

Adult Social Care and Social Inclusion

Quality Assurance Framework

Guidance for Providers

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Quality Assurance Framework (QAF)

1.0 Introduction and guiding principles

This Quality Assurance Framework (QAF) sets out the primary ways in which the Council will monitor and support in-borough commissioned adult social care services.

The services currently supported by the QAF are listed below:

Adult Social Care:

- Care Homes
- Home Care services
- Supported Living Services
- Life opportunities
- Extra Care
- Prevention Grants

The Quality Assurance and Improvement Team monitors (QA&I Team) and supports services commissioned by Bolton Council to ensure that they are meeting the requirements of their contract and the quality and performance standards described in the service specification. The QA & I Team also provides support to providers to improve their services when required.

The QAF has several underpinning principles:

Accountability

The primary purpose of the QAF is to provide assurance that the services commissioned by the Council are of a high quality and are delivering what is set out in the contract and service specification. As part of this process, providers will receive “critical friend” feedback and be supported to continuously improve. Following some aspects of our QA work we will apply a risk rating. We will be open and honest with providers about what this rating is and explain what it means.

Supportive and Improvement focussed

The Council values the role that providers play in delivering services to some of our most vulnerable residents. Whilst accountability is key, the QAF provides opportunities for the Council to support providers where identified improvements are needed. The Council wants to work with providers with the aim of driving up quality across the Borough. The Council believes that a strong and collaborative relationship with providers will support a higher quality and vibrant market.

Triangulation

The QAF seeks to develop a thorough understanding of quality and recognises that multiple sources of information are required to do this. In most situations the QA & I Team will triangulate information to provide further evidence of quality. Triangulation means more than one piece of evidence will be used to confirm something has happened; or, that what is being described in one way is supported in another. For example, data from a provider which shows their volume of activity in a given period will be checked with service user experience and

activity logs; or, a manager saying they have a robust complaints procedure would be checked by looking at the service's complaints policy, checking with service users that they know how to make a complaint, reviewing complaints data and looking for evidence that the service learns and improves as a result.

As part of any monitoring visit the Contract and Quality Monitoring Officer (CQMO) will review additional intelligence from care management, service users/families and other relevant professionals such as, safeguarding, complaints, external inspections etc.

Early intervention

Where we have concerns about a provider's ability to meet the requirements of their contract or specification or we are concerned that there is a risk of harm to service users, we will intervene as early as possible. This means the support the Council and its partners can provide will be deployed to support the provider to reduce the risk or safeguard service users. Such actions could include a temporary suspension of new placements.

Should intelligence about a provider identify quality concerns e.g. CQC inspection rating of overall Requires Improvement or Inadequate in any domain, the QA & I Team will hold a meeting with the provider to discuss impact and risk. Depending on the individual provider circumstances this may result in the invoking of contractual clauses e.g. suspension of placements whilst working with the provider to make improvements or where services are failing, the transfer of service users to other providers could be considered.

For more information please see the Quality Concern Pathway, Appendix 5

Proportionality

The Council recognises that not all services or providers are the same and are delivering a diverse range of services. The QAF will proportionately focus on risk rather than a one size fits all approach for example - where services deliver to large volumes of service users, where the service users are at heightened risk because of their needs, where there is a high-cost value, or where there is other heightened risk then these services will receive greater attention.

Working together

We believe that continuous improvement can only happen where there is a strong working relationship between providers, commissioners and other stakeholders. We will work to develop relationships to support improvement in the market. These will be at individual provider level and across sectors. Working together means:

- Shared ambition
- Collaborating with others
- Mutual trust
- Sharing learning, knowledge and ideas
- Valuing each parties' strengths

2.0 QA activity explained

Staff from the Quality Assurance and Improvement Team will carry out a range of activities to gather evidence to illustrate that standards and contract requirements are being met and, to support continuous improvement.

The Quality Assurance Framework (QAF) contains the following tools:

Type	Name	Purpose
QM1	Quality and Contract Monitoring Meeting	Contract Monitoring
QM2	Quality and Safety Assurance Visit	Quality Contract Monitoring
QM3	Self-assessment (PAMMS)	Regulatory preparation
QM4	Self-assessment Validation Visit (PAMMS)	Regulatory preparation
QM5	Provider Information or Data Return	Contract Monitoring
QM6	Grant Monitoring Return	Contract Monitoring
QM7	Staff Experience Survey	Quality Contract Monitoring
QM8	Service User Experience Survey	Quality Contract Monitoring
QM9	Pharmacy Monitoring Visit	No longer in use
QM10	Joint Service user and Staff Survey	Quality Contract Monitoring

The frequency and type of activity that we carry out with you will be dependent on the type of provider you are, the type of service you provide and other factors such as the risk to service users' safety or the risk to meeting the terms of our agreement. For information on how we apply the standard QA activity and for minimum frequencies for your service, please see Appendix 1.

For some providers and services, the standard QA activity will be supplemented with additional activities which are specific to them. Additional QA activities are detailed in Appendix 2.

QM1 - Quality and Contract Monitoring visit

The Quality and Contract Monitoring visit will take place, as a minimum every 12 months but for some providers this may happen more often. These visits may increase due to a regulation inspection grading or where an increase in risk is identified. The purpose of the meeting is to check providers are meeting the contract specification, that they are meeting standards and customer expectations and are working to continuously improve. The meeting is two-way and is a key point in the calendar for the Council and provider to work together to resolve issues, celebrate achievements and agree improvement action.

The meeting will be led by the QA & I Team and, as a minimum, the attendance will include the following individuals:

- Contract and Quality Monitoring Officer (CQMO), Bolton Council
- Registered Manager (if CQC regulated)
- Service Manager (if non-regulated)

The provider may invite any other individuals they think necessary for the discussion (e.g. a deputy or regional manager). Other officers from the Council may also attend depending on the issues that need to be discussed, including:

- Principal Quality Assurance and Improvement Officer
- Commissioning Officer or Manager
- Representative from Care Management (for social care services)

The meeting will always, where possible, take place at the provider's premises. For accommodation-based services this will be at the service location e.g. the care home. If this is not possible, the meeting will take place at the provider's local office, council office or another suitable location. The meeting is an opportunity for providers to share pertinent information about the service, to identify risks and challenges, to ask questions of the commissioner and seek support where required.

The Quality and Contract Monitoring meeting is the primary means of monitoring services and will be scheduled in advance. Broadly the areas for discussion include:

- Safeguarding
- Complaints and feedback
- Incidents
- Management and leadership
- Workforce
- Financial health
- Contract compliance
- Due Diligence checks
- General observations
- Challenges
- Quality assurance
- Positive stories
- Continuous improvement

For accommodation-based services there will also be a 'quality and safety check' undertaken on the day of the meeting. The 'quality and safety check' is a visual check of the service undertaken by the CQMO where they will be validating what has been discussed and making a general assessment of quality and safety. As part of this process, the CQMO will look at a sample of audits, training records, the rota and any other pertinent information as well as talking to residents and staff.

Where the meeting is held in the service users' own home (for example a supported living property) the provider must inform the service users that a monitoring meeting is taking place and seek their consent for officers from the Council to enter the home.

A completed QM-1 form will usually be emailed through secure channels to the provider within ten working days of the meeting taking place. The QM-1 form will include the provider quality rating (see Appendix 3) where appropriate an improvement action plan and the results of any checks on documentation.

Any areas for improvement will be agreed with the providers and recorded in the QM-1 form. Providers are expected to maintain a rolling plan of their improvement activity.

QM2 - Quality and Safety Assurance Visit

Quality and Safety Assurance visits will take place normally in response to something that the Council has been made aware of, for example, a complaint or some information from another visiting professional. Therefore, Quality and Safety Assurance Visits are ad-hoc and can be made without prior notification to the provider. The primary purpose of a Quality and Safety Assurance Visit is to check that service users are safe, but they will also be used to provide assurance that previously identified issues have been dealt with or to provide further evidence in support of improvement or enforcement work. QM2 visits will normally be made by a member of the Quality Assurance and Improvement Team but could also be carried out by other officers from the Council (eg Social Workers) or sometimes partner organisations e.g. Greater Manchester Integrated Care – Bolton.

QM3 - Self- assessment (PAMMS)

Some providers will be asked to complete and submit an annual self-assessment. The self-assessment will allow the QA & I Team to undertake a desk-top assessment of a provider's quality and their compliance with the contract and specification.

The self-assessment will be an annual requirement and you will be notified of the deadline for submission of the assessment and any supporting evidence in advance.

Self-assessments will be completed within the Provider Assessment and Market Monitoring System (PAMMS),

QM4 – Self- assessment Validation Visit (PAMMS)

For those providers and services who have completed a self- assessment, a visit will be undertaken by the QA & I Team to validate the self-assessment.

The validation visit will seek evidence to support the provider's self-assessment and, will include an in-depth quality audit. The date of the validation visit will be notified in advance.

See Appendix 5 for a more detailed explanation of the PAMMS process.

QM5 - Provider Information/Data Returns

The information return provides the QA & I Team with ongoing data about a provider's quality, productivity and performance against key performance indicators. In some circumstances, the Provider Information Return will be used to trigger payments, in particular those linked to quality enhancements.

Most providers will have to submit some form of information return. The frequency and the content of information returns is specified in Appendix 2.

QM6 - Grant monitoring return

Providers receiving a grant should return the form QM-6 to quality@bolton.gov.uk

Providers should include copies of invoices to evidence their expenditure in that period. Providers should include other evidence which supports their return and which links back to their specification or the bid which forms the basis of the agreement. For example, activity data, minutes of meetings, customer feedback, case studies, evaluations and photographs. Providers should also submit positive stories about their service/project. For help with the type of information you should send back please contact your CQMO using the above email or by ringing 01204 334236.

QM7- Staff experience survey

For some providers a staff focussed visit will be undertaken by the QA & I Team. The purpose of this visit is to check with staff working for the service about their experience and to validate information supplied by the provider about the workforce.

This will be in the form of a semi-structured interview and, where possible, will be carried out in person with a sample of staff members on a one-to-one basis. Where this is not possible feedback will be sought via telephone. In some circumstances, a focus group will be arranged where this is appropriate or provides a more efficient means of capturing the information.

The visit will be organised by the QA & I Team who will work with Providers to ensure staff are available to take part.

Anonymised results from the feedback will be shared with providers.

QM8 - Service user experience visit

For some providers, a service user experience visit will be undertaken by the QA & I Team. The purpose of the visit is to check with users of the service that their expectations are being met, that their experience is good and that there are no quality or safety issues. As part of the visit families or a service user representative may also be interviewed.

The visit will be in the form of a semi-structured interview and where possible will be carried out in person with a sample of service users or family members on a one-to-one basis. Where this is not possible the feedback will be sought via telephone and or observation. In some circumstances, a focus group will be arranged where this is appropriate or provides a more efficient means of capturing the information.

The visit will be organised by the QA & I Team who will work with the Provider to ensure service users and families have been asked and agree to take part.

Anonymised results from the survey will be shared with providers.

QM10 – Joint Service user and Staff experience visit

For some providers, a joint service user and staff experience visit will be undertaken by the QA & I Team. The purpose of the visit is to check with staff and users of the service that their experience is good and that there are no quality or safety issues. As part of the visit families or a service user representative may also be interviewed.

The visit will be in the form of a semi-structured interview and where possible will be carried out in person with a sample of service users or family members and staff on an individual basis. Where this is not possible the feedback will be sought via telephone and or observation. In some circumstances, a focus group may be arranged where this is appropriate or provides a more efficient means of capturing the information.

The visit will be organised by the QA & I Team who will work with the Provider to ensure service users and families have been asked and agree to take part and staff are made available to speak with the QA & I Team.

Anonymised results from the survey will be shared with providers.

3.0 Provider Quality Rating (PQR)

The QA & I Team will allocate a Provider Quality Rating (PQR) to providers on the completion of its QM monitoring visits.

The PQR is a judgement made by the QA & I Team based on the information presented at the time. The PQR does not directly affect your agreement with the Council, however, by definition, a poor rating may be recorded because you are in breach of your agreement which could on its own lead to contract action and suspension or termination of work. The PQR is unrelated to the judgements and ratings made by a statutory regulator.

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The QA & I Team will make the judgement based on its findings from the visits it undertakes, or the information provided. For example, the judgement can be based on whether a provider is meeting standards or expectations set out in the contract and specification; whether there have been any incidents and how these are being dealt with; if the provider is struggling to recruit enough staff; or, it could relate to the financial stability of a provider. The table in Appendix 3 contains more information about the rating and how each category is defined (NB: these are a guide only).

The PQR will be made known to providers and will be shared at the Council's monthly Safeguarding Intelligence Forum as part of a range of indicators about provider quality. This information is not formally published / put in the public domain.

For PQR definitions please see Appendix 3.

4.0 Other ways we obtain information

Complaints, compliments and other comments

Information shared by people who use our services in complaints, compliments and comments can be used to support other quality assurance or improvement work and to build an overall picture of how good services are.

Other professionals

Many of the services the Council commissions are social care services and therefore often have visiting professionals from health and social care, for example, social workers, district nurses, physiotherapists and ambulance crews who may offer information.

We encourage health and care professionals to share information about the services they visit with the QA & I Team. For example, information about things they have seen or heard whilst visiting. We use information such as this to help us provide support to providers, identify good practice as well as take more urgent action when necessary.

5.0 The way we use and share information

The information gathered through the QAF will be used in several ways. Including, but not limited to:

To support learning and improvement

The QA & I Team will, wherever possible, support providers to improve as soon as issues or concerns are identified. In each element of the QAF there are opportunities to learn from practice good and poor. Learning identified in the QAF will be used with individual providers to help them improve and used more broadly to drive improvement across sectors. For example, an improvement made by one provider resulting from a serious incident will be learning that, shared in the right way and protecting identities of services users and/or the provider, will be useful to all providers.

Similarly, problems encountered by one provider may be being encountered by other providers and so this information will be used to seek a sector-wide solution to a problem.

Information Sharing Requests

The QA&I Team receive regular requests to share information in relation to providers from our colleagues in Safeguarding and CQC. Such requests will be shared in a timely manner in accordance with Data Protection and GDPR rules.

Information pertaining to safeguarding concerns will also automatically be shared appropriately with relevant services in accordance with local safeguarding policy and procedure. Safeguarding concerns for adults with care and support needs identified through the QAF will be reported to the Safeguarding Team.

Information about a provider gathered through the QAF which relates to harm or the potential harm of a service user/service users may also be shared at the Safeguarding Intelligence Forum (SIF). The SIF is a group that meets every four weeks to consider intelligence relating to providers. The group includes representatives from various

agencies including Bolton Council, GMICB, Bolton NHS Foundation Trust, Greater Manchester Mental Health Trust and CQC. The aims of the group are:

- To support the work of the Bolton Safeguarding Adults Board (BSAB) by promoting a culture of openness leading to identification of emerging patterns of poor provider practice and enacting appropriate interventions to prevent harm or abuse.
- Have an established forum where agencies can escalate their concerns about low level safeguarding and poor quality relating to service providers within Bolton.
- To provide expert advice/guidance/intervention to provider agencies to address the above issues enabling them to fulfil their responsibilities of providing safe care.

To monitor contracts and take contract action

Evidence gathered through the QAF will be used to ensure that the requirements set out in our contracts and specifications are being met. Sometimes, the evidence gathered will trigger some form of contract enforcement. This type of action is rare as it is hoped that most issues can be dealt with and resolved before it gets to a point of invoking clauses in the contract. In these circumstances information will be shared with Bolton Council's Legal Services Department.

To provide evidence for payment

Much of the information gathered, particularly through the data returns, supports payment from Bolton Council. For example, levels of activity, actuals and monitoring returns. Evidence will be sought by the QA & I Team to verify returns which lead to a payment. For example, samples of electronic call monitoring data from a home care provider will be checked against log books, actual service user experience and information from social workers; copies of invoices will be requested to support grant payments.

To support market oversight and provider failure duties

Bolton Council has a duty to ensure people's social care needs are met. The duty means that if a provider is forced to close, the Council must ensure service users continue to receive care.

Evidence about a provider's quality, financial, or organisational health will be shared with commissioners and senior managers within the Council to support decision making, planning and actions in relation to provider failure.

Where requested, intelligence from the quality monitoring activities will be shared with regulatory bodies to support their inspection regimes.

To support market shaping duties

Bolton Council has a statutory responsibility for market shaping. The Care Act 2014 sets out the requirements for Councils to support the development of care services that meet the needs of the local population and for working collaboratively to develop a high-quality care market.

Aggregated evidence obtained through the QAF will be shared with commissioners and senior managers within the Council and GMICB to support decision making and the development of future services, care models and tenders.

Drivers of change which underpin the Bolton 2030 Vision which is our strategic partnership plan for more information please visit <https://www.boltonvision.org.uk/>

6.0 Useful Contacts

Quality Assurance and Improvement Team – Bolton Council

For more information about this framework or if you have any questions about it please contact the QA & I Team:

Email: quality@bolton.gov.uk

Telephone: 01204 334236

Website: www.bolton.gov.uk

Commissioning Team – Bolton Council

Commissioning@bolton.gov.uk

Bolton Safeguarding Team, Bolton Council

Email: Safeguarding Adults SafeguardingAdults@bolton.gov.uk

Telephone: To report concerns 01204 337000

For professional support 01204 332032

Greater Manchester Integrated Commissioning Board - Bolton

Email: gmicb-bol.communications@nhs.net

Telephone: 01204 462000

Website: [Bolton | Greater Manchester Integrated Care Partnership \(gmintegratedcare.org.uk\)](http://Bolton | Greater Manchester Integrated Care Partnership (gmintegratedcare.org.uk))

Care Quality Commission

Email: Enquiries@cqc.org.uk

Telephone: 03000 616161

Website: www.cqc.org.uk

Appendix 1 Activity types and matrix

The CQMO will undertake as a minimum the following monitoring activity on an annual basis:

Type	Name	Frequency	Purpose
QM1	Quality and Contract Monitoring Meeting	Annual	Contract Monitoring
QM3	Self-assessment (PAMMS)	Annual	Regulatory preparation
QM4	Self-assessment Validation Visit (PAMMS)	Annual	Quality Assurance
QM5	Provider Information or Data Return	As defined in contract	Quality contract monitoring
QM6	Grant Monitoring Return	Annual	Contract Monitoring Grant services only

The QA & I Team will utilise a risk stratification tool. This will include publicly available information e.g. CQC ratings alongside locally available intelligence e.g. medication audits and will be used to set a risk score for each Provider, which will be reviewed on a regular basis.

This may result in an additional visit focussed on a particular area of risk.

The tools used for these visits would be dependent on the area of focus and could include any of the following:

	Standard QA Activity Type	Minimum frequency
QM2	Quality and Safety Assurance Visit	Ad-hoc
QM7	Staff Experience Survey	Ad-hoc
QM8	Service User Experience Survey	Ad-hoc
QM10	Joint Service user and Staff Survey	Ad-hoc

Applicable Standard QA Activity Matrix

This table shows which elements of our standard QA activity for the different service type areas.

Provider type	Applicable QA Activity									
	QM-1	QM-2	QM-3	QM-4	QM-5	QM-6	QM-7	QM-8	QM-9	QM10
Adult social care - CQC regulated	YES	YES	YES	YES	YES		YES	YES		YES
Adult social care - non-regulated	YES	YES			YES		YES	YES		YES
Social Inclusion	YES	YES			YES		YES	YES		YES
Grant funded					YES	YES				

The activities highlighted in **blue text** above are what a provider can expect as a minimum during the course of the year. Activities highlighted in **black text** are undertaken as required.

Appendix 2 - Additional and specific monitoring arrangements

Home Support – main and framework providers

Payment and activity validation

To provide validation for payment the QA & I Team will carry out a sample check of the actuals submitted by the provider. Electronic Call Monitoring (ECM) data submitted through the Provider Portal will be validated with checks of service user experience, log and/or communication books, social work records and by viewing the provider's 'live' source data. This sample check will be carried out monthly.

This check is to ensure correct ECM codes are being used and that any over/under provision has been delivered and done within predetermined tolerances (where these exist) or otherwise authorised by a social worker or commissioner.

Provider Information Return - Key Performance Indicators (KPI) validation

Home care providers on the Council's framework agreement will be paid an enhancement if they achieve certain KPIs. Evidence to support KPIs is submitted via the Provider Information Return every 4 weeks. Data submitted by providers will be checked by the QA & I Team as part of routine Quality and Contract monitoring meetings and by cross-referencing with other data and information.

Providers should submit their Provider Information Return through the provider portal on a four-weekly basis in line with their payment schedule.

Supported Living

Payment and activity validation

To provide validation for payment the QA & I Team will carry out a sample check of the actuals submitted by the provider. Data submitted via the monthly return will be validated with checks of service user experience, log and/or communication books, rotas and social work records. This check will be carried out monthly on a sample of service users.

This check is to ensure that any over/under provision has been delivered and done within predetermined tolerances (where these exist) or otherwise authorised by a social worker or commissioner.

Care Homes

Local Data Return

Care homes should submit their Data Return via the web portal by the 8th of each month.

Grant Funded Providers

Grant Monitoring Return

Providers in receipt of a grant payment are required to submit a grant form (QM6) and accompanying evidence on an annual or quarterly basis (frequency will be confirmed with each provider depending on grant specification) to quality@bolton.gov.uk.

Other Social Inclusion Services

Quarterly return and Quality and Contract Monitoring Visit (QM1)

Providers with an agreement to deliver social inclusion services will have the details of specific monitoring requirements written into their individual agreements.

Appendix 3 - Provider Quality Rating (PQR) Definitions

Category	Definition	Rating
No concerns	There were no issues identified at the QM 1 meeting either by the registered manager or the CQMO. All aspects of the specification and contract are being met. There is no evidence that standards or regulations are being breached. There is no evidence that the provider is struggling financially. The provider has all necessary paperwork, insurances, registrations to deliver the service. Customer experience is good. Learning and improvement is being undertaken when issues are identified. There have been one or two complaints, but these are minor in nature and have been reported to QA and are being dealt with appropriately. There are no substantiated safeguarding concerns or enquiries. There are no substantiated whistleblowing.	1
Minor concern	Some minor concerns were identified either by the CQMO, the service manager or other professional. These concerns do not impact on customer safety and there is no risk of harm or abuse if action is taken. Evidence suggests that one or more standards are not being met but can be (or are being) easily resolved and do not impact on safety - further work may be required to understand the nature of the concern further. Some aspects of the contract or specification are not being met but can be (or are being) resolved easily by the provider. There are one or two complaints of a minor nature that are being resolved by the provider, but a trend is appearing. Provider reports an issue which may affect its ability to meet one or more of its KPIs or productivity targets and is working on a solution. Provider has missed a reporting period (eg failed to send back a return or other information, no invoice received).	2
Moderate concern	Concerns have been identified either by the QCO, service manager, other professional or the regulator. These concerns may impact on customer safety and if not dealt with there is a risk of harm. An incident has occurred which led to a moderate harm and there is no evidence that learning has been identified and improvements put in place. There have been a number of incidents recently of moderate harm occurring with a recurring theme eg pressure ulcers, medication. There are several safeguarding concerns being looked into. There is one or more s.42 safeguarding enquiries ongoing. There has been a whistleblowing which requires improvement actions from the provider. Evidence shows that one or more aspects of the specification and contract are not being met which is affecting service delivery and/or quality and will take time to put right. Provider is not meeting one or more of its KPIs but working on a solution. Provider is not meeting productivity targets but working on a solution. The provider has financial problems and has warned they may struggle to pay staff. The provider is struggling to recruit staff but has plans in place. No registered manager in place. High staff turnover.	3
Significant concern	Concerns have been identified either by the CQMO, service manager, other professional or the regulator. These concerns will impact or have already impacted on customer safety. There is a significant risk of further harm. An incident has occurred which led to significant harm and there is no evidence of investigation, learning or improvement. Evidence shows that a significant part of the contract or specification is not being met and this has impacted service delivery and quality. There is not sufficient evidence presented that show problems are being rectified. There have been numerous safeguarding concerns and s.42 enquiries some of which have been substantiated. Provider is not meeting many of their KPIs or productivity targets and there is no evidence that this will improve. The provider is struggling to recruit staff and no plans to rectify. Customer experience is very poor with numerous complaints, whistleblowing and other issues being raised. There are other issues which will mean the provider is at risk of failing/closing if action is not taken. The provider reports it is struggling financially.	4
Catastrophic concern	There is evidence to suggest the provider has major financial problems and they are close to failure eg information from CQC market oversight, non-payment of creditors, warning from provider. The regulator has issued a warning of closure because of irrecoverable issues with the quality of the service. The provider has issued notice it wishes to leave the market. Very urgent attention is required including activation of contingency plans.	5

Please note, these definitions are given as a rough guide.

Appendix 4 - An explanation of the PAMMS Audit process.

What is PAMMS?

PAMMS is an electronic system that the Quality Assurance & Improvement (QA&I) Team will use to carry out and record the outcomes of an overarching annual quality assurance audit.

PAMMS is brand name for the software used and stands for Provider Assessment and Market Management Solutions

What type of Provider do we support with the PAMMS system?

All adult social care CQC regulated providers who are commissioned to support Bolton Council service users.

How does PAMMS work?

Each provider will be set up as a user on the PAMMS Provider Portal.

Help and guidance on how to use the system can be found on the Portal home page and of course the QA&I Team will also support any new provider/officer to understand how the system works and will also supply new providers/or new users to the system with written guidance.

The provider will then be asked to complete a “QM3 self-assessment” in preparation for a planned “QM4 self-assessment validation visit” by the CQMO. The self-assessment is completed using the Portal and will enable providers to assess how they measure up to the fundamental standards CQC monitor, there is also the ability to upload evidence and documentation to the Portal – which in turn can be saved and used for CQC inspection.

Once the provider has completed and submitted the self-assessment the CQMO will conduct as desktop review of the information provided to support their preparation for the pre-arranged onsite validation visit (QM4). When the validation visit has been completed the CQMO will assess the scores from the visit and the self-assessment and will feedback their draft findings and scores, via the portal identifying good practice and also potential areas for improvement. The provider will receive the draft findings, again via the portal, and will have the opportunity to comment on or challenge the findings before the final version of the report is published. This is an important part of the process as it will ensure that the CQMO has understood and been able to take into consideration the provider views and evidence in the final findings report.

As provider services are complex and involved it is unusual for a validation visit to conclude where no improvements or development areas have been identified. Therefore, the provider will be asked to create an action plan on the system. The provider and the CQMO will then work together to progress the action plan until its conclusion.

Of note the QA&I Team will work with providers and aim for them to be fully prepared for CQC inspection within a safe and supportive environment. The PAMMS system uses terminology which is similar to that used by CQC. However, some noticeable differences are:

- PAMMS uses the term “published” when a report is finalised. This means that the reports is published on the PAMMS system only and is not a nationally published document as in the case of CQC “published” provider rating reports. The PAMMS report will only be seen between the individual provider and the QA&I Team. The caveat to

this would be where there are significant safety /safeguarding concerns or risks which are picked up by the report (see section 5.0)

- PAMMS also uses the term “requires improvement” this is again terminology used by CQC however, in the PAMMS environment this will generally mean that the CQMO has picked up an areas for improvement which need to be considered rather than a regulatory breach.

Appendix 5 – Quality Concern Pathway (CQC regulated providers only)

Bolton Council has an expectation that all its CQC regulated providers will deliver and maintain a good quality of care for the service users entrusted to them. This means that we have an expectation that each provider will achieve CQC rating of “Good” or “Outstanding”. This is a contractual requirement.

However, provision of adult social care is complex, and providers do not get it right all of the time, this can sometimes result in the receipt of a “Requires Improvement” or “Inadequate” CQC rating. Where this does occur, Bolton Council have a duty to ensure our service users are being well cared for, the provider service is safe and, is working towards improving their rating/standards. Therefore, in these circumstances, we will follow the pathway below and in doing so will work closely with the provider to tackle the issues /breaches noted by CQC. The frequency of the meetings /QA visits may alter depending on the improvement progress made. This pathway may also be followed where the QA&I Team have significant concerns about the quality of a provider service irrespective of the CQC rating.

