

NorCA x PAMMS Feedback & Development Meeting 28th May 2026 | 11:30am – 1:00pm

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

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

PAMMS Ratings

- Providers raised concerns that draft reports and feedback appear positive, but final ratings can come back as less positive, with no visibility into how the algorithm/weighting of different standards works.
- NCC shared that there is a deliberate decision not to share ratings at the draft report stage to encourage providers to challenge the factual accuracy, rather than the rating itself. However, multiple providers reported submitting factual accuracy responses with evidence but received no response or explanation for why changes weren't made.
- If providers submit evidence that contradicts factual statements in the report, those changes must be made. When evidence doesn't fully address the concern, QMOs should give providers a reasonable explanation.
- NCC believes that providers borderline between ratings (e.g., high RI vs. low Good) may scrutinise reports more heavily if they knew their rating, NCC would like to avoid this.
- NCC shared that safeguarding and medication issues are weighted more heavily than other standards.
- Feedback from providers is that the current PAMMS guidance document on scoring is very high-level and lacks detail.
- Providers have felt unable to challenge ratings due to fear of repercussions.
- Louise shared that escalation options exist but may not have been widely communicated: QMO → Senior QMO → Louise Brosnan → Head of Service.

Quality Monitoring Officer Approach

- Providers reported that most QMOs are supportive and positive, but some can become defensive and confrontational when questioned.
- Providers are apprehensive to challenge QMOs even when they know the QMO is incorrect.
- One provider reported that staff were left with a very negative impression after a PAMMS visit due to sarcastic comments made by the inspector, and being picked up on minor details in an unconstructive way.
- QMOs need to be mindful of staff nervousness during inspections and provide feedback to managers rather than making staff feel uncomfortable on the floor

Feedback

- Providers feel there is a disconnect between verbal feedback on the day and what appears in the draft report.
- Reports should clearly explain the "so what" - why an observation is a problem, what the impact is, and what should be done.

Safeguarding Reporting

- Significant inconsistency between what PAMMS, CQC, the safeguarding team, and social workers say should be reported as safeguarding vs. concerns.
- Providers feel stuck between the safeguarding team saying they receive too many referrals that don't meet threshold and inspectors saying they should have reported things.
- Providers sometimes don't receive responses indicating whether safeguarding referrals were accepted or referred to the quality team instead.
- There is no feedback loop on when a referral to PAMMS is made, even though PAMMS has a spreadsheet with safeguarding concerns against providers. Providers would like transparency about where their safeguarding issue has been referred.
- Paul advised that providers should use exact policy wording in logs to document why something wasn't reported as a safeguarding and ensure there's still a management response and actions taken.

PAMMS vs. CQC

- There is some confusion about how PAMMS differs from CQC and what happens when they give conflicting guidance. PAMMS standards are based on CQC standards and expectations should be consistent.
- PAMMS takes a commissioner perspective while CQC is the regulator, but the underlying standards should align.

Reporting Timescales

- The regional standard is that PAMMS reports should be completed within 2 weeks of a visit and providers should have 2 weeks for factual accuracy responses.
- QMOs should then review and publish within approximately 2 weeks, though this may be extended slightly if extensive factual accuracy responses are submitted near the deadline.
- If delays occur, QMOs should send courtesy email explaining the situation.

NCC's Approach and Suggested Improvements

- Paul has been working with providers who have a history of non-compliance or current concerns, visiting one day per week for 3-6 months.
- Paul and the provider create action plans collaboratively, work through issues together and set goals.
- Approximately 90% of providers (7 out of 8) have improved through this approach.

The following improvements were suggested:

- Workshops to improve QMO consistency in how they rate and approach inspections.
- A peer support program for providers to share good practice.
- Template forms to help providers.

- Webinars with guidance that managers can disseminate within their organisations.
- Making the monitoring approach more supportive while maintaining accountability.
- A six-month review after implementing changes to gather feedback and adjust.

Suggested Actions/Requests:

- Louise to ask the regional lead for guidance on PAMMS algorithm weighting and scoring criteria at the next regional meeting on the 17th of June.
- Paul is to share a roles and responsibilities and escalation document with Louise for review and wider publication.
- QMOs should provide a courtesy email to providers when factual accuracy responses will take longer than usual to review.
- Can NCC publish information on escalation routes for providers?
- Louise is to attend a QMO team meeting next month to gather feedback. The Head of Service is already working on QMO consistency improvements.
- Can NCC explore template forms development, possibly through regional collaboration, and consider developing webinars with guidance for managers?