

PAMMS Care Home Annual Report 2022-2023

Introduction

SBC are utilising the Provider Assessment and Market Management Solutions (PAMMS) in our 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 us assess the quality of care delivered by providers. The assessment is a requirement of the Framework Agreement (the Contract) with providers, and they are contractually obliged to engage with the process.

The PAMMS Assessment

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 domains are:

- Assessment, Care Planning & Review.
- Service User Experience.
- Staff Knowledge & Understanding.
- Staff Training & Recruitment.
- Environment, Equipment & General Safety; and
- Leadership, Quality Assurance & Management.

Having a clear set of quality standards within PAMMs provides a framework and baseline for assuring the quality of CQC regulated adult services in Stockton-on-Tees. The system ensures that the degree of oversight, monitoring and support is applied in a consistent way across all providers and is a key component utilised in our Quality Assurance Strategy for CQC Regulated Adult Services.

The summary table below details the PAMMS assessments undertaken by the Quality Assurance and Compliance (QuAC) Team throughout 2022-23. They are listed in overall PAMMS rating order and covers contracted care homes on the 'Older Persons Care Home Ranked List' and 2 Mental Health (MH) Care Homes. For comparison and trend analysis, the PAMMS Assessment Summary for 2021-22 is included below.

PAMMS Assessment Summary for Contracted Care Homes

Care Home	Overall PAMMS Rating 22/23	Date Published	Overall PAMMS Rating 21/22	Date Published
The White House	Good	Oct - 22	Good	Dec -21
Chestnut Lodge	Good	Oct - 22	Good	Oct -21
Hadrian Park	Good	Jan - 23	Good	Nov -21
Piper Court	Good	Mar - 23	Good	Mar -22
Primrose Court	Good	Mar - 23	Good	Oct -21
Reuben Manor	Good	Mar - 23	Good	Mar -22
Roseworth Lodge	Good	Mar - 23	Good	Mar -22
Teesdale Lodge	Good	Feb - 23	Good	Nov -21
Wellburn House	Good	Aug - 22	Good	Jun -21
Windsor Court	Good	Jan - 23	Requires Improvement	Feb -22
Allington House	Good	Aug - 22	Good	May -21

Roseville	Good	Sep - 22	Good	Jul -21
The Hollies - MH	Good	Mar - 23	Good	Mar -22
Ayresome Court	Good	Feb - 23	Good	Feb -22
Elton Hall	Good	Oct - 22	Good	Oct -21
The Edwardian- MH	Good	Mar - 23	Good	Mar -22
Greenlodge	Good	Feb - 23	Good	May -21
Millbeck	Requires Improvement	Dec - 22	Good	Jan -22
The Beeches	Requires Improvement	Jan - 23	Good	Oct -21
Cherry Tree	Requires Improvement	Feb - 23	Good	Mar -22
Highfield	Requires Improvement	Sept - 22	Good	Jun -21
Stockton Lodge	Requires Improvement	Aug - 22	Good	Oct -21
Victoria House	Requires Improvement	Nov - 22	Good	Jul -21
Willow View	Requires Improvement	Dec -22	Good	Nov -21
Church View	Requires Improvement	Feb - 23	Requires Improvement	Feb -22
Ingleby	Requires Improvement	Jan - 23	Good	Mar -22
Mandale House	Requires Improvement	Aug - 22	Good	Feb -22
Allison House	Requires Improvement	Mar - 23	Good	Oct -21
The Maple	Requires Improvement	Mar - 23	Requires Improvement	Aug -21
The Poplars	Requires Improvement	Nov - 22	Good	Nov -21
Woodside Grange	Requires Improvement	Mar - 23	Good	Feb -22
Ashwood Lodge	Poor (Home Now Closed)	Jan - 23	Requires Improvement	Oct -21

Key themes from assessments that scored a 'Good' rating.

- Care plans were very comprehensive, clear, concise, and easy to follow with lots of personalised detail, including people's preferences and routines.
- Medication was well managed. Staff had a very polite, patient, and pleasant manner with the residents and checked consent before starting to administer medication.
- Robust processes and procedures in place to ensure safe staff recruitment.
- Staff offered choices to residents and promoted independence.
- Residents spoken with confirmed they were happy with the food provided and were offered a choice of meals each day.
- Residents and their families provided positive feedback.
- There was evidence of a varied activity programme which was being carried out in the home which were tailored to the individual as well as groups.

Key Themes from assessments that scored a 'Requires Improvement or Poor' rating.

- Staff recruitment records were not complete, including gaps in previous employment and missing DBS checks.
- Care Plans lacked consistency in their quality and information recorded. Areas of note were around person centred care, capacity assessments not being completed and staff unable to discuss the principles around Mental Capacity Act (MCA) and resident's individual likes / dislikes and preferences.
- Management of medicines were not observed to be in good order, including staff not checking consent with residents, medicines rooms not being secured, and poor dispensing and recording of PRN and Variable dose medicines.
- There were areas where Infection, Prevention and Control (IPC) procedures were not observed, PPE not being worn as per guidance, waste not disposed of correctly.
- The care home's décor was in need of investment to stop it looking tired.
- Some shortfalls were identified in relation to the provider's contractual compliance regarding staff induction, supervision, and training.

Coordinated approach with NECS Medicines Optimisation Team

Throughout 2022 /23 we undertook a coordinated support approach with providers around the medicine's elements of the PAMMS assessments. NECS Meds Op team are now combining their own provider Annual Assurance Meds Audits with our PAMMS assessments, and we are utilising their knowledge and expertise as 'experts by experience' and they are providing evidence to support the answers around Meds specific questions of the PAMMS inspections.

This combined visit method to supporting providers is focussed on improving the quality and robustness of Meds Management and processes to provide safe care delivery.

Next steps

Following on from a provider PAMMS Assessment, an action plan is developed highlighting those areas identified that need an improvement in quality/ compliance to ensure they are being delivered to a 'Good' standard. The action plans are monitored regularly by the responsible QuAC Officer for progress and will be only signed off as compliant and complete when all identified areas demonstrate and evidence the required level of quality and service delivery.

PAMMS Assessments are shared with CQC to help inform their own intelligence gathering.

The key themes from the PAMMS assessments are shared with the Council's Transformation Managers and Public Health so they can use the evidence to design projects and further interventions to support all care homes improve quality of care.

The PAMMS ratings are provided to social workers who can share with families searching for a care home so they can access up to date information about our view of quality.

A new PAMMS assessment programme is currently being finalised for 2023/24.