

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

QUARTER 4 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 January and March 2024 (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, 4 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:

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

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

PAMMS Assessment Reports

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

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

Following the PAMMS assessment, the key areas are scored either 'Excellent', 'Good', 'Requires Improvement' or 'Poor', and an overall rating is assigned to the assessment using these headings. **Appendix 2** shows **15** reports published between January and March 2024 (inclusive), the overall outcomes of which can be summarised as follows:

- 1 rated 'Excellent'
- 8 rated 'Good'
- 6 rated 'Requires Improvement'

APPENDIX 1

ADULT SERVICES

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

Provider Name	Moon Rise 24hr Recruitment Ltd	
Service Name	Moon Rise 24hr Recruitment Ltd	
Category of Care	Homecare / Supported Living	
Address	Moonrise House, 22 Falcon Court, Preston Farm Industrial Estate, Stockton-on-Tees TS18 3TX	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/f911646c-f2d4-46f2-9be6-ee61de5d84a?20240213130000	
	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	22nd November, 18th December 2023, 9th & 16th January 2024 (focused inspection)	
Date Report Published	13th February 2024	
Date Previously Rated Report Published	12th July 2018 (full inspection)	
Further Information		
<p>Moon Rise 24hr Recruitment Ltd is a domiciliary care agency, providing personal care to children and adults in their own homes. Some people who use the service are autistic or have a learning disability. At the time of the inspection, there were three people receiving personal care (<i>note: not everyone who used the service received personal care (the CQC only inspects where people receive personal care) – this is help with tasks related to personal hygiene and eating; where they do, the CQC also consider any wider social care provided</i>).</p> <p>The CQC expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. <i>Right support, right care, right culture</i> is the statutory guidance which supports the CQC to make assessments and judgements about services providing support to people with a learning disability and / or autistic people. This short-notice inspection was prompted by a review of the information the CQC held about this service.</p>		

Right support

- People received safe care and support in their own homes. Staff received training in safeguarding and knew how to protect people from the risk of abuse. People and relatives were happy with the care and support provided. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life, as much as possible. Staff communicated with people in ways that met their needs.
- People said they were supported by a consistent staff team, which made them feel safe. Staff had a good understanding of people's needs and how they wished to be supported.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff were recruited safely.
- Staff and people co-operated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People had good relationships with staff and were happy with the way staff supported them. Medicines were managed safely and administered by staff who had completed relevant training and were deemed competent.

Right culture

- The registered manager encouraged an open and positive culture. The service was well managed and provided good quality, consistent care to people in their own homes. People were supported to be as active and independent as possible.
- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management team and staff. The provider regularly sought feedback from people who used the service, their relatives and health and social care professionals to continually improve the service. There were effective quality monitoring systems in place.

This report only covers the CQCs findings in relation to the key questions 'safe' and 'well-led'. For those key questions not inspected, ratings awarded at the last inspection were used to calculate the overall rating. The overall rating for the service remains 'Good'.

Provider Name	Avalon Group (Social Care)	
Service Name	Avalon Teesside Services	
Category of Care	Homecare / Supported Living	
Address	Lysander House, Falcon Court, Preston Farm Business Park, Stockton On Tees TS18 3TX	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/c4d89774-e751-415e-8565-4d9df1704243?20240307130000	
	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	Outstanding
Date of Inspection	17th & 24th November, 15th December 2023 & 22nd January 2024 (focused inspection)	
Date Report Published	7th March 2024	
Date Previously Rated Report Published	14th August 2018	
Further Information		
<p>Avalon Teesside Services is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. The CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, the CQC also consider any wider social care provided. At the time of inspection, 10 people were receiving personal care.</p> <p>The CQC carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act) which was prompted by a review of the information held about the service. As a result, they decided to undertake a focused inspection to review the key questions of 'safe' and 'well-led' only, and gave the service a short period of notice of the inspection. Unlike the standard approach to assessing performance, the CQC did not physically visit the office of the location. This is a new approach they have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location, the CQC use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.</p> <p>Relatives and an advocate were happy with the service and the care people received. They were complimentary about staff, calling them 'kind', 'caring' and 'helpful'. Comments included, 'Staff are very, very caring, and treat [person] like a family member' and, 'They are all most attentive. [Person] always smiles and is happy to see them. I would know 100% if my [family member] was not happy'.</p>		

There were systems in place to keep people safe. Staff safeguarded people from abuse. Risks to people's health, safety and wellbeing were managed. There were enough staff to meet people's needs and safe recruitment processes were followed. A relative told us, 'There are enough staff. In all the years they've helped us, I've never had a problem. I think they must have a very robust interview process because the staff we've had are so good'. Medicines were safely administered and managed. The provider learned from previous accidents and incidents to reduce future risks. The provider and staff protected people from the risk or spread of infection.

The service was well managed. The provider, Registered Manager and staff promoted a positive culture in the service. Relatives and an advocate were complimentary about staff and the care people received. The provider had an effective quality assurance process in place which included regular audits and spot-checks. People, relatives and staff were regularly consulted about the quality of the service through regular communication, surveys and reviews.

Provider Name	Willow View Care Limited	
Service Name	Willow View Care Home	
Category of Care	Residential / Residential Dementia	
Address	1 Norton Court, Norton Road, Stockton-on-Tees TS20 2BL	
Ward	Norton South	
CQC link	https://api.cqc.org.uk/public/v1/reports/f2b99bb8-a924-44ef-a0d7-136c6ca8d607?20240322130000	
	New CQC Rating	Previous CQC Rating
Overall	Requires Improvement	Inadequate
Safe	Inadequate	Inadequate
Effective	Requires Improvement	Requires Improvement
Caring	Good	Requires Improvement
Responsive	Good	Requires Improvement
Well-Led	Requires Improvement	Inadequate
Date of Inspection	30 th January & 8 th February 2024	
Date Report Published	22 nd March 2024	
Date Previously Rated Report Published	12 th July 2023	
Breach Number and Title		
<p><u>Regulation 12 (Safe care and treatment)</u> of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p> <p><u>Regulation 17 (Good governance)</u> of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p>		
Level of Quality Assurance & Contract Compliance		
Level 3 – Major Concerns (Enhanced Monitoring)		
Level of Engagement with the Authority		
<p>Willow View have continued to work closely with the authority including social care teams, transformation managers and Quality Assurance and Compliance Team. They continue to engage well with the Responding to and Addressing Serious Concerns (RASC) process, with acknowledged improvements since the current manager has been in post.</p>		
Supporting Evidence and Supplementary Information		
<p>Following the inspection in May 2023, the provider completed an Action Plan to show what they would do, and by when, to improve dignity and respect, consent, safe care and treatment, good governance and oversight, and staffing levels and deployment. Whilst it was evidenced during this inspection that improvements have been made, it was found that the provider remained in breach of some regulations and further improvements are needed.</p>		

Risks to people's safety were assessed and recorded, however, risk assessments had not always been updated when changes occurred and some care plans contained contradictory information. Environmental risks had not always been identified and mitigated where possible. New recruitment processes were in place, but they had not always been fully followed and gaps in recruitment records remained.

Improvements had been made to medicine management, however, records did not always reflect the prescriber instructions. Medicines prescribed to assist with bowel movements had not always been given in a timely manner. Overall, some improvements had been made in relation to infection prevention and control, however, Covid guidance was not being followed and dirty items were found in communal areas. People had not always been provided with sufficient fluids and recommended modified diets had not always been followed. Quality assurance processes were now in place, though they failed to identify some of the shortfalls found during this inspection. Provider oversight had improved and audits were being completed, though there was a lack of recorded evidence of action taken to address the shortfalls identified.

An effective dependency tool was now in place and used to help calculate safe staffing levels, and there were enough staff on duty to meet people's needs. Staff have received additional training since the last inspection and advised that they felt very well supported by the new manager. Staff were working effectively with other professionals and referrals had been made in a timely manner. Professionals spoke positively of the improvements made to the service since the new manager was appointed in December 2023. People and relatives told us staff were kind and caring and treat them like family, they had been asked to provide feedback on the service, and felt their views were listened to and acted upon. A new process was in place to ensure complaints were recorded and acted upon appropriately. Accidents and incidents were now fully recorded and appropriate post-falls checks were in place.

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

Improvements are required to address breaches in relation to medicine management, infection prevention and control, assessing risk, and good governance. Willow View will remain under review with the CQC and they plan, if they do not propose to cancel the provider's registration, to re-inspect within six months to check for significant improvements.

Participated in Well Led Programme?	No	
PAMMS Assessment – Date (Published) / Rating	19/12/2022	Requires Improvement

PRIMARY MEDICAL CARE SERVICES

None

HOSPITAL AND COMMUNITY HEALTH SERVICES

(including mental health care)

Provider Name	South Tees Hospitals NHS Foundation Trust	
Service Name	The James Cook University Hospital (Maternity Services)	
Category of Care	Hospitals	
Address	Marton Road, Middlesbrough TS4 3BW	
Ward	n/a	
CQC link	https://api.cqc.org.uk/public/v1/reports/419819e7-8fa6-40bb-aea9-7d2105de4f04?20240119010511	
	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	21st & 22nd August 2023 (focused inspection)	
Date Report Published	19th January 2024	
Date Previously Rated Report Published	24th May 2023 (full inspection)	
Further Information		
<p>The CQC inspected the maternity service at The James Cook University Hospital as part of its National Maternity Inspection Programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help the CQC understand what is working well to support learning and improvement at a local and national level.</p> <p>The James Cook University Hospital provides maternity services to the population of Middlesbrough, Redcar and Cleveland, and Northallerton. Maternity services include an early pregnancy unit, maternal and fetal medicine, outpatient department, maternity assessment unit, antenatal ward (ward 19), central delivery suite, midwifery-led birthing centre (ward 16, Marton suite), two maternity theatres, and a postnatal ward (ward 17). Between April 2021 and March 2022, 4,630 babies were born at The James Cook University Hospital.</p> <p>The CQC carried out a short-notice announced focused inspection of the maternity service, looking only at the 'Safe' and 'Well-Led' key questions. This location was last inspected under the maternity and gynaecology framework in 2015. Following a consultation process, the CQC split the assessment of maternity and gynaecology in 2018 – as such, the historical maternity and gynaecology rating is not comparable to the current maternity inspection and is therefore retired. This means that the resulting rating for 'Safe' and 'Well-Led' from this inspection will be the first rating of maternity services for the location.</p>		

Maternity services were rated 'Requires Improvement' because:

- The service was not always able to staff areas to the desired levels. Staffing levels did not always match the planned numbers, putting the safety of women and birthing people and babies at risk.
- There were various aspects of the environment that were not fit for purpose. This had implications for safety, efficiency, privacy and dignity.
- Staff assessed risks to women and birthing people but did not always act on them to remove or minimise risks.
- Leaders did not consistently operate effective governance systems. They did not always manage risk, issues and performance well. They did not consistently monitor the effectiveness of the service, identify and escalate risks and issues and manage these. Though staff wanted to improve services, they did not always have the opportunities and resources to do so.

However:

- Leaders ran services using information systems that were generally reliable, considering the new installation, and supported staff to develop their skills. Staff had training in key skills and worked together for the benefit of women and birthing people.
- The service had a draft vision and values document and was working with staff to gain feedback. Staff understood how to protect women and birthing people from abuse. The service generally managed infection risks well and had enough equipment to keep women and birthing people safe.
- Staff were clear about their roles and accountabilities.
- The service engaged with women and birthing people and the community to plan and manage services. Managers generally made sure staff were competent, and staff were focused on the needs of women and birthing people receiving care.

This 'Requires Improvement' rating for maternity services in both the 'Safe' and 'Well-Led' domains does not affect the overall Trust-level rating of 'Good'.

Actions the Trust MUST and SHOULD take to improve are detailed on page 29 of the CQCs report.

APPENDIX 2

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

Provider Name	T.L. Care Limited	
Service Name	Ingleby Care Home	
Category of Care	Residential / Residential Dementia	
Address	Lamb Lane, Ingleby Barwick, Stockton-on-Tees TS17 0QP	
Ward	Ingleby Barwick South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Requires Improvement	Requires Improvement
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Good
Date of Inspection	23 rd October 2023	
Date Assessment Published	3 rd January 2024	
Date Previous Assessment Published	31 st January 2023	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>There is no evidence within the care plans of service-user / family involvement, and no documents to evidence review meetings / 1:1s taking place. In the care plans reviewed, there was no reference to a service-user's capacity to sign paperwork. A MUST assessment had not been carried out for all service-users, and those that were in place had not been consistently reviewed. Nutritional care plans did not always reflect the most recent MUST score and recommendations.</p> <p>All interactions observed around the home were friendly and welcoming. Staff always spoke in a polite manner and clearly had very good relationships built with service-users. Knocking on service-user's doors, seeking permission before entry and throughout care, and constant explanations of tasks taking place all helped to add to a relaxed environment. Staff were able to describe a range of ways that they ensure dignity and privacy are maintained for service-users. Examples such as giving time to respond, allowing choice, and closing doors / curtains to prevent others overseeing intimate care.</p> <p>Staff were able to identify different types of abuse and confidently explain to whom they would raise concerns. They confirmed they would feel able to raise concerns with internal management but, should the need arise to raise concerns externally, they advised they would feel comfortable in whistleblowing and referenced raising concerns to CQC. Appropriate safeguarding information was on display around the home with correct contact details.</p>		

During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Medication front-sheets were in place for all service-users, were completed to a good standard, and included a current photograph. Medication was given as prescribed and no gaps in administration recording were identified. Time-sensitive medication was administered in line with directions and the time recorded for all administrations. The correct codes were seen to be used when medication was not administered, with full details noted. PRN protocols were in place, however some could include more service-user-specific information – for example, signs you would look for to make an informed decision to administer. TMARs were in place with clear directions for staff to follow when applying topical preparations.

Recruitment records were viewed for four members of staff with varying lengths of service. Application forms had been completed, documenting qualifications and employment history, and interview notes had been taken. Two forms of identification were present in three of the files but, in the fourth, a birth certificate had been used without a national insurance number. DBS checks were in place before employment commenced except for an international recruit – however, a comprehensive risk assessment was in place. Files contained job descriptions, signed contracts of employment, a confidentiality declaration and confirmed receipt of staff handbook during induction. There was a lack of evidence in the staff files to support that regular 1:1 supervisions and an annual appraisal were taking place. It is a contractual requirement that staff receive six supervision meetings a year together with an annual appraisal, to support performance management.

The manager completes a range of appropriate audits covering care delivery, staff, and the suitability of the premises and equipment. Any issues identified feed into an Action Plan with clear responsibilities and deadlines. The regional manager reviews these Action Plans and is also responsible for carrying out additional audits. The maintenance and servicing file had a covering list of when certificates needed renewing and their frequency. All appropriate certificates were evidenced and in date.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified as requiring improvement – progress will be monitored and validated.

Level of Quality Assurance & Contract Compliance Monitoring

Level 3 – Major Concerns (Enhanced Monitoring)

Usually an overall 'Good' PAMMS rating would have Level 1 monitoring, but the service has recently been in the Responding to and Addressing Serious Concerns (RASC) process and organisational support to sustain improvements has not been evident. Current occupancy is at a concerning level and the home is without a Registered Manager. This is reflected in the above monitoring level.

Level of Engagement with the Authority

The manager in post at the time of the assessment had participated in the 'Well Led' course and attended the Provider Forums. At present there is no Registered Manager in post and the regional manager is overseeing the running of the service. The provider engages well with the IPC nurse and the NECS Medicine Optimisation Team.

Current CQC Assessment - Date / Overall Rating

04/08/2018

Good

Provider Name	HC-One Limited	
Service Name	Victoria House Nursing Home	
Category of Care	Residential / Residential Dementia / Nursing	
Address	Bath Lane, Stockton-on-Tees TS18 2DX	
Ward	Stockton Town Centre	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Requires Improvement
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Requires Improvement
Date of Inspection	12th December 2023	
Date Assessment Published	14th February 2024	
Date Previous Assessment Published	30th November 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans and risk assessments were seen to be person-centred and contained detailed information regarding the residents; there was evidence of regular reviews. The care plans evidenced family involvement where relevant. Care plans were seen to reflect resident's needs and abilities to be independent; this was supported by observations of care workers supporting the residents to be as independent as possible. Staff were observed to speak in a friendly manner to residents, always asking them for consent to complete tasks; where the resident couldn't complete a task without support, staff would always engage them as much as possible.</p> <p>Feedback from family was positive. Family members spoke highly of the staff and the organisation; they felt their loved ones were cared for well. Families felt they were involved and kept up-to-date with any changes and information.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Identified improvements were for staff to ensure all documentation was completed fully, and PRN and safe administration protocols to be documented and implemented correctly. The home has already arranged for an internal team to support with issues raised. Further visits are to be arranged by Meds Optimisation Team.</p> <p>The premises is safe, secure, and managed appropriately; relevant safety certification, servicing and maintenance was in place and up-to-date. Overall, the environment was to a good standard. The manager has a range of audits in place with an overarching Action Plan to track and monitor actions identified.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The QuAC Officer will monitor and review compliance 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 engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives.		
Current CQC Assessment - Date / Overall Rating	29/09/2017	Good

Provider Name	HC-One Limited	
Service Name	Highfield (Stockton)	
Category of Care	Residential / Residential Dementia	
Address	Highfield Care Centre, The Meadowings, Yarm, Stockton-on-Tees TS15 9XH	
Ward	Yarm	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Requires Improvement
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Good
Date of Inspection	13th November 2023	
Date Assessment Published	15th February 2024	
Date Previous Assessment Published	2nd September 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans and risk assessments were seen to be person-centred and contained detailed information regarding the residents, and there was evidence of regular reviews. The care plans evidenced family involvement where relevant and were seen to reflect resident's needs and abilities to be independent; this was supported by observations of care workers supporting the residents to be as independent as possible. Staff were observed to speak in a friendly manner to residents, always asking them for consent to complete tasks; where the resident couldn't complete a task without support, staff would always engage them as much as possible.</p> <p>Feedback from residents and family was positive.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. The only identified improvements were for staff to complete documentation in full, including the detail of how covert medications should be administered, and to consult / involve the pharmacist / GP.</p> <p>Overall, the premises is safe, secure, and managed appropriately; relevant safety certification, servicing and maintenance was in place and up-to-date. The overall environment was to a good standard.</p>		
Plans and Actions to Address Concerns and Improve Quality and Compliance		
<p>The provider will complete an Action Plan for all questions identified as 'Requires Improvement' and the QuAC Officer will monitor this progress through contract visits.</p>		

Level of Quality Assurance & Contract Compliance Monitoring		
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)		
Level of Engagement with the Authority		
The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives.		
Current CQC Assessment - Date / Overall Rating	10/10/2022	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	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Requires Improvement
Involvement & Information	Good	Requires Improvement
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Good
Suitability of Staffing	Requires Improvement	Good
Quality of Management	Poor	Good
Date of Inspection	24th January 2024	
Date Assessment Published	20th February 2024	
Date Previous Assessment Published	13th July 2021	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were seen to be person-centred, contained sufficient details, and evidenced family involvement where relevant. Care plans were seen to reflect service-users' needs and abilities to be independent, or where family / friends support. This was supported by observations of care workers supporting service-users to be as independent as possible. Care plans were not seen to be reviewed consistently and in line with the contract, however, were seen to be updated as and when care needs change.</p> <p>A service-user guide is given to clients on commencing their care package, and this details P4Cs commitment to their care, how they will manage rotas, finance, personal care needs and tasks, and staff conduct and identification. There are contact details for the Director, alongside Local Authority contacts, LGO, and CQC. Service-users confirmed they have been provided with information and contact details should they want to provide feedback or make a complaint, and confirmed complaints were handled for them.</p> <p>Staff were observed to speak in a friendly manner to service-users, asking them for consent to complete tasks while also talking to the service-user around the tasks they are completing, and why, where relevant. Those that had more capabilities to manage independently, such as with dressing, were seen given the privacy and freedom to do so while staff completed other tasks, remaining alert and responding to requests for assistance. Service-users spoken with confirmed they were happy with the care provided.</p> <p>The provider has an activities programme from the Extra Care facility that Care at Home service-users can also access.</p> <p>Overall, service-users spoken to were happy with their care and rotas provided, however, some concerns were raised around quality of some of the newer staff due to the high level of</p>		

<p>international students recruited – this has impacted on communications in relation to certain personal care needs and preparation of food.</p> <p>Safer recruitment practices are in place, however, require some improvements to be more robust. Staff’s induction documentation was seen not to be completed in full and / or signed off. Improvements are also required for staff support such as regular supervision and team meetings.</p> <p>Medications were observed to be handled, administered, and stored appropriately within service-users’ homes. Medication competency assessments are completed regularly, and medication audits are completed monthly, however, there was no evidence of any follow-up on actions identified. However, controlled drug audits were poor – many of the controlled drugs count sheets were miscounted, with large margins of missing counts and no explanation as to why.</p> <p>The provider records compliments and complaints in full, however, more recent complaints were seen not to have the complaint acknowledgement, investigation report / paperwork, and final letters. There is no log of actions to be taken following complaint, completion of actions, or lessons learn. There was no evidence of complaint investigations being shared with the Local Authority / CQC.</p> <p>Although the provider has a thorough system for audits which provides graded actions (i.e. high / medium / low) and allocated a deadline for completion, there was no evidence of follow-up of these actions, tracking of completion, or further discussions with staff around trends, etc. Discussion was had with the manager around creating a filing system at the front of audit files that tracks actions consistently to show progress. Due to the lack of evidence of completing actions identified in audit, this has contributed to the ‘Quality of Management’ domain being rated ‘Poor’.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>An Action Plan will be developed from the PAMMS assessment, and the Quality Assurance and Compliance (QuAC) Officer will monitor and review all the evidence for improvement and compliance through contractual visits.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 2 – Moderate Concerns (Supportive Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>23/06/2023</p>	<p>Requires Improvement</p>

Provider Name	T.L. Care Limited	
Service Name	Mandale Care Home	
Category of Care	Residential	
Address	136 Acklam Road, Thornaby, Stockton-on-Tees TS17 7JR	
Ward	Mandale & Victoria	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Requires Improvement
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Requires Improvement	Requires Improvement
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Requires Improvement	Requires Improvement
Date of Inspection	3rd January 2024	
Date Assessment Published	26th February 2024	
Date Previous Assessment Published	2nd August 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were comprehensive in detailing needs, suggesting that a thorough assessment had taken place – however, there was no evidence of service-user / family involvement. Care plans give details of desired outcomes, personal preferences, and how staff can support the service-user's choices.</p> <p>All interactions observed around the home were friendly and welcoming. Staff always spoke in a polite manner and clearly had very good rapport with people they were providing care for. Staff were always encouraging to service-users and would give positive reinforcements to encourage as much ownership of the care process as possible.</p> <p>DoLS authorisations had been requested as applicable and copies of the relevant documentation was held in a file in the Manager's office. DoLS care plans were in place with dates of authorisation and expiry, details of any RPR, and any conditions attached to the authorisation. Mental capacity assessments were in place to evidence 'best interest decisions' made on behalf of a service-user, past and present wishes, feelings and beliefs were noted, together with input from any RPR. Staff understood the importance of giving service-users choice wherever possible and knew that the MCA is to support the service-user if they are unable to make some decisions.</p> <p>Food, fluid and bowel charts were not consistently completed, and there was no evidence of actions being taken when inconsistencies occurred. Best practice would be to complete any required charts consistently and accurately, and following this up with the GP. Protocols need to be in place to ensure consistency of treatments as it was not clear what treatment plans or protocols were in place.</p> <p>Staff confirm that they complete infection control training, and this is refreshed annually. PPE is in use in the home and staff were able to describe the types of PPE required, including donning and doffing techniques and appropriate waste management (yellow bins, etc.). Staff were aware</p>		

of the importance of handwashing and sanitising, as well as maintaining a clean environment. PPE was available throughout the home for staff to use – the cleaning staff were seen to check and replenish it regularly.

Cleaning schedules for service-user's rooms and communal areas were viewed and found to be comprehensive, with minimal gaps in recording. During the assessment, a mal odour was observed throughout the home, tables were found to be unclean on their underside and touchpoints were visibly dirty. Metal ware on sinks was compromised making effective cleaning impossible, and bath chairs and toilet frames had signs of corrosion.

During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Not all time-sensitive medications were administered in line with instructions. One service-user's Lansoprazole was not always administered 30 minutes before food, and aspirin dispersible were not always administered with or after food. The quality of PRN protocols was not consistent – some were not in place, and others viewed had missing medications and were not service-user specific. There was no detail as to how staff would make an informed decision on which order to give multiple medicines for the same indication (e.g. laxatives for constipation).

Rotas are produced a month in advance and are formulated using a dependency tool. Staff numbers have recently been increased on the Dementia Unit due to increased dependency levels. Staff numbers reflected what was on the rota for the days we were doing the PAMMS. Staff report that any unexpected absence is usually covered by off-duty staff and agency staff are occasionally used to ensure that required staff numbers are met.

There was a lack of evidence in the staff files to support that regular 1:1 supervisions and an annual appraisal were taking place. It is a contractual requirement that staff receive six supervision meetings a year, together with an annual appraisal, to support performance management.

There is a comprehensive range of audits in place covering care delivery, staff, and the suitability of the premises and equipment, together with an annual planner detailing when these should be carried out. The completion of these audits has not been consistent, and those completed were not of a standard to identify issues or trends. The home requires consistent adherence to the quality assurance system to identify areas of concern or non-compliance. Findings should be analysed, and Action Plans developed to include timescales, who will carry out the action, and should be signed-off upon completion.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified as requiring improvement – progress will be monitored and validated by the QuAC Team during contractual meetings.

Level of Quality Assurance & Contract Compliance Monitoring

Level 3 – Major Concerns (Enhanced Monitoring)

Usually an overall 'Requires Improvement' PAMMS rating would have Level 2 – Moderate Concerns (Supportive Monitoring), but the service has recently been in the RASC process and organisational support to sustain improvements has not been evident. Current occupancy is at a concerning level and the home has a new manager in post. This is reflected in the above monitoring level.

Level of Engagement with the Authority		
The new Manager is engaging well with the IPC nurse and the NECS Medicine Optimisation team. The completion of NEWS observations has also improved in recent months. The Transformation Managers have visited the new Manager, and she is engaging well with them.		
Current CQC Assessment - Date / Overall Rating	25/02/2023	Requires Improvement

Provider Name	Teesside Healthcare Limited	
Service Name	Churchview Nursing and Residential Home	
Category of Care	Nursing / Residential	
Address	Thompson Street, Stockton-on-Tees TS18 2NY	
Ward	Stockton Town Centre	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Requires Improvement
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Requires Improvement
Date of Inspection	16th January 2024	
Date Assessment Published	28th February 2024	
Date Previous Assessment Published	21st February 2023	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>An online care planning system is used, and care plans were seen to be up-to-date and person-centred. A welcome pack is provided to residents upon admission, and this was noted to be available in accessible formats. Relationships between staff and residents were observed to be positive and respectful, with staff providing encouragement to maintain independence and dignity, and requesting consent from individuals. Mental Capacity Assessments were in place where required to support individuals with decisions and consent, a DoLS matrix was held, and records included contact details of any LPA or RPRs that were in place. Service-users spoken with advised they felt happy with the home and spoke highly of the staff. The home displayed activity schedules on both the ground and first floor, and this was in both written and pictorial format.</p> <p>Service-users confirmed their involvement in care planning and decisions made about their care, and there was evidence of family involvement where appropriate. Evidence of involvement of other relevant professionals was also seen within care records. Key workers were in place and this information was displayed in residents' rooms; families and residents confirmed they were aware of who their key worker was. Observation of interactions between staff and residents demonstrated safe care delivery, and care records clearly documented individuals' strengths and abilities. The provider was seen to meet the nutritional needs of service-users, however, advice was given to review the menu format as this was displayed in very small font, though residents were approached individually to discuss the menu and obtain their meal choices daily.</p> <p>The NECS Medicines Optimisation Team completed an audit at the time of the PAMMS assessment and reported good practice on observation, but some improvement required to medication-related documentation.</p> <p>Appropriate risk assessments (both person-centred and environmental) were noted to be in place and reviewed regularly. Residents spoken with confirmed they feel safe, secure, and well looked after and would have no reservations in raising any concerns they may have with staff or</p>		

management. The environment was noted to be clean, tidy, and free from malodour. The premises was observed to be safe and secure both internally and externally. Appropriate infection prevention and control measures were seen to be in place, and staff confirmed receipt of training on the same.

Documentation in relation to recruitment requires improvement and some improvement is also required in relation to recruitment checks. Staffing levels appeared to be appropriate and proportionate in relation to the dependency tool. Staff reported a good working environment with good support from management. Staff confirmed receipt of regular supervisions and appraisals, and the manager holds a matrix for the same. A training matrix was in place, however, this required attention as there were unexplained gaps in training and the formatting of the matrix itself could be improved upon.

An annual quality assurance report is completed by the provider – this reports on data gathered through audits, incidents, compliments / complaints and surveys. The report is displayed in the reception area of the home, as are procedures relating to complaints, whistleblowing and safeguarding, which are also displayed in other areas of the home. There is a complaints procedure in place which also records any lessons learnt from complaints.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the few areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Due to financial risk / not being on SBC framework.

Level of Engagement with the Authority

At the time of the assessment, the provider was not receiving new placements from the older people’s accommodation framework – however, engagement with the authority continued to remain positive. The provider engages well with the Transformation Team and QuAC Team.

Current CQC Assessment - Date / Overall Rating

02/03/2023

Requires Improvement

Provider Name	Action for Care Limited	
Service Name	Springwood	
Category of Care	Residential – Learning Disabilities	
Address	66 Darlington Back Lane, Stockton-on-Tees TS19 8TG	
Ward	Bishopgarth & Elm Tree	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	n/a
Involvement & Information	Good	n/a
Personalised Care / Support	Requires Improvement	n/a
Safeguarding & Safety	Good	n/a
Suitability of Staffing	Requires Improvement	n/a
Quality of Management	Requires Improvement	n/a
Date of Inspection	8 th & 9 th January 2024	
Date Assessment Published	29 th February 2024	
Date Previous Assessment Published	n/a	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans are extremely detailed and person-centred, however the electronic system used for this is something which the provider is struggling to find beneficial. The provider is in communication with the wider organisation to address these concerns. Observation of interactions between staff and residents evidenced a relaxed and open environment in which service-users were able to laugh and joke with staff. The environment was a homely one in which service-users needs and personalities were considered, and independence is promoted. Staff were responsive to needs and appropriate risk assessments and adaptations were largely in place. An emergency grab bag was not in place at the property which was of concern, however this was due to company policy (to keep grab bags at another service) and the manager rectified this immediately once identified.</p> <p>A medicines optimisation audit took place on 6th December 2023 and identified several areas of concern. Improvements were noted at the time of this assessment, and a further audit from the Medicines Optimisation Team has since been completed and acknowledged further improvements. Otherwise, residents were seen to be appropriately safeguarded with staff being appropriately aware of MCA / DoLS procedures. The premises and environment were noted to be safe and secure; the home was clean and tidy with appropriate IPC measures observed.</p> <p>There was little assurance available around suitability of staffing due to poor recruitment procedures and records. The manager was already aware of some of the issues identified at the time of the assessment and, having recently returned from a period of secondment to support another service, is looking to address this. There has been no staff recruited whilst the current manager has been in post. A DBS matrix was not in place and poor oversight of these checks meant that a member of staff had been working without the appropriate checks in place, this person was removed from duties until the appropriate certification was received. Inductions were not always completed / evidenced by both agency and non-agency staff. Supervisions and appraisals were not regularly taking place and adequate oversight of staff training was not</p>		

<p>evidenced. Staff did report an excellent culture within the home and spoke highly of the current management.</p> <p>Whistleblowing and safeguarding policies were not displayed in appropriate areas, though staff were aware of how to access them. The provider did not have a mechanism in place for recording low level grumbles; there had been no formal complaints received to review, however there were mechanisms in place to follow should any be received. Whilst feedback from staff was very positive toward management, this domain did receive a 'requires improvement' score. This is largely based upon the quality of records; whilst audits were in place, they were clearly not robust enough to identify issues and follow through for assurance of remedial actions.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete an Action Plan to address areas identified for improvement to ensure full compliance which will be monitored by the Quality Assurance & Compliance (QuAC) Officer.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 2 – Moderate Concerns (Supportive Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The provider engages well with the QuAC Officer and Transformation Team. The Transformation Team report a high level of engagement with activities from the provider and that they are open to opportunities and peer support, as well as having completed the Well-Led Programme.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>11/12/2021</p>	<p>Good</p>

Provider Name	St Martin's Care Limited	
Service Name	Woodside Grange Care Home (Older People's service only)	
Category of Care	Residential / Nursing / Dementia	
Address	Teddar Avenue, Thornaby, Stockton-on-Tees TS17 9JP	
Ward	Stainsby Hill	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Requires Improvement
Involvement & Information	Good	Good
Personalised Care / Support	Good	Requires Improvement
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Requires Improvement	Requires Improvement
Quality of Management	Requires Improvement	Requires Improvement
Date of Inspection	25th January 2024	
Date Assessment Published	7th March 2024	
Date Previous Assessment Published	2nd March 2023	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were found to be personalised and consider individual needs and preferences. Care plans clearly identified strengths, weaknesses, behaviours on good and bad days and what might impact this. Care plans also detail family involvement, who visits, how often and what they like to do while visiting. Relevant risk assessments were in place such as MUST tool, Braden Scale, PEEPs. Care plans and risk assessments were found to be reviewed and updated monthly.</p> <p>Observation of staff's interactions with residents demonstrated good relationships which promoted dignity and respect. Residents spoken to confirmed they knew how to make complaints, with one resident confirming they had raised a complaint previously and was happy with the resolution. Feedback from residents spoken to was they were very happy with the home and the care they receive, with one stating they felt safe and secure.</p> <p>Overall, staff had good knowledge and understanding required for the role, however some care assistant knowledge and MCA and DoLS was poor; senior staff members had good knowledge. Although staff stated the management was supportive, staff were unable to detail the frequency formal staff support was available to them such as supervisions, appraisal and team meetings.</p> <p>Safer recruitment checks were seen to be in place, however a member of staff was seen to have commenced in their role without a DBS certificate in place and associated risk assessment. Induction and ongoing training were seen to be in place for staff, with compliance for mandatory training at the time of the assessment at 92%.</p> <p>The home environment requires attention – areas of damage were observed, generally the lower parts of the walls and related to moving and handling equipment, and bathrooms continue to have rusty radiators, etc., which is not in line with infection control requirements.</p>		

During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Management of medications was found to be poor; some MAR Charts were found to have incorrect balances, some medications were found to have been missed due to stock issues; the provider has identified issues with obtaining medications from supplying pharmacy and have followed safeguarding procedures. Not all time-specific medication was administered in line with instructions. There were several entries in the controlled drugs book that did not have a witness signature, discrepancies in the balance of two controlled drugs, and a staff member was observed to witness sign the controlled drugs register without observing the administration.

Audits were not completed consistently at the required frequency and clear actions were not always identified from the findings. The manager has systems in place to assess and monitor the quality-of-service provision including staff, resident and family / friends' surveys, and complaints are investigated and lessons learned identified.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address all areas identified as requiring improvement; progress will be monitored by the QuAC Officer.

Support and follow-up visit booked in with the Medicines Optimisation Team.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The provider engages with the QuAC Team, provides information requested, and submits performance indicators in a timely manner. The provider has limited engagement with the Transformation Managers and initiatives.

The provider's NEWS target is below target. The provider has been involved in pilots with the Trust such as I Stumble and the Falls Head Injury Pathway.

Current CQC Assessment - Date / Overall Rating	27/01/2021	Good
---	-------------------	-------------

Provider Name	Real Life Options	
Service Name	Real Life Options – 96 Bishopton Road	
Category of Care	Residential Care Home – Learning Disabilities	
Address	96 Bishopton Road, Stockton-on-Tees TS18 4PA	
Ward	Newtown	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Excellent
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Good
Date of Inspection	31st January 2024	
Date Assessment Published	7th March 2024	
Date Previous Assessment Published	7th March 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans and risk assessments were seen to be highly person-centred and contained highly detailed information regarding the residents, and there was evidence of regular reviews. The care plans evidenced family involvement where relevant and were seen to reflect resident's needs and abilities to be independent; this was supported by observations of care workers supporting the residents to be as independent as possible. Staff were observed to speak in a friendly manner to residents, always asking them for consent to complete tasks; where the resident wasn't able to complete a task without support, staff would always engage them as much as possible. The home has begun to create learning videos for staff to be able to support a resident to become more independent.</p> <p>Feedback from family was very positive. Family members spoke very highly of the staff and the organisation; they felt their loved ones were cared for very well and that they were given all the opportunities they could be. Family was very involved and kept up-to-date with any changes and information.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. The only identified improvements were ensuring staff recorded incidents correctly and MAR charts being signed before medication had been administered; this was addressed on the day with staff on shift and subsequently addressed with the whole staff group. Medications were managed, stored, and administered safely.</p> <p>The premises is safe, secure, and managed appropriately; relevant safety certification, servicing and maintenance was in place and up-to-date. Overall, the environment was to a good standard. The manager has a range of audits in place with an overarching Action Plan to track and monitor actions identified.</p>		

<p>Staff interviews identified that staff were not able to recall relevant information regarding their understanding of the meaning, purpose and principals of MCA and reporting of safeguarding's outside of the organisation. This was acted upon immediately by the manager through a staff meeting; staff were given information regarding MCA. Further information/training is to be given to staff.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>An Action Plan will be developed from the PAMMS assessment, and the QuAC Officer will monitor and review all the evidence for improvement and compliance through contractual visits.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>13/11/2019</p>	<p>Good</p>

Provider Name	Stockton Care Limited	
Service Name	Cherry Tree Care Centre	
Category of Care	Residential / Residential Dementia	
Address	South Road, Norton, Stockton-on-Tees TS20 2TB	
Ward	Norton South	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Requires Improvement
Involvement & Information	Requires Improvement	Requires Improvement
Personalised Care / Support	Requires Improvement	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Requires Improvement	Good
Quality of Management	Requires Improvement	Requires Improvement
Date of Inspection	5th – 7th February 2024	
Date Assessment Published	14th March 2024	
Date Previous Assessment Published	22nd February 2023	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>An electronic care planning system is in place; review of this evidenced that care plans were person-centred, however, whilst a wide range of needs was covered, they would benefit from recording of further detail. Resident / relative involvement was not always evidenced. It was not advertised that information was available in accessible formats, however, the provider advised that this would be available upon request. Welcome packs are provided to residents and contain good detail, however, attention to detail was lacking in other areas of documentation within the home. Residents spoken with advised that they are given choice over their care and visitors are welcomed into the home at any time. During inspection, there was no evidence of any activities taking place. The activity co-ordinator role was vacant and efforts were being made to recruit. Whilst the provider advised that staff from sister homes attend the home to support with activities where possible, the communal areas did not appear to be in a usable state. The home was decorated in a dementia friendly manner, with images of local landmarks used as an alternative to stock images.</p> <p>Whilst observation and discussions with both staff and residents evidenced that staff have a good understanding of consent, documentation relating to mental capacity was not always completed. Care records were not always completed or reviewed on time and did not offer a lot of detail – this includes daily notes, risk assessments and care plans. Observation of interactions between staff and residents evidenced that residents are treated with dignity and respect. Staff were seen to be responsive to residents' needs, to provide choice and to promote independence. A key worker system is in place and staff had a good understanding of the role of the key worker.</p> <p>Improvement is required to food hygiene / storage when external to the main kitchen, otherwise management of nutrition was satisfactory with up-to-date MUST scores recorded and appropriate liaison with involved professionals such as SALT. Whilst there were some areas requiring attention, general infection prevention and control measures were seen to be in place with appropriate use of PPE and hand hygiene. The home appeared safe and secure; there</p>		

were some areas of the home which were visibly tired, but the provider is aware of this and actioning priority areas first. The lift remains out of use, however, a new engineering company has been identified to take over the repairs due to difficulties with the previous company. The provider has made contact with emergency services to advise them of the status of lift, and the residents affected, in advance of any emergencies. Equipment was seen to be maintained with appropriate checks and service certification in place.

The NECS Medicines Optimisation Team completed a quality assurance visit alongside the PAMMS assessment. Medicines were found to be handled safely and a score of 89% was awarded.

Residents and relatives spoken with confirmed they feel safe and would have no apprehensions on raising concerns with the provider. Safeguarding and whistleblowing information was displayed around the home, and staff were able to describe a good understanding of their role in keeping people safe.

Some improvement is required to the recruitment process and records relating to the same, as well as records of appropriate checks for visiting professionals. The home does not use agency staffing. Staffing levels were seen to be appropriate with staff advising that they feel the team work well together and have the appropriate skill mix. A training matrix was in place which identified some gaps and did not give assurance of overall training compliance. A supervision / appraisal matrix was in place and evidenced completion regularly.

An annual quality assurance report is completed by the provider – this reports on data gathered through audits, incidents, compliments / complaints and surveys. The report is displayed in the reception area of the home. There is a complaints procedure in place which also records any lessons learnt from complaints; as with other documentation within the home, this requires better attention to detail. Staff confirmed that they felt confident and comfortable in raising any concerns and were aware of how to do so, both internally and externally. There were examples shared of the provider responding to concerns raised in the past and staff advised there was an open door policy within the home. Resident meetings were not previously taking place but have now been scheduled. Relative meetings are scheduled three-monthly. Staff meeting minutes evidenced discussion of appropriate topics, however, some discussions did come across unsupportive and feedback was provided on this.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate. As this is the second PAMMS assessment in which the provider has received a 'Requires Improvement' rating, they have been advised that the Action Plan must be completed within three months.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

Cherry Tree actively engage and respond well to the QuAC Officer and Transformation Team. An Action Plan was created following discussion between the Transformation Manager and the Registered Manager to utilise support offered through this mechanism. They have attended the Well Led Programme, DoLS training, taken part in the 'proactive community matrons' pilot, and have recently become 'dementia friendly care home' accredited. Following feedback from this inspection, they have begun engaging with the activities co-ordinator

network. They have not yet attended medication related training but do plan to attend upcoming sessions. Where possible, the manager does attend both leadership meetings and provider forums.

Current CQC Assessment - Date / Overall Rating	06/01/2023	Requires Improvement
---	-------------------	-----------------------------

Provider Name	Annfield Care Limited	
Service Name	Longlast	
Category of Care	Residential – Learning Disabilities	
Address	Thorpe Road, Carlton, Stockton-on-Tees TS21 3LB	
Ward	Northern Parishes	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Excellent	Excellent
Involvement & Information	Excellent	Excellent
Personalised Care / Support	Excellent	Excellent
Safeguarding & Safety	Excellent	Good
Suitability of Staffing	Excellent	Good
Quality of Management	Good	Good
Date of Inspection	12th & 13th February 2024	
Date Assessment Published	22nd March 2024	
Date Previous Assessment Published	20th November 2020	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were very well written and included staff's intimate knowledge of residents. Each plan was individualised and had great details reflecting specific needs and preferences. Plans contained 'a day in the life of' story which described in detail how to support each resident successfully, and there was thorough information on life history. Plans evidenced that the residents and their families had been included. All information shared was seen to also be provided in easy read formats, utilising picture guides and Makaton.</p> <p>The home was well-kept with a homely feel. Bedrooms ensured resident needs, alongside their likes and their personalities, were considered. Observations of interactions around the home demonstrated a welcoming and relaxed environment in which residents were able to laugh and joke with staff.</p> <p>Residents are involved in many decisions around the home, and those who are able are encouraged to be as independent as possible. Care plans clearly describe individual strengths and abilities, with risk assessments in place to ensure independence can be promoted safely. Monthly resident meetings are held, with a clear focus on empowering residents to have choice. Levels of engagement is documented, including body language and verbatim responses.</p> <p>There was good evidence of an effective and supportive keywork structure. Monthly keyworker meetings encourage the residents to set goals, review what went well the last month, and asks for feedback on activities and events. There was evidence during the assessment of these goals being worked towards. The home makes every effort to capture feedback from all residents, and Makaton is used frequently to aide discussions.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and</p>		

findings. An audit by the NECS Medicines Optimisation Technician in July 2023 found the overall score was 90%. All areas of the report were marked as substantially met or higher. There were no identified areas of improvement following the Meds Optimisation report, and no follow-up visit was recommended. An observation was carried out by the QuAC Officer. Staff were observed using good hand hygiene, following the correct procedures, and administering in a person-centred manner. The staff member knew without prompting how each resident's medications were taken, when, and expected behaviours often displayed. No controlled drugs or covert medications are used, but procedures are in place if this were to change. Medication competencies for staff who administer are refreshed quarterly. No near-misses or incidents were recorded since the Meds Optimisation audit and the time of assessment.

Staffing levels around the home are good, with little concern of staff turnover and no agency usage. Supervisions and appraisals are carried out regularly and staff spoke highly of the support received by management. Staff are appropriately trained; training is monitored, and RAG-rated by management with 97.54% 'green'. Staff were able to confidently describe the MCA principles and DoLS without prompting and give examples of how this is put into practice. Staff were equally confident with safeguarding and health and safety procedures. Staff meeting frequency has recently been increased and is now scheduled as bi-monthly.

Residents are encouraged to be a part of the community and there was ample evidence of social activities taking place, including clubs, village parties, and days out. There was evidence of support in maintaining relationships with family and friends, both through details in care planning and via feedback received from families. Family members were keen to provide feedback to contribute to the assessment, and those spoken with were happy with the care residents received and the place in which they live, and spoke highly of how happy their family member was living there.

Plans and Actions to Address Concerns and Improve Quality and Compliance

No areas were identified for improvement to ensure full compliance.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider engages well with the QuAC and Transformation Teams. The provider engages with forums, commissioning, initiatives, and training that is offered.

Current CQC Assessment - Date / Overall Rating

14/03/2018

Outstanding

Provider Name	The Five Lamps Organisation	
Service Name	Five Lamps Home Care (Eldon Street)	
Category of Care	Care at Home (Standard)	
Address	Eldon Street, Thornaby, Stockton-on-Tees TS17 7DJ	
Ward	n/a	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Requires Improvement	Good
Involvement & Information	Requires Improvement	Requires Improvement
Personalised Care / Support	Requires Improvement	Good
Safeguarding & Safety	Requires Improvement	Good
Suitability of Staffing	Requires Improvement	Good
Quality of Management	Requires Improvement	Good
Date of Inspection	4th – 6th March 2024	
Date Assessment Published	26th March 2024	
Date Previous Assessment Published	28th July 2021	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were well structured and contained appropriate details to the individual, though the paperwork was not always completed in full or correctly. Care plans did reflect service-user needs, preferences, abilities for independence, what is important to them, and life history. Evidence was found of duplicated paperwork for married service-users. Pictures were included, though not dated, and when no picture was on file it did not specify if this was by service-user choice. Risk assessments were in all care plans, however, required improvement as, though the template structure was good and prompted for thorough detail, it was not utilised fully and not all risks were considered.</p> <p>Care plans detailed the date of the last assessment and the next planned review, which are scheduled three monthly, however, there was no audit trail of previous reviews. There was no evidence of service-user involvement other than a signature sheet which was only used at initial assessment.</p> <p>Staff were observed to speak in a friendly manner to service-users. Mostly, staff were observed asking for consent to complete tasks and talking to the service-user around the tasks they are completing, though some moving and handling tasks were completed with no communication. Hand hygiene was not always appropriately followed at calls, with gloves only being changed once after personal care. From reviewing daily notes following observation, it was noted that these were not completed accurately, including recording of food and fluids, and the reporting of incidents during calls.</p> <p>All staff gave good examples of how to respect the privacy, dignity, and choice of service-users, however, were not able to recall having specific training in relation to MCA, DoLS, or safeguarding. Most staff had brief knowledge around how and when to raise concerns, how to identify signs of abuse, and could define whistleblowing.</p>		

Most service-users spoken with confirmed they were happy with the care provided and that they have been given relevant information and contact details should they want to provide feedback. A service-user guide is given on commencing a care package, and this details Five Lamps' mission and values, rotas, finance, personal care needs and tasks, and staff conduct. Relevant contact details the service-user may need are included, such as CQC, though no Local Authority contacts are given. Paperwork was not seen to be offered in alternative formats or to advise how to obtain this should it be required.

Overall, service-users spoken to were happy with their carers and the care received. One service-user reported feeling that feedback was listened to and handled well, with communication of progress and outcomes, however, another felt that the communication was poor from office staff, who do not handle their concerns or complaints effectively and have 'given up trying'. Communication was felt to be poor in respect of rotas.

Medications were observed to be handled, administered, and stored appropriately within service-users' homes. Medication competency assessments for staff are completed six-monthly and were seen to be comprehensive. A matrix is in place for monitoring, though does not provide a clear structure to space appropriately, nor does this evidence compliance with the six-monthly timescale set.

Recruitment checks and staff files are in place, however, require some improvements to be more robust. Some files had concerns noted on employment checks, with no evidence this was followed-up. There was an inconsistent approach to the checking and recording of DBS certificates, and to the verifying of references. All photocopied paperwork was certified with a headed stamp, which was then signed and dated to verify that original copies had been seen.

There was an audit matrix to specify the audits management are to complete, which were scheduled monthly. There was little evidence of this structure being followed, and minimal audits completed in the latter months of 2023, and at the time of assessment, no schedule for 2024. Recording was inconsistent and difficult to determine if completed or missed.

Plans and Actions to Address Concerns and Improve Quality and Compliance

An Action Plan will be created by the provider to address the identified areas for improvement. The QuAC Officer will monitor and review all the evidence for compliance through contractual visits.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The provider engages well with the QuAC and Transformation Teams. The provider engages with all forums, commissioning, initiatives, and training that is offered.

Current CQC Assessment - Date / Overall Rating

14/07/2021

Good

Provider Name	Allison House Thornaby Limited	
Service Name	Allison House	
Category of Care	Dementia Residential and Nursing	
Address	Fudan Way, Thornaby, Stockton-on-Tees TS17 6EN	
Ward	Mandale & Victoria	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Requires Improvement
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Requires Improvement	Requires Improvement
Quality of Management	Good	Requires Improvement
Date of Inspection	7th March 2024	
Date Assessment Published	27th March 2024	
Date Previous Assessment Published	29th March 2023	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans and risk assessments were seen to be person-centred and contained detailed information regarding the residents; there was evidence of regular reviews. The care plans evidenced family involvement where relevant and were seen to reflect resident needs and abilities to be independent; this was supported by observations of care workers supporting the residents to be as independent as possible. Staff were observed to speak in a friendly manner to residents, always asking them for consent to complete tasks; where the resident couldn't complete a task without support, staff would always engage them as much as possible.</p> <p>Feedback from family was very positive. Family spoke very highly of the staff team and were highly complementary of the whole service.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. Improvements to be made were in relation to covert medication care documentation; staff are to complete documentation in full, including the detail of how covert medications should be administered, and to consult / involve the pharmacist / GP. Recommendation was made to triangulate all information into one protocol.</p> <p>Staff files were not up-to-date; not all files had a signed contract, and DBS checks had not been obtained for two staff members (checks made by previous employers were being relied upon). Staff training in relation to safeguarding was out of date, and there was a lack of evidence of supervisions and annual appraisals having taken place.</p> <p>The building has undergone major refurbishment lately, and due to this, areas of disrepair are evident. Overall, the premises is safe, secure, and managed appropriately; relevant safety certification, servicing and maintenance was in place and up-to-date. The overall environment was to a good standard.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer 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 engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives.		
Current CQC Assessment - Date / Overall Rating	30/07/2022	Good

Provider Name	Prioritising People's Lives Ltd	
Service Name	Prioritising People's Lives Ltd	
Category of Care	Care at Home (Standard)	
Address	Suite 6, Durham Tees Valley Business Centre, Orde Wingate Way, Stockton-on-Tees TS19 0GD	
Ward	n/a	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Good
Involvement & Information	Good	Good
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Good
Suitability of Staffing	Good	Good
Quality of Management	Good	Good
Date of Inspection	12th February 2024	
Date Assessment Published	27th March 2024	
Date Previous Assessment Published	21st April 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans were seen to be person-centred, contained sufficient details, and evidenced family involvement where relevant. Care plans were seen to reflect service-users' needs and abilities to be independent or where family offer support; this was supported by observations of care workers supporting service-users to be as independent as possible. Care plans were seen to be reviewed consistently, including an update when care needs changed in line with the contract.</p> <p>A service-user guide is given to clients on commencing their care package, and this details PPL's commitment to their care, how they will manage rotas, finance, personal care needs and tasks, and staff conduct and identification. There are contact details for the Director, alongside Local Authority contacts, LGO, and CQC. Service-users confirmed they have been provided with information and contact details should they want to provide feedback or make a complaint, and confirmed complaints were handled for them.</p> <p>Staff were observed to speak in a friendly manner to service-users and family members, asking them for consent to complete tasks while also talking to the service-user around the tasks they are completing. Service-users spoken with confirmed they were happy with the care provided. Overall, service-users spoken to were happy with their care and rotas provided.</p> <p>Medications were observed to be handled, administered, and stored appropriately within service-users' homes. Medication competency assessments are completed regularly, and medication audits are completed monthly.</p> <p>The provider records compliments and complaints in full, however, the provider has a thorough system for audits which provides graded actions (i.e. high / medium / low) and allocated a deadline for completion; there was no evidence of follow up of these actions, tracking of completion or further discussions with staff around trends, etc. Discussion was had with the</p>		

<p>manager around creating a filing system at the front of audit files that tracks actions consistently to show progress.</p>		
<p>Plans and Actions to Address Concerns and Improve Quality and Compliance</p>		
<p>The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer through contractual visits.</p>		
<p>Level of Quality Assurance & Contract Compliance Monitoring</p>		
<p>Level 1 – No Concerns / Minor Concerns (Standard Monitoring)</p>		
<p>Level of Engagement with the Authority</p>		
<p>The provider engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives.</p>		
<p>Current CQC Assessment - Date / Overall Rating</p>	<p>15/01/2019</p>	<p>Good</p>

Provider Name	Real Life Options	
Service Name	Real Life Options – 2 Frederick Street	
Category of Care	Residential Care Home – Learning Disabilities	
Address	2 Frederick Street, Stockton-on-Tees TS18 2BF	
Ward	Stockton Town Centre	
	New PAMMS Rating	Previous PAMMS Rating
Overall Rating	Good	Requires Improvement
Involvement & Information	Good	Excellent
Personalised Care / Support	Good	Good
Safeguarding & Safety	Good	Requires Improvement
Suitability of Staffing	Good	Requires Improvement
Quality of Management	Good	Good
Date of Inspection	19th February 2024	
Date Assessment Published	29th March 2024	
Date Previous Assessment Published	7th March 2022	
PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)		
<p>Care plans and risk assessments were seen to be highly person-centred and contained highly detailed information regarding the residents, and there was evidence of regular reviews. The care plans evidenced family involvement where relevant and were seen to reflect resident needs and abilities to be independent; this was supported by observations of care workers supporting the residents to be as independent as possible. Staff were observed to speak in a friendly manner to residents, always asking them for consent to complete tasks; where the resident wasn't able to complete a task without support, staff would always engage them as much as possible. The home has begun to create learning videos for staff to be able to support a resident to become more independent. The homely environment was highly personalised; this was evident throughout the home with highly personalised bedrooms, and the communal areas took into consideration the different needs of the residents (e.g. a sensory wall).</p> <p>Feedback from family was very positive. Family members spoke very highly of the staff and the organisation; they felt their loved ones were cared for very well and that they were given all the opportunities they could be. Family was very involved and kept up-to-date with any changes and information.</p> <p>During this assessment, the medication elements of the PAMMS inspection were assessed alongside the NECS Medicines Optimisation Team and were scored in mutual agreement with the Quality Assurance and Compliance (QuAC) Officer whilst considering the observations and findings. The home scored very high for all practices; the only areas of improvement were for the manager to sign up to MHRA alert, which was completed on the day of assessment, and for staff to record full details of medications on the CD register.</p> <p>The premises is safe, secure, and managed appropriately; relevant safety certification, servicing and maintenance was in place and up-to-date. Overall, the environment was to a good standard. The manager has a range of audits in place with an overarching Action Plan to track and monitor actions identified.</p>		

Plans and Actions to Address Concerns and Improve Quality and Compliance		
The provider will complete an Action Plan to address the areas identified for improvement to ensure full compliance and improve quality. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer 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 engages well with the QuAC and Brokerage Team and other Local Authority teams. The provider also engages well with the Transformation Team and is happy to participate in Local Authority support initiatives.		
Current CQC Assessment - Date / Overall Rating	24/02/2023	Good