



## Adult Social Care and Public Health Committee

**Date:** Tuesday, 13 June 2023  
**Time:** 6.00 p.m.  
**Venue:**

**Contact Officer:** Anna Perrett  
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**Website:** <http://www.wirral.gov.uk>

Please note that public seating is limited, therefore members of the public are encouraged to arrive in good time.

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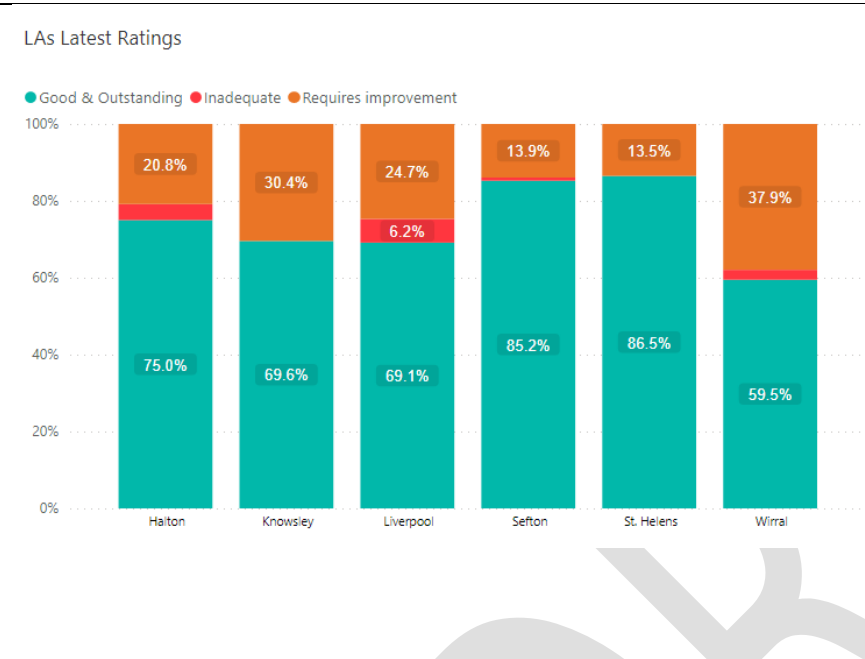
This meeting will be webcast at  
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## AGENDA

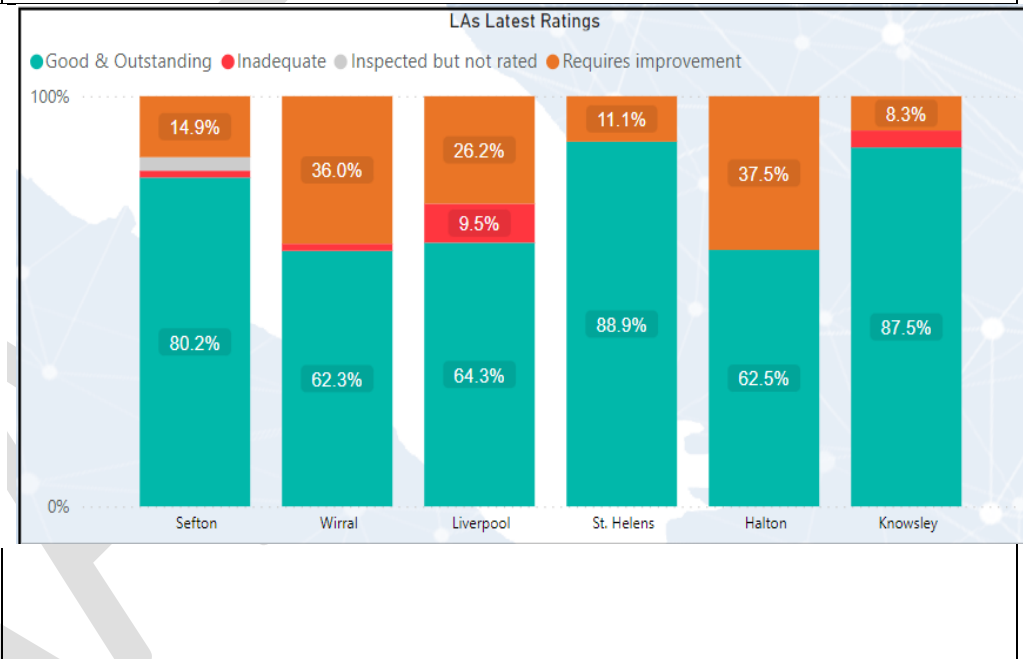
### 12. QUALITY CARE UPDATE (Pages 1 - 26)

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LA- LCR-CQC ratings for October 2022



LA-LCR-CQC ratings for April 2023



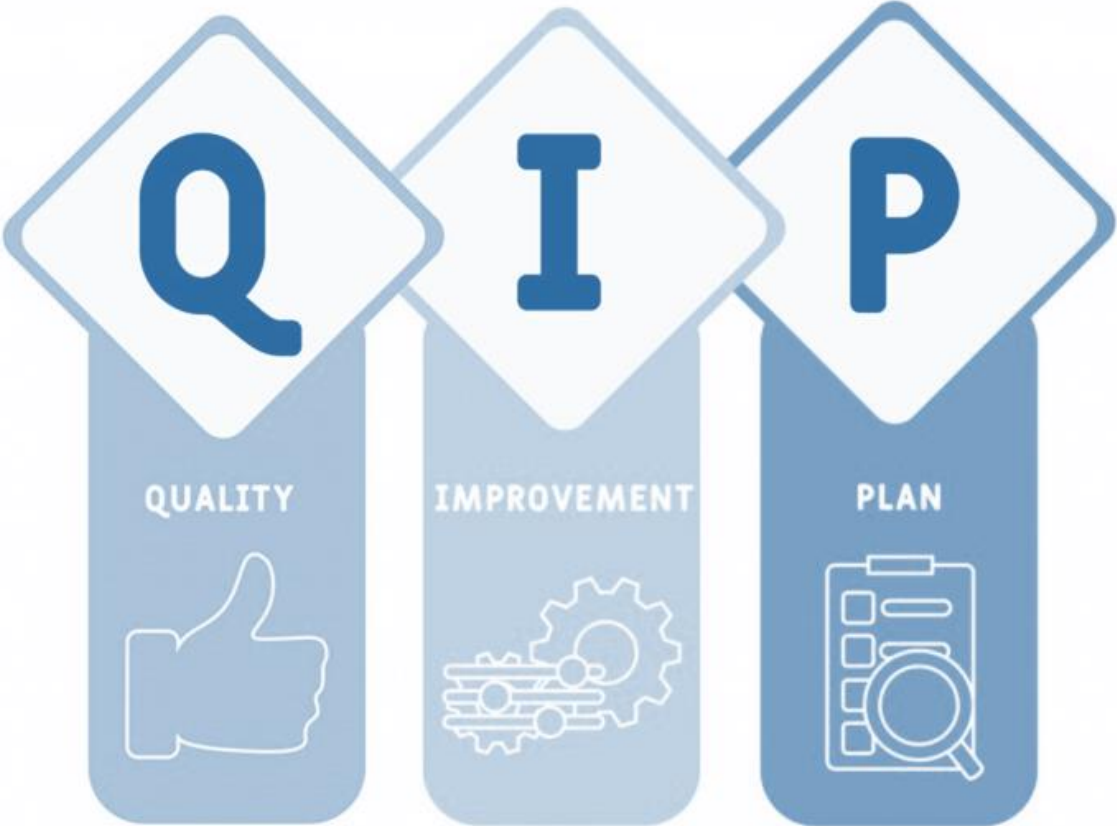
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04/11/2022	Professional Carers	Hi AT Just wanted to send you a thank you, you have restored my faith in inspections! The thanks is for your kind words about what we do, the aim was to show you how hard we all work as a team to get things right, to provide the best we can, and I hope we showed that today. And of course you were so lovely and put us at ease - It meant a lot and I've gone home smiling from ear to ear.
21/11/2022	Apple Blossom Court	Hi SL / HM On behalf of ourselves, all our staff and people we support, can we say a HUGE thank you for all your support, knowledge and guidance over the last few weeks. Use have been a breath of fresh air and we have thoroughly enjoyed your company and showing you our home and family. We are still shaking in excitement lol.You are both incredible and huge assets to your team and we wish you all the luck and joy in the world in the future. Please don't be strangers :) yours sincerely Amz and Steff
28/11/2022	Aynsley	I am happy with how the process of the PAMMS went over the past 4 weeks. I think it is a very good process to go through. I feel that working with the QUIP team after our CQC inspection really helped me in ensuring that improvements were made with the outstanding support and guidance from DS.'
04/12/2022	Charlotte House	I am very happy with the assessment process. The information that was provided during the assessment and the support was extremely helpful. I fully agree with the assessment and actions Both improvement practitioners were supportive to myself and the whole team and enjoyed the process'
24/01/2023	Belvidere	We are exceptionally pleased with the outcome of PAMMS today and can't thank Suzy enough for her trust and belief in us. She saw the small but important things that staff do and provide, to make us excellent as a care provider.She listened to our service users, visitors and staff to bring out the best in us and acknowledge this in the report, thank you Suzy
14/02/2023	St Martins	We found the Assessment as a superb tool in supporting us identify areas that required some improvement, but also identified areas where we have improved significantly and are working well in. We spoke with our Assessor and discussed the full Assessment and fully agree with the outcomes of all Sections and will now comply with any Action Plan that is put in place so we can improve our Care Home further and ensure the wellbeing and safety of our Residents."
14/02/2023	Elderholme	'We have found this assessment to be very informative and DS worked with us as a service throughout the whole process. We were able to display the good work at Elderholme, DS was able to complete the assessment without impacting the running of the service. I agree with the requires improvement areas and we will be working hard in these areas to improve.'
07/03/2023	Mariners	'We felt this was a really beneficial exercise and one that the entire team of staff and residents enjoyed and had chance to part of. We felt very much supported by DS throughout the process. Feedback and support provided by Diane has even improved staff morale at the home.
08/03/2023	Riversdale	We as a home are thrilled with the outcome of the assessment as it evidences clearly the quality of the work for all the staff members who have all worked hard to improve standards. The improvements could not have been made without the staff fully engaging in the changes that have been embedded and the shared goal of achieving a happy and safe home for the people that we care for.
17/04/2023	Holly Court	Dear AT, Thank you for your time today and going through the PAMMS assessment giving us clear feedback. I would like to say the process of this PAMMS assessment has been very helpful to Northern Healthcare as an organisation. We have been able to work together and discuss areas inspected in depth. In addition, you have been able to offer advice along with a great deal of support to the service manager Mark Breden and the team at Holly Court. I also want to thank you for your kind and thoughtful approach to this process and putting staff at ease through the process. thank you Jo.
19/04/2023	Holly Court	Hi AT, Thank you for all your hard work on completing this assessment on the service with me, I have really enjoyed working with you. Having only been in post at Holly Court a very short time when you started the assessment and given the safeguarding that had happened prior to me starting, I was not looking forward to being assessed. However, I feel that the way that you have worked with me in gathering the evidence for you to complete your assessment has been amazing, the process itself has been refreshing, and not in any way negative.I believe that for you to assess any service, you need to see a glimpse of how it is run, how the manager engages with their team and how the team responds, you ideally need to see "warts and all", and I feel that you
22/04/2023	Fairfield	So lovely seeing you both today, I just wanted to personally thank you for all your help, you've honestly been brilliant.I'm so grateful Hopefully catch up soon
04/05/2023	BNR - Supported Living	I would love to leave some feedback. I thought this process of provider assessment and marketing management solution process was a breath of fresh air. I believe that the reviewing of BNR and the real structured support from the local authority was well welcomed by us all. I feel that overall we have a great relationship with the local authority but the PAMMS has strengthened this once again, it was able to link us with some key people to add further structure to the people we support lives. I believe the structure of the inspection works well. I feel as a provider that provides complex care it worked super well for the people that we support. We were able to explain why SL was visiting, we were able to ensure there was plenty of time and offered the choice of them to welcome SL into their home or not. I also feel that SL was great to have completed the PAMMS, SL was in-depth, which included viewing all of the key performance indicators and was able to offer tips and support where she could. I felt that this process was in no way one-sided. I think it was clear that BNR Group and the local authority wanted to get a positive outcome where possible. Hopefully, our governance system made this process even more fluent. The feedback from the people we support and the staff was that they felt Suzy was able to ask the questions nicely and make it not as formal as an "inspection". I personally thought that Suzy was really easy to work with, she gathered a huge amount of information and was able to ask the key questions that were needed. I do feel that Suzy had a positive approach towards her job and you could tell she got really excited at the thought of great person-centred support. That again was amazing to see. Thanks again to Suzy throughout the process, it was a pleasure to share what we do at BNR with you, I am glad we have an excellent rating, I feel that everything we do is in the best interest of the people we support, their families and the staff team, I am glad that was able to shine through."

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# QUALITY IMPROVEMENT PLAN

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# PURPOSE OF THE DOCUMENT

The purpose of Quality Improvement Plan is to define the scope of work and the value the Quality Improvement Team adds to Social Care & Health Market across Wirral. The document is split into four sections:-



## 1. Context

- ✓ Statutory duty context | Care Act 2014
- ✓ Local Strategic Context | Wirral Plan 2026 | Care Quality Commission (CQC)
- ✓ Scale of the challenge across Wirral

## 2. Primary Outcomes and Guiding Principles

- ✓ Quality Improvement contribution to the primary outcome
- ✓ Guiding principles of Quality Improvement

## 3. Objectives, roles and responsibilities

- ✓ Objectives of Quality Improvement Team
- ✓ Roles and Responsibilities in scope and not in scope

## 4. Appendix

- ✓ Organisational chart of the Quality Improvement Team
- ✓ Care Concerns process
- ✓ What's not in scope of this plan
- ✓ Summary of meetings attending
- ✓ Contact details & Review date



# Section 1

# STATUTORY DUTY

## The Care Act 2014



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Care Act  
2014



- ✓ It is the statutory duty of a Director of Adult Services to provide Social Care Services for people assessed under the Care Act - this duty has been delegated through Wirral Council Commissioning Services Team who commission services that are regulated by Care Quality Commission (CQC)
- ✓ In addition, Wirral Council has a Care Quality & Suspension Policy and a PAMMs practice guidance in place that sets out an approach for managing and ensuring compliance with terms and conditions of Wirral Council contracts and thereby providing assurance that commissioned services are safe and of good quality in accordance with its regulated body, CQC.

Regulated by

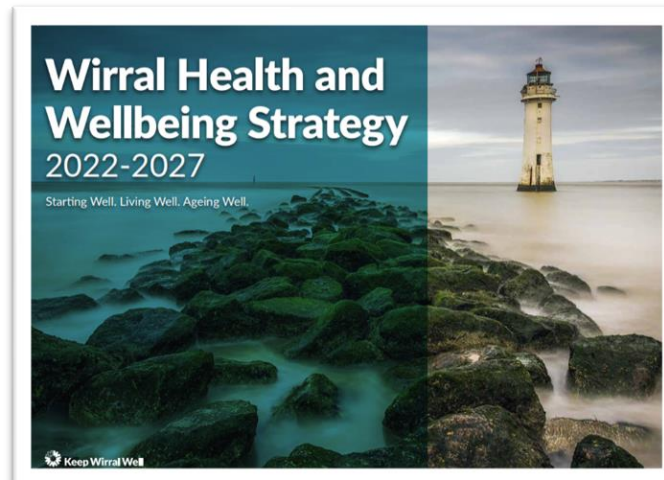


Care Quality  
Commission

# LOCAL STRATEGIC CONTEXT

The work of the **Quality Improvement Team** is aligned and contributes to the '*Wirral Plan: Equity for People and Place 2021-2026*' with particular focus to the key theme of '**Active and Healthy Lifestyle**', for people to live active and healthy lives with the right care, at the right time with the best possible outcomes for adults with care and support needs. It also underpins Wirral Health and Well-being Strategy 2022-2027 for people to live and age well and Wirral Health Protection Strategy 2023 – 2027.

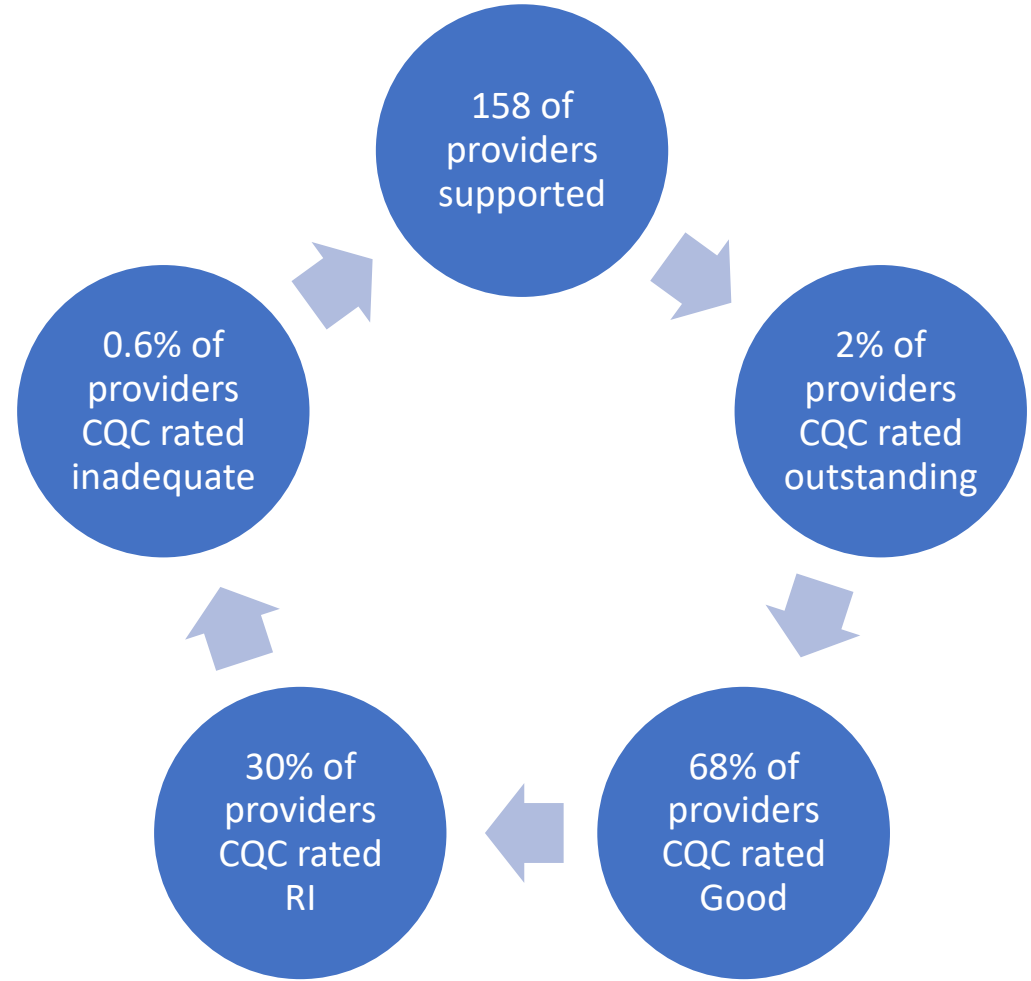
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# SCALE OF THE CHALLENGE ACROSS WIRRAL



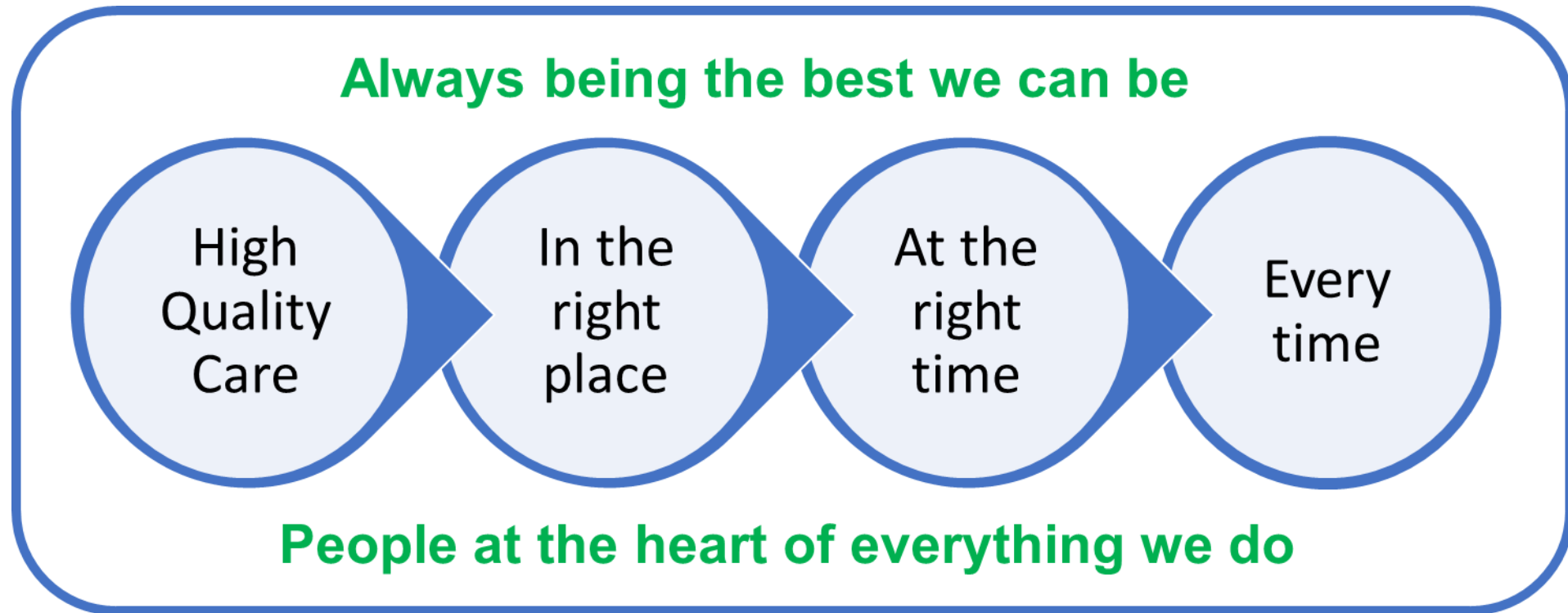
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# Section 2

# PRIMARY OUTCOME

The role of the **Quality Improvement Team** adds value and make a significant contribution to:-



# GUILDING PRINCIPLES

The work of the **Quality Improvement Team** is guided by the a set of principles stated below:-



- Quality will be measured by how a service is experienced by those people who use it
- Acknowledgment that what good looks like will differ for each person receiving the service
- All providers and their services will be treated as individuals, acknowledgment to be given to each set of circumstances
- All providers will be supported to be the best they can be
- Information about quality will be shared with relevant partners and key stakeholders
- The Quality Improvement Team-work in the service delivery locations
- The Quality Improvement Team will work smarter not harder to support providers to deliver good quality care

# Section 3



# QUALITY IMPROVEMENT TEAM OBJECTIVES



Objectives	
<b>1</b>	To assess the quality of care services provided in Wirral using a recognised Provider Assessment Market Management System tool (PAMMs) supported by any care concerns received
<b>2</b>	To guide, support, and enable providers to produce a quality improvement action plan to raise and maintain good quality health and care standards across Wirral
<b>3</b>	To work collaboratively with key stakeholders and providers of care, to support, promote and sign post system-wide quality improvement interventions across Care and Health market
<b>4</b>	To understand and report on the quality of care and inform the process in place to manage reported risks and mitigations in relation to Providers of Community Care Services

# QUALITY IMPROVEMENT TEAM - ROLES AND RESPONSIBILITIES

**Objective 1** : To assess the quality of care services provided in Wirral using a recognised Provider Assessment Market Management System tool (PAMMs) supported by any care concerns received

CALL TO ACTION		WHO	Frequency
1	To identify and agree a PAMMs assessment schedule with the Commissioning and Contracts Operation Lead	TM	Quarterly
2	To work with key stakeholders to gather data and information on services to inform the PAMMs Assessment desktop exercise pre assessment	QIP	As per schedule
3	To support, guide and enable providers to undertake a full PAMMs assessment on the quality of their service and to report any immediate risks to the Registered Manager/Manager on site and to the Contracts lead	QIP	As per schedule
4	To attend PRIG to provide data and information to key stakeholders on the outcome of the PAMMS assessment	TM	Monthly
5	To self-manage a case load in line with the agreed scheduled with exception to PRIG risk services which will be allocated by the team manager for unscheduled PAMMs assessment in line with the PRIG process	QIP	As per schedule
6	To develop strong relationship with Registered Managers of providers to understand their service quality and how to achieve the quality rating of good in preparation for CQC regulatory inspections	QIP	As per schedule
7	To support Managers of all services that do not require registration to understand their service quality and how to achieve the quality rating of good in PAMMs	QIP	As per schedule
8	To gather qualitative feedback capturing individuals experience of the community care services they receive, via the PAMMs assessment to shape and to continually drive up the quality of the services they use	QIP	Weekly
9	Carry out Quality Assurance visits to Wirral residents in their own home who are in receipt of Community Care Services . ( risk assessment process applied).	QIP	As required
10	To ensure that all PAMMs information, records of visits/involvement is recorded and stored on ControCC in a timely manner to allow for access by the contracts and commissioning team	TM	As required

# QUALITY IMPROVEMENT TEAM - ROLES AND RESPONSIBILITIES

**Objective 2** : To support, and enable Providers to produce a quality improvement action plan to raise and maintain good quality health and care standards across Wirral

CALL TO ACTION		WHO	Frequency
1	Where improvements have been identified, support will be provided to the Registered Manager/Service Manager to produce a quality improvement action plan	QIP	As required
2	To support, monitor and review the agreed implementation of the providers quality improvement action plan ensuring an accurate record of evidence of the providers improvement journey trajectory (PAMMs master spreadsheet)	QIP	As per schedule
	a. Providers rated 'requires improvement' will receive a review in 3 months		
	b. Providers rated 'inadequate' will receive a further full PAMMs assessment in 6 months		
3	To authorise and document evidence of quality improvement by the provider to support CQC reassessment request	QIP	As required
4	Actions that have not been completed by the provider at the time of review for suspended services, will need to be discussed at the PRIG for consideration on a case-by-case basis related to lifting the suspension	TM	As required
5	To ensure that all PAMMs information, records of visits/involvement is recorded and stored on ControCC in a timely manner to allow for access by the contracts and commissioning team	QIP	As required
6	To escalate if the team capacity becomes a barrier to any planned or unplanned quality improvement activity	TM	As required
7	To support any Ombudsman or Complaints action plans through investigation or collation of evidence.	TM	As required
8	To support the Safeguarding Adults process by ensuring when the QIP team are informed of an outcome of a safeguarding concern that identifies a need for a service to improve the provider implements the improvement required through an action plan	QIP	As per schedule
9	To monitor and review care concerns received through the agreed process and to use the intelligence to identify themes for quality improvement with the provider (s)	QIP	As required

# QUALITY IMPROVEMENT TEAM - ROLES AND RESPONSIBILITIES

**Objective 3** : To work collaboratively with key stakeholders and providers of care, to support, promote and sign post system-wide quality improvement interventions across Care and Health market

	CALL TO ACTION	WHO	Frequency
1	To have visible presence and active membership of the Enhanced Health in Care Homes Development Group	TM	As per schedule
2	To have a visible presence and active membership of the NHS Cheshire and Merseyside Quality and Performance Group	TM	As per schedule
3	To be the advocate for providers on co-production principles when developing projects that effect them reducing duplication of processes and unmanageable expectations in relation to care support practice	TM	As required
4	To be up to date through appropriate training and meet on a regular basis with specialist operational clinicians and support services for Community Care to enable effective signposting/facilitation of care and health interventions that supports quality improvement in accordance with Wirral Health Protection Strategy and Wirral Health and Well-being Strategy	All	As per schedule
5	To liaise PAMM's system designer to further develop other modules that adds value to service quality	All	As required
6	To attend the Wirral Quality Improvement Practitioners' network meetings	All	As per schedule
7	To maintain a strong and positive relationship with the local CQC team	TM	As per schedule
8	Develop stronger links to other teams including (Social work , professional standards, complaints etc) to ensure intelligence gathered is clearly disseminated across the Directorate	All	As required
9	Engage and share best practices amongst key partners offering advice and support with issues relating to quality practices within all care settings	All	As required
10	Develop stronger links with Healthwatch Wirral to gain feedback from the public on the services of Wirral	TM	As required

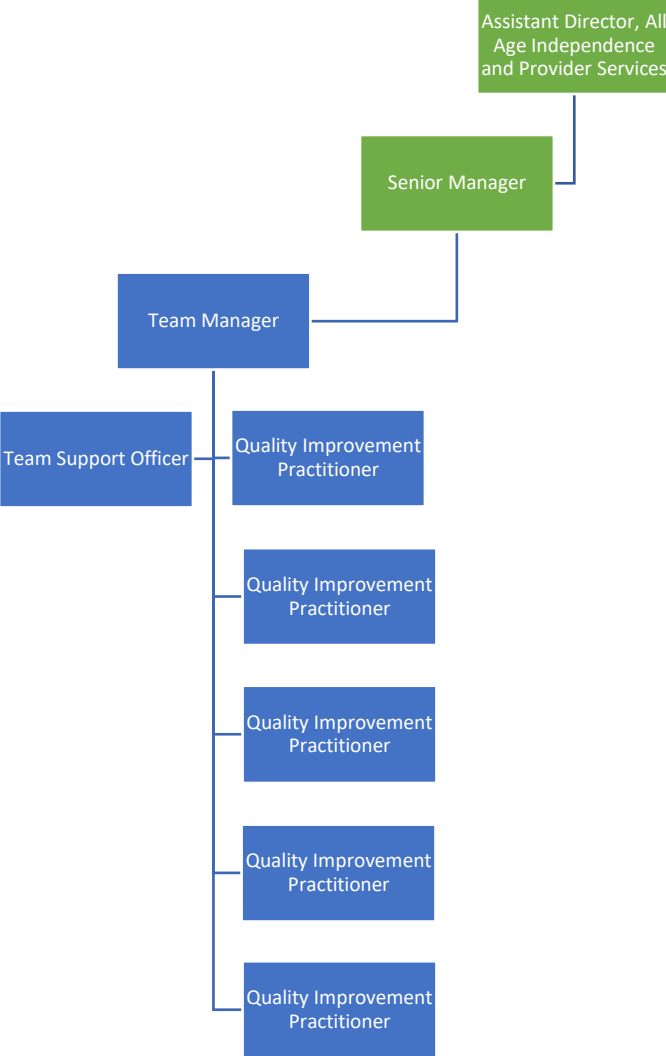
# QUALITY IMPROVEMENT TEAM - ROLES AND RESPONSIBILITIES

Objective 4 : To understand and report on the quality of care and inform the process in place to manage reported risks and mitigations in relation to Providers of Community Care Services

CALL TO ACTION		WHO	Frequency
1	To report trends, themes and gaps in quality standards identified via the Provider Assessment and Market Management Solution (PAMMS) online assessment tool to support and influence system-wide improvements across the Health and Care System	TM	Quarterly
2	To report trends, themes and gaps in quality standards identified via the Section 42 Safeguarding Adults process	TM	Quarterly
3	To report trends, themes and gaps in quality standards identified via the Care concerns process	TM	Quarterly
4	To input into DMT and Adult Social Care and Public Health Committee on quality improvement outcomes and the up to date position on providers CQC ratings via directorate performance report	TM	Quarterly
5	To meet the Commissioning and Contracts Operation Lead to report on trends, themes, lack of engagement from Providers in quality standards via the PAMMS online tool, including self-assessment and action plans	TM	Quarterly
6	To produce a newsletter for Providers/ system wide clinicians on trends and themes relating to Quality	All	Quarterly
7	To report compliments received from providers to Complaints and Resolution Team and to use this information to share positive impact in appropriate reports, stakeholder meeting etc	All	As required
8	To report quality improvement progress against the schedule of providers and identify risks to the PRIG	TM	Monthly
9	To ensure robust QA and governance compliance around the quality of all Community Care Services, to ensure consistency and equity across the market	TM	As required

# Section 4

# QUALITY IMPROVEMENT TEAM STRUCTURE



# CARE CONCERN PROCESS

- When a Provider identifies an incidents of poor practice, low-level care concerns, where the standard of care provided has fallen short of that expected but has not resulted in significant harm to the person and does not meet the threshold for a safeguarding referral a Care concern referral is made. The expectation is that any concerns have been addressed in a timely manner prior to the referral.

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- Providers are to notify Wirral Council of any care concerns via Wirral Council 'citizens portal' along with measures taken to ensure that the risk of any repetition is minimised.
- All care concerns are shared with the Contracts, Commissioning and Quality Improvement Team. The Quality Improvement team will analyse and share themes or areas for improvement as part of planned quality improvement activity and the Quality Improvement networks.
  - Any gaps or re-occurring themes are shared with key partners across the Health and Social Care system for consideration by the system-wide quality improvement group.



# WHATS NOT IN SCOPE OF THIS PLAN

To avoid duplication of effort and ensure the Quality Improvement Team maximise their role identified in this plan the below is not in scope unless an absolute emergency or through an agreed prior discussion?

- X Carrying out PAMMs assessment not agreed through the scheduling or PRIG process. All PAMMs requests must follow agreed processes
- X Respond to requests for data stored in accessible E-Systems when a concern is received relating to a Provider. This information needs to be accessed by admin support for the team requiring the information.
- X Monitor or give updates on improvements plans implementation in between scheduled reviews unless an identified risk. The contract team have access to this information in PAMMs
- X Carrying out provider visits due to an information received that may identified risk or safeguarding concern raised through any systems. This is the role for Social work team or Health professional dependant on the risk identified.
- X Attend strategy meetings? The QIP team need to be informed of the outcome of Safeguarding investigations and any improvements identified for the provider from the process.
- X Collate information or provide a summary of information that is held in data bases or e-recoding system outside of the Quality Team
- X Be part of closure planning meetings post initial meeting?
- X Be part of Contract management processes or meetings other than those stated in objective 1
- X Carry out PAMMs assessment on Community care providers where an alternative LA is showing as carrying out a PAMMs Assessment
- X Carry out PAMMs assessment on Community Care services where their registered location ( office base) is not on Wirral
- X Carry out audits and investigations relating to providers that are not part of an agreed Ombudsman or Wirral ASC Complaints outcome
- X Provide reporting outside of those detailed on in objective 4, unless requested by the assistant director
- X Have responsibility to lead on health or clinical quality improvement related initiatives. QIPs will act as conduit between Providers and Quality improvement group leads
- X Providing CQC with information outside of the agreed central WirralAdultdCQC@wirral.gov.uk

# SUMMARY OF MEETINGS

Attendance at meetings		
1	PRIG and advise on any appropriate PAMMs outcomes.- Teams	Team Manager
2	Registered Managers Network and online support systems.- Face to face	All
3	Quarterly Contracts/Commissioning Joint meeting- face to face	All
4	Weekly team catch up-Teams	All
5	Monthly Team meeting- face to face	All
6	Quarterly-Wirral quality Improvement practitioners' group Teams/face to face	All
7	Quarterly CQC local team Teams	All
8	Directors catch up.- Face to face	All
9	Attendance at monthly knowledge /training sessions- Teams/face to face	All
10	Weekly PAMMs scheduling meetings – Quality/Contracts/Commissioning	Team Manager

# CONTACT DETAILS AND REVIEW

For any further information please contact us on  
[Wirralqualityimprovementteam@Wirral.gov.uk](mailto:Wirralqualityimprovementteam@Wirral.gov.uk)

This Quality Improvement Plan will be reviewed annually by the Senior Manager in collaboration with the Team Leader and Quality Improvement Officers

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Contact Us



**The next review is  
April 2024**

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