

Wirral Adult Social Care Quality and Suspension Policy

Commissioning, Contracts, Quality Monitoring

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1. Criteria for PAMMS Assessment

Overview

This policy must be read in conjunction with: -

The Care Act 2014 Section 5

The Equality Act 2010

The Care Act 2014 statutory guidance Section 5 states that 'high quality, personalised Care and Support can only be achieved where there is a vibrant, responsive market of services available'. The Local Authority role is seen as critical and under section 5 of the Care Act, the duty to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area is firmly placed with them. The duty applies in relation to services that the Local Authority commissions directly, but also to other non-commissioned services in its area (including those used by self-funders), universal services and services provided by partners (such as health or charitable services) that together create the marketplace.

To fulfil its duty to promote diversity and quality in service provision, Wirral Borough Council must ensure it has effective strategies to shape the marketplace and commission good quality services. This Policy and Procedural process sets out how the Commissioning, Contracts and Quality Improvement teams work together to implement and fulfil these duties.

The Council will pro-actively work with all care providers to raise the standard of care in Wirral and will engage health and care system partners as part of its response to support care providers at any stage of its contract and quality management process.

Equality and Diversity

Promoting diversity and quality in provision of services

(1) A Local Authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market –

(a) has a variety of providers to choose from who (taken together) provide a variety of services.

(b) has a variety of high-quality services to choose from.

2) In performing that duty, a Local Authority must have regard to the following matters in particular -

(a) the need to ensure that the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide.

1. Policy

- 1.1. Wirral Council will monitor the compliance and quality of all its commissioned services in accordance with the contracts applicable to those services.
- 1.2. All Provider services will be of a Good Quality (or better) as rated by Care Quality Commission (CQC) or Provider Assessment and Market Management Solutions (PAMMS). Where services are not rated “Good” (or better) then the Council will engage with the provider appropriately to ensure the provider improves to a point where its rating is improved

The Council reserves the right to terminate a contract with a provider if it does not adhere to its contractual obligations.

- 1.3. It is Council policy that the CQC ratings will be published on the Council website. The Council will also publish any services from which it has suspended new placements. The Council will keep this published information under regular review.

2. Roles and responsibilities

2.1. Commissioning Overview

Commissioning is the Local Authority activity of determining at a strategic level which of the Care and Support/Support services in the marketplace it should design, deliver, monitor, and evaluate through a contractual arrangement to meet its strategic objectives. Key to this activity is the Quality Monitoring processes carried out by contract managers that inform and allow commissioning decisions to be made in relation to who should be contracted with to deliver services to the people of Wirral.

2.2. Role of Commissioning Team

To ensure the best possible outcomes for our population across Wirral, we will work with our commissioned social work providers, our community care market and our third sector. We will draw upon the broad range of resources, including voluntary and community sector as well as public services, using the full breadth of our community assets. We will ensure that whilst working in partnership we are using all of their skills knowledge and cultural expertise. To do this we need strong system leadership, strong local relationships and effective delivery networks across all sectors. Our starting point is people, not organisations, this means putting our residents before organisational self-interest.

Key principles:

- Move to a place based and strength-based commissioning approach.
- Co-produce service offers locally with providers, individuals and the wider citizenship.
- Engage people with lived experience and apply critical thinking and problem solving with them.
- Local Flexibility to meet local needs.
- Create a long-term commitment from all partners

2.3 Market Position Statement

The Council has developed a Market Position Statement, which is shared with Regional Councils and can be found here:

<https://www.merseysidemarketpositionstatement.co.uk/#section-1>

2.4 Role of Contracts Team

To manage and oversee the contractual obligations with all providers to achieve the best outcomes for people.

The purpose of contract management is to ensure that services are being delivered in line with people's stated outcomes, best value (quality and price), continually meet contract and regulatory requirements and strive for efficiencies and improvements.

All suppliers will have a named Council Contract Lead. If there is no named Contract Lead the Authorised Officer (AO) will fulfil the role of Contract lead.

The Contract Lead will be responsible for reviewing monitoring and evaluating performance and quality against the contract to ensure that its provisions and the services within it are being followed and performed as they should be.

During the life of the Contract, the Contract Lead will monitor the Contract in respect of the following:

- Performance (against agreed Key Performance Indicators (KPI's) where relevant)
- Quality
- Compliance with specification and contract
- User engagement and satisfaction
- Management of risk
- Be responsible for ensuring that workforce profiles are submitted annually from all contractors to enable the Council to assess compliance with the Equality Act 2010.

2.5 Role of Quality Improvement Team

The role of the Quality Improvement Team is to provide the Contracts and Commissioning Teams with an assessment of the quality of provider services through individual quality assessments using the Provider Assessment and Market Management Solution (PAMMS).

PAMMS is an online assessment tool, designed to assess the quality of care delivered by providers of adult social care services. The digital toolkit will support a consistent approach to monitoring the quality of services and implementing any improvements required as a result of the assessment across all commissioned providers.

The PAMMS assessment will be used by Wirral Council in full partnership with Providers and NHS Cheshire and Merseyside, Wirral Place. Providers will be given the opportunity and support to evidence that they meet the standards required. A designated Quality Assessor (QA) will support Providers to navigate, evidence and input to the PAMMS system to allow for an agreed measure of the Providers' quality and help identify any areas for improvement.

2.6 Role of Social Work Teams

- To ensure that people who require support continue to receive the right level of targeted support commensurate with their assessed needs.
- To ensure that vulnerable people are kept safe and that safeguarding concerns are appropriately investigated and responded to.
- To take immediate action to keep people safeguarded where necessary.
- To be aware of any contract or quality concerns in their interactions with care providers, and report any concerns via wirralcontractsteam@wirral.gov.uk
- To provide a response to any “immediate concerns” (same day or within 24 hours) as a result of any contractual or quality assessment process
- To lead on any safeguarding, assessment and review activities, which may arise from any contract or quality assessments or initiatives.
- To undertake assessment and review duties to meet the Council’s statutory duty under the Care Act

3. Procedural procedures

3.1. **Contract Management Process-** As part of the contract management process, a unified approach will be taken utilising Commissioning, Contracts and Quality intelligence. All contracted Providers will be rated by the Council using intelligence based on the following:

- CQC Rating
- Quality Concerns
- Safeguarding Adults (section 42) enquiries
- CQC notifications and alerts
- Complaints / Compliments
- PAMMS assessment outcome

3.2 Red Amber Green (RAG) Rating triggers and tolerances

Providers RAG Ratings will be based on percentage triggers and tolerances in the areas described below. The below table provides contract triggers and tolerances against the criteria we would use to risk assess and RAG rate providers. The outcome of this assessment determines the frequency of both the contract meetings and the deployment of the PAMMS Assessment tool.

Percentages tolerances are included in the table below and underpinning business intelligence systems with information provided by the Wirral intelligence service will form the basis of a digital dashboard, which includes pre-set parameters to raise digital alerts for Commissioning, Contracts and Quality Staff.

Decisions on the RAG Ratings of the Providers will be undertaken on a weekly basis by the Operational Lead for Commissioning and Contracts and Quality Improvement Team Manager and will be confirmed at a joint monthly meeting between Commissioning Contracts and Quality Teams and the documentation shared with all. Any immediate concerns that arise between meetings can be addressed in an extraordinary meeting as required. Tolerances will be reviewed on a quarterly basis.

Criteria	Red	Amber	Green
CQC Rating	Inadequate / RI	RI / Good	Good / Outstanding
Proportion of Care Concerns raised per service population	> 5%	2% – 5%	< 2%
Proportion of Safeguarding Section 42 enquiries that are progressed and substantiated	> 50%	20% - 50%	< 20%
Proportion of CQC Alerts / Notifications received per population	> 20%	10% - 20%	< 10%
Proportion of Provider complaints substantiated	> 50%	20% - 50%	< 20%
Proportion of Adult Social Care Provider complaints substantiated	> 50%	20% - 50%	< 20%
PAMMS	Poor / RI	RI / Good	Good / Outstanding

3.4 Contract meetings frequency– Expectations for Contract Monitoring

The below table sets out the frequency of contract monitoring based on the RAG ratings described in 3.3.

	Red	Amber	Green
Monthly Performance data	Yes	Yes	Yes
Contract Monitoring Meeting	Monthly	Quarterly	6 monthly
PAMMS Assessment (Action plan)	Within 3 months	Within 6 months	Self-assessment or within 12 months
Annual Assurance Statement & Report	Yes	Yes	Yes

3.4 KPI and reporting requirements.

All Providers will be asked to submit monthly Key Performance Indicators via a Firmstep form which will contribute to data already available via Council monitoring systems to create intelligence, linked to triggers and tolerances and reportable on a digital dashboard

3.4.1 Annual Assurance Statement

It will be a requirement in new contracts for all Providers to submit an annual statement to the Commissioning and Contracts Team. The statement will provide assurance on:

- Insurance and indemnity cover
- Business Continuity Plan
- Provider Safeguarding Policy

- Quality Monitoring
- Number & Percentage of staff having completed the Skills for Care Qualification and Credit framework level 2 or above care certificate.
- Number & Percentage of new staff currently undertaking the Care Certificate
- What is the percentage of Mandatory Training Compliance for all staff.
- Detail of policy/procedural changes implemented by the leadership of the service based on audit information.
- Provide a written summary of staff engagement and experience activity and any outcomes on an anonymised basis.
- Provide a written summary of service user engagement and experience activity and any outcomes on an anonymised basis.
- Provide a written summary of any stakeholder engagement and experience activity and any outcomes on an anonymised basis.
- Confirmation if they have a Digital Social Care Record (DSCR)
- Annual Data Security and Protection Toolkit (DSPT) checklist completed.

3.5 PAMMS Scheduling Process

Quality, Contracts and Commissioning Teams will meet monthly, or more frequently if needed, to analyse the quality of the provider market. The schedule of PAMMS assessments will be set on a quarterly basis.

The scheduled providers will be notified by their named Contract Leads that they have been scheduled for a PAMMS assessment and a date for an initial introductory PAMMS meeting set.

The Provider will be allocated a designated Quality Assessor (QA), who will remain allocated to the Provider for maximum period of 4 weeks. In this 4-week period the QA will work with the Provider to plan, prepare, and carry out the assessment.

The QA will complete the PAMMS assessment in partnership with the Provider and agree the quality rating with the Registered Manager at the end of the 4-week period. The QA and Provider will plan and agree how the assessment of all standards will be carried out to best fit the service, size, and service type.

Through working collaboratively on assessing each standard, ratings will be agreed, and any actions identified with the Provider will be included in their submission of any required action plans.

Once the action plan has been created within the PAMMS system, the QA will end their involvement with the Provider, if this is achieved in a shorter time scale than 4 weeks, the QA will end their involvement sooner. Any subsequent queries from the Provider will be directed to their Contracts Lead as part of the contracts management process.

If an unscheduled review of a service is identified due to risks, a targeted review of the service will be carried out. This will enable a rapid assessment of the immediate areas of concern and inform if further action, or a full PAMMS assessment needs to be scheduled.

3.6 PAMMS Assessment Process (site visits) -

The initial PAMMS meeting will take place between the Contracts Lead, Provider, and the allocated Quality Assessor (QA). This meeting will allow for initial discussions, and plan and agree on how the assessment will be carried out.

The QA will share, in advance of the assessment, the standards and audits used as part of the assessment process.

The QA will work with the Provider to carry out the PAMMS assessment and support the creation of the action plan if required.

The QA will want to speak to the following people:

- Registered Manager
- Staff members
- People who reside or use the service (where possible)
- Relatives (where possible)

The QA will need to view various documents and files, and this will be discussed and agreed during the initial meeting to ensure the least disruption throughout the 4-week assessment process.

Conversations with individuals residing or using the service, their relatives and staff will be a large component of the assessment of the standards.

The QA will follow a standardised approach using a set of audits for consistency across the whole market, whilst considering all services are individual and the method of evidencing standards may differ from service to service.

Guidance notes are available as a reference where required. The provider will be given every opportunity to provide evidence of the required standard and will be supported through the process by the designated QA.

If any standards are rated as 'requires improvement' or 'poor', the designated QA will support Providers to create an action plan. The Registered Manager must identify the actions they are going to take to address the issues identified, including realistic timescales and person(s) responsible for completing the actions. The action plan is owned by the Provider. The Provider will deliver and monitor progress of their action plan, ensuring evidence is made available to the Council to demonstrate completion of actions and improvements.

At this point, the allocated QA will end their involvement with the Provider and the action plan will be considered 'live' and the Provider will be responsible for ensuring actions are addressed within the agreed timescales.

The final PAMMS outcome will be shared at a meeting with the Provider, the QA and the designated contract officer.

3.7 PAMMS Assessment Process (self-assessment)

If a Provider has been identified as per the contracts monitoring process that they meet the criteria for a self- assessment, the Provider will be informed by the Contract Lead.

A designated Quality Assessor (QA) will contact the Provider to arrange a face-to-face introductory meeting to explain the self-assessment process.

The designated QA will send out the self-assessment to the Provider. The Provider will have a four-week timescale for completion and submission.

The designated QA will review the self-assessment within two weeks and agree the level of validation required based on the quality of the self-assessment return.

The designated QA (as a minimum) will arrange to complete an on-site visit to validate the following sections within PAMMS:

- Section 2: Service user experience
- Section 3: Care worker knowledge and understanding

If any other areas are identified by the designated QA for validation following a review of the self-assessment, this will be explained to Providers prior to the visit.

Once a self-assessment has been fully validated, the ratings will be discussed and agreed with the Provider.

If any standards are rated as 'requires improvement' or 'poor', the designated QA will support Providers to create an action plan. The Registered Manager must identify the actions they are going to take to address the issues identified, including realistic timescales and person(s) responsible for completing the actions. The action plan is owned by the Provider.

At this point, the allocated QA will end their involvement with the Provider and the action plan will be considered 'live' and the Provider will be responsible for ensuring actions are addressed within the agreed timescales. A review of the action plan will be scheduled in and carried out by the Quality Assessment team. For those services with a PAMMS outcome of Requires Improvement a 3-month review date will be set. For those services with an outcome of Poor, a six-month review date will be set with a 3-month contractual meeting to monitor progress.

[See Appendix 1]

4. Escalation process for immediate concerns

There may be times when the Quality Assessment Team will need to escalate significant concerns, during or following a PAMMS assessment, if there are any immediate health and safety risks.

The QA will need to raise these concerns with the Registered Manager immediately and with the Contracts Team.

Any safeguarding concerns will need to be reported to the Central Advice and Duty Team (CADT) to be triaged via the Multi-Agency Safeguarding Hub (MASH) - wcnt.centraladviceanddutyteam@nhs.net

Any professional discussions with social care teams relating to individuals following a PAMMS assessment will take place as appropriate.

Quality, Contracts and Commissioning Teams may need to involve other professional teams for additional support, signposting, or referral to specialist teams such as Infection Prevention Control (IPC), End of Life Care (EOLC), Primary Care Networks (PCN's) etc.

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Suspension of new placements

CQC Inadequate rated services

Where a contractual arrangement permits any service that has a CQC inspection with the overall rating outcome of 'inadequate' will be suspended for all new placements and remain suspended until CQC reinspect, and their rating improves to 'requires improvement'. At this stage they will be subject to a PAMMS assessment being carried out within 90 days.

CQC Requires Improvement rated services

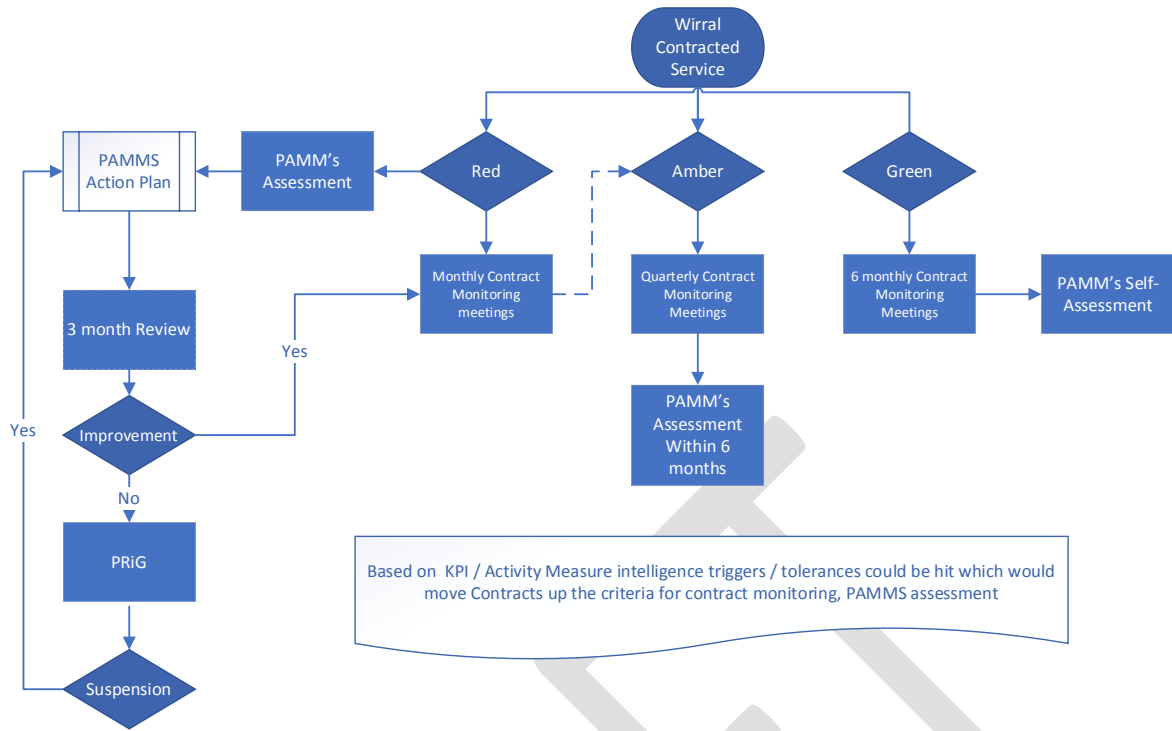
Any service that has a CQC inspection with the overall rating outcome of 'requires improvement':

- May be automatically suspended from any new placements. (At times of high demand and to ensure system capacity and flow 'requires improvement' services may be supported to facilitate admissions on a risk assessed basis and supported by the Health and Care system.)
- Will receive a PAMMS assessment that will be scheduled within 90 days of the suspension being issued.
- If the PAMMS assessment rating is 'poor' the service will be given 6 months to implement an improvement plan and the Quality Team will re-visit after this period to conduct a further PAMMS assessment to review the rating.
- If the PAMMS assessment rating is 'requires improvement' the service will be given 3 months to implement an improvement plan and the Quality Team will re-visit after this period to conduct a further PAMMS assessment to review the rating.
- Services may remain suspended until the service obtains an overall 'good' PAMMS rating.
- Ratings are only visible to individual Providers, this may change in the future through provider consultation to grant public view, accessible by any portal user who has authorised sign in status.

5. Safeguarding

The Care Act 2014 sets out a clear legal framework for how Local Authorities and other parts of the system should protect adults at risk of abuse or neglect.

All safeguarding concerns must be reported to the Local Authority using the safeguarding portal or by contacting CADT.



Policy agreed at Policy Board: December 2022

Policy review Date: January 2024

Responsibility for Policy Review: Wirral Council Professional Standards Team

Criteria for Provider Assessment and Market Management Solutions (PAMMS) Assessment

1. Provider Assessment and Market Management Solution (PAMMS)

- 1.1. The Provider Assessment and Market Management Solution (PAMMS) is an online assessment tool, designed to assess the quality of care delivered by providers of adult social care services. The digital toolkit will support a consistent approach to monitoring the quality and implementing any improvements required, as a result of the assessment across all commissioned providers.
- 1.2. The PAMMS assessment will be used by Wirral Health and Care in full partnership with Providers. Providers will be given the opportunity and support to provide any evidence needed, to meet the standards required. A designated Quality Assessor (QA) will support Providers to navigate, evidence and input to the PAMMS system, to allow for an agreed measure of the quality of the service and help identify any areas for improvement.
- 1.3. The PAMMS auditing toolkit will:
 - Enable Contracts, Commissioners, and Quality Assessment Team to work together in collaboration with Providers to achieve better outcomes for the residents of Wirral.
 - Give Providers the opportunity to sense-check their internal quality audits against Wirral Council's independent audit.
 - Enable the sharing of best practice and new innovations across the sector.
 - Enable an objective quality audit to be undertaken to support providers in establishing what is working well and what areas may require improvement.
 - Help identify where we can provide additional support, signposting, or referral to expert teams. For example, infection control, medicine management or diabetes management.
 - Enable a framework to support Providers to prepare in advance of any regulatory activity.
 - Lead to improved Care Quality Commission ratings for providers in Wirral.

2. PAMMS Scheduling Process

- 2.1. Quality, Contracts and Commissioning Teams will meet monthly, or more frequently if needed, to analyse the quality of the provider market. The schedule of PAMMS assessments will be set on a quarterly basis.
- 2.2. The scheduled providers will be notified by their named Contract Leads that they have been scheduled for a PAMMS assessment and a date for an initial introductory PAMMS meeting set.
- 2.3. The Provider will be allocated a designated Quality Assessor (QA), who will remain allocated to the Provider for maximum period of 4 weeks. In this 4-week period the QA will work with the Provider to plan, prepare, and carry out the assessment.

- 2.4. The QA will complete the PAMMS assessment in partnership with the Provider and agree the quality rating with the Registered Manager at the end of the 4-week period. The QA and Provider will plan and agree how the assessment of all 16 standards will be carried out to best fit the service, size, and service type.
- 2.5. Through working collaboratively on assessing each standard, ratings will be agreed, and any actions identified with the Provider will be included in their submission of any required action plans.
- 2.6. Once the action plan has been created within the PAMMS system, the QA will end their involvement with the Provider. If this is achieved in a shorter time scale than 4 weeks, the QA will end their involvement sooner. Any subsequent queries from the Provider will be directed to their Contracts Lead as part of the contracts management process.
- 2.7. If an unscheduled review of a service is identified due to risks, a targeted review of the service will be carried out. This will enable a rapid assessment of the immediate areas of concern and inform if further action, or a full PAMMS assessment needs to be scheduled.

PAMMS Assessment Process (site visit)

- 2.8. The initial PAMMS meeting will take place between the Contracts Lead, Provider, and the allocated Quality Assessor (QA). This meeting will allow for initial discussions, and plan and agree on how the assessment will be carried out.
- 2.9. The QA will share in advance of the assessment starting the standards and audits used as part of the assessment process.
- 2.10. The QA will work with the Provider to carry out the PAMMS assessment and support the creation of the action plan if required.
- 2.11. The QA will want to speak to the following people:
 - Registered Manager
 - Staff members
 - People who reside or use the service (where possible)
 - Relatives (where possible)
- 2.12. The QA will need to view various documents and files, and this will be discussed and agreed during the initial meeting to ensure the least disruption throughout the 4-week assessment process.
- 2.13. Conversations with individuals residing or using the service, their relatives and staff will be a large component of the assessment of the standards.
- 2.14. The QA will follow a standardised approach using a set of audits for consistency across the whole market, whilst considering all services are individual and the method of evidencing standards may differ from service to service.
- 2.15. Guidance notes are available as a reference where required. The provider will be given every opportunity to provide evidence of the required standard and will be supported through the process by the designated QA.
- 2.16. To allow appropriate consideration of any evidence a minimum and maximum range of evidence:
 - Two to five care files to be viewed – linked to any other appropriate documentation e.g. diet and fluid charts / repositioning charts, daily care records etc
 - Two to five staff files to be viewed, one long standing staff member / one most recent employee.
 - It is the aim of the QA to evidence with the Provider that they have met the standard. Additional supporting evidence is not required if a standard has been met.

- Any standards that cannot be evidenced by the end of the assessment period will be identified with the Provider to allow it to be included in the action plan along with any best practice recommendations.
- 2.17. If any standards are rated as 'requires improvement' or 'poor', the designated QA will support Providers to create an action plan. The Registered Manager must identify the actions they are going to take to address the issues identified, including realistic timescales and person(s) responsible for completing the actions. The action plan is owned by the Provider.
 - 2.18. At this point, the allocated QA will end their involvement with the Provider and the action plan will be considered 'live' and the Provider will be responsible for ensuring actions are addressed within the agreed timescales.

3. PAMMS Assessment Process (self-assessment)

- 3.1. If a Provider has been identified as per the contracts monitoring process that they meet the criteria for a self- assessment, the Provider will be informed by the Contract Lead.
- 3.2. A designated Quality Assessor (QA) will contact the Provider to arrange a face-to-face introductory meeting to explain the self-assessment process.
- 3.3. The designated QA will send out the self-assessment to the Provider. The Provider will have a four-week timescale for completion and submission.
- 3.4. The designated QA will review the self- assessment within two weeks and agree the level of validation required based on the quality of the self-assessment return.
- 3.5. The designated QA (as a minimum) will arrange to complete an on-site visit to validate the following sections within PAMMS:
 - Section 2: Service user experience
 - Section 3: Care worker knowledge and understanding
- 3.6. If any other areas are identified by the designated QA for validation following a review of the self-assessment, this will be explained to Providers prior to the visit.
- 3.7. Once a self-assessment has been fully validated, the ratings will be discussed and agreed with the Provider.
- 3.8. If any standards are rated as 'requires improvement' or 'poor', the designated QA will support Providers to create an action plan. The Registered Manager must identify the actions they are going to take to address the issues identified, including realistic timescales and person(s) responsible for completing the actions. The action plan is owned by the Provider.
- 3.9. At this point, the allocated QA will end their involvement with the Provider and the action plan will be considered 'live' and the Provider will be responsible for ensuring actions are addressed within the agreed timescales.

4. PAMMS Standards

- 4.1. Each service provision will be rated by PAMMS in the following areas, based on the evaluation of the Quality Assessor (QA). These standards will be shared with Providers prior to the assessment process starting: -
 - Respecting and involving service users
 - Consent

- Care and welfare of service users
- Meeting nutritional needs
- Co-operating with other providers
- Safeguarding people who use the service from abuse
- Cleanliness and infection control
- Management of medicines
- Safety and suitability of premises
- Safety, availability and suitability of equipment
- Requirements relating to staff recruitment
- Staffing and staff deployment
- Staff support
- Assessing and monitoring the quality-of-service provision
- Using information and dealing with complaints
- Records

5. Assessment outcome and report

- 5.1. The quality ratings will be agreed between the Provider and the QA and submitted via PAMMS on site with the Provider. This will need to include any actions, concerns, or risks that require an immediate response.
- 5.2. Once the report has been submitted, a notification email will be automatically sent to the Provider. The QA will ensure that the Provider is able to access the report and is aware of any immediate actions required prior to ending the visit.
- 5.3. The report gives indicative ratings against the assessed standards. The PAMMS system weights the information submitted to give an overall rating.
- 5.4. All standards will receive one of the following gradings:
 - Excellent
 - Good
 - Requires Improvement
 - Poor
- 5.5. Comments within the standards to be added by the QA detailing why this grading has been applied, following discussion and agreement with the Provider. If a question is marked as '*not assessed*', it will usually be because that standard is not applicable at the care setting.
- 5.6. Once the report is accepted and approved by the Provider and a final summary report will be published on the PAMMS provider portal. Currently on Wirral, the ratings are only visible to the individual Providers, however this will be reviewed through provider consultation and in the future, approval may be granted for public view, accessible by any portal user who has authorised sign in status.

6. Validation of action plans

- 6.1. If a service receives a PAMMS assessment rating of 'poor' the service will be given 6 months to address the issues identified within the action plan. The QA will then re-visit to conduct a further PAMMS assessment to review the rating.
- 6.2. If a service receives a PAMMS assessment rating of 'requires improvement' the service will be given 3 months to address the issues identified within the action plan. The QA will then complete a validation visit to review and validate the actions.

- 6.3. If a service receives a PAMMS assessment rating of 'good' but there are areas identified that 'require improvement' the QA will look to complete one verification session to review and validate the actions.

7. Disputes

- 7.1. If a Provider does not agree with the assessment outcome, they have 14 days from receipt of the initial electronic report to add any comments or challenges. Providers are encouraged to work in partnership the QA to evidence standards have been met in the first instance during the 4-week period, and agree on the ratings being submitted, resulting in an agreed overall quality rating. However, it is recognised that this may not be possible on all occasions and a Provider may wish to make factual accuracy remarks on specific areas and present additional supporting evidence on the initial report.
- 7.2. The Quality Assessment Team will consider the feedback and will amend the report and ratings if appropriate.
- 7.3. The outcome will be communicated to the Provider by the designated QA.
- 7.4. In the event of a continuing dispute about a PAMMS report, a Provider may request a review. The review will be carried out by the Quality Assessment Team Manager and the Contracts and Commissioning Team Manager alongside the Provider.
- 7.5. The review will not be a further assessment, it will assess the process followed during the assessment by the QA. It will review if: -
- The Provider and the Quality Assessor worked in partnership.
 - The Provider was supported to evidence that standards had been met.
 - Robust evidence to support ratings.
 - Use of evidence against correct standards.
 - Objective fairness, including appropriate consideration of any evidence relating to the standard in question.

8. Escalation process for immediate concerns

- 8.1. There may be times when the Quality Assessment Team will need to escalate concerns, during or following a PAMMS assessment, that may include raising a safeguarding referral to Central Advice and Duty Team (CADT).
- 8.2. The QA will need to raise these concerns with the Registered Manager in the first instance and email CADT if they are a safeguarding concern using the following email address - wcnt.centraladviceanddutyteam@nhs.net
- 8.3. The QA will need to notify providers via email at the earliest opportunity, if there any immediate health and safety risks and copy in the Contract Lead, Quality Assessment Team Manager, Commissioning and Contracts Team Manager
- 8.4. The Contract and Commissioning Manager and Contract Lead to decide on what action may need to be considered, until assurances are gained that any immediate health and safety risks have been addressed adequately. Social Care may be needed to gain assurance around any safety issues related to people who use services.

- 8.5. There may be times when the Quality, Contracts and Commissioning Teams will need to involve other professional teams for additional support, signposting, or referral to specialist teams such as IPC, EOL, PCN's etc.

9. Contract Monitoring and Quality Process Flow Chart

