



Integrated Quality Service Improvement & Escalation Policy





Improvement & Escalation Policy

Introduction

This policy sets out the statutory framework, strategic principles and key activity of Norfolk County Council and Norfolk & Waveney Clinical Commissioning Group's Integrated Quality Service.

The Integrated Quality Service (IQS) was established in 2019 as part of the wider restructuring of Norfolk County Council's Adult Social Services Commissioning Directorate. The appointment of a jointly funded Head of Service formally brought together Quality Monitoring Officers (NCC) and Quality Improvement Nurses (CCG) with a single function to support health and social care providers in Norfolk and Waveney.



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Geographical Footprint

The footprint of Norfolk & Waveney CCG incorporates the entirety of the county of Norfolk, including its seven District Councils: Breckland, Broadland, Great Yarmouth, King's Lynn & West Norfolk, North Norfolk, Norwich and South Norfolk. In Suffolk, it includes the area within the Waveney District Council boundary.

Whilst local authority officers in IQS have a remit for services located in Norfolk only, health colleagues wider remit includes services located in Waveney. IQS enjoys a close working relationship with partners in Suffolk County Council with respect to information sharing, planning and care provider engagement.

Statutory Function

The Care Act 2014 s5 places a duty on local authorities to promote diversity and quality in the provision of health and social care services. Local authorities must also have regard to the importance of fostering continuous improvement in the quality of services.

IQS performs the above duties primarily via its work directly with care providers in forming constructive and positive professional relationships, auditing, signposting and supporting improvement.

Extent of Remit

IQS has a statutory remit to engage with all Care Quality Commission registered providers in Norfolk, irrespective of their contractual status with the Council.

This includes:

- Residential Care Homes
- Nursing Homes
- Domiciliary Care Agencies (Home Care)
- Supported Living Schemes
- Housing with Care (Extra Care)

In addition, the following non-CQC registered NCC commissioned services fall within scope of the Service's remit:

- Day Opportunities (Day Centres)
- Domestic Abuse Settings (Refuges, Safe Houses)



Roles and Responsibilities

The Integrated Quality Service comprises a team of staff jointly strategically led by Norfolk County Council's Assistant Director; Workforce, Markets and Brokerage and Norfolk and Waveney NHS CCG Associate Director for Quality in Care to whom the Head of Service reports.

A structure chart can be found at Appendix A

- **Head of Integrated Quality Service** – Strategic direction, development and policy formulation, professional lead on care sector quality and statutory framework.
- **Senior Quality Monitoring Officer** – Oversees operational allocation and prioritisation of audit and improvement activity.
- **Quality Improvement Nurse** – Maintains portfolio of projects researching and commissioning clinical activity (incl. training) to support care market improvement.
- **Quality Monitoring Officer** – Maintains portfolio of allocated care provision, principal operational lead in audit and improvement activity, key point of contact for provider.
- **Care Sector Engagement Officer** – Supports the work of the Service in engagement with providers on specific project activity, contact, communication and data collection.

A multi-disciplinary team from a range of backgrounds, all staff have been recruited in accordance with their respective statutory agency policy and assessed as part of those processes for their relevant subject matter knowledge and ability to engage effectively to promote improvement.

Audit Function

IQS uses two audits involving threshold crossing visits to care providers. Provider Assessment and Market Management Solution (PAMMS) – an assessment tool designed to audit compliance with contracts, and Quality Monitoring Visits (QMV), an audit to review compliance with agreed action plans arising from a PAMMS assessment or CQC inspection.

PAMMS¹

The key means by which we both assure and support to improve services the Council commissions is the PAMMS audit process. PAMMS is implemented by the majority of Local Authorities in the East of England, so provides both an 'individual to provider' and comparative benchmark of quality and performance against standard measures.

¹ <https://www.norfolk.gov.uk/business/supplying-norfolk-county-council/norfolk-care-market/information-resources-and-engagement/tools-to-help-you/pamms-provider-assessment-and-market-management-solution>



PAMMS audits assess providers across the following 5 Domains and 16 Standards:

PAMMS - Domains

- 1 Involvement and information
- 2 Personalised care and support
- 3 Safeguarding and safety
- 4 Suitability of staffing
- 5 Quality of management

PAMMS - Standards

- 1 Respecting and involving people
- 2 Consent
- 3 Care and welfare
- 4 Meeting nutritional needs
- 5 Co-operating with other providers
- 6 Safeguarding people from abuse
- 7 Cleanliness and infection control
- 8 Management of medicines
- 9 Safety and suitability of premises
- 10 Safety, availability, and suitability of equipment
- 11 Requirements relating to staff recruitment
- 12 Staffing and staff deployment
- 13 Staff support
- 14 Assessing and monitoring the quality of provision
- 15 Using information and dealing with complaints
- 16 Records

Services subject to PAMMS

All services regulated by the Care Quality Commission are subject to a PAMMS audit. Like the regulator, the Council use a PAMMS audit at location level in respect of care and nursing homes and housing with care schemes. Domiciliary care agencies are audited at branch level and supported living schemes audited at provider level, with casework sampled from randomly selected schemes. Day services may be audited either with PAMMS or a lighter touch audit protocol depending on the size and nature of the service.



Prioritising PAMMS schedule

Each Quality Monitoring Officer (QMO), in collaboration with the Senior Quality Monitoring Officer (SQMO) determines the dynamic prioritisation of an audit schedule based upon but not restricted to:

- The date and outcome of the most recent CQC inspection/PAMMS audit
- Volume and nature of concerns, complaints and compliments received
- Analysis of Safeguarding alerts
- Intelligence from Council departments and partner agencies

PAMMS process

PAMMS audits are always announced. We will give providers notice of an audit (of no less than two weeks) in order to request a provider to forward certain advance information to inform the audit, and to ensure that relevant pre-visit analysis can take place to maximise time spent on site.

PAMMS audits are typically conducted by a single QMO, although from time to time they may be accompanied (e.g. by a QIN in nursing homes or a colleague in larger services, or as part of the induction of a less experienced staff member).

At the conclusion of each PAMMS audit, prior to receipt of the draft report, providers are encouraged to complete an online feedback form. Feedback is reviewed and collated to improve the quality of the Service.

Review of client records – to audit the management of risk and effectiveness of care planning, we will request review of a minimum of two care plans. In compliance with GDPR, only the records of Norfolk clients² will be routinely reviewed. However, where prior express consent has been gained from the individual themselves (where it is confirmed they have capacity to provide such consent) or that of their placing authority (where capacity or consent is not available), clients whose care is funded by another authority (e.g. Out of County placements) or those who fund their own care may also be reviewed.

We will always review the files of the most recently appointed member of staff and the most recently assigned package of care (or admitted resident).

² A client whose care has been funded wholly or in part by Norfolk County Council or Norfolk and Waveney Clinical Commissioning Group



Quality Monitoring Visits

Have two key functions:

- To follow up/review progress against agreed Action Plans arising from a PAMMS or CQC inspection
- To make focused enquires in response to concerns received.

In the majority of circumstances, a Quality Monitoring Visit (QMV) will be scheduled as an announced visit. A QMO will negotiate a mutually convenient time with the provider to conduct the visit.

On occasion, it may be necessary and proportionate to conduct an unannounced QMV. The circumstances in which this may be necessary include but are not restricted to:

- Where an urgent concern has been raised to the attention of the Council and no other statutory agency has active involvement.
- Where an announced visit would be insufficient to capture certain evidence (e.g. where credible report is received that staff are sleeping on duty, or where insufficient staff are on duty)
- Where IQS is requested to support another statutory agent in the conduct of its activity.

An unannounced visit will only take place where authorised in accordance with the scheme of delegation (at Appendix B)

Restrictions (Residential, Nursing, Supported Living, Housing with Care, Home Care). Defining a Restriction

A restriction is a temporary action by which the Council limits or excludes admissions of residents or tenants it funds to a care setting. A restriction may also be imposed on a home care agency in respect of the referral of new packages of care.

Restrictions are not punitive. Their purpose is to protect people using services whilst giving providers an opportunity to address quality concerns. In the case of provider failure only, a permanent restriction may be imposed to prevent any new placements or new packages of care whilst a service is closing.

CRITERIA

We impose restrictions when quality concerns are such that failure to do so may adversely impact on the quality of care delivered to a proposed client, or de-stabilise the ability of a service to maintain satisfactory standards for existing clients.



When a Restriction is Imposed

When services are rated Inadequate by CQC (or Poor by a PAMMS audit) an automatic full restriction is triggered. We may also impose a restriction in response to credible evidence of systemic quality concerns which may arise from Safeguarding alerts, Complaints, Whistleblowers or information received from partner agencies or others. Where a provider has given notice to terminate its contract with the Council, we will impose a full restriction to prevent further referrals to the location/s in question. Restrictions will remain in force until satisfactory evidence of sustainable remedial action has been supplied to the Council.

How a Restriction is Imposed

A Quality Monitoring Officer with sufficient grounds to impose a restriction must make a related proposal to a more senior Officer (in accordance with the Scheme of Delegation). The senior Officer will review the proposal, consider its credibility and determine whether the Criteria are met. If the senior Officer is satisfied that the proposal has merit, they will authorise the restriction. It will become effective immediately.

Scope of Restrictions

A restriction imposed by the Council extends only to admissions of clients funded by Norfolk County Council. Whilst Norfolk & Waveney Clinical Commissioning Group (CCG) mirror the Council's restriction as a rule, the CCG acts independently of the Council in imposing, relaxing and removing restrictions.

Providers subject to a restriction are not prevented from making privately funded admissions or admissions from other statutory agencies, however Norfolk County Council will monitor any new admission made and may exercise its statutory duties to liaise with other commissioners in respect of admissions arranged by them.

Types of Restriction:

Restrictions may be:

- Full – No admissions to be made.
- Partial – By frequency (e.g. no more than 1 in any 14-day period etc.)
- Consult to Place – no admission may be made other than by reference to and approval by QMO
- Re-admission from hospital – full restrictions may include or exclude re-admission of existing residents from hospital. Unless otherwise stated, it should be read that a restriction of any sort allows for re-admission of existing residents from hospital.



Notification of Restriction

A provider will be notified of any restriction imposed upon it by the Council³. The notification will set out in summary the reason for the restriction.

Where possible and in most instances a Quality Monitoring Officer will initially speak directly with the Registered Manager (or the most senior person available in their absence). In all instances, the notification will be made in writing (email) to the Registered Manager on or prior to the day on which the restriction is imposed.

Review of Restrictions:

As a principle - unless imposed where a provider has served notice to terminate contract - no restriction will remain in force for any longer than is necessary to ensure satisfactory and sustainable quality has been restored.

The Integrated Quality Service undertake to review all restrictions at least once in every calendar month from the date of imposition. The review may take the form of a desktop consideration of submitted evidence against an agreed action plan, a Quality Monitoring Visit, a PAMMS audit, consideration of evidence submitted by partner agencies or others, or any combination of the above.

When a Quality Monitoring Officer is assured that submitted evidence demonstrates satisfactory and sustainable quality, they will review whether the restriction should be relaxed or removed. A Quality Monitoring Officer will refer their proposal for imposition, relaxation or removal of a restriction to an Officer of a more senior grade (in accordance with the Scheme of Delegation) for scrutiny and authorisation, as the case may be.

³ Where notification may frustrate the progress of an investigation, a restriction may be imposed without notifying a provider where quality is impacted by an active s42 Safeguarding enquiry.



Consideration of Pending Admissions

When proposing a restriction, a Quality Monitoring Officer will have regard to any NCC client placements pending admission and where any arrangements have been made, will:

- i) Identify the name of the individual client (and social worker arranging the placement), and
- ii) Ask the provider to outline their assessment of the needs of the individual.

The Quality Monitoring Officer in liaison with the arranging social worker will consider whether the 'in progress admission/s' can be safely made despite the restriction being proposed, even if a full restriction.

- If it is believed that an 'in progress admission' can go ahead safely for the benefit of the individual without compromising their safety or the quality of the service, the Quality Monitoring Officer may propose a full restriction and (if authorised by SQMO/HIQS), advise the placing worker that the 'in progress admission' may go ahead in spite of it.
- If the Quality Monitoring Officer cannot be satisfied that the 'in progress admission' can be safely continued, they will notify the relevant social worker directly that the placement is not suitable, and an alternative placement will be sourced.
- A Quality Monitoring Officer's proposal to impose a restriction will always reference any pending admissions to the home (as above) as well as the quality grounds for imposing the restriction.

Relationship to CQC Conditions of Registration

Where CQC impose a condition to restrict admissions/take on new packages of care, unless the condition states the contrary, this applies to all admissions/packages of care, irrespective of funding source.

Where the Council relaxes or removes a restriction it imposes whilst a CQC condition remains in force, the CQC condition has primacy.



IQS - Quality Assurance

We aim not to preach, but we do practice what we promote.

Induction – all of our staff receive a comprehensive induction, including initial face-to-face classroom training, mentoring on initial visits with an experienced colleague and benefitting from a buddying arrangement throughout their employment in IQS.

Supervision – in accordance with NCC/CCG policy, all staff receive regular 1:1, casework is reviewed by a line manager on a monthly basis, training and development needs are considered. Professional supervision is provided for registered clinicians and practitioners among the team.

Training – informal and formal training is offered on topics relevant to our roles, ensuring our combined skillset meets contemporary needs of providers by allocated lead roles within the team for key topics (e.g. dementia, learning disability, Health and Safety, IT, Infection Control etc.). Staff are supported to maintain their status with professional regulators (e.g. NMC, SWE).

Team Meetings – in addition to IQS business, we regularly invite guest speakers to present to our team on topical issues and to refresh knowledge on emerging themes.

Observation – our staff are subject to on-site annual (minimum) observation by a manager. This usually takes the form of supporting a PAMMS or QMV and provides an opportunity to give feedback on performance and promote consistency of approach.

Peer review – in addition to periodic management oversight, draft reports are subject to peer review at least once per quarter. This encourages consistency of reporting

Moderation – a weekly moderation meeting takes place to discuss evidence relating to the award of ratings of Poor and Excellent.

Evaluation – feedback is sought from providers at the conclusion of visits, these are received by line managers and discussed with staff in 1:1 as a feature of learning and development.

Learning from Complaints – We view complaints constructively and welcome the opportunity to review our performance and make appropriate improvements when things go wrong.

Quality Report – We publish an Annual Quality Report to highlight key performance indicators and provide a review of the quality of the care market.

Lead Responsibilities – Team members have lead roles for sector specific or areas of practice or relevant to our work in supporting providers (e.g. Health and Safety, Diabetes, Dementia, Medication, Learning Disability). These colleagues act as a liaison with external agencies (e.g. HSE, Diabetes UK, Dementia UK and local system partners), and provide a central point of contact within the Service to supply reliable and contemporary information to providers.



Allocation of Portfolios

QMOs provider portfolios are allocated to ensure equitable distribution of complex work and geographical clustering (to reduce travel time and develop professional relationships with relevant locality partners). In addition, providers with more than one location, irrespective of their geography, are allocated to a single QMO.

Reallocation of caseloads – The Integrated Quality Service recognises value in maintaining professional working relationships with providers over time. However, to ensure an equitable distribution of compliant and non-compliant services, to manage extended periods of absence of Officers and other operational reasons, periodic review of caseloads is undertaken. This may mean that Quality Monitoring Officers allocations are changed at short notice.

COVID-19 Secure Measures – Visits to All Settings – General Statement⁴

Subject to relaxation of protocols in accordance with national guidance for regulated care settings, until further notice, any member of the Integrated Quality Service visiting a care setting will comply with the following protocols to mitigate transmission of the COVID-19 virus.

- 1 Officers will have conducted a comprehensive COVID-19 Risk Assessment prior to confirming a visit. This will be shared with the provider in advance and assurance sought that the provider is content for the visit to go ahead.
- 2 Officers have been double vaccinated with an approved COVID-19 vaccine and be able to evidence the same by approved means in accordance with legislation.
- 3 Officers will have obtained a negative PCR (or LFD) test within 72 hours of arrival at the care setting. Evidence of a negative test result will be held by the officer and their line manager, to whom any query regarding the status of the Officer may be addressed.
- 4 On arrival at the care setting, Officers will comply with any additional COVID-19 infection control regime in place at that setting (e.g. Lateral Flow Device test, temperature check) and await a negative test result before conducting further activity within the setting.
- 5 At all times whilst on site, Officers will comply with Infection Prevention and Control measures including the use of appropriate PPE, social distancing and hand hygiene.
- 6 Visits to different care settings will be separated by a period of at least 14 days, during which time re-testing will occur and, if necessary, a further test to comply with point 2 (above).

The IQS COVID-19 Risk Assessment is kept under continual review and may therefore from time to time differ from the general statement above. A copy of the current COVID-19 Risk Assessment may be requested from any member of IQS at any time.

⁴ General Statement will be kept under review in accordance with contemporary DHSC/UKHSA guidance



Information Sharing

IQS has collaborative responsibilities under the CQC/ADASS Joint Working Protocol⁵ to share key quality information about care providers quality with statutory stakeholders. Information shared is factual and evidenced-based, the outcome of audit, provider engagement and intelligence received from credible sources (e.g. Safeguarding enquiries, data from statutory partners).

As a function of the local authority, IQS has a duty to share certain relevant information with partner or other statutory agencies. These may include, but are not restricted to:

- The regulator (the Care Quality Commission)
- System partners (e.g. Norfolk & Waveney Clinical Commissioning Group, NHS acute, Community and Mental Health Trusts etc.)
- Other County Council departments (e.g. Trading Standards, Norfolk Fire & Rescue Service)
- Other statutory agencies (e.g. out of county Local Authority placing authorities and commissioners – where these are known to have contracts with the provider location).
- District Councils (e.g. Environmental Health (Food Safety) teams)
- HMRC and agencies of the Home Office (e.g. in relation to evidence of breaches of immigration rules, or evasion)
- Police (generally via the Multi Agency Safeguarding Hub)

In response to legitimate requests from other statutory agencies, the Council will share information as necessary on the restriction status of providers. The Council may from time to time publish anonymised collated data on restrictions which will not identify providers subject to a restriction.

Safeguarding

Where a Safeguarding alert relates to a person in receipt of a service by a commissioned care provider, the Integrated Quality Service is notified by the Multi Agency Safeguarding Hub (MASH). Whether or not the alert meets the statutory criteria for Safeguarding enquiry under s42 of the Care Act 2014, further enquires may be pursued by the Integrated Quality Service if it appears that the information relates to a systemic quality issue. Any activity pursued by IQS will neither interfere with or otherwise jeopardise the progress of a s42 enquiry.

It is not the role of the Integrated Quality Service to carry out s42 enquiries, however the Service will assist operational social work colleagues in their enquiries where relevant. Where IQS Officers discover evidence amounting to a Safeguarding concern (in the absence of evidence to confirm that the matter has already been raised as such) they may either request the provider to raise the Safeguarding alert or raise the Safeguarding alert themselves. In all such instances the IQS Officer will – as far as is reasonable to do so – advise the provider of the concern and the reason they believe the concern should be/will be raised. Where a provider has been requested to raise the concern, IQS may seek assurance that this has been actioned.

⁵ Joint Working Protocol between CQC and ADASS



Norfolk Safeguarding Adults Board

– Safeguarding Adults Reviews

Norfolk Safeguarding Adults Board (NSAB) is the formal arrangement which brings together statutory and non-statutory organisations to actively promote effective working relationships between different organisations and professional groups to address the issue of abuse and harm. One of NSABs core statutory duties is to conduct any Safeguarding Adults Review (SAR) in accordance with Section 44 of the Care Act. SARs provide an opportunity to learn lessons when abuse or neglect is suspected to be a factor in the death or serious harm of an adult with care and support needs.

It is the responsibility of all partner agencies to make a referral for a SAR where there are reasonable grounds to consider the criteria for a SAR may be met. Partner agencies should not draw their own conclusions on whether the criteria is met in borderline or unclear cases, but should make a referral to the Safeguarding Adult Review Group.

The Safeguarding Adult Review Group (SARG) receives all SAR referrals and consider whether the referral meets the criteria to conduct a SAR, or whether any other action should be carried out to ensure learning takes place. The Head of Integrated Quality Service is a member of the multi-agency Safeguarding Adult Review Group.

Where referrals involve care services within the remit of IQS, preliminary enquiries may be made by a Quality Monitoring Officer to establish key facts to inform SARG. Enquiries involve communication with the care provider to build a chronology which assists SARG to establish whether the criteria for a SAR is met. Cooperation of care providers in facilitating these enquires enables proper consideration of facts, may lead to wider learning (if a SAR is commissioned) and should be welcomed as part of an open learning exercise. Whilst there is a legal requirement for any party requested to supply information in connection with a SAR to do so, providers typically provide information voluntarily.

Procurement of care services

The Service is engaged in the process of assessing the quality of tenders for the award of Council care contracts. A standard methodology is used to determine the quality and sustainability of services and a recommendation made based upon evidence submitted in support of the tender. A two-stage appeal process is in place to ensure that the methodology is exercised robustly and fairly for any tenderer.



Non-compliance – escalation process

As a principle the Integrated Quality Service works with providers to promote quality improvements in services delivered. Where a provider a) consistently fails to meet quality standards and/or b) fails to demonstrate capacity to sustain improvement, IQS may use the escalation process to remedy the non-compliance.

The means available to remedy non-compliance are:

- PAMMS/QMV – Transitory non-compliance is addressed through our routine audit and follow up functions, as set out in this policy.
- Provider Meeting
- Quality Improvement Notice
- Performance Notice
- Suspension Notice
- Termination of contract.

Provider Meeting

Particularly where the provider is not in direct or close operational contact with the service of concern (e.g. where they are based outside of Norfolk, or there are several tiers of management within an organisation), IQS may convene a meeting at which presence of a senior leader is requested. Typically, IQS will invite company directors (or their delegates) to attend a provider meeting.

A provider meeting is an opportunity to set out key accepted findings – usually from a published PAMMS, finalised QMV a combination of these and/or robust evidence from other system partners. Invitees can be limited to IQS Officers and the provider, but more commonly also include relevant other system partners (i.e. representatives of Safeguarding, Community health providers, primary care etc.).

Providers will always be supplied with the evidence to be discussed in advance of the meeting, where they will then be requested to set out their intentions for remedying the issues, on the record. Provider meetings are minuted and agreed minutes distributed.

Any actions agreed in provider meetings will be followed up within the remit of a Quality Monitoring Visit or PAMMS assessment.

Provider meetings may be convened in their own right or in conjunction with service of a Quality Improvement Notice or Performance Notice.



Quality Improvement Notices (QIN)

A QIN is a means of securing compliance with key identified areas of concern (contractual breaches) which have not been resolved via a sequence of routine PAMMS and Quality Monitoring Visits.

A QIN will not be served in respect of one-off or transitory non-compliance which can be addressed via routine means.

A QIN sets out the repeated quality shortfalls identified and sets a reasonable timescale for the provider to become compliant. In order to ensure the timescale set is achievable, IQS will always negotiate the reasonableness of it with the provider.

A provider in receipt of a QIN may be required to provide evidence of compliance with it upon expiry of the timescale set. In addition or instead, a Quality Monitoring Visit may be scheduled to test compliance.

Performance Notices

Where a provider fails to remedy shortfalls identified in a QIN or where the provider has breached the terms and conditions of their contract in ways which are not specifically quality related, a Performance Notice will be issued. The Performance Notice shall identify the failings in the service or the breaches of contract and shall specify the timescale within which the provider must produce a plan of corrective action which can be agreed.

If the provider fails to deliver the actions specified within the action plan within the timescales agreed then the Council is entitled to terminate the contract by serving the required notice.

Suspension Notices

In addition to Performance Notices, under Framework contractual arrangements a Suspension Notice may also be served suspending the entering into of any new call-off contractual arrangements under the Framework. The Suspension Notice will be issued if there are concerns regarding a provider's ability to maintain the services delivered under the Framework or where there are unsatisfactory reports from either statutory or other agencies and key stakeholders regarding the delivery of the services.



Termination of Contract

Significant quality shortfalls are likely to constitute material breaches of contract. Whether the facts are derived from the findings of a PAMMS assessment, Quality Monitoring Visits, failure to comply with a QIN or other source, the evidence of non-compliance will be reviewed by a Senior Quality Monitoring Officer in the first instance. Where the evidence is substantial and or repeated over a period of time, a proposal may be made to the Head of Integrated Quality Service who will consider whether:

- a) the evidence constitutes a breach of contract, and
- b) all available alternative means of remedy have been exhausted, and
- c) it is reasonable and proportionate to refer the evidence to the Council's Procurement team with a proposal to serve notice.

The decision to serve notice of termination will be made by the Head of Procurement in liaison with the Head of Integrated Quality Service.

Any appeal against the decision to terminate will be heard by an officer at Assistant Director grade.

Market Failure

Where a care provider fails for any reason, IQS has a coordination role in ensuring continuity of service, effective liaison between key partners and maintaining overall responsibility for implementation of the Provider Failure Protocol. Additional to specific actions related to this, there is a weekly integrated provider failure meeting to ensure oversight of progress. Attendance includes IQS, market development, operational leads, commissioning leads, CCG officers and procurement.

SCOPEL (Social Care Operational Pressures Escalation Level Framework)

SCOPEL is Norfolk County Council's social care equivalent of the NHS framework OPEL. In response to declaration of SCOPEL Level 4 (Black), IQS will undertake an urgent review of all restrictions to relax or remove those where it is safe to do so from a quality perspective. Because all restrictions are subject to monthly review as a minimum, the SCOPEL triggered urgent review is a timely, contemporary view to ensure provider capacity is maximised at that critical time. Under these circumstances, providers may be requested to produce key evidence of compliance for review at short notice to facilitate expeditious release of market capacity.



Providers of Concern

A regular review of services is undertaken between IQS and wider Commissioning to consider quality, contractual and future commissioning proposals in the round,

Complaints about IQS

Providers should expect our staff to behave professionally, supportively, and fairly at all times. We hope that any concerns regarding the operation of our Service can be raised openly with us so we can resolve them swiftly and informally where possible. Complaints about individual staff will be managed in accordance with the relevant Norfolk County Council or Norfolk & Waveney Clinical Commissioning Group Complaints Policy.

Complaints arising from conduct of Officers during audits (PAMMS/Quality Monitoring Visits) To ensure appropriate separation between factual accuracy remarks and complaints about Officers, we will always prioritise consideration of the report of the audit first. The process set out in this policy allows for IQS consideration of a providers factual accuracy remarks against a draft report. Where features of a complaint against an Officer impacts on the findings set out in a draft report, the provider will be expected to return its factual accuracy remarks to IQS in accordance with the process set out in this policy. IQS will consider any factual accuracy remarks submitted and review, revise the draft report accordingly. The report will remain draft/unpublished until such time as the complaint is resolved at Stage 2⁶.

Communication

IQS will communicate important information to providers via a number of routes.

Email: the chief means of routine communication is via email. Currently, we circulate a fortnightly Care Provider Update. Urgent official notifications will be distributed by email and social media. Website: Norfolk County Council's website hosts the Integrated Quality Service's page. Key information of value to providers can be found here.

Social Media: Topical news and items of interest to care providers are posted on the IQS Twitter account. We will also tweet important or urgent notifications via this platform.

Telephone:

⁷ Norfolk County Council's Complaint Policy is summarised on its website: Compliments and complaints policy - Norfolk County Council. NHS Norfolk and Waveney CCG's Complaint Policy is available on its website: Norfolk and Waveney CCG Complaints Policy September 2020 v4



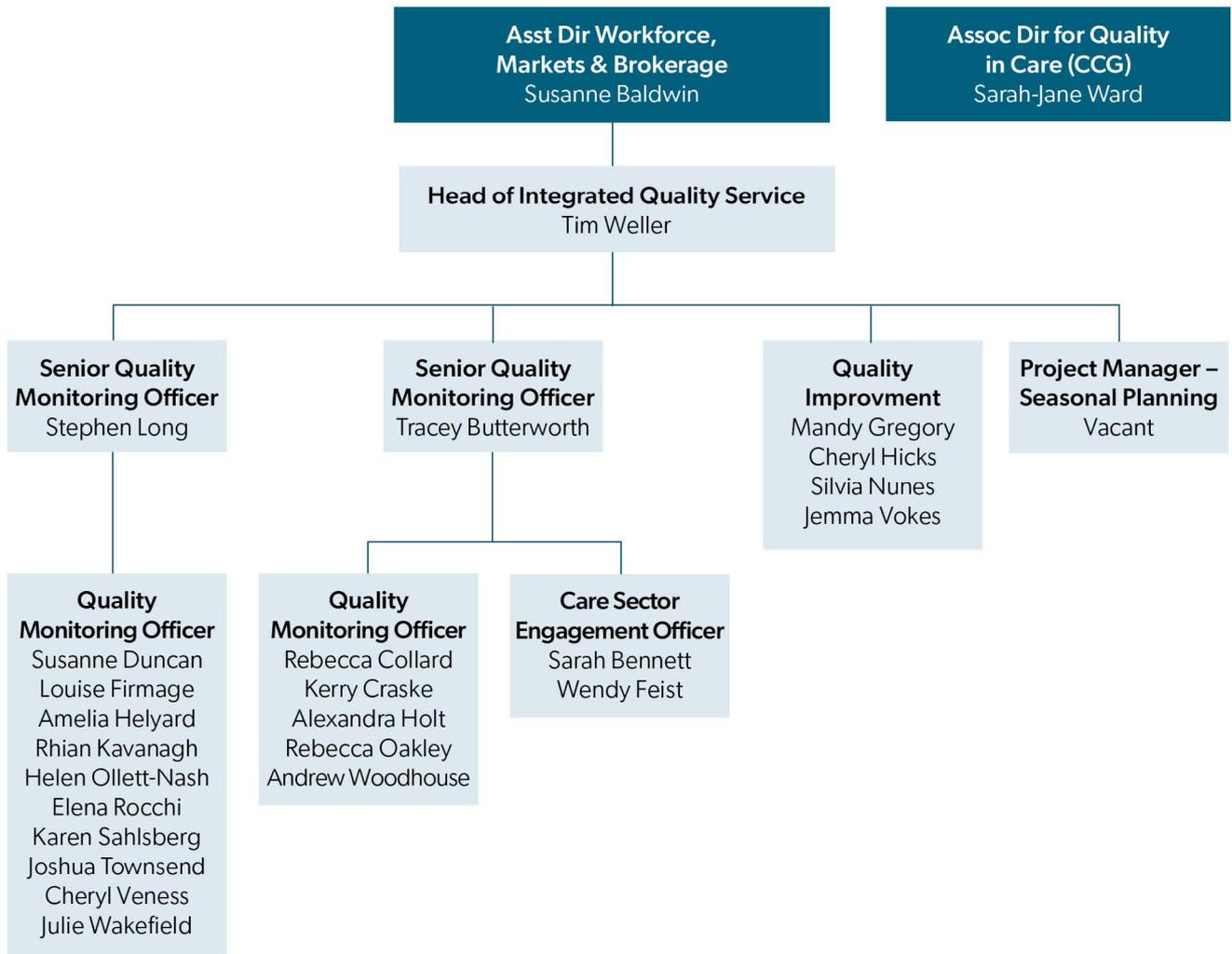
Visits – General

Most provider visits will be conducted by a single Quality Monitoring Officer (in nursing homes, accompanied by a Quality Improvement Nurse). From time to time the QMO may be accompanied by a colleague for training or observation purposes. In larger services, two QMOs may be assigned to complete the visit. In all instances the provider will be contacted in advance to advise of the personnel attending a visit.



Appendices

Appendix A - Integrated Quality Service Organogram





Appendices

Appendix B - Scheme of Delegation

Officer Grades:

K – Quality Monitoring Officer

L – Senior Quality Monitoring Officer

N – Head of Integrated Quality Service

O – Assistant Director Workforce, Markets and Brokerage

Authorised Officer Grade (minimum):

Decision	Propose	Authorise	Appeal
Imposition of Restriction	K	L	N
Relaxation/Removal of Restriction	K	L	N
Quality Improvement Notice	K	L	N
Termination of Contract Notice	L	N	O
Framework/Contract Tender Decision (Quality component only)	K	L	N
Unannounced Visit	L	N	N/A
Impose Restriction without notification	L	N	N/A



Norfolk County Council