS23 3ET	
Ward	**Billingham 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	**10th – 12th August 2026**	
Date Assessment Published	**3rd September 2026**	
Date Previous Assessment Published	**29th October 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

The assessment identified that the home provided a person-centred service supported by robust care planning, effective governance arrangements, and positive resident outcomes. The electronic care planning system (PCS) contained comprehensive, personalised care records that were regularly reviewed and updated in response to changes in residents' needs. Daily care delivery and monitoring were recorded in real-time, providing assurance that risks relating to nutrition, hydration, skin integrity, mobility, and wellbeing were effectively managed.

Residents were observed to be treated with dignity, respect and compassion, with staff demonstrating a strong understanding of person-centred care principles. Evidence was seen of resident and family involvement in care planning, supported by an established key worker system. A varied programme of meaningful activities was in place, with residents encouraged to participate in both group and individual activities tailored to their preferences and interests.

Residents were supported to make choices regarding meals, drinks, daily routines, and medication. Nutritional and hydration needs were well managed, with good food hygiene standards observed throughout the service. The home maintained a food hygiene rating of '5'.

Healthcare needs were effectively monitored, with residents supported to access external health and social care professionals as required. The National Early Warning Score (NEWS) system was embedded into practice, with 100% compliance demonstrated.

Medication management arrangements were safe and well organised, with comprehensive auditing processes in place and a recent Medicines Optimisation Team audit achieving a compliance score of 90%.

Staff demonstrated a good understanding of safeguarding responsibilities, whistleblowing procedures, and risk management. Recruitment records generally met requirements, although a

minor issue relating to evidence of verbal reference verification was identified and addressed during the assessment. Staff reported feeling supported by management and described supervision and appraisal processes positively. However, records showed that bi-monthly supervision had not been consistently maintained between January and July, resulting in some staff not receiving supervision in line with contractual requirements. This was acknowledged by the management team.

The home environment was clean, well maintained, secure, and dementia-friendly. Appropriate infection prevention and control measures, fire safety arrangements, equipment servicing, and health and safety systems were in place. The service continued to develop its dementia-friendly environment and had received recognition for its commitment to dementia care, gaining the dementia-friendly accreditation for the home.

Governance arrangements were comprehensive, with regular audits completed across key areas including medication, care planning, nutrition, falls, infection prevention and control, and Deprivation of Liberty Safeguards (DoLS).

Incidents and safeguarding concerns were reviewed through root cause analysis, with actions monitored through the Service Improvement Plan. Resident, relative, and staff feedback was actively sought and used to drive service improvements.

Overall, the assessment found the home to be providing safe, effective, caring, responsive, and well-led care. Minor areas for improvement were identified in relation to supervision compliance and recruitment file organisation; however, these did not have a significant impact on resident outcomes and were being addressed by the management team.

Plans and Actions to Address Concerns and Improve Quality and Compliance
The provider will complete an action plan for all questions assessed as 'Requires Improvement', and the Quality Assurance and Compliance (QuAC) Officer will monitor this for progress through contractual visits.
Level of Quality Assurance & Contract Compliance Monitoring
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
The provider has a good and open relationship with the Quality Assurance & Compliance (QuAC) Officer and responds to requests for information in a timely manner.
Engagement and Support from Transformation Managers
Allington House engages highly with the Transformation Team. Senior managers, as well as other staff, have completed the Well Led Programme, and staff engage regularly with Provider Forums, Activity Co-ordinator Network, activities, events, training, and research opportunities that are offered and promoted. We will continue to make sure the engagement remains high and relevant to the service and the residents.

Current CQC Assessment - Date / Overall Rating	**12/09/2019**	**Good**

Provider Name	**SSL Healthcare Ltd**	
Service Name	**The White House Care Home**	
Category of Care	**Residential**	
Address	76a Darlington Road, Hartburn, Stockton-on-Tees TS18 5ET	
Ward	**Hartburn**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Excellent**	**Excellent**
Involvement & Information	**Excellent**	**Good**
Personalised Care / Support	**Good**	**Excellent**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Excellent**	**Excellent**
Quality of Management	**Good**	**Good**
Date of Inspection	**17th & 18th August 2026**	
Date Assessment Published	**10th September 2026**	
Date Previous Assessment Published	**3rd November 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans were comprehensive and included appropriate information that was personal to each resident. Photographs were included and the correct name and pronoun was used throughout each care plan. A thorough 'About Me' and life histories was included, and residents likes, dislikes, preferences and allergies were documented. Deprivation of Liberty Safeguards (DoLS) were seen to be in place for those residents deemed as lacking capacity and provided appropriate details. Care plans were seen to be signed by the resident or family member to confirm they had been involved in their care plans. Care plans and risk assessments were seen to be reviewed consistently every month.

The White House had a key worker system in place which met the Stockton-on-Tees Borough Council (SBC) contractual requirements. This was documented in care plans. It was observed that each resident's bedroom had a poster with the name and photograph of their care worker for them to recognise. From the residents that were spoken to, they could share who their key worker was. Key workers completed monthly progress summaries, and these were shared with family members monthly to keep them up-to-date with changes in care plans. Family members could also provide feedback or request any changes.

Through observation, staff treated residents with dignity, respect and kindness. Staff were aware of residents' preferences; they appeared to be happy, smiling, well cared for, and content from observation or engagement. Residents' general appearance and wellbeing was good. Staff asked for consent and doors were knocked on before entering residents' rooms, treating residents with dignity and respect.

Residents spoken to said that they felt safe and well cared for, and comments included, '*I'm well treated*', '*feels like home*', and '*great staff; they work very hard and I'm spoilt rotten*'. Care delivery was observed to be safe, patient and respectful, and staff did not rush residents.

The home sought out feedback from residents and families by creating Resident Surveys and Relative Surveys to inform quality improvements and evaluate the service. In March 2026, feedback from relatives was complimentary about the quality of the care and treatment that was provided at The White House. The positive feedback linked to respect and dignity, food, and positive staff attitude.

The White House had two Activity Co-ordinators and there was a weekly Activities Board which detailed a variety of planned activities and outings. At the end of August 2026, an outdoor Sports Day was planned and exciting day trips to Mount Grace Priory had been held recently to follow residents' interests and religious beliefs.

At the time of the assessment, an activity called 'Wake Up, Shake Up' was observed and this was a fantastic one-hour exercise session that supported residents' movement and physical reablement. Residents were very engaged in this activity, smiling, clapping, singing, and joining in with the exercises that were being demonstrated by the Activity Co-ordinator. Other activities that were observed throughout the assessment included Scrabble, boules and Giant Snakes and Ladders. It was observed that staff encouraged residents to join in activities, but if a resident chose not to engage in the activity, this choice was respected by staff.

Residents were offered choice at mealtimes or alternative options were given. For example, the lunch time option was pie or curry, but the chef spoke to one resident and cooked her a jacket potato instead. The morning refreshment trolley had plenty of options to drink (e.g. tea, coffee, milkshake or juice) and the snack was a slice of birthday cake or biscuit. A different resident was given an alternative option to meet their dietary requirements 'free from' (gluten free) option for their morning snack. Some residents preferred to have a glass of wine with their meal, and this was arranged. Portion sizes were good too. The kitchen staff also confirmed that items off the menu were arranged (e.g. takeaways, fish and chips).

Staff were observed to be wearing the appropriate Personal Protective Equipment (PPE) in line with food hygiene guidance. The most recent food hygiene inspection was carried out on 26 February 2025, and the home received a rating of '5'.

Staff files were reviewed covering different roles and lengths of employment. All staff files were seen to include application forms, interview notes, two verified references, and health declarations. Employment history and gaps were seen to be explored and recorded. Appropriate Right to Work checks and Sponsor certification were seen to be on file (where required). All staff files were seen to have an up-to-date enhanced Disclosure and Barring Service (DBS) certificate. All copies of documentation had been signed and verified as seeing the original document.

Staff files were seen to include an induction that was signed. There was evidence that staff had completed the Skills for Care certificate. There was evidence that staff received regular supervisions on a bi-monthly basis in line with the SBC contractual requirements. Staff were seen to receive an annual appraisal, and training records were held in individual staff files. Staff were confident with describing whistleblowing and knew what to do if they suspected abuse and who to contact outside of the provider.

On arrival to the assessment, the home was found to be safe and secure. The home was clean, tidy, and the decoration was welcoming and homely. All bathrooms were visibly clean and organised. There were pedal bins in place, and these were not overflowing. PPE stations were well stocked with gloves, aprons, and hand gels. There were handwashing posters displayed and guides to Donning and Doffing of PPE. Cleaning schedules were in place and completed. All corridors and fire escapes were free from obstruction. Based on observation, equipment was in good condition, and stored appropriately and safely. Throughout the home, there was safeguarding information displayed. The home had achieved the dementia accreditation and there was dementia-friendly signage on the bathroom and toilet doors.

A Control of Substances Hazardous to Health (COSHH) file was in place and was reviewed monthly. The COSHH file contained the relevant documentation and COSHH Risk Assessment. Monthly infection control audits were in place and the annual Infection Prevention Control (IPC) 2026/27 audit had been completed and returned to the IPC Nurse. The manager was the Infection Control Champion.

A range of audits were reviewed and these were completed consistently each month. There were a range of generic risk assessments that took place in the home. The risk assessments were reviewed monthly. There was a well organised Service Certification file in place and service documentation was in date.

The medication room was checked. This room stored the medication trolley which was locked away when not in use. The room and fridge temperatures were seen to be recorded daily, with guidance on what action to take should temperature go out of range. All medication viewed had clear and clean labelling. All medications that were reviewed were seen to be dated when opened. A medication round was observed and this was carried out in a safe and person-centred manner, with good hand-hygiene observed.

All medications were seen to be recorded on the Medication Administration Record (MAR) charts that were sampled. The MAR charts were seen to be completed and there were no gaps seen. Discontinued medications were clearly recorded and any associated documentation stored in the file. There was evidence seen of regular Controlled Drugs checks. There was a medication policy in place. Staff medication competency assessments were carried out every six months, in line with contractual requirements. Finally, residents were supported to receive annual health checks and medication reviews.

Plans and Actions to Address Concerns and Improve Quality and Compliance

No action plan was required following the assessment.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The manager engaged well with the Quality Assurance & Compliance (QuAC) Officer, responding promptly to requests and submitting provider submission in a timely manner. The manager is responsive to ideas and suggestions to further improve the service.

Engagement and Support from Transformation Managers

The White House Care Home engage fully and to a high level. This includes a large number of staff having completed the Well Led Programme, attendance at Activity Co-ordinator Networks, Provider Forums, Research Networks and workshops, training, and other networking activities and events. The home is also engaging with the Veteran Friendly Framework and continue to support other homes and managers as part of the peer support offer.

Current CQC Assessment - Date / Overall Rating	**18/12/2019**	**Outstanding**

Provider Name	**Indigo Care Services Limited** (also known as Orchard Care Homes)	
Service Name	**Green Lodge**	
Category of Care	**Residential**	
Address	The Green, Billingham, Stockton-on-Tees TS23 1EW	
Ward	**Billingham South**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**14th & 15th September 2026**	
Date Assessment Published	**29th September 2026**	
Date Previous Assessment Published	**13th October 2025**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans overall were person-centred and personalised to the resident. There was clear evidence of care plans, including resident preferences in how they wish to be cared for and reference to what they may have preferred when they still lived at home. Risk assessments were in place for all residents appropriate to their needs. Care plans and risk assessments were reviewed, at minimum, monthly. Charts and daily notes were completed frequently. Staff were not always utilising free-type space, though notes were factual and respectful, and included evidence of communication with, or visits by, other professionals. Care plans were not signed due to being electronic; however, there was evidence in care plans, keyworker involvement, and resident of the day meetings that discussions had taken place with the resident and families.

Through observation, staff interacted with residents with respect, kindness and compassion. It was observed that staff treated their residents with dignity. Doors were knocked on before entering and staff spoke to residents to gain consent. Staff had good rapports and relationships with residents with how they communicated to each other in a friendly manner. Residents looked well cared for and their general wellbeing was being maintained. Residents confirmed that they were treated with dignity and respect and they had enough privacy.

The home had begun to tailor toward being dementia-friendly after completing the Dementia Friends accreditation. Most communal spaces and bathrooms had dementia-friendly signage and accommodations. Adaptive equipment was given when needed, such as at mealtimes. Pictorial paperwork was seen, such as menus and activity timetables.

Residents spoken to enjoyed the activities that were planned at the home, including entertainers, singers, quizzes, bingo, and visits to the local social club. All residents observed were engaged, happy, and laughing with each other. There was a pictorial ‘Activities Board’ displayed towards the entrance of the home which detailed a variety of the activities and photographs of the residents taking part. Activities scheduled were varied and were evidenced to being tailored to resident requests and feedback.

A good keyworker structure was in place; keyworkers were clearly named on care plans and displayed in resident bedrooms. A keyworker checklist had been implemented to encourage involvement of keyworkers in care planning and engagement between residents, families, and keyworkers. The checklists evidenced keyworkers speaking to residents and families, and encouraged at least one 'meaningful moment together' per month.

During mealtimes, staff practiced good hand-hygiene, were bare below the elbow, and wore appropriate personal protective equipment (PPE). Food was covered in transit, was presented well, and a balanced varied diet was being offered. There were plenty of well-balanced and easily accessible snacks and drinks around the home. Residents commented on being able to ask for any other food they may like at any time. Kitchen audits were taken daily and were evidenced with no gaps. The food hygiene rating was ‘five’.

Medication rounds observed were completed to a high standard, with lots of person-centred interactions and good hand-hygiene practices. Medication rooms were clean and tidy. Medication trolleys were locked when not in use. Controlled drugs had appropriate storage and were audited regularly. Medications had date-of-opening and date-of-expiry. Room and fridge temperatures were taken daily and displayed in the room along with directions for what to do if outside of range. Medication Administration Record (MAR) charts viewed used correct codes and had no gaps in administration. Protocols were in place for medications taken as when required. Residents with covert plans were clearly noted, with directions from GP. Medications in the trolley matched those on MAR charts; some discrepancies were found where medications had been changed by the pharmacy. A medication policy was in place and in date. All staff administering medications had six-monthly competencies (meeting Stockton-on-Tees Borough Council (SBC) contractual requirements).

All residents that were spoken to confirmed that they felt safe and enjoyed living at Green Lodge. The home environment was visibly clean and safe. High-risk rooms and areas were locked using a key code access. Corridors were free from trip hazards. General home risk assessments were in place and were reviewed annually. Regular fire alarm testing and drill records were seen. Equipment and servicing certifications were in date at the time of assessments, with regular maintenance audits having no gaps. The home had an Infection Prevent and Control (IPC) Champion (in line with SBC contractual requirements) and followed a good standard of IPC practices. Bathrooms and toilets were clean, touch points were wipe clean, colour-coded waste bags were in place, and PPE supplies were good.

Safer recruitment practices were followed by the home. Staff files all contained appropriate identification and right to work checks. References were verified and Disclosure and Barring Service (DBS) checks took place prior to new staff starting. All staff completed an induction which also included completing the Care Certificate. Bi-monthly supervisions and annual appraisals took place for all staff (in line with SBC contractual requirements).

A range of feedback methods were used by the home, including regular meetings, surveys, and through monthly keyworker interactions. The home evidenced their actions via a ‘You Said, We Did’ board. Surveys were completed annually for staff and residents and their families – this was collated by head office, with feedback shared widely. Trend analysis and lessons learnt was completed from feedback received in meetings, supervisions, and from professional visitors and families.

A range of audits took place daily, weekly, monthly, quarterly, six-monthly, and annually. Audits were conducted by maintenance, domestics, kitchen staff, managers, regional managers, and other head office staff. The audits system used was robust; it alerted staff daily to tasks and alerted management when these were overdue. Improvements identified were automatically generated as an action and added to the home development plan. The manager had a good oversight of audits and completed an audit of audits on a six-monthly cycle to track both the completion of regular auditing, in addition to completion of the actions identified. There were no

gaps or outstanding audits at the time of assessment, and the home development plan, when viewed, evidenced good progress for any areas of improvements identified.		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
No areas of improvement were identified in this assessment.		
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; management communicate well with the QuAC team, deliver regular updates, when needed, is responsive to emails, and is always timely with monthly submissions.		
Engagement and Support from Transformation Managers		
The home demonstrates positive engagement through the Activity Coordinator, who actively participates in forums, networking opportunities, and shared learning events. Management engagement is currently more limited; however, there may be opportunities to strengthen involvement in wider sector meetings and collaborative forums to further support service development and the sharing of best practice.		
Current CQC Assessment - Date / Overall Rating	**30/09/2020**	**Good**