

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

QUARTER 1 2023-2024

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

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

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

Quarterly Summary of Published CQC Reports

This update includes inspection reports published between April and June 2023 (inclusive). These are included at **Appendix 1** and contain the results of all inspections of services based in the Borough (irrespective of whether they are commissioned by the Council).

During this quarter, **10** 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:

- 8 Adult Services were reported on (5 rated 'Good'; 3 rated 'Requires Improvement')
- 1 Primary Medical Care Services was reported on (1 'Not rated')
- 1 Hospital / Other Health Care Services was reported on (1 rated 'Good')

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

PAMMS Assessment Reports

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

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

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings. **Appendix 2** shows **0** reports published between April and June 2023 (inclusive).

APPENDIX 1**ADULT SERVICES**

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

Provider Name	Stockton-on-Tees Borough Council	
Service Name	Stockton-on-Tees Shared Lives Scheme	
Category of Care	Community-Based Adult Social Care Services	
Address	Kingsway House, West Precinct Billingham TS23 2NX	
Ward	Billingham Central	
CQC link	https://api.cqc.org.uk/public/v1/reports/a7271db0-a511-46e9-bf77-b5e4844e0c7d?20230414120000	
	New CQC Rating	Previous CQC Rating
Overall	Good	n/a
Safe	Good	n/a
Effective	Good	n/a
Caring	Good	n/a
Responsive	Good	n/a
Well-Led	Good	n/a
Date of Inspection	17th, 21st & 31st March 2023	
Date Report Published	14th April 2023	
Date Previously Rated Report Published	n/a	
Further Information		
<p>Stockton-on-Tees Shared Lives Scheme is a shared lives scheme which provides people with long-term placements, short breaks and respite care within shared lives carers (SLC) own homes. This service was registered with the CQC on the 17th January 2022 and this was its first inspection. At the time of the inspection, one person was using the service.</p> <p>'Right support, right care, right culture' is the guidance the CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people, and providers must have regard to it. The CQC found that:</p> <ul style="list-style-type: none"> • Right Support: Staff focused on the person's strengths and promoted what they could do, so the person had a fulfilling and meaningful everyday life. The person was supported to take part in activities and pursue their interests in their local area, and to interact with people who had shared interests. The person was supported to have maximum choice and control of their lives, and staff them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. 		

- Right Care: The person received kind and compassionate care. Staff protected and respected the person's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet the person's needs and keep them safe. Staff and the person co-operated to assess risks the person might face. Where appropriate, staff encouraged and enabled the person to take positive risks.
- Right Culture: The person led an inclusive and empowered life because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood the person well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed the person's wishes, needs and rights at the heart of everything they did.

Provider Name	Dale Care Limited	
Service Name	Dale Care – Stockton Home Care	
Category of Care	Care at Home (Standard)	
Address	Concorde House, Concorde Way, Concorde Business Centre, Preston Farm Industrial Estate, Stockton-on-Tees TS18 3RB	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/87b36645-db7c-4c3a-8bb7-bea23dc9ce7d?20230415120000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Good	Requires Improvement
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Good
Date of Inspection	15th – 27th March 2023	
Date Report Published	15th April 2023	
Date Previously Rated Report Published	5th August 2017	
Breach Number and Title		
n/a		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
Engagement with the Transformation Team is good; the service take part in all the Care at Home consultations, attend Provider Forums, and are currently working on a pilot around assistive technology.		
Supporting Evidence and Supplementary Information		
This inspection was unannounced. Inspection activity started on the 15 th March 2023 and ended on the 27 th March 2023; the location's office was visited on the 16 th March 2023.		
There were systems and processes in place to safeguard people from abuse. Staff understood how to raise concerns and had received safeguarding training. Risk assessments and care plans included step-by-step guidance for staff to keep service-users as safe as possible, while promoting their independence.		

Service-users were safely supported with their medication. Staff received medication training and competency checks on administering medication were carried out.

It was recommended that the provider continues to review the deployment of staff to ensure timely and consistent care. Improvements could be made around communication over visit times so that service-users have clear information about the delivery of their care.

The service was effective in identifying and responding to changes in need, promptly accessing healthcare services and support. Staff assisted people to follow advice from the relevant professionals and support plans were updated to reflect any changes in care delivery.

Support documentation included information for staff about service-users life histories and social preferences. Staff were prompted to spend time speaking to people about their interests.

The provider had systems in place to gather feedback from service-users and their relatives, such as care reviews, surveys, and spot checks. Where feedback was received, it was used to improve the service.

The Registered Manager was a member of several networks to share good practice and learn from others.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	23/06/2021	Good

Provider Name	Positive Individual Proactive Support Limited	
Service Name	PIPS Office	
Category of Care	Supported Living	
Address	Endeavour House, 12 Ellerbeck Way, Stokesley Business Park, Stokesley, Middlesbrough TS9 5JZ	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/c7ab50d8-04d8-4b0d-9f54-522a8585c6d8?20230512120000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Requires Improvement	Good
Date of Inspection	2 nd , 9 th & 14 th March 2023 (focused inspection)	
Date Report Published	12 th May 2023	
Date Previously Rated Report Published	28 th March 2020	
Breach Number and Title		
<p><u>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</u></p> <ul style="list-style-type: none"> The provider failed to properly and safely manage medicines. This placed people at risk of harm. Regulation 12(1) and (2)(g) <p><u>Regulation 17 HSCA RA Regulations 2014 Good governance</u></p> <ul style="list-style-type: none"> The provider failed to have in place effective and consistent quality assurance processes. Regulation 17(1) and (2)(a) 		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
<p>The Manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>Transformation Team have not done any direct work; they attend Provider Forums and generally engage well.</p>		

Supporting Evidence and Supplementary Information

The CQC undertook a focused inspection to review the key questions of ‘safe’ and ‘well-led’ only. They found that people’s medicines were not always safely managed. Medicine records were not always accurate and clear guidance was not always in place to help staff support people to take their medicines safely.

Staff supported people to have the maximum possible independence, choice and control over their own lives. Staff focused on people’s strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to make decisions following best practice in decision-making and communicated with people in ways that met their needs.

The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. People were supported by staff who were recruited safely and who had appropriate inductions.

Systems to safeguard people from the risk of abuse were in place. However, areas of oversight needed to be more robust to ensure the provider was doing all they could to identify and deal with concerns at the earliest stage possible. The CQC have made a recommendation about this.

People’s care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. Service-users reported they were happy and liked the staff teams supporting them, and appeared settled, relaxed and comfortable.

Governance processes were not always effective in identifying issues and driving improvement. Quality assurance audits were not always comprehensive enough or had not always been completed accurately. The management team was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.

Positive improvements had been observed in people’s quality of life, and staff were passionate and enthusiastic about person-centred support.

The provider sought and encouraged feedback from staff, people supported and relatives. The provider and staff worked well with other professionals. The provider was responsive to the inspection feedback and put actions in place immediately.

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

Provider Name	The Poplars (Thornaby) Limited	
Service Name	The Poplars Care Home	
Category of Care	Nursing / Residential	
Address	375 Thornaby Road, Thornaby, Stockton-on-Tees TS17 8QN	
Ward	Village	
CQC link	https://api.cqc.org.uk/public/v1/reports/c785aac7-25c5-4d98-84a9-fcca8897b478?20230516120000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Good	Good
Date of Inspection	28th March 2023 & 4th April 2023 (focused inspection)	
Date Report Published	16th May 2023	
Date Previously Rated Report Published	17th May 2019	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
Provider engagement with the Quality Assurance & Compliance (QuAC) Officer is improving; engagement with Local Authority initiatives is minimal; currently accessing one project opportunity.		
Supporting Evidence and Supplementary Information		
<p>An unannounced CQC inspection was prompted by a review of the information held about the service and, in part, due to concerns received about staffing and record-keeping. A focused inspection was carried out in two domains: 'Safe' and 'Well-Led'.</p> <p>The inspection found risks to people were safely managed; risks were assessed and plans to reduce risk are person-centred. Risks were reviewed and developed as people's needs changed. Daily monitoring charts were completed inconsistently, including records of checks around personal care, dental care, and repositioning. The Registered Manager had tried to address the consistency of recording in daily monitoring charts with staff through a series of reminders. Systems and audits were being developed to ensure checks were made; it was</p>		

recommended the provider reviewed their processes to ensure daily monitoring charts accurately document the care given.

Systems and processes to safeguard people from risk of abuse were in place; people and relatives said they felt staff kept people safe and staff were trained in safeguarding and knew how to recognise the signs of abuse.

The service was working within the principles of the Mental Capacity Act (MCA), and people were asked for their consent when care was delivered.

Staff were found to be recruited safely with recruitment checks carried out before staff were appointed. The home was using consistent agency staff who were inducted to the home and were familiar with people’s needs.

Medicines were found to be managed safely; people received their medication when required, by appropriately trained staff. Management made regular checks on medication management and on staff competency. Where medication error had taken place, actions had been taken to ensure lessons were learnt and competency was rechecked.

The home asked that visitors booked ahead so they could ensure staff answered the door and assist them in a timely way; some relatives stated they would prefer not to make an appointment. The Registered Manager gave assurances there were no restrictions on visiting and people could have visitors when they wished, with or without appointment.

Systems were in place to monitor accidents and incidents to identify patterns, trends and lessons learnt. Actions for improvement were shared with staff.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	11/11/2022	Requires Improvement

Provider Name	Thumhara Centre	
Service Name	The Robert Atkinson Centre	
Category of Care	Homecare Agency	
Address	Thorn tree Road, Stockton-on-Tees TS17 8AP	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/a75d43e1-5105-4559-aaa9-67cb5a1cdcd7?20230523120000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Requires Improvement	Good
Date of Inspection	4 th & 12 th April 2023 (focused inspection)	
Date Report Published	23 rd May 2023	
Date Previously Rated Report Published	5 th January 2019	
Further Information		
<p>The Robert Atkinson Centre is a domiciliary care agency providing support for people in their own homes. The service was supporting 5 people at the time of the inspection.</p> <p>The CQC received concerns in relation to the recruitment and management of staff. As a result, it undertook a focused inspection to review the key questions of 'safe' and 'well-led' only.</p> <p>People were happy with the care and support provided. The Registered Manager ensured people had a regular team of staff. Staff were introduced to people prior to providing support. People stated they looked forward to staff visiting. People and families were involved in assessments. The provider had systems in place to investigate safeguarding concerns. Staff had completed safeguarding training. Individual and environmental risks were identified and mitigated against. Systems were in place to ensure people would continue to receive support in the event of an emergency. The Registered Manager conducted regular visits to gather feedback. The service liaised with healthcare professionals and their information was included in care plans.</p> <p>However, the provider did not ensure staff were recruited safely. Appropriate checks were not completed prior to staff supporting people – this placed people at risk of harm. As such, the following regulations were not being met:</p> <ul style="list-style-type: none"> • <u>Regulation 17 HSCA RA Regulations 2014 Good governance</u>: The provider did not have effective systems in place to monitor and improve the quality and safety of the service. • <u>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</u>: The provider did not have effective systems in place to ensure staff were recruited safely. 		

For those key questions not inspected, the CQC used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from 'good' to 'requires improvement' based on the findings of this inspection.

The CQC have already requested an Action Plan from the provider to understand what they will do to improve the standards of quality and safety. It will work alongside the provider and Local Authority to monitor progress. The CQC will continue to monitor information it receives about the service, which will help inform when it next inspects.

Provider Name	Care UK Community Partnerships Ltd	
Service Name	Hadrian Park	
Category of Care	Residential	
Address	Marsh House Avenue, Billingham, Stockton-on-Tees TS23 3DF	
Ward	Billingham East	
CQC link	https://api.cqc.org.uk/public/v1/reports/93556bc0-9c1d-46d3-b525-f60aff48fbf8?20230615120000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Requires Improvement
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Good	Good
Date of Inspection	22 nd & 24 th May 2023 (focused inspection)	
Date Report Published	15 th June 2023	
Date Previously Rated Report Published	23 rd February 2018	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
<p>The provider engages very well with the Local Authority and the Quality Assurance and Compliance (QuAC) Team. They participate in almost all activities / opportunities presented to them and have collaborated with Transformation Managers with smaller activity planning projects.</p>		
Supporting Evidence and Supplementary Information		
<p>The CQC carried out a focused inspection of the domains 'Safe' and 'Well-Led'.</p> <p>The CQC found medicines were managed safely, with staff following appropriate guidance for management, storage and disposal, and people received their medication as prescribed. Systems were in place to reduce the risk of abuse and harm, and staff have completed safeguarding training. The Registered Manager had investigated concerns raised and referred on to the appropriate authorities, analysing information gathered from safeguarding concerns, accidents and incidents to identify trends or patterns. Any learning points were cascaded across the provider's services and implemented to minimise risk of further incidents.</p>		

Health and safety checks were regularly completed, plans are in place to ensure people have continuity of care in the event of an emergency, and the Registered Manager is proactive in the management of fire safety. Fire evacuation simulations were conducted, and staff were confident to support people in the event of an emergency. The CQC were assured that the provider's infection prevention and control policy was up-to-date and the IPC measures in place.

The home was working within the principles of the MCA. DoLS were applied for and monitored. The Registered Manager ensured lasting power of attorney documentation was obtained and recorded.

Robust recruitment process was in place and enough staff were deployed to meet people's needs. The Registered Manager regularly reviewed the dependency tool and conducted observations throughout the home, including night visits.

The service was consistently managed and well-led; leaders and the culture they created promoted high-quality, person-centred care. The provider had a clear vision and values; this outlined how best to support people to live happy lives and staff demonstrated these values. Staff regularly have gone above and beyond including fundraising and volunteering.

Comprehensive quality assurance system are in place and learning points cascaded throughout the service. Staff worked well together and told the CQC how the management team were supportive and promoted their development. People, relatives and staff were encouraged to give feedback which was used to make improvements with actions displayed. The home had introduced 'Namaste', a sensory experience for people, which looked at touch, sound and smell. The Registered Manager had also recently completed a mental health first aid course aimed to support staff and had started a project to create a 'safe' area for staff. There are strong partnerships with health and social care professionals.

Participated in Well Led Programme?	Yes	
PAMMS Assessment – Date (Published) / Rating	25/01/2023	Good

Provider Name	Partners4Care Limited	
Service Name	Partners4Care Limited	
Category of Care	Care at Home (Standard)	
Address	Suite 40, Durham Tees Valley Business Centre, Orde Wingate Way, Stockton-on-Tees TS19 0GA	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/fcfeed98-5063-4b8e-9c4d-6c69425388be?20230623120000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Good
Safe	Requires Improvement	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Requires Improvement	Good
Date of Inspection	4 th , 5 th , 11 th , 15 th & 16 th May 2023 (focused inspection)	
Date Report Published	23 rd June 2023	
Date Previously Rated Report Published	9 th July 2021	
Breach Number and Title		
<p><u>Regulation 17 HSCA RA Regulations 2014 Good Governance</u></p> <ul style="list-style-type: none"> The provider had failed to keep complete accurate and up-to-date records relating to medicine management. The provider's quality assurance systems had failed to identify the concerns found during inspection. 		
Level of Quality Assurance & Contract Compliance		
Level 2 – Moderate Concerns (Supportive Monitoring)		
Level of Engagement with the Authority		
<p>The Partners4Care management team have a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner.</p> <p>The provider has engaged well with the Transformation Team attending Provider Forums, Leadership meetings and participated in some engagement sessions, and has also linked in for support with International Students.</p>		

Supporting Evidence and Supplementary Information		
<p>The inspection was carried out due to a number of concerns the CQC received in relation to staff training, particularly around medicines, timing of calls, staff welfare and the attitude of office staff. The CQC undertook a focused inspection in the 'Safe' and 'Well-Led' domains.</p>		
<p>The overall rating for the service has changed from 'Good' to 'Requires Improvement' based on the findings of the inspection.</p>		
<p>The inspection found medicines were not always managed safely, some medications were missed or administered with less than the required gap between doses due to calls being scheduled too close together, there was no guidance in place for 'when required' / variable medications, and administration records were not always complete for patch applications. Staff had been training in the safe handling of medication, however, the provider failed to ensure regular competency checks were conducted and medication audits had not been completed regularly, therefore issues were not being identified or acted on. The provider responded immediately during and after the inspection.</p>		
<p>The provider struggled to ensure all calls were on time and people often had different staff to support them. The provider had ongoing issues with staff turnover. The provider assured the CQC they were doing everything possible to recruit and retain staff, staff were recruited safely, and appropriate pre-employment checks were carried out. New staff had access to an improved induction programme and shadowed experience colleagues until they were confident to work alone. The CQC recommends the provider review the way in which late calls and changes to staff are communicated to people to minimise distress.</p>		
<p>Risks to people were identified, assessed and measures put in place to minimise risks and care plans, included information on the steps staff should take to meet people's needs.</p>		
<p>The CQC found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.</p>		
<p>The Registered Manager and staff understood their responsibilities in relations to safeguarding.</p>		
<p>Staff received training in Infection Prevention Control and were provided with appropriate PPE.</p>		
Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	13/07/2021	Requires Improvement

Provider Name	Voyage 1 Limited	
Service Name	Saxon Lodge	
Category of Care	Learning Disabilities	
Address	South Road, Norton, Stockton-on-Tees TS20 2TB	
Ward	Norton South	
CQC link	https://api.cqc.org.uk/public/v1/reports/dd8c92e5-85a2-4156-808e-58b7e89219f8?20230630120000	
	New CQC Rating	Previous CQC Rating
Overall	Good	Good
Safe	Good	Good
Effective	Not inspected	Good
Caring	Not inspected	Good
Responsive	Not inspected	Good
Well-Led	Good	Good
Date of Inspection	5 th & 7 th June 2023 (focused inspection)	
Date Report Published	30 th June 2023	
Date Previously Rated Report Published	18 th December 2019	
Breach Number and Title		
None.		
Level of Quality Assurance & Contract Compliance		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
Saxon Lodge engages with the Quality Assurance and Compliance (QuAC) Officer when required, but engagement with other Local Authority initiatives is minimal.		
Supporting Evidence and Supplementary Information		
<p>The CQC carried out a focused inspection on the domains 'Safe' and 'Well-Led'.</p> <p>The environment was clean, large and spacious, and maintenance of the service is of a good standard. Adaptations were in place to support people to be independent and personalisation was evident throughout.</p> <p>Feedback from visitors and relatives was extremely positive, with relatives and advocates reporting good levels of communication and involvement in care planning and reviews. Staff are familiar with the residents and their needs, and support them to have maximum choice and control of their lives in the least restrictive way possible, and in their best interests. People were supported by staff who understood best practice in relation to the wide range of strengths,</p>		

impairments or sensitivities people with a learning disability have. Staff promoted equality and diversity, and provided culturally appropriate, person-centred care. They communicated with people in the way they preferred and consistently understood individual communication needs.

Staff have the right skills, experience and training, and there were appropriate staffing levels to provide safe care. The care people received reflected their range of needs, wishes and preferences, including their capacity, and activities were planned with the same focus. Residents were encouraged to access the community, and where there were shared interests, people went out together. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People were supported to access healthcare and ensured they received timely care and support. Medicines are managed safely and administered as prescribed by trained staff. The service was working within the principles of the MCA and, if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

The Registered Manager had the skills, knowledge and experience to perform their role, and a clear understanding of people's needs and oversight of the services they managed. Appropriate policies and procedures were in place, and the service was committed to a culture of improvement and regularly sought feedback.

Participated in Well Led Programme?	No (not available for LD services)	
PAMMS Assessment – Date (Published) / Rating	03/10/2019	Good

PRIMARY MEDICAL CARE SERVICES

Provider Name	Dr Baber Khan	
Service Name	The Dental Healthcare Centre and Cleveland Cosmetic and Dental Implant Clinic	
Category of Care	Dentists	
Address	21 Wellburn Road, Fairfield, Stockton-on-Tees TS19 7PP	
Ward	Fairfield	
CQC link	https://api.cqc.org.uk/public/v1/reports/eb9e992b-6e6a-4d88-8a80-ed283de0b5f6?20230406070043	
	New CQC Rating	Previous CQC Rating*
Overall	Not rated	n/a
Safe	No Action	n/a
Effective	Not inspected	n/a
Caring	Not inspected	n/a
Responsive	Not inspected	n/a
Well-Led	Enforcement Action	n/a
Date of Inspection	30 th January 2023 (focused inspection)	
Date Report Published	6 th April 2023	
Date Previous Report Published	6 th October 2012 (* different provider)	
Further Information		
<p>The provider has two dental practices – this report is about The Dental Healthcare Centre and Cleveland Cosmetic and Dental Implant Clinic which provides private dental care and treatment for adults and children.</p> <p>This focused inspection was led by a CQC inspector who was supported by a specialist dental advisor. Key findings were:</p> <ul style="list-style-type: none"> • The dental clinic appeared clean and well-maintained. • The practice had infection control procedures. Minor areas where the provider could improve to reflect guidance were identified. • Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not available in-line with recommended guidance (items were ordered following the inspection). • The practice's systems to manage risks for patients, staff, equipment and the premises were ineffective. • Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. • The practice's staff recruitment procedures did not reflect current legislation. • Efficient leadership was not evident. 		

- Staff were not fully supported by managers.

Regulations the provider was not complying with were identified. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

Provider Name	South Tees Hospitals NHS Foundation Trust	
Service Name	South Tees Hospitals NHS Foundation Trust	
Category of Care	Hospitals	
Address	The James Cook University Hospital, Middlesbrough TS4 3BW	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/1f8501d4-8c4f-4f75-85f1-9159d77b609b?20230524080138	
	New CQC Rating	Previous CQC Rating
Overall	Good	Requires Improvement
Safe	Good	Requires Improvement
Effective	Good	Requires Improvement
Caring	Good	Good
Responsive	Good	Good
Well-Led	Good	Requires Improvement
Date of Inspection	8th, 9th, 10th, 17th November 2022 & 10th January 2023 (part insp.)	
Date Report Published	24th May 2023	
Date Previously Rated Report Published	25th May 2022	
Further Information		
<p>South Tees Hospitals NHS Foundation Trust provides acute and community health services to a population of around 1.5 million people living in Middlesbrough, Northallerton and surrounding areas. There are two main hospital sites – The James Cook University Hospital, a regional major trauma centre and tertiary hospital offering a wide range of specialist services, and Friarage Hospital, a busy acute hospital serving a mainly rural population of 135,000. The Trust also operates from several primary care hospitals and community locations.</p> <p>The CQC carried out this unannounced inspection of four of the acute services provided by this Trust to check that the Trust had made improvements since its last inspection in February 2022. The CQC checked that the Trust had taken action to comply with the Warning Notice it served under Section 29A of the Health and Social Care Act following the last inspection which told the Trust to make significant improvements in the quality of healthcare provided.</p> <p>The CQC inspected urgent and emergency care and critical care services at The James Cook University Hospital, and medical wards (including services for older people) and surgery at both The James Cook University Hospital and Friarage Hospital. It also inspected the well-led key question for the Trust overall.</p> <p>The CQC did not inspect end-of-life care, maternity, gynaecology, services for children and young people, outpatients, diagnostics, or community services at the Trust during this</p>		

inspection. The CQC are monitoring the progress of improvements to services and will re-inspect them as appropriate.

The CQCs rating of services improved. The Trust was rated 'good' because:

- The Trust had made significant improvement since the last CQC inspection and throughout the pandemic, particularly in critical care.
- Emergency and urgent care services were rated as 'good'. The CQC rated safe, effective, caring and well-led as 'good', and rated responsive as 'requires improvement'.
- Medical care was rated 'requires improvement'. The CQC rated safe and effective as 'requires improvement', and rated caring, responsive and well-led as 'good' at both hospitals.
- Surgery was rated as 'good' overall at both hospital sites. The CQC rated safe, effective, caring, responsive and well-led as 'good' at both hospital sites.
- Critical care was rated as 'good' overall and in all domains. The safe domain had improved significantly since the last inspection.
- In rating the Trust, the CQC took into account the current ratings of the five services it did not inspect at this time.

The CQC told the Trust that it must take action to bring services into line with 10 legal requirements. This action related to emergency and urgent care services, medical care, surgery and critical care, as well as some Trust-wide requirements.

APPENDIX 2

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

None published.