NorCA x PAMMS Feedback & Development Meeting
2nd July 2026 | 10:00am – 11:30am

Attendees:

- Louise Brosnan - Assistant Director, Brokerage and Quality, Norfolk County Council
- Paul Jones – Quality Monitoring Officer, Norfolk County Council
- Christine Futter MBE – Chair, Norfolk Care Association
- Jon Clemo – Director, Norfolk Care Association
- Caitlin Moll – Operations Manager, Norfolk Care Association
- Marjorie Encalada Simbaña – Engagement and Projects Officer, Norfolk Care Association
- Nada Akram – Marketing and Communications Officer, Norfolk Care Association

The meeting was also attended by a range of social care providers.

Pre-Inspection Paperwork

- A provider noted that they were asked to send extensive documentation a month before their inspection, but the QMO had not reviewed it before the visit. This resulted in a back-and-forth via emails after the inspection, rather than having questions prepared for the on-site visit.
- One provider appreciated receiving a clear list of required paperwork before the inspection, finding it helpful for methodical preparation.
- A provider reported being required to submit paperwork on Christmas Eve, with no flexibility offered despite the provider being on annual leave. The group noted that this was an unreasonable expectation.

Reporting and QMO Approach

- Providers described significant variation between QMOs, including:
  - Some inspectors work alone, others in pairs
  - Different interpretations of requirements (e.g., one inspection required external risk assessors, another accepted internal training)
  - Discrepancies in how similar issues are rated
- While some providers reported positive, supportive inspections where inspectors wanted them to do well, others described experiences where inspectors appeared to focus primarily on finding faults.
- Providers expressed concern that inspections focus too heavily on finding problems and not enough on capturing positive work. There was a perception that the process seeks to identify what's not working rather than what is working well.
- A provider raised concerns about inspectors using acronyms (e.g., "BCP" for Business Continuity Plan) without explanation. Staff, particularly those with English as a second language, were unable to answer questions due to not understanding the abbreviations, despite knowing where the physical documents were located. Some staff members are too intimidated to ask what abbreviations meant, leading to negative ratings that did not reflect their actual knowledge.

- Providers reported they were unable to submit evidence of "good stories" or case studies that demonstrate exceptional care. One provider was told that these couldn't be considered.
- Providers noted the two-week window for submitting factual accuracy responses is challenging given other duties, and they must prioritise areas that show as "requires improvement" over those rated "good."
- A provider felt that minor environmental issues (e.g., chipped paint, shower scum) were used to mark down services, despite these being difficult to maintain 24/7 in working care environments.
- There was a sense that if significant issues weren't found, inspectors would "pick" on minor matters.
- A domiciliary care provider reported that their inspector appeared unaware they were not a principal provider with hundreds of services but only had 10 people on their books. This lack of preparatory work affected the inspection.

PAMMS Scoring and Guidance

- Providers expressed frustration that the PAMMS guidance document is too long and complicated, with unclear scoring criteria. There is no explanation of how different items are weighted or how the final result is reached.
- Providers noted that draft reports are shared without the final rating, making it difficult to challenge findings effectively. They want to understand which inspector comments directly affect the rating versus which are just suggestions for improvement.
- A provider highlighted that the completion summary showing all green boxes creates a false impression that the service has achieved good ratings, when the final report may show "requires improvement" in several areas.
- One provider was told by an inspector that a negative rating was due to "the algorithm," raising concerns about transparency in how the system calculates outcomes.
- Providers noted that PAMMS guidelines are applied uniformly across service types, without consideration of the differences.
- Some providers reported positive experiences where QMOs were helpful, listened, provided guidance, and worked collaboratively.

Support and Improvement

- Paul Jones spoke about an NCC project where an NCC officer visits selected providers weekly for around six months, working with them on whatever they need—speaking to staff and managers, building relationships, and creating action plans based on CQC/PAMMS reports. Providers who had experienced this described it as "extremely positive."
- Providers questioned how this supportive approach could be scaled, noting there are hundreds of care settings within Norfolk.
- Providers reported being asked to create action plans without clear guidance on what is expected. Some providers were told to create their own plans, while others were given templates.

- Providers noted the value of sharing good practice, including examples like a "30 Day File" system used to communicate key information to all staff.

Suggested Actions/Requests

- More detailed guidance on PAMMS scoring and weighting - including clarification of how the algorithm calculates final ratings and how different issues are weighted.
- Standardised forms/templates or at least clear guidance on what providers need to demonstrate, rather than being marked down for using different formats.
- Consistency in QMO approach - with a clear quality assurance system including review, shadowing, and audit of inspectors.
- Opportunity to submit evidence of excellence and good practice that goes beyond the mandatory requirements.
- Louise Brosnan to investigate specific cases where CQC and PAMMS ratings differed significantly (a provider received "poor" from PAMMS and "good" from CQC within weeks).
- The NCC team has already been asked to look at improving QMO consistency, with discussions about workshops and shadowing opportunities.
- Paul Jones to share the guidance document he has developed, with tweaks to make it more provider friendly. Addressing issues around:
  - Use of acronyms during inspections
  - Staff having to work on annual leave due to lack of flexibility on returning documents
  - Understanding different service types (e.g. supported living vs. residential)
  - Not being prescriptive about form templates
- Jon Clemo pushed for a clear, measurable action plan rather than general commitments, which Louise Brosnan accepted would be provided.

Proposed next steps:

- NCC to provide a clear, measurable action plan to improve the PAMMS assessment process.
- Implement changes and schedule a follow-up meeting for approximately six months' time to assess impact.
- Providers are encouraged to complete feedback surveys sent after PAMMS visits, as these go to senior management (not QMOs) and help identify issues.