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

QUARTER 2 2024-2025

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

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

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

Quarterly Summary of Published CQC Reports

This update includes inspection reports published between July and September 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, **5** inspection result was 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:

- 2 Adult Services were reported on (2 rated 'Good')
- 3 Primary Medical Care Service were reported on (3 not rated)
- 0 Hospital / Other Health Care Services were reported on

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 **7** reports published between July and September 2024 (inclusive), the overall outcomes of which can be summarised as follows:

- 4 rated ‘Good’
- 3 rated ‘Requires Improvement’

APPENDIX 1

ADULT SERVICES

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

Provider Name	**Kensington Home Care Limited**	
Service Name	**Kensington Home Care**	
Category of Care	**Homecare Agency**	
Address	Rooms 6-8, Gloucester House, 72 Church Road, Stockton-on-Tees TS18 1TW	
Ward	**n/a**	
CQC link	https://www.cqc.org.uk/location/1-14954071090/reports/AP3275/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**n/a**
Safe	**Good**	**n/a**
Effective	**Good**	**n/a**
Caring	**Good**	**n/a**
Responsive	**Good**	**n/a**
Well-Led	**Good**	**n/a**
Date of Inspection	**8th – 14th May 2024**	
Date Report Published	**6th August 2024**	
Date Previously Rated Report Published	**n/a**	

Further Information

The CQC carried out an on-site assessment on 9 May 2024; off-site assessment activity started on 8 May 2024 and ended on 14 May 2024. It looked at 95 evidence categories within 34 quality statements. The service performed well against the majority of statements the CQC looked at.

CQC view of the service

- There were areas for improvement in evidence categories linked to timeliness of care calls, cultural awareness of staff and future care planning.
- Safeguarding procedures and policies were in place and implemented effectively.
- Risks were regularly reviewed following a detailed pre-assessment process and proactive work with other health and social care partners.
- People and their relatives were involved in care planning.
- The provider has a 'visiting officer' role in place and this proved effective in understanding people's needs from the outset.
- Six-monthly reviews were used to assess how people were finding the service and if any changes needed to be made.
- The visiting officer worked closely with the care co-ordinator and registered manager; the team had a strong understanding of people's needs.

- Staffing levels were sufficient to keep people safe, although there were times when staff arrived late for care calls, or did not stay the full time. Rotas were well planned and the registered manager was working to reduce the number of delayed calls, and to improve communication in this regard.
- The majority of people who used the service described positive experiences, with carers being kind and respectful. Where particular concerns were raised about standard of food preparation, the registered manager acted on these.
- The registered manager worked well with local partners. They had suitable experience in social care and led the service strongly. They acknowledged they could do more to explore links with other community organisations or educational establishments and were responsive to feedback.

People's experience of this service

- People were supported to maintain their independence and had a clear say in how they planned and received care.
- People, relatives and staff felt they could speak up if they had any concerns. Where they had done so, the registered manager took prompt, effective action.
- Some people raised concerns about the ability of some staff to communicate effectively, and to understand their food preferences. There were examples of poor outcomes for people in terms of food preparation. The registered manager was aware of this and was responsive to feedback regarding how to make improvements.
- People confirmed staff completed the tasks that had been agreed in advance as their care plan, and that the service got in touch through a range of means to see if any changes were needed.
- People told the CQC they felt safe and felt the service delivered what they expected the majority of the time. Some people had experience delayed calls but never significantly so.
- Representative comments included, “It’s a local company and the quality of the care they give mum has given mum a new lease of life. No I don’t think there is anything else they could do to improve it.” Another said, “Overall it’s a good service. There have been some issues with staff understanding our culture and some communication difficulties though.” Another said, “To tell you the truth it’s a small company and the staff treat me respectfully and as a human being. I did have problems in the beginning but it’s all been sorted.”

Provider Name	**Prestige Care (Roseville) Ltd**	
Service Name	**Roseville Care Centre**	
Category of Care	**Nursing / Residential / Dementia**	
Address	Blair Avenue, Ingleby Barwick, Stockton-on-Tees TS17 5BL	
Ward	**Ingleby Barwick North**	
CQC link	https://www.cqc.org.uk/location/1-5123732549/reports/AP5141/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**Good**	**Good**
Safe	**Good**	**Good**
Effective	**Good**	**Good**
Caring	**Good**	**Good**
Responsive	**Good**	**Good**
Well-Led	**Good**	**Good**
Date of Inspection	**5th – 15th August 2024**	
Date Report Published	**22nd August 2024**	
Date Previously Rated Report Published	**21st February 2023**	

Breach Number and Title
None.
Level of Quality Assurance & Contract Compliance
Level 1 – No Concerns / Minor Concerns (Standard Monitoring)
Level of Engagement with the Authority
The Group Operations Manager has a positive relationship with the Quality Assurance & Compliance (QuAC) Officer, maintaining honest and open communications and responding to requests for information in a timely manner.
Engagement and Support from Transformation Managers
Following recent concerns raised through the CQC whistleblowing, a meeting was held between the Transformation Team and Roseville senior management team including the Regional Manager, Acting Manager and Deputy Manager. General performance and strategic direction of the home was discussed, and the team conceded that there had been issues under the previous manager, but they have been working towards significant improvements in the home. Areas for continued development were highlighted and support was requested from the Transformation Team which included improvements in staff knowledge about dementia, escalation of medical need, falls prevention, and MCA and DOLS – this has been consolidated into an Action Plan.

The Acting Manager and Deputy Manager have been allocated places on the Well Led Programme to support leadership, innovation and team building within the home and across the wider network.

The newly appointed manager is due to commence her role in October and will continue to be supported by the current Acting Manager (and Clinical Lead) and Deputy Manager. The team are keen to explore wider development opportunities and partnership work, including Skills for Care Digital Pioneers Programme.

Supporting Evidence and Supplementary Information

The inspection was completed due to concerns received by the CQC in relation to care, safeguarding, risk management, staffing, the environment, and the leadership of the home.

The CQC assessed a small number of quality statements from all key questions which focused on the areas of concern. The assessment of these quality statements did not indicate any concerns, and the overall rating remains 'Good'.

The scores for these areas have been combined with scores based on the key question ratings from the last inspection which was completed in January 2023. At the time of the assessment, there was no Registered Manager in post – however, interim management arrangements were in place which people, relatives and staff were happy with.

Systems and processes were in place to assess and mitigate risks and ensure people were safeguarded from the risks of avoidable harm and abuse. Recognised tools were used to assess people's needs and leaders worked to ensure best practise guidance was followed.

Staff knew people well and were kind and caring in their approach, ensuring people were supported with decision-making and their choices respected.

Checks of the equipment and the environment were completed, and a refurbishment plan was in place and being completed.

Governance processes were in place to monitor the service and drive improvements. However, there were mixed views about staffing levels and sustained improvements were needed in relation to the recording of recruitment checks, staff training and support. These had been identified by the provider, however, further development and embedding of processes was needed.

Participated in Well Led Programme?	**Yes**	
PAMMS Assessment – Date (Published) / Rating	**07/09/2022**	**Good**

PRIMARY MEDICAL CARE SERVICES

Provider Name	**Mr Michael Stanley Hulley**	
Service Name	**Roseworth Dental Centre**	
Category of Care	**Dentists**	
Address	73 Ragpath Lane, Stockton On Tees, Cleveland, TS19 9JW	
Ward	**Roseworth**	
CQC link	https://www.cqc.org.uk/location/1-3527282242/reports/AP4237/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**n/a**	**n/a**
Safe	**Regulations met**	**n/a**
Effective	**Regulations met**	**n/a**
Caring	**Regulations met**	**n/a**
Responsive	**Regulations met**	**n/a**
Well-Led	**Regulations met**	**n/a**
Date of Inspection	**3rd July 2024**	
Date Report Published	**22nd August 2024**	
Date Previously Rated Report Published	**29th March 2013** (previous provider)	

Further Information

Roseworth Dental Centre provides NHS and private dental care and treatment for adults and children. The CQC carried out this on-site announced assessment on 3 July 2024 and found that the practice had met regulations. During the assessment, the CQC spoke with two dentists, two qualified dental nurses, the reception supervisor, the business manager, and practice supervisor.

CQC view of the service

- The practice had systems to manage risks.
- Recruitment procedures reflected current legislation.
- Infection control procedures followed published guidance.
- Patients' care and treatment was provided in line with current guidance.
- Patients were treated with dignity and respect.
- At the time of the assessment, patients could access care, support and treatment when required.
- There was effective leadership and a culture of continuous improvement.

People's experience of this service

- During the assessment, the CQC received feedback from nine patients – all responded positively to the service which was provided.
- Comments included that staff were welcoming, polite, professional and helpful. They also said that they were given information about treatment options and felt fully involved in the decision process.

- The practice shared patient feedback with the team. The CQC was told this was reviewed and, where suggestions had been made, appropriate action would be taken.
- Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.
- Patients commented positively about the standards of cleanliness.

Provider Name	**Syed Yusuf Abdullah & Deepa Abdullah**	
Service Name	**Hardwick Dental Practice**	
Category of Care	**Dentists**	
Address	50 Hardwick Road, Stockton-on-Tees TS19 8JY	
Ward	**Hardwick & Salters Lane**	
CQC link	https://www.cqc.org.uk/location/1-1174619026/reports/AP5909/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**n/a**	**n/a**
Safe	**Regulations met**	**n/a**
Effective	**Regulations met**	**n/a**
Caring	**Regulations met**	**n/a**
Responsive	**Regulations met**	**n/a**
Well-Led	**Regulations met**	**n/a**
Date of Inspection	**3rd June 2024**	
Date Report Published	**28th August 2024**	
Date Previously Rated Report Published	**9th April 2014** (previous provider)	

Further Information

Hardwick Dental Practice provides NHS and private dental care and treatment for adults and children. The CQC carried out this on-site announced assessment on 3 June 2024. During the assessment, the CQC spoke with two dentists, one qualified dental nurse, the receptionist, and the practice manager.

CQC view of the service

- The practice had systems to manage risks.
- Recruitment procedures reflected current legislation.
- Infection control procedures followed published guidance.
- Patients' care and treatment was provided in line with current guidance.
- Patients were treated with dignity and respect.
- At the time of the assessment, patients could access care, support and treatment when required.
- There was effective leadership and a culture of continuous improvement.

People's experience of this service

- Two weeks before the inspection, the practice was asked to encourage patients to share their views of the service with the CQC. Thirty-one comments were received and all views expressed by patients were positive.
- Comments included that staff were friendly, helpful, professional and polite.
- They also commented they could get appointments quickly and easily.
- Patients said they would recommend the service to friends and family.
- The practice shared patient feedback with the team. The CQC was told this was reviewed and, where suggestions had been made, appropriate action would be taken.

- The provider gathered feedback from staff through meetings, surveys, and informal discussions.
- Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.
- Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.
- Patients commented positively about the standards of cleanliness.

Provider Name	**Grange Dental Practice**	
Service Name	**Grange Dental Practice**	
Category of Care	**Dentists**	
Address	384-386 Norton Road, Stockton-on-Tees TS20 2QL	
Ward	**Norton South**	
CQC link	https://www.cqc.org.uk/location/1-5104053930/reports/AP4229/overall	
	New CQC Rating	**Previous CQC Rating**
Overall	**n/a**	**n/a**
Safe	**Regulations met**	**n/a**
Effective	**Regulations met**	**n/a**
Caring	**Regulations met**	**n/a**
Responsive	**Regulations met**	**n/a**
Well-Led	**Regulations met**	**n/a**
Date of Inspection	**17th July 2024**	
Date Report Published	**17th September 2024**	
Date Previously Rated Report Published	**17th September 2013**	

Further Information

Grange Dental Practice provides NHS and private dental care and treatment for adults and children. The CQC carried out this on-site announced assessment on 17 July 2024 and found that the practice had met regulations. During the assessment, the CQC spoke with three dentists, three dental nurses, a decontamination nurse, a dental therapist, and the business manager.

CQC view of the service

- The practice had systems to manage risks.
- Recruitment procedures reflected current legislation.
- Infection control procedures followed published guidance.
- Patients' care and treatment was provided in line with current guidance.
- Patients were treated with dignity and respect.
- At the time of the assessment, patients could access care, support and treatment when required.
- There was effective leadership and a culture of continuous improvement.

People's experience of this service

- During the assessment, the CQC received feedback from 36 patients – all patients' feedback was positive.
- Patients told the CQC that staff were professional, welcoming, comforting and kind. They also commented that the standard of care was always excellent, and they would recommend the practice to anyone.
- The practice shared patient feedback with the team. The CQC was told this was reviewed and, where suggestions had been made, appropriate action would be taken.

- Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.
- Patients commented positively about the standards of cleanliness.

HOSPITAL AND COMMUNITY HEALTH SERVICES
(including mental health care)

None

APPENDIX 2

PAMMS ASSESSMENT REPORTS

(for Adult Services commissioned by the Council)

Provider Name	**SSL Healthcare Ltd**	
Service Name	**The White House Care Home**	
Category of Care	**Residential**	
Address	76a Darlington Road, Hartburn, Stockton-on-Tees TS18 5ET	
Ward	**Hartburn**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Excellent**	**Excellent**
Safeguarding & Safety	**Good**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**10th June 2024**	
Date Assessment Published	**7th August 2024**	
Date Previous Assessment Published	**27th October 2022**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans were seen to be highly personalised and person-centred. Observations of interactions with residents were seen to positive. Care plans and risk assessment were seen to be updated regularly.

Throughout the assessment, family / relatives were seen to be welcomed into the home and could enjoy meals and join in activities with their loved ones. It was evident there was strong relationships with relatives who provided lots of praise and positive feedback regarding the home and staff team.

The home is proactive in engaging with other care homes to provide joint activities and was pivotal in establishing a monthly activity at a local social club where residents from different care homes come together. Each care home takes turns to host the activity and organise different events (i.e. Country and Western afternoon, etc.).

The home is ambitious about their activity provision alongside providing an activity programme that includes activities both inside and outside of the home; they also take residents to trips out to the Lake District and caravaning holidays. The home is also innovative in their practice and introduced virtual reality into the lives of their residents with VR Headsets. The home captures residents' experiences and shares these via photographs and videos with family / relatives.

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. Medications management was found to be good.

MCA assessment and DoLS were in place where required, and mental state and cognition care plans also linked to the Dementia, Living GEMS states.

Sufficient staff are available to residents exceeding the staffing required as per the dependency tool. Staffing training compliance was 92% for mandatory training at the time of the assessment.

The manager gathers and evaluates information about the quality of service to improve. Relative surveys were last carried out in January 2024; feedback was positive and any suggestions, etc. were seen to be acted on. The manager records and monitors any complaints, incidents / near misses and safeguarding alerts, and has a range of audits that are both effective and robust.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan for the very few questions identified as 'Requires Improvement' and the QuAC Officer will monitor this progress through contract visits.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a positive relationship with the QuAC Officer. Concerns around late submission of monthly performance data has now been resolved.

Engagement and Support from Transformation Managers

The White House is highly engaged with, and regularly contributes to the work of, the Transformation Team.

They attend all relevant training and have recently attended Complaints Management, Recovery Ally, Fire Safety and Meds Optimisation training, and have provided evidence of how this training will be implemented into their practice.

They attend all Leadership and Peer Support Network meetings and have presented on several occasions and regularly share best practice with peers. They attend all Provider Forums unless on annual leave and are scheduled to present at the upcoming forum in September 2024.

They are heavily engaged with the Research in Care Homes programme and have presented at an event for the National Institute for Health and Care and have also produced a video about innovation and positive risk taking in care homes that has been shared at two regional conferences. One of their residents also sits on the FINCH National Research Board working in particular on an Action Falls initiative which looks to reduce falls in care home settings.

Their Activity Co-ordinator is an integral part of the Activity Co-ordinators Network and supported the creation of the monthly resident social group at Elm Tree Social Club; their residents have taken part in events including Care Home Legends, SIRF Community Carnival and the Big Green walk.

They have excellent relationships with wider partners and stakeholders, and regularly engage with them to support development of practice and to improve their own practice. The White House and their staff are always motivated, innovative and have the resident at the heart of their service delivery, and it is a pleasure to work with them.		
Current CQC Assessment - Date / Overall Rating	**18/12/2019**	**Outstanding**

Provider Name	**Methodist Homes**	
Service Name	**Reuben Manor**	
Category of Care	**Residential / Dementia Residential**	
Address	654-656 Yarm Road, Eaglescliffe, Stockton-on-Tees TS16 0DP	
Ward	**Eaglescliffe East**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Excellent**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**8th July 2024**	
Date Assessment Published	**14th August 2024**	
Date Previous Assessment Published	**9th March 2023**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans were electronic, well organised and easy to follow. Care plans were seen to be person-centred and contained the residents' personal details, likes / dislikes. Residents' abilities and preferences were recorded to ensure independence was promoted. Risk assessments were in place and aligned with care plans. Care plans and risk assessments were seen to be reviewed and updated regularly. Mental Capacity Assessments were seen to be in place for residents with DoLS Authorisations and Best Interest Decisions in place where required.

Observations evidenced residents' overall wellbeing is maintained and staff interactions with residents was seen to be positive and respectful, promoting dignity. Feedback from residents regarding the home, staff and food was positive.

Staff had the relevant knowledge and training required for the role. The home has an in-house Moving and Handing trainer which allows for one-to-one training sessions for staff, if required, and greater availability of training, which in turn increases resident safety. This has contributed to the 'Excellent' rating for 'Safeguarding & Safety' domain. Staff receive regular supervision and annual appraisal; staff training compliance levels were high. Sufficient staff were seen to be on duty as per the staffing recruitments from the dependency tool, however, the feedback from staff was staffing levels could be improved.

Safeguarding information and was on display around the home; staff had a good understanding of safeguarding, had completed relevant training, and were confident in responding and reporting to safeguarding concerns. Residents confirmed they felt safe.

Safer recruitment practices were seen to be in place, however, some gaps in employment history were not explored. Appropriate documentation was available for agency staff and visiting professionals.

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 handling, administration and management of medication was found to be good.

At the time of the assessment, the home was undergoing redecoration; other areas were seen to be decorated to a high standard. The dementia unit was dementia friendly, including appropriate signage for bathrooms, memory boxes outside of bedrooms, coloured toilet seats, coloured crockery, sensory area, and activity room.

The manager has a range of audits in place; Actions Plans were seen to be in place for any areas identified, however, would benefit from an audit schedule. The manager has a folder in place to log all incidents, and a monthly report is produced from analysis of audits and incidents. The reports viewed were seen to cover a range of areas, included lessons learned, and signposted to other relevant areas such as policies and procedure or external support such as local safeguarding.

Plans and Actions to Address Concerns and Improve Quality and Compliance

There were only four individual questions identified as 'Requiring Improvement'; the manager will complete an Action Plan to address these areas which will be monitored by the QuAC Officer through reviews and contract visits.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The manager and deputy have a good open relationship with the QuAC Officer, are responsive to requests, and compliant with contractual requirements such as submission of performance data and utilisation of NEWS observations.

Engagement and Support from Transformation Managers

The Transformation Team have a good relationship with Reuben Manor, but engagement with training and networks is limited to Activities and occasional Leadership and Peer support networks. They involve residents in activities within the community and engage regularly with the Activity Co-ordinator Network, including meetings, workshops and attendance at activities across Stockton-on-Tees, most recently being the Care Home Legends, and Residents on Ice events. The manager has said that she would like to be more involved across the network and the team will continue to engage across the coming year.

Current CQC Assessment - Date / Overall Rating	**17/12/2020**	**Good**

Provider Name	**Oxbridge Care Limited**	
Service Name	**Windsor Court Residential Home**	
Category of Care	**Residential**	
Address	44-50 Windsor Road, Oxbridge, Stockton-on-Tees TS18 4DZ	
Ward	**Ropner**	
	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	**8th – 10th July 2024**	
Date Assessment Published	**16th August 2024**	
Date Previous Assessment Published	**4th January 2023**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans overall were of a good standard, covering a range of need and requirements, and personalised to each resident. Resident likes, dislikes and preferences were seen to be considered. Good detail was given on specific needs, level of independence, and behavioural triggers. Care plans and risk assessments were reviewed regularly, and there was also evidence of plans being updated timely where changes were necessary. A small area of improvement was identified around resident involvement in care planning; no resident or families spoken with could confirm their involvement in monthly reviews.

The home was well-kept, with good cleaning practices in place. The home has adapted well to be dementia-friendly, though a recommendation was made to include more pictorial dementia-friendly notifications for posters, menus, and activity boards. Bedrooms had been personalised with items from home. Interactions around the home were good; the environment was homely, and residents were clearly familiar with all staff and each other, with good examples of relationships between all. Residents and families spoke very highly of the home and the staff.

Staffing levels are good, and there was a good level of staff visibility around the home. There is a comprehensive induction and probation structure in place, which included use of the Care Certificate. Staff were seen to be appropriately trained; training was at 95% completion. Staff were able to confidently describe the MCA principles and were well informed on residents with DoLS and their restrictions. Supervisions and appraisals are carried out regularly and timely. A range of robust internal audits take place regularly with evidence of good managerial oversight.

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. MAR chart entries were seen to be a high standard; there was some evidence of inconsistent recording of non-administration and discontinuations with a lack of further details. Covert administrations were recorded clearly. Front covers were in place to a good standard.

Medication rounds observed were carried out in a safe and person-centred manner and there was good hand hygiene observed. Recommendations were made to seek clarity from prescribers on a small number of instructions, and to ensure covert plans include all relevant detail to aid safe administration. A robust ordering and stock checking process is in place. The medication room was found to be clean, tidy, and well organised. Fridge temperatures are recorded daily. Controlled drugs were stored correctly, and medications ready for disposal are stored separately. Medication audits are completed monthly, and competencies are completed in line with contractual requirements.

Residents are encouraged to be a part of the community both inside and outside the home, and a social calendar is in place. Residents and families spoke very highly of the activities available, that they are never 'going bored', and particularly liked the Activity Co-ordinator. There was plenty of evidence of many social activities taking place, and activities were seen to be inclusive to all residents. The home makes a conscious effort to adapt day trips to ensure everyone in the home has an opportunity to take part in social events. There was good evidence of support in maintaining relationships with family and friends, who were observed sitting in the garden, and joining in with activities and at mealtimes.

Plans and Actions to Address Concerns and Improve Quality and Compliance

A small Action Plan has commenced by the provider to address the inclusion of residents in care planning more effectively. This will be monitored by the QuAC Officer.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a good level of engagement with the Local Authority. The manager is responsive to both QuAC and other Local Authority teams.

Engagement and Support from Transformation Managers

Over the last year, Windsor Court have engaged fully with the Transformation Team; they are heavily involved in the Activity Co-ordinator Network, involving residents in community activities and other engagement initiatives. They also co-lead the running of the monthly Resident Social Group, supporting other Activity Co-ordinators with activity sessions and support. They recently got a resident involved in a research in care homes Patient and Public Involvement (PPI) session, which we hope will continue in the future.

Windsor Court management and owners attend all relevant training and are an integral part of the networks and provider forums. The home is always keen to engage with partnership and project work. The outcome of the PAMMS reflects the hard work and dedication of the team and they are always willing to share best practice with peers and ask for support when required.

Current CQC Assessment - Date / Overall Rating	**05/10/2018**	**Good**

Provider Name	**Indigo Care Services Limited** (also known as Orchard Care Homes)	
Service Name	**Green Lodge**	
Category of Care	**Residential**	
Address	The Green, Billingham, Stockton-on-Tees TS23 1EW	
Ward	**Billingham South**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Requires Improvement**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Requires Improvement**	**Good**
Suitability of Staffing	**Good**	**Good**
Quality of Management	**Requires Improvement**	**Requires Improvement**
Date of Inspection	**5th – 7th July 2024**	
Date Assessment Published	**22nd August 2024**	
Date Previous Assessment Published	**1st March 2023**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

Care plans overall were personalised, and there was evidence of having taken time to find out resident likes, dislikes and preferences. Good detail was given on specific needs, level of independence, and behavioural triggers, and the homepage identified risks to be aware of, medical information, and DoLS status at-a-glance. Care plans and risk assessments were reviewed regularly, though there was no evidence of resident and family involvement either in care plans or when speaking to residents and family. Some care plans were seen to have conflicting information, or not completed in full, and recommendations were made to ensure care is taken on the electronic system used to prevent confusion.

The home had been adapted well to be accessibility-friendly. There was evidence of the home working to be dementia-friendly, including pictorial signage, menus, and activity boards, posters and paperwork in easy-read formats, and use of different coloured handrails, plates and toilet seats. In general, the home was well-kept, clean and tidy, and bedrooms personalised. Interactions around the home were good; staff showcased some good relationships with residents and an intimate knowledge of how to care for each resident without needing to consult care plans.

Staff were seen to be appropriately trained; training was at 98% completion. Staffing visibility was good, though was seen to be better downstairs than upstairs. Staff had limited knowledge of MCA principles, DoLS and restrictions without referring to care plans, and knowledge of whistleblowing practices. Additionally, staff raised concerns following recent unsettlement in the management team and lack of support received in this time.

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. An improvement had been made from the previous medications audit to 80%.

Generally, medications were found to be stored and disposed of correctly, fridge temperatures recorded consistently, medications rotated with expiries checked daily, and the medication room was clean, tidy and well organised. A robust ordering system is in place, and a medication returns book was seen. Medications upstairs had clear labelling with date of opening, but this was not reflected downstairs. Medication rounds observed went well; good hand hygiene was followed along with the 'dot and pot' method, and administration was in a safe and person-centred manner. Recommendations were made to ensure medication is always available, time-sensitive meds are given at prescribed times, and to ensure patch application records are completed fully. There were minimal MAR charts requiring clarification on dosage. There was evidence seen that regular in-depth audits are taking place, though competencies were not completed in line with contract.

It was identified during the assessment that not all staff had completed their Level 3 medications training in full, and the manager could not confirm which staff had or had not completed, nor could they confirm if annual refreshers take place; in lieu of evidence, it was requested staff who are not able to be confirmed are taken off medication rounds until confirmation of L3 qualifications is gained.

Supervisions and appraisals were not evidenced to be carried out bi-monthly, with some staff only having two or three in a one-year period. Medication competencies were also not evidenced as being completed bi-annually. Staff could not confirm a regular meeting schedule, nor were meetings evidenced to be taking place regularly, and there was no evidence of staff feedback being gathered.

The home utilises an electronic platform to manage a highly robust internal audit system. A range of audits were seen, taking place regularly (daily, weekly and monthly). The system evidenced good managerial oversight. All audits fed into a live Action Plan, which requires evidence to be uploaded at completion, and is audited by the provider's internal quality team.

Plans and Actions to Address Concerns and Improve Quality and Compliance

An Action Plan is being created by the provider to address all areas of improvement. This will be monitored by the QuAC Officer. The manager has already implemented some improvements for areas identified during the PAMMS assessment.

UPDATE (13/11/2024): An Action Plan has been created by the provider to address all areas of improvement. This has subsequently been completed and further support visits have also taken place. Both the Registered Manager and General Manger are completing the Well-Led course. A Deputy Manager is in the process of being recruited for additional support.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a good level of engagement with the Local Authority. The manager is responsive to QuAC, Transformation, and Safeguarding Teams.

Engagement and Support from Transformation Managers

The Transformation Team have met with the general manager and previous manager to discuss the needs of the home. A support plan was agreed and provided but this was not completed. Communication with the general manager is good and she is motivated to develop the home, but they currently do not attend or engage in other initiatives provided by the Transformation Team and have not responded to the call for spaces on the most recent upcoming Well Led

Programme. We will continue to encourage and work with the team at Green Lodge to support through recent management changes and fully involve them in upcoming projects and work.		
Current CQC Assessment - Date / Overall Rating	**30/09/2020**	**Good**

Provider Name	**Gradestone Limited**	
Service Name	**Roseworth Lodge Care Home**	
Category of Care	**Residential / Residential Dementia / Nursing**	
Address	Redhill Road, Stockton-on-Tees TS19 9BY	
Ward	**Roseworth**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Requires Improvement**	**Good**
Involvement & Information	**Good**	**Good**
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	**18th – 21st June 2024**	
Date Assessment Published	**22nd August 2024**	
Date Previous Assessment Published	**16th March 2023**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

The home has just begun the process of transitioning to a new electronic care planning system (PCS). Care plans were reviewed on both the old and new system and an inconsistent level of detail was noted across care plans; the inconsistencies were present between residents, systems and individual care plans. Some were well detailed with person-centred information, including likes and dislikes and known triggers. Information was available for residents, visitors and staff in various formats, and this was advertised by posters displayed in the home. A welcome pack is available for all residents. Residents, staff and visitors spoken with were complimentary toward the care provided at the home and confirmed choice is promoted and consent sought for interventions. Capacity assessments were well detailed and procedures for monitoring DoLS conditions were comprehensive.

There was little evidence of service-user involvement in care planning, reference to key workers was minimal within care plans, with no other evidence that this was in place. Generic statements were used in assessments, care plans and daily notes, and detail was inconsistent among records (as mentioned above).

Safeguarding information was displayed in appropriate places around the home and staff had a good awareness of their responsibilities in maintaining safety of residents. Observations of care delivery during the assessment were noted to be safe and person-centred. Appropriate PPE was used by staff, and the environment was clean and tidy. Corridors, doorways and fire exits were free from clutter and obstruction. Some areas in the home would benefit from re-decoration, particularly the dementia units with a focus on dementia-friendly décor. Meaningful activities were seen to be delivered in varying formats (1-1, small group and large group). A range of audits are completed to monitor IPC standards in the home, the frequency of which varied. The premises was secure and equipment appropriately maintained and certified.

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. Some areas of improvement were identified in relation to record-keeping, otherwise medicines were seen to be handled safely.

A DBS and training matrix were in place, but both did not contain adequate / accurate information to provide assurance that the required checks / training is in place. Training is delivered both online and face-to-face. The provider has obtained confirmation of insurance / DBS for visiting professionals (where necessary). The provider has not used agency staffing in recent months, however, there was evidence of appropriate checks made to previous agency staff. Staff have access to an online platform which contains all policies and procedures, and it was evident from discussion with staff that all were aware of this. Rotas were reviewed against the homes dependency tool and seen to be in line with the required hours; some staff did comment that staffing levels sometimes feel low due to skill sets. A business continuity plan was seen to be in place but does require review as it is not fully complete; staff were also not aware of the document. PEEPS and grab bags were in place with the expected contents.

Staff advised they feel supported by management, but it was evident the supervisions and appraisals are not taking place as required. A matrix is in place for supervisions but needs review to provide the overview expected from a matrix. Staff meetings were noted to be taking place, but staff were not consistently informed of the outcomes. A complaints file was in place; there were only two complaints on file, one of which had good detail including investigation and outcome, the other had no evidence of follow-up. There were several compliments on file.

The disorganisation of audit files gave little assurance of appropriate managerial oversight and recommendation has been given in regard to this. An audit file was presented for review which contained two different contents lists; the file did not follow either of these. A range of audits were seen but the organisation of the system made it difficult to interpret against the required frequency, and some audits appeared to not have been completed. There were gaps noted in audits and little evidence of follow-up actions in several areas.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan to address areas identified for improvement to ensure full compliance which will be monitored by QuAC Officer.

UPDATE (13/11/2024): The provider has been supported in completing an Action Plan to address areas identified for improvement to ensure full compliance, and progress will be monitored by the QuAC officer. The provider has received wider support around best practice as a result of ownership of other homes in the Borough.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The provider is responsive to requests from, and liaises closely with, their QuAC Officer. Performance Dashboard submissions are made in a timely fashion and queries are responded to promptly. There have been no concerns raised in regard to engagement with other departments within the Local Authority.

Engagement and Support from Transformation Managers

One-to-one work was completed with the home in 2023 which supported them to move from ‘Requires Improvement’ to ‘Good’ in their PAMMS. The home and wider group have continued to engage well with initiatives from the Transformation Team, including attending training,

network events and provider forums. Recently, engagement has dipped, but the manager has continued to communicate with the team when pressures within the home prevent her or staff attending sessions.

The wider group has engaged well with recruitment initiatives, providing guaranteed interviews and employing candidates from the Sector Based Work Academy Programme. The group has also participated in recruitment events for international and sponsored workers.

The home took part in a pilot programme with the Community Matrons around use of their proactive time and focused support for the home. This has helped develop support which has been extended to the wider network, particularly when homes are struggling, and was recognised in their sister homes CQC report.

The home has participated in a number of activities in the community with their residents, joining with other care homes to participate in collaborative events. The manager participated in one of the first cohorts of the Well Led Programme and additional places will be offered to other senior staff within the home.

The owner of the home was also instrumental in the development of the Level 3 medication diploma and a number of staff have accessed this qualification. They have also taken part in Meds Optimisation training as part of the November cohort.

The recent PAMMS assessment is disappointing and additional work will be completed by the Transformation Team alongside their QuAC Officer to bring them back up to the required standard. The positive relationships between the teams and senior management will ensure that this should be completed in a timely manner.

Current CQC Assessment - Date / Overall Rating	**14/07/2023**	**Good**

Provider Name	**St Philips Care Limited**	
Service Name	**The Maple Care Home**	
Category of Care	**Residential / Dementia**	
Address	Dover Road, Stockton-on-Tees TS19 0JS	
Ward	**Newtown**	
	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**	**Requires Improvement**
Suitability of Staffing	**Requires Improvement**	**Requires Improvement**
Quality of Management	**Requires Improvement**	**Requires Improvement**
Date of Inspection	**15th – 18th July 2024**	
Date Assessment Published	**10th September 2024**	
Date Previous Assessment Published	**2nd March 2023**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

The home has just begun the process of transitioning to a new electronic care planning system (PCS). The amount of person-centred information included in the care plans varied greatly and incorrect information was evident in some. All care plans reviewed contained a front page with an up-to-date photograph of the service-user and pertinent information (e.g. preferred name, room information, known allergies, next of kin and family details). A comprehensive pre-assessment had been completed for recent admissions and this information was seen to be included in the care plans.

There is currently no Key Worker system in place; this is a requirement of the Framework Agreement for Residential and Nursing Care (para 3.2.2).

Service-users and family members spoken with could not recall attending a meeting and had not completed a satisfaction questionnaire. Minutes of two service-user / family meetings held during the past 12 months were available, however, attendance was poor. All service-users spoken with confirmed that they would be comfortable to make a complaint should they feel the need to do so. One service-user had recently raised a concern about menu choices for vegetarians.

Staff were not able to confirm they had received supervisions and appraisals, and there had been gaps in this process. Some staff had not had supervisions for a number of months. Staff confirmed that they find the new management team very approachable, and they operate an open-door policy. The home now uses Curve Learning for training for new staff members and for refresher training. At the time of the assessment, the compliance rates for mandatory training were well below the contractual requirement of 80%.

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 has just moved on to a new EMAR system and the profile pages on this are still being updated, however, full details were present in a paper file. Not all time-sensitive medication had been administered in line with instructions. The pharmacy had not included special instructions on the handheld devices, but staff were not checking the pharmacy label for administration instructions. 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). Some topical preparations were not applied as prescribed and full directions were not always available for care staff to follow. Two service-users had not had their topical medication applied for 13 days. Medication had been returned for service-users who were without medication at the start of the new cycle. This had not been returned correctly, as all medication was removed from original packs and stored in one plastic bag, therefore without any accurate audit trail. Medication audits were not robust enough to identify issues that were found during the assessment.

Staff were able to give examples of different types of abuse and to detail how they might handle any concerns they have around this, including signs to look out for and escalation processes. 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 the CQC. Service-users spoken with confirmed that they felt safe and secure, and would feel comfortable raising any issues that they may have. Safeguarding referrals were submitted to the Local Authority where required and a notification sent to the CQC.

The home is currently in the process of major refurbishment, and dementia-friendly decoration and signage is being adopted throughout.

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. Progress towards meeting the Action Plan will be monitored by the Quality Assurance and Compliance (QuAC) Officer, with supportive monitoring visits completed as appropriate.

UPDATE (13/11/2024): A timescale has been put to the provider to complete the Action Plans due to this being the second consecutive PAMMS assessment with an overall outcome of 'Requires Improvement'. If satisfactory progress is not made, a pre-RASC meeting will be held to determine whether to initiate RASC protocols.

Support around medicines management has been provided by the NECS Medicine Optimisation Team, with further support sessions to continue.

Level of Quality Assurance & Contract Compliance Monitoring

Level 2 – Moderate Concerns (Supportive Monitoring)

Level of Engagement with the Authority

The manager is responsive to the QuAC and the Safeguarding Team, however, engagement with Transformation Managers could be improved.

Engagement and Support from Transformation Managers

The changes to management and activity teams over the last year have meant there has been no consistent engagement with the initiatives, meetings and activities alongside the Transformation Team. However, the new manager is engaging with the Transformation Team

currently, and will be supported to access all initiatives, support and peer relationships with other care homes across Stockton-on-Tees.		
Current CQC Assessment - Date / Overall Rating	**05/10/2022**	**Requires Improvement**

Provider Name	**Anchor Hanover Group**	
Service Name	**Millbeck**	
Category of Care	**Residential**	
Address	High Street, Norton, Stockton-on-Tees TS20 1DQ	
Ward	**Norton Central**	
	New PAMMS Rating	**Previous PAMMS Rating**
Overall Rating	**Good**	**Good**
Involvement & Information	**Good**	**Good**
Personalised Care / Support	**Good**	**Good**
Safeguarding & Safety	**Good**	**Requires Improvement**
Suitability of Staffing	**Requires Improvement**	**Good**
Quality of Management	**Good**	**Good**
Date of Inspection	**2nd September 2024**	
Date Assessment Published	**26th September 2024**	
Date Previous Assessment Published	**25th October 2023**	

PAMMS Assessment Summary (Positive Outcomes / Observations and Concerns)

The care plans were generally personalised, demonstrating an effort to understand the residents' likes, dislikes, and preferences. Detailed information was provided regarding specific needs, levels of independence, and behavioural triggers, while the homepage effectively highlighted risks, medical information, and DoLS status in a concise manner. Although care plans and risk assessments were reviewed on a regular basis, there was limited evidence of involvement from residents and their families in the care planning process or during discussions with them.

Observations of the interactions and care provided to residents indicated that staff members treat them with dignity and respect. Staff were observed encouraging independence and choice, and they sought consent prior to delivering care. The feedback from service users was positive overall, and it was evident from the observations that general wellbeing was been maintained.

The staff demonstrated a strong understanding of key areas and expressed a sense of support from the management. There were systems in place to ensure the secure recruitment of employees and to safeguard individuals from mistreatment; however, there was little evidence to confirm that staff supervisions were conducted on a bi-monthly basis.

The environment was found to be clean and tidy with no unpleasant odours. The home is designed to be dementia-friendly but has room for improvement. It is not a specialised dementia care facility, yet it features various color-coded handrails, bedroom doors, and bathroom signage. The home is collaborating with a PAC Certified Independent Trainer from Young at Hearts to enhance its dementia-friendly environment.

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. When checked how medications were being given, it was seen to be done safely and

with the person's needs in mind. Good hand hygiene was observed. Medications were stored appropriately and secure. Process was in place if fridges go out of range, however, in July the fridges did get out of range and no action was taken until 10 days later. The medications looked at had clear labels with the date they were opened recorded. Some creams were missing from the list of medications. The instructions for where and how to put on certain medicated creams were not clear. Patches were not consistently recording date of removal or location. Plans to give medication covertly did not involve a pharmacist. It was not clear if a meeting had been held to decide what was best for the person, and the doctor had not signed off the assessment. These points form part of the providers Action Plan for improvement.

The home uses an electronic platform to oversee a comprehensive internal audit system. Various audits are conducted on a regular basis (daily, weekly and monthly). The system demonstrated effective managerial supervision. All audits contribute to a dynamic Action Plan which mandates the submission of evidence upon completion and is subject to review by the provider's internal quality team.

Plans and Actions to Address Concerns and Improve Quality and Compliance

The provider will complete an Action Plan for all questions assessed as 'Requires Improvement' and the Quality Assurance and Compliance (QuAC) Officer will monitor this for progress through contractual visits.

Level of Quality Assurance & Contract Compliance Monitoring

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

Level of Engagement with the Authority

The provider has a good relationship with the QuAC Officer and responds to requests for information in a timely manner.

Engagement and Support from Transformation Managers

The manager of Milbeck engages well with the Transformation Team and attends initiatives when they are relevant. The manager has historically taken part in the Well-Led Programme, has completed the Dementia-Friendly Care Home accreditation, and took part in the Care Home Quality Group. A full assessment of needs was completed with the home late last year and identified that they were operating in line with the expectation of the Transformation Team and partners, including completing the Data and Security Protection toolkit, having up-to-date NHSMail, and effectively utilising NEWS and relevant escalation pathways. They have also taken part in the research programme supporting a study around oral health. The home manager attends Provider Forums when possible and the occasional Leadership and Peer Support Network.

Although the manager can be responsive to emails and open to visits to the home, she or the team have not attended any of the initiatives or networking that have been held this year, so engagement is limited.

Current CQC Assessment - Date / Overall Rating	**13/12/2018**	**Good**