

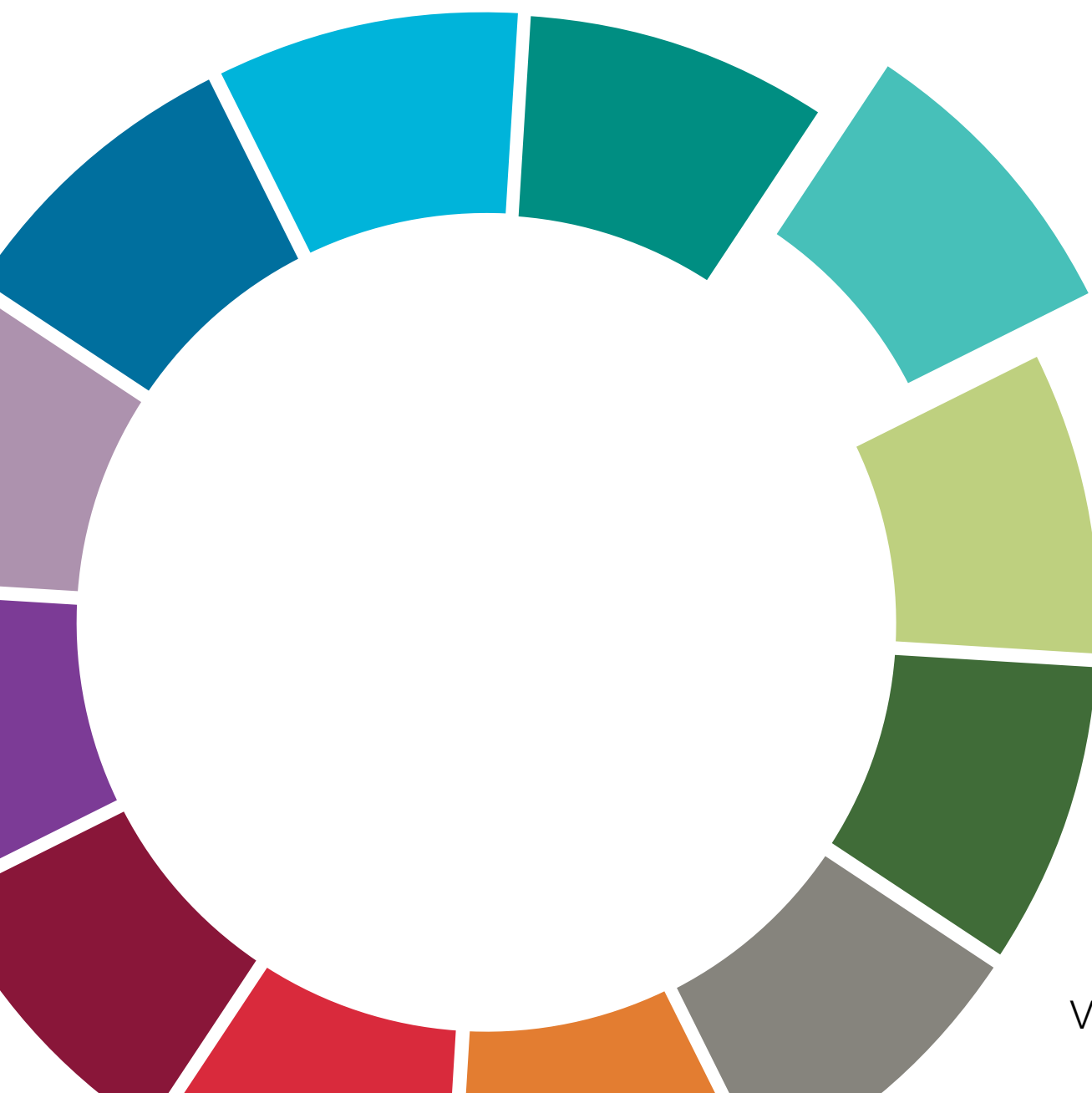


Llywodraeth Cymru
Welsh Government

Social Services and Well-being (Wales) Act 2014

Code of Practice on Quality Assurance and Performance
Management, Escalating Concerns, and Closure of
Regulated Care and Support Services

March 2026



Version 1

Code of Practice on Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services

This Code of Practice is issued under section 145 of the Social Services and Well-being (Wales) Act 2014.

It also constitutes guidance under section 169 of the Social Services and Well-being (Wales) Act 2014 and section 2 of the National Health Service (Wales) Act 2006.

To ensure that the Code has comparable force in relation to local authorities, Local Health Boards and NHS trusts, the Welsh Ministers will direct Local Health Boards and NHS trusts in Wales under sections 12 and 19 of the National Health Service (Wales) Act 2006 Act to exercise their relevant functions in accordance with the requirements contained in this Code.

This Code replaces the statutory guidance *Escalating Concerns With, and Closures of Care Homes Providing Services for Adults* issued in 2009.

Contents

Chapter 1: Preamble	1
Chapter 2: Purpose	5
Chapter 3: General	6
Chapter 4: Quality Assurance and Performance Management of Regulated Care and Support Services	9
Chapter 5: Escalating Concerns in Regulated Care and Support Services	13
Chapter 6: Decommissioning.....	17
Chapter 7: Closure of Regulated Care and Support Services	19
Annex A – Regulated Care and Support Services - Quality Assurance and Performance Management Flowchart.....	22
Annex B – Regulated Care and Support Services - Escalating Concerns Flowchart	25
Annex C – Regulated Care and Support Services - Decommissioning Flowchart	26
Annex D – Regulated Care and Support Services - Closure Flowchart	27
Glossary.....	33

Chapter 1: Preamble

This Code of Practice is issued under section 145 of the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act'). It also constitutes guidance under section 169 of the 2014 Act and section 2 of the National Health Service (Wales) Act 2006 ('the 2006 Act').

- 1.1 This Code of Practice comes into force on 31 March 2026 (this being the date appointed within the appointed day order) and replaces the statutory guidance on *Escalating Concerns with, and Closures of Care Homes Providing Services for Adults* issued in 2009 ('the 2009 Guidance').
- 1.2 Where an adult care home was subject to the management of escalating concerns procedures in the 2009 Guidance up to and including 31 March 2026, relevant statutory agencies may continue to apply and follow the procedures in the 2009 Guidance after this the Code of Practice comes into force until either –
 - (a) the care home concerned closes; or
 - (b) a decision is made to remove the service from the escalating concerns procedures set out in the 2009 Guidance.
- 1.3 If paragraph 1.2(b) applies but ongoing performance management of the service by Commissioners is appropriate, the relevant statutory agencies must comply with this Code.
- 1.4 The 2014 Act is available at: [Social Services and Well-being \(Wales\) Act 2014](#).
- 1.5 The 2006 Act is available at: [National Health Service \(Wales\) Act 2006](#).
- 1.6 Local authorities, when exercising their social services functions, must act in accordance with the requirements contained in this Code. Section 147 (Departure from requirements in codes) of the 2014 Act does not apply to any requirements contained in this Code. In addition, local authorities must have regard to any guidance set out in this Code.
- 1.7 To ensure that this Code has comparable force in relation to Local Health Boards and NHS trusts, the Welsh Ministers will [direct](#) Local Health Boards and NHS trusts in Wales under sections 12 and 19 of the 2006 Act to exercise their relevant functions in accordance with the requirements contained in this Code.
- 1.8 This Code should be read in conjunction with all relevant Codes of Practice and statutory guidance issued under the 2014 Act, in particular:
 - [The National Framework for the Commissioning of Care and Support in Wales: Code of Practice](#),
 - [Part 2 Code of Practice \(General Functions\)](#),
 - [Part 3 Code of Practice \(Assessing the Needs of Individuals\)](#),

- [Part 4 Code of Practice \(Meeting Needs\)](#),
- [Part 4 and 5 Code of Practice \(Charging and Financial Assessment\)](#),
- [Part 6 Code of Practice \(Looked After and Accommodated Children\)](#),
- [Part 8 Code of Practice on the Role of the Director of Social Services \(Social Services Functions\)](#),
- [Codes and Guidance: Part 9 Statutory Guidance \(Partnership Arrangements\)](#),
- [Working Together to Safeguard People: Volume 1-Introduction and Overview](#).

1.9 For the purposes of this Code, the term ‘care and support’ has the same meaning as in section 3 of the Regulation and Inspection of Social Care (Wales) Act 2016 (‘the 2016 Act’). This Code relates to the following commissioned regulated care and support services registered with Care Inspectorate Wales (acting on behalf of the Welsh Ministers) under the 2016 Act:

- care home services (for adults and children, including those providing nursing care),
- secure accommodation services,
- residential family centre services,
- fostering services,
- adoption services,
- adult placement services,
- advocacy services,
- domiciliary support services, and
- special school residential services.¹

1.10 This Code supports local authorities in fulfilling their role and meeting their statutory responsibilities under the 2014 Act.

1.11 This Code supports Local Health Boards and NHS trusts in fulfilling their role and meeting their statutory responsibilities under the 2006 Act. It applies to regulated care and support services commissioned via Continuing NHS Healthcare (CHC) and/or NHS Funded Nursing Care (FNC), domiciliary support, and where the NHS is managing care homes with nursing.

1.12 **For the purposes of this Code local authorities, Local Health Boards and NHS trusts are referred to as ‘Commissioners’.** This term includes any commissioning teams and units to whom commissioning activities have been delegated.

1.13 This Code also applies to regulated care and support services commissioned through collaborative, joint or integrated (local authority and NHS) arrangements, including any formal partnership arrangements including arrangements between NHS bodies and local authorities under section 33 of

¹ [The Regulated Services \(Special School Residential Services\) \(Wales\) Regulations 2023](#).

the 2006 Act and regional services developed through formal arrangements under Regional Partnership Boards.

- 1.14 This Code should be read in conjunction with the *National Framework for the Commissioning of Care and Support in Wales: Code of Practice* ('the National Framework') which came into force on 1 September 2024 (and any subsequent versions). The National Framework applies to the commissioning of care and support services by local authorities, Local Health Boards and NHS trusts in Wales ('Commissioners'). It lays out principles and standards for commissioning practices and contracting arrangements, including appropriate monitoring mechanisms to enable statutory partners to assure themselves of compliance.
- 1.15 This Code is supported by tools and templates provided within the National Framework for the Commissioning of Care and Support in Wales Toolkit ('the National Framework Toolkit')².
- 1.16 **This Code does not apply to:**
- services provided or arranged by a local authority that are not regulated under the 2016 Act.
 - health services provided directly or commissioned by the NHS to provide hospital placements and primary care services (general practitioner, dentistry, optometry, pharmacy).
 - health care as defined in section 17(9) of the 2006 Act:
 "(a) services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
 (b) the promotion and protection of public health".
 - care and support services arranged by individuals through direct payments.
- 1.17 This Code includes information on the roles and responsibilities of regulated care and support service providers, Care Inspectorate Wales and Social Care Wales.
- 1.18 This Code may be used as good practice guidance in relation to regulated care and support services which have not been commissioned by a local authority, Local Health Board or NHS trust and non-regulated care and support services provided on behalf of a local authority by the third sector and the private sector.

Advocacy

- 1.19 The 2014 Act seeks to embed a culture and approach to social care where an individual who needs care and support is an equal partner in their relationship with professionals. It is open to any individual to invite someone of their choice to support them to participate fully and express their views, wishes and feelings. This support can be provided by an individual's friends, family, or wider support network.

² [Access to the National Framework Toolkit is via the Commissioning Care and Support \(National Framework\) Community of Practice platform here. Users will need an account to access the National Framework Toolkit.](#)

- 1.20 The [Part 10 Code of Practice \(Advocacy\)](#) sets out when a local authority, in partnership with the individual, must reach a judgement on how advocacy could support the determination and delivery of an individual's personal outcomes; together with the circumstances when a local authority must arrange an independent professional advocate. Judgements by Commissioners about the need for advocacy in individual cases are integral to the actions and activities described in this Code.

Safeguarding

- 1.21 The 2014 Act, underpinned by statutory guidance [Working Together to Safeguard People: Volume 1 - Introduction and Overview](#), established a framework for safeguarding adults and children in Wales. This legal framework includes duties to investigate and report which Commissioners must comply with alongside their obligations under this Code. Commissioners' attention is drawn to the National Framework which emphasises the requirement for Commissioners to take all reasonable steps to ensure that the commissioning of care and support services promotes and protects the well-being of children and adults at risk.

Acknowledgements

- 1.22 This Code has been developed with support from a sector stakeholder group and other partners including the Children's Commissioning Consortium Cymru, Conwy County Borough Council, Flintshire County Council, Cardiff and Vale University Health Board, Betsi Cadwaladr University Health Board, and Pembrokeshire County Council.

Chapter 2: Purpose

- 2.1 This Code, the statutory provisions and the regulations to which it refers, set out the requirements for:
- (i) local authorities in relation to:
 - Section 34 of the 2014 Act – ways in which a local authority may meet care and support needs.
 - Sections 35 to 45 of the 2014 Act – duties and powers placed on local authorities to meet the care and support needs of adults and children, and the support needs of adult and child carers.
 - Section 189 of the 2014 Act – provider failure and temporary duty on a local authority.
 - Sections 190 and 191 of the 2014 Act – provider failure – exception to temporary duty.
 - *The National Framework for the Commissioning of Care and Support in Wales: Code of Practice.*
 - (ii) Local Health Boards and NHS trusts in relation to:
 - [The Local Health Boards \(Directed Functions\) \(Wales\) Regulations 2009.](#)
 - *The National Framework for the Commissioning of Care and Support in Wales: Code of Practice.*
- 2.2 This Code places requirements on Commissioners to ensure consistency at a national level whilst supporting local flexibility and procedures in relation to:
- quality assurance and performance management of regulated care and support services.
 - dealing with escalating concerns in regulated care and support services.
 - strategic decommissioning of regulated care and support services.
 - closure of regulated care and support services.
 - roles and responsibilities.
 - recommended structures, processes, and actions.
- 2.3 This Code must be read in conjunction with Annexes A to D which provide further information on structures and processes.
- 2.4 Commissioners should also refer to the tools and templates provided in the National Framework Toolkit.

Chapter 3: General

3.1 **Local authorities** have a statutory responsibility for:

- ensuring a sufficiency of care and support services to meet the needs of their local population.
- commissioning care and support services to meet the assessed needs of individuals.
- acting in the event a service provider becomes unable to provide the accommodation or services it normally provides within the area of a local authority because of business failure, and,
- fulfilling a temporary duty to meet the needs of the adults for whom the service provider was providing accommodation or services.

3.2 **Local Health Boards and NHS trusts** have a statutory responsibility to meet all reasonable requirements for the aftercare of individuals as part of the health service and may commission support, patient accommodation, or nursing care.

3.3 **Local Health Boards** have a statutory responsibility for:

- assessing individual health needs.
- providing a plan of care, service specification and commissioning a service provider to meet the individual's needs.
- funding nursing care (FNC) and commissioning Continuing NHS Healthcare (CHC).

3.4 **Service providers and Responsible Individuals** of regulated care and support services have a statutory responsibility to comply with the 2016 Act and relevant regulations³ made under the 2016 Act ('the Regulations'). The Regulations set out specific requirements on service providers and Responsible Individuals relating to the quality, safety, and oversight of regulated care and support services. Service providers are also required to take reasonable steps to ensure that the service is financially sustainable for the purpose of achieving the aims and objectives set out in the statement of purpose for the service.

3.5 **Care Inspectorate Wales** is the independent regulator of social care in Wales. It registers, inspects, and takes action to improve the quality and safety of

³ [The Regulated Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2017.](#)

[The Regulated Adoption Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2019.](#)

[The Regulated Fostering Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2019.](#)

[The Adult Placement Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2019.](#)

[The Regulated Advocacy Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2019.](#)

[The Special School Residential Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2024.](#)

services for the well-being of the people of Wales. Where there are concerns about regulated care and support services, Care Inspectorate Wales can use its enforcement powers - for example to limit the number of people being cared for by a service, to prevent new admissions to a service, or to cancel the registration of a service. If Care Inspectorate Wales becomes aware of a planned voluntary closure or has concerns about people's welfare or safety, especially where those concerns might lead to an enforced closure, it will inform the local authority in whose area the service is situated. Care Inspectorate Wales does not commission regulated care and support services or undertake placement monitoring or review.

- 3.6 **Social Care Wales** is the social care workforce regulator in Wales. It is responsible for the registration and development of the social care workforce as well as supporting social care research and service improvements in Wales. Social Care Wales is responsible for setting the standards for the care and support workforce and will investigate concerns raised about registered persons.
- 3.7 Part 9 of the 2016 Act includes provisions for Care Inspectorate Wales and Social Care Wales to co-operate and to share information with each other and with relevant authorities, including local authorities, Local Health Boards and NHS trusts, in the exercise of their functions.
- 3.8 Local authorities, Local Health Boards, NHS trusts, Care Inspectorate Wales, Social Care Wales, other inspectorates and regulators, and service providers should share information in a timely manner and work collaboratively to address any concerns with the quality and sustainability of regulated care and support services.
- 3.9 The [Memorandum of Understanding between Care Inspectorate Wales, Local Authorities and Local Health Boards in Wales](#) sets out a framework to support the working relationship between Care Inspectorate Wales, local authority and Local Health Board Commissioners in Wales and any commissioning teams or units to whom commissioning activities have been delegated. The purpose of the framework is to:
- progress effective collaboration to protect the rights and promote the safety, interests and well-being of children and adults who use regulated care and support services.
 - improve the effectiveness of Commissioners and the regulator in their separate but related work and functions.
 - promote and maintain high standards in the provision of regulated care and support services.
- 3.10 **This Code does not replace or affect the application of existing statutory duties, functions, or obligations.**
- 3.11 This Code aims to ensure a consistent process across Wales for quality assurance and performance management, escalating concerns, decommissioning and closure of regulated care and support services.

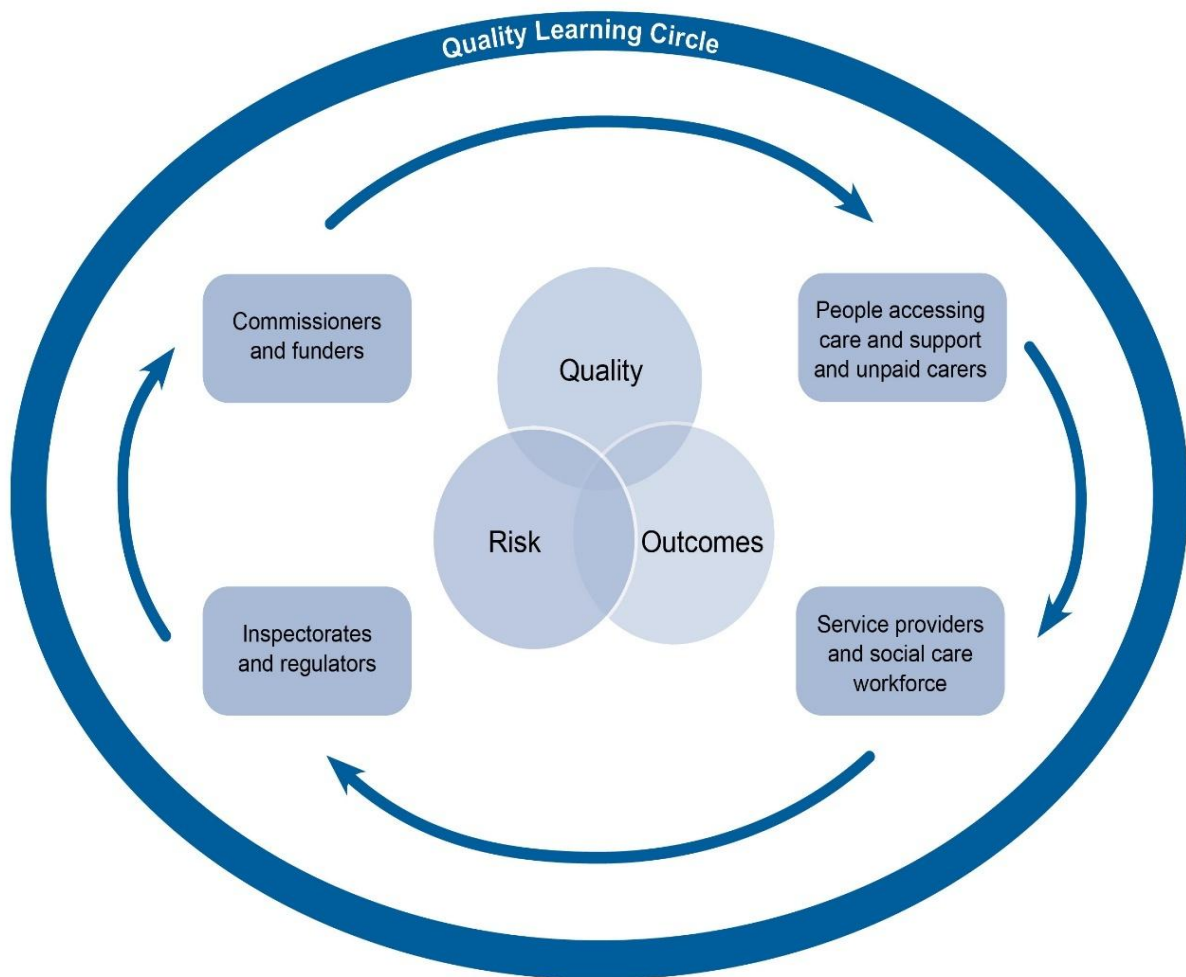
3.12 Commissioners must ensure they act in accordance with the 2014 Act and supplementary Codes of Practice. They must facilitate a rights-based approach which focuses on the assessed needs and well-being outcomes of individuals and enables them to exercise genuine voice and control.

Chapter 4: Quality Assurance and Performance Management of Regulated Care and Support Services

- 4.1 Local authorities can be both service providers and Commissioners of regulated care and support services. Local authorities also undertake collaborative, joint, or integrated commissioning with Local Health Boards and NHS trusts in Wales. The [Code of practice in relation to the performance and improvement of social services in Wales](#) sets out expectations about the quality of care and support local authorities should be providing either directly or through contracting arrangements.
- 4.2 Local Health Boards and NHS trusts commission regulated care and support services and may provide regulated care and support services such as care homes with nursing, and domiciliary support services. They may require commissioned services to meet some or all of the standards described in the [Quality and Safety Framework: Learning and Improving](#).
- 4.3 The Regulations, underpinned by statutory guidance⁴, set out the regulatory requirements under the 2016 Act for regulated care and support services, and include the quality and safety requirements. Service providers are required to have effective arrangements in place to comply with requirements in the Regulations for an ongoing cycle of quality assurance and quality of care review.
- 4.4 [The Duty of Quality Statutory Guidance \(2023\) and Quality Standards \(2023\)](#) for health services in Wales, describes a system-wide way of working which focuses on outcomes for people. This Code supports a similar approach to assuring the quality of services, confirming the importance of quality assurance within a wider quality management system, connected at local, regional, and national levels to ensure a culture of continuous learning and improvement.

⁴ [The Regulation and Inspection of Social Care \(Wales\) Act 2016 Statutory Guidance - For care home services, domiciliary support services, secure accommodation and residential family centre services.](#)
[Statutory Guidance and Code of Practice Adoption Services.](#)
[Statutory Guidance - Fostering Services.](#)
[Statutory Guidance Adult Placement Services.](#)
[Statutory Guidance - Advocacy Services.](#)
[Statutory Guidance - For special school residential services.](#)

- 4.5 An effective quality management cycle will involve all relevant stakeholders and be built upon learning focused, positive cultures as described in the illustration below:



- 4.6 Commissioners must include any local quality and safety requirements in contractual documentation (specifications, contract performance and quality management schedules) or other forms of agreement, and in local policy and procedures.
- 4.7 Commissioners must work collaboratively with service providers and other stakeholders to ensure the quality of the regulated care and support services they commission. The form of agreement (for example a contract) should describe the local quality assurance and performance management procedures, including escalating concerns procedures and the circumstances and procedures for contract termination. Contracts should also describe contracting parties' rights and remedies for disputes, appeals and mediation.

- 4.8 Due diligence and quality assurance are key elements of the commissioning, contracting and procurement process⁵. Commissioners should assure themselves of the probity of any potential contractors or delivery partners prior to entering into an agreement or contract and at suitable intervals thereafter. Commissioners should not rely solely on the activities of regulators and should clarify their own due diligence processes and information governance arrangements to potential and existing service providers. Commissioners should also work proactively to assure themselves about the quality of commissioned services and work with service providers, where possible, to mitigate accumulating risks and reduce the need for instigation of escalating concerns procedures.
- 4.9 Commissioners should seek to minimise duplication of reporting requirements on service providers. Commissioners may place a contractual obligation on service providers of commissioned services to share information provided to other agencies, where there are reasonable grounds to request this information.
- 4.10 Commissioners must have effective processes in place to gather, record and review stakeholder feedback (including from individuals and their representatives) on the impact of the service on people's well-being as part of the continuous quality learning cycle.
- 4.11 Commissioners must assess concerns regarding any risks posed to the well-being and safety of individuals and triangulate reported concerns with other sources of qualitative evidence⁶. Commissioners should identify the root cause(s) of concerns and consider accountability for any improvement actions required. Commissioners should share with the service provider the evidence relating to the concerns and any risk assessment undertaken in advance of a formal meeting to discuss the concerns identified and how they might be addressed. Commissioners must take account of the service provider's response prior to any decision to require the service provider to undertake any improvement actions.
- 4.12 Where improvement action is required, Commissioners must put in writing to the service provider, their concerns, assessment of the risks and detail of required mitigations without delay. This must include details of how or where the service is in breach of the contractual requirements and a proposed timeframe for remedy (which is consistent with regulatory / contractual requirements).
- 4.13 Where there is sufficient evidence to indicate a shortfall in the required quality of service, Commissioners must put in writing to the service provider where the service is in breach of the contractual requirements, and specify any

⁵ *The National Framework for the Commissioning of Care and Support in Wales: Code of Practice* lays out principles and standards for commissioning practices for local authorities, Local Health Boards and NHS trusts in Wales.

⁶ Qualitative evidence may include compliments, concerns and issues records, safeguarding referrals and practice reviews, contract monitoring evidence, care plan reviews, regulatory inspections and ratings, feedback from advocacy or independent reviewing officers.

improvement or development actions required. Commissioners must set out in writing where the service is not compliant with the requirements of the contract. Commissioners may ask the service provider to produce an improvement action plan to respond to areas of non-compliance with the contract. The plan and proposed actions should be the responsibility of the service provider. Where a service has received regulatory priority action notices from Care Inspectorate Wales and has contract compliance actions or service improvement actions, a single action plan is permissible to cover all areas.

- 4.14 Commissioners must work together with other stakeholders to de-escalate risks, through resolving any required improvement actions at the earliest possible time.
- 4.15 Commissioners should provide additional support to service providers, where appropriate, and enhanced service monitoring during periods of quality management. The nature and timescale of additional support should be agreed with the Responsible Individual and Registered Manager of the service. Commissioners must confirm in writing any actions they will take to support improvements, for example training and policy guidance. Local Health Boards and NHS trusts should support service providers where issues are clinical in nature.
- 4.16 Commissioners should adopt a reflective learning approach throughout the commissioning process and within their quality management activities. Commissioners must review their practices and processes where lessons have been learned and as part of their quality learning cycle, to ensure continuous improvement.
- 4.17 An example quality assurance and decision process flowchart (for adults and children's services) is detailed in Annex A.
- 4.18 A template improvement action plan is provided in the National Framework Toolkit.

Chapter 5: Escalating Concerns in Regulated Care and Support Services

- 5.1 This Code provides guidance on the criteria for escalating concerns as well as the structure and processes that should be in place to manage and make decisions about escalating concerns. The focus is on improving the quality of the regulated care and support service, safeguarding individuals and, where possible, preventing avoidable service closure or decommissioning.
- 5.2 Escalating concerns arise where there are accumulating risks or issues relating to one or more of the following:
- the sustainability of the regulated care and support service;
 - the quality and safety of the regulated care and support service;
 - the safety and well-being of individuals.
- 5.3 Evidence for concerns may be identified through one or more quality assurance routes, or from a service provider informing the Commissioner(s) of significant financial or workforce challenges which are likely to impact the operation of the service.
- 5.4 Escalating concerns may result from:
- a single issue, complaint or incident indicating actual, or high risk of harm;
 - the continued or repeated (systemic) failure of a service to meet required standards of quality and safety.
- 5.5 Issues or concerns may indicate threats to the ongoing delivery or sustainability of a service, including workforce issues or the financial solvency of a service provider.
- 5.6 Commissioners must have sufficient evidence of concern or risk to trigger escalating concerns procedures.
- 5.7 Commissioners must be able to demonstrate they have exercised their functions and duties reasonably and consistently.
- 5.8 As set out in Chapter 4, the form of agreement (for example a contract) should describe the local quality assurance and performance management procedures, including escalating concerns procedures and the circumstances and procedures for contract termination. Contracts should also describe contracting parties' rights and remedies for disputes, appeals and mediation.
- 5.9 Commissioners should consider whether concerns can be resolved through the quality assurance and performance management process, before implementing local escalating concerns processes.

- 5.10 Commissioners should take a supportive approach throughout the escalating concerns process. Where appropriate the focus should be on improving the quality of the service and preventing avoidable service closure or contract termination (decommissioning).
- 5.11 Commissioners should set out in writing to the service provider where the service is in default of the contractual agreement and the expected remedy.
- 5.12 As part of the escalating concerns process, Commissioners should co-produce an improvement action plan with the service provider. The service provider is the owner of their improvement action plan, which should detail all required regulatory and contractual actions, the agreed remedies, responsibilities, and timescales. An improvement action plan template is provided in the National Framework Toolkit.
- 5.13 Commissioners should provide additional support to service providers, where appropriate, and enhanced service monitoring during periods of escalating concerns. The nature and timescale of additional support should be agreed with the Responsible Individual and Registered Manager of the service. Commissioners must confirm in writing any actions they will take to support improvements, for example training and policy guidance. Local Health Boards and NHS trusts should support service providers where issues are clinical in nature.
- 5.14 Commissioners should identify key agencies and work collaboratively to manage the escalating concerns process. Visits to, and enquiries of, the service should be planned and co-ordinated including when unannounced.
- 5.15 Commissioners should ensure effective communication with stakeholders, including individuals and their representatives, and where appropriate the service's workforce. This includes individuals whose care is self-funded or has been arranged by other commissioning bodies.
- 5.16 Commissioners may implement escalating concerns and safeguarding procedures simultaneously. Commissioning and safeguarding leads should ensure a coordinated approach and establish clarity of roles, responsibilities, and expectations of all parties.
- 5.17 Commissioners must not delay the closure of the escalating concerns process once the remedies within the improvement action plan have been fulfilled. Any additional quality concerns which do not meet the escalating concerns criteria, in paragraph 5.2, should be resolved through the quality assurance and performance management process.
- 5.18 An example escalating concerns process flowchart for regulated care and support services is detailed in Annex B.

Suspension of new commissioning arrangements

- 5.19 Commissioners may decide to suspend new placements with residential and non-residential services or suspend the commissioning of new packages of domiciliary support where there are significant concerns. A decision to suspend new commissioning arrangements with a service must be based on the likelihood of harm to people. Where there are joint contract arrangements, all commissioning contract parties should be involved in a decision to suspend new commissioning arrangements with a service. Commissioners must document a clear rationale for their actions, with an audit trail of the evidence for decisions made, and all communications with stakeholders.
- 5.20 Suspending new commissioning arrangements with a regulated care and support service may have a negative impact on its sustainability and reputation. A decision to suspend new commissioning arrangements may be open to legal challenge through, for example, Judicial Review.
- 5.21 Commissioners must work together, including with the service provider and other stakeholders, to de-escalate risks through completing any required actions and removing the suspension at the earliest possible time.
- 5.22 Commissioners must not require service providers to agree to a voluntary suspension of new commissioning arrangements including new placements. A service provider may elect to put arrangements in place to suspend new service delivery or place conditions upon service(s) offered of their own accord. The details of the service provider's decision should be recorded in the improvement action plan. The plan should record whether this affects services purchased by Commissioners as well as self-funders.
- 5.23 The suspension of new commissioning arrangements by a Commissioner must be linked to a thorough risk assessment which has been reviewed and agreed with relevant commissioning partners and signed off in accordance with organisational governance procedures.
- 5.24 Improvement action plans agreed in response to escalating concerns, do not replace improvement and enforcement action initiated by Care Inspectorate Wales.
- 5.25 To minimise unnecessary duplication and burden on the service provider it is critical that all agencies involved each understand their roles and responsibilities in responding to poor performance, contract breaches or regulatory non-compliance.
- 5.26 Where there are significant concerns about the conduct of workers - regardless of an employer's own responsibilities in this respect - Commissioners should consider whether to report registered social care workers or managers to Social Care Wales⁷, Registered nurses to the Nursing & Midwifery Council (NMC)⁸, or other professionals to their relevant regulatory body, in accordance with the

⁷ [Raising a concern | Social Care Wales](#)

⁸ [Read Raising Concerns online - The Nursing and Midwifery Council.](#)

Wales Safeguarding Procedures⁹. Commissioners should also consider whether to make a barring referral to the Disclosure and Barring Service¹⁰.

- 5.27 Commissioners must notify the relevant regulators and other Commissioners of quality or performance concerns relating to the operation of a regulated care and support service at both the quality management and escalating concerns stages where the concerns have led to required improvement actions or an improvement action plan.
- 5.28 The required notification procedure is provided within the National Framework Toolkit. Commissioners must complete the relevant notification without delay and upload onto the Commissioning Care and Support (National Framework) Community of Practice platform¹¹.

⁹ [Wales Safeguarding Procedures.](#)

¹⁰ [Barring referrals: Your guide to how and when to make one](#)

¹¹ This is a secure information sharing digital platform accessible only to Local Health Boards, NHS trusts and local authority Commissioners in Wales.

Chapter 6: Decommissioning

- 6.1 As part of the commissioning cycle, Commissioners must assess the level of performance, strategic relevance and value for money being delivered by a service provider to inform a decision about whether the service is fit for purpose.
- 6.2 For the purposes of this Code, decommissioning is:
- the termination or non-renewal of a contract with an external service, ceasing placements or care arrangements, and funding;
 - the closure of an internal service.
- 6.3 Commissioners may decide to decommission a service, if it is not delivering the desired outcomes or performance (including standards of quality and safety), and has consistently failed to address required improvement actions. Other strategic reasons for decommissioning a service or services may include market conditions (service sufficiency and financial sustainability), demography (changes in population needs or demands), economic circumstances (costs and budget) and changes in legislation requiring Commissioners to review and change their service provision.
- 6.4 Commissioners must ensure that they fulfil the statutory duties to meet the individual's assessed needs and provide continuity of service provision through an effectively managed transition process. The rights, views, wishes and feelings of individuals and their representatives must be taken into account in any decision-making.
- 6.5 Commissioners must ensure the decommissioning process aligns with their social partnership duties¹². Decommissioning processes should have a focus on maintaining the skills, experience and knowledge of the local workforce and address the broader social economic impact of change.
- 6.6 Commissioners must notify the relevant regulators and any other known Commissioners where contracts with a service provider are being terminated due to quality and safety concerns.
- 6.7 Commissioners must put arrangements in place to ensure effective communication with stakeholders, including affected service providers and their workforce, as well as individuals and their representatives. This includes individuals whose care is self-funded or has been arranged by other commissioning bodies.
- 6.8 Under section 24 of the 2014 Act, local authorities must assess an unpaid carer's needs for support if it appears the carer may have such needs or may do so in the future. Where the decommissioning of a service is likely to impact an unpaid carer, for example in increasing the number of hours caring they will be expected to provide or requiring substantial further travel to continue a caring role, this should be considered. As part of a carers' needs assessment,

¹² [Social Partnership and Public Procurement \(Wales\) Act 2023](#).

the local authority must assess the extent to which the carer is able and willing to provide this care and will continue to be so.

- 6.9 An example of a decommissioning flowchart is in Annex C and other resources are provided in the National Framework Toolkit including the required notification procedure. Commissioners must complete the relevant notification without delay and upload onto the Commissioning Care and Support (National Framework) Community of Practice platform.

Chapter 7: Closure of Regulated Care and Support Services

- 7.1 The purpose of this Code is to establish common approaches to help shape the response of Commissioners when supporting the closure of regulated care and support services and discharging their statutory responsibilities. An example regulated care and support service closure flowchart is detailed in Annex D.
- 7.2 The closure of regulated care and support services may be voluntary or enforced. Closures may arise because a service provider has voluntarily decided to close one or more of its services or exit the market entirely. Alternatively, the closure may be due to enforcement action by Care Inspectorate Wales or other regulators (including the Health and Safety Executive), financial viability, or a crisis or emergency beyond the service provider's control.
- 7.3 The circumstances leading to the service closure will determine whether it is planned or unplanned. The reason for the closure of the service, the timescale, the urgency, and the type of regulated care and support service will all influence the nature and pace of the response. Commissioners must have structures and arrangements in place to manage and support the safe closure of regulated care and support services. This Code describes the structures and processes that should be in place to manage the closure of a regulated care and support service safely and efficiently.
- 7.4 Chapters 4 and 5 of this Code set out preventative actions to be considered to avoid unnecessary and unplanned service closures wherever possible. This includes early identification of issues to enable service providers to achieve improvement, where appropriate, and contractual clauses to ensure a reasonable notification period for planned service closure.
- 7.5 Commissioners must have established arrangements to mobilise a key team of personnel, possibly at short notice, to oversee the closure process of a service. The roles, responsibilities and suggested membership of the team, and example procedures and plans for responding to the closure of regulated care and support services are provided in the National Framework Toolkit. However, Commissioners may create their own templates for local use.
- 7.6 Commissioners have a statutory responsibility to ensure individuals' assessed needs for care and support continue to be met in the event of service provider failure or closure. This applies to both individuals using commissioned services and self-funders. Fulfilment of this responsibility must be factored into the regulated care and support service closure process.
- 7.7 Residential services – local processes for the closure of care home services and other accommodation-based services must include arrangements to ensure suitable alternative accommodation is identified and arranged for individuals which can meet their assessed care and support needs and support them to achieve their personal outcomes. The rights, views, wishes and feelings of individuals and their representatives must be taken into account in

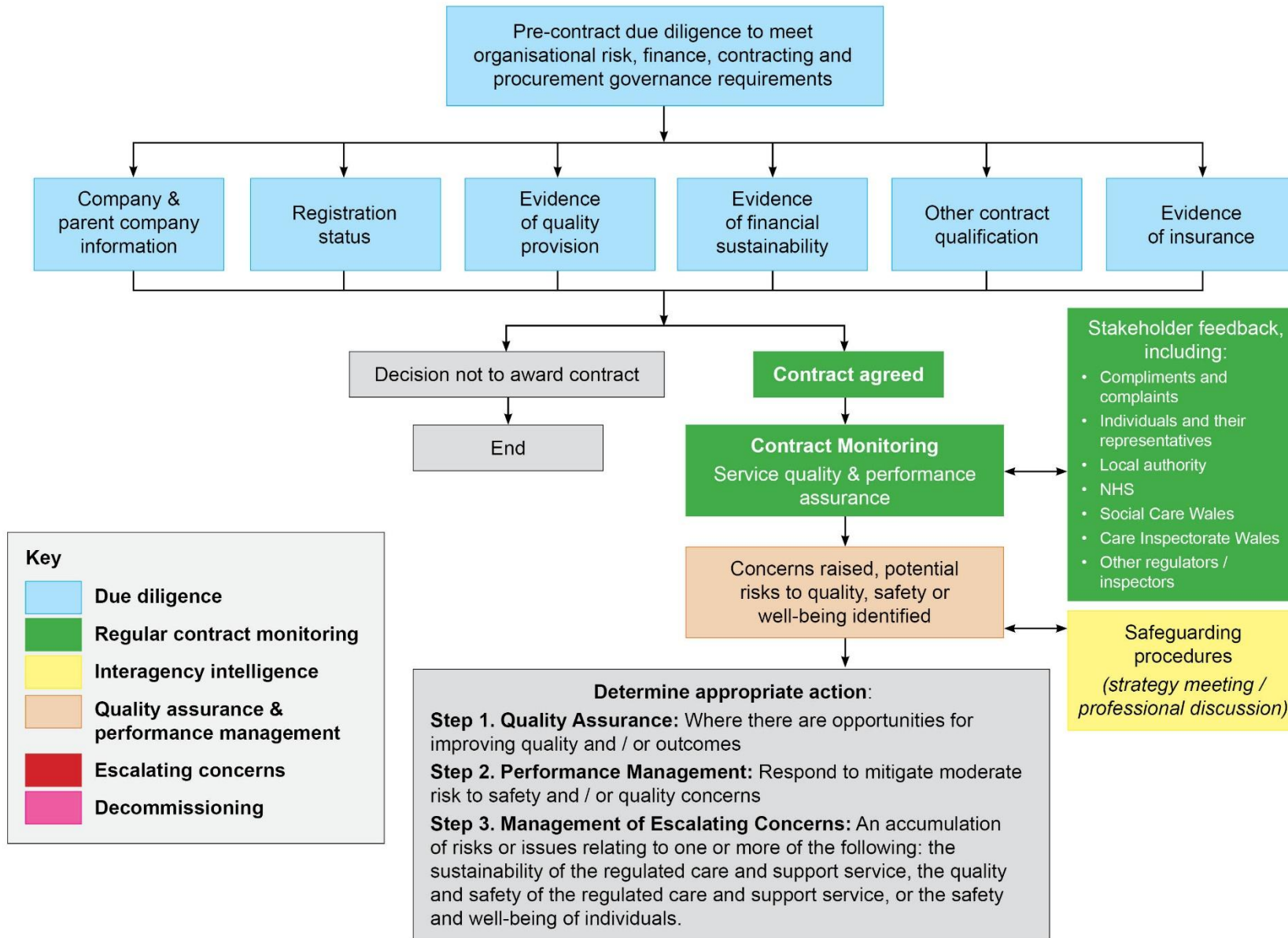
any decision-making. Commissioners must put arrangements in place to ensure individuals are supported to relocate to their new home (including appropriate transport), are accompanied when travelling to their new home, and are supported with the transition to living in a new place and settling in. This applies to both individuals using commissioned services and self-funders.

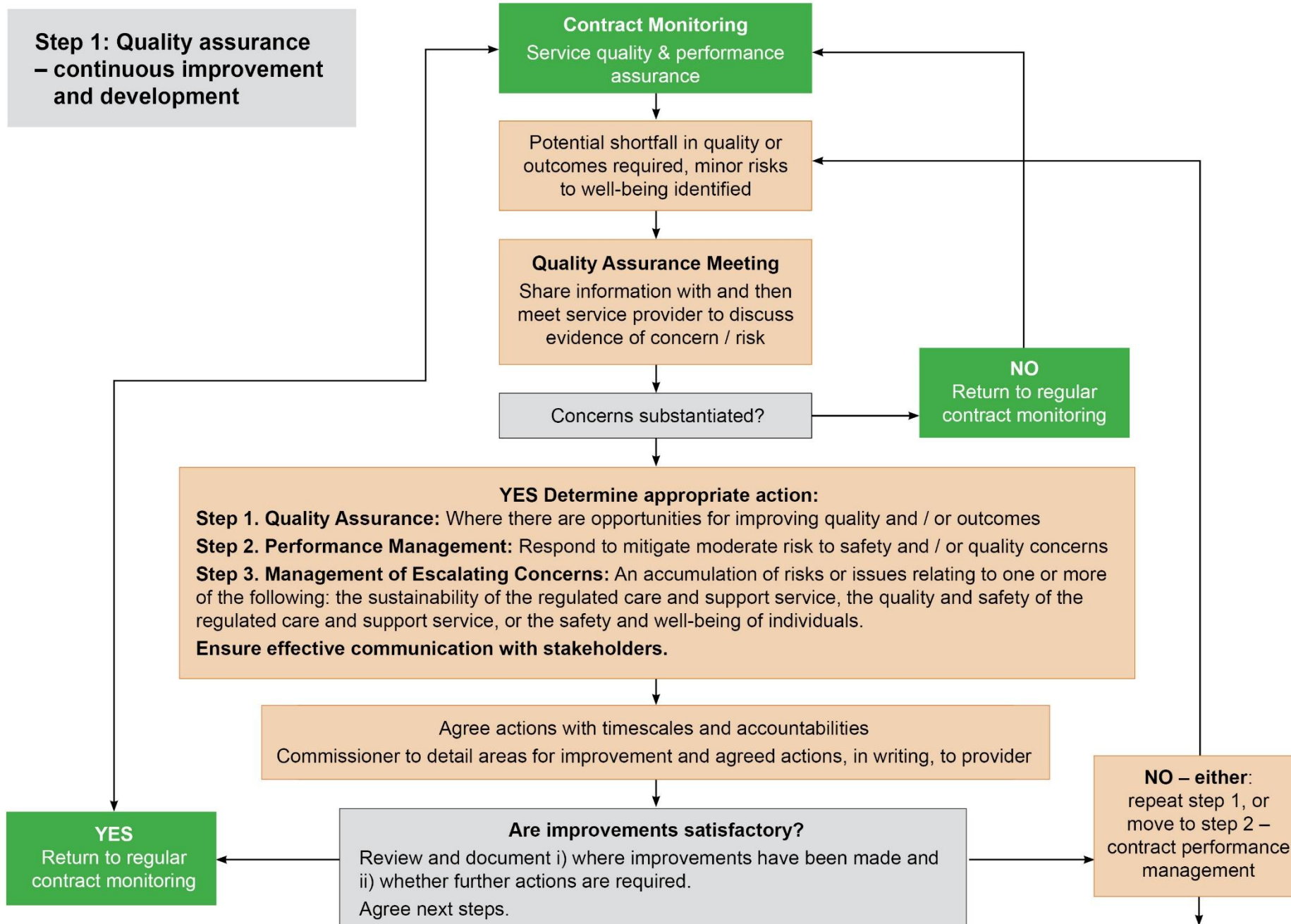
- 7.8 Non-residential services – local processes for the closure of regulated care and support services must include arrangements to ensure alternative services are identified and arranged for individuals which can meet their assessed care and support needs and support them to achieve their personal outcomes. The rights, views, wishes and feelings of individuals and their representatives must be taken into account in any decision-making. Commissioners must put arrangements in place to ensure individuals are supported to transition to their new care and support arrangements. This applies to both individuals using commissioned services and self-funders.
- 7.9 Under section 24 of the 2014 Act local authorities must assess a carer's needs for support if it appears the carer may have such needs or may do so in the future. Where the closure of a service is likely to impact an unpaid carer, for example in increasing the number of hours caring they will be expected to provide or requiring substantial further travel to continue a caring role, this should be considered. As part of a carers' needs assessment the local authority must assess the extent to which the carer is able and willing to provide this care and will continue to be so.
- 7.10 The local processes must include arrangements for clear, timely, regular, and accessible communication with individuals and where appropriate their representatives, to keep them informed of progress and options, respond to questions, and allay concerns.
- 7.11 The local processes must set out the role and involvement of the service provider, the Responsible Individual and the Registered Manager of the regulated care and support service. Service providers have a responsibility to comply with regulatory requirements and provide safe and good quality care and support during the closure period. Service providers should co-operate and work with the team overseeing the closure process and Care Inspectorate Wales to ensure the safe and orderly closure of the regulated care and support service.
- 7.12 Commissioners must notify the regulators and any other known Commissioners if they become aware that a service is under notice of voluntary or enforced closure¹³.
- 7.13 The required notification procedure is included in the National Framework Toolkit. Commissioners must complete the relevant notification without delay

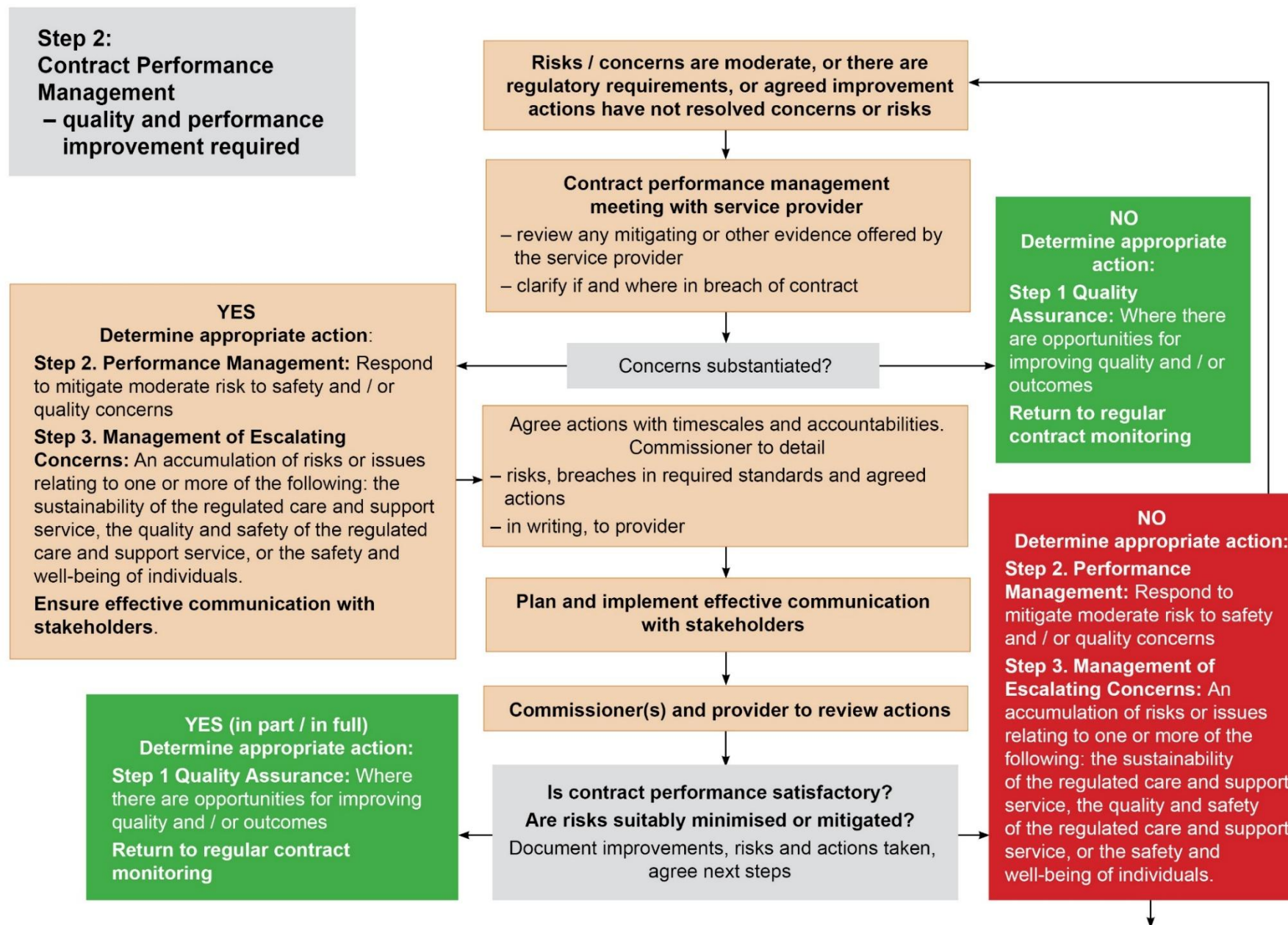
¹³ In this circumstance, 'enforced' closure refers to any legal or financial enforcement, including both regulatory enforcement such as cancellation of registration and actual or potential insolvency. It is possible that a Commissioner may be aware of such circumstances prior to Care Inspectorate Wales.

and upload onto the Commissioning Care and Support (National Framework) Community of Practice platform.

Annex A – Regulated Care and Support Services - Quality Assurance and Performance Management Flowchart

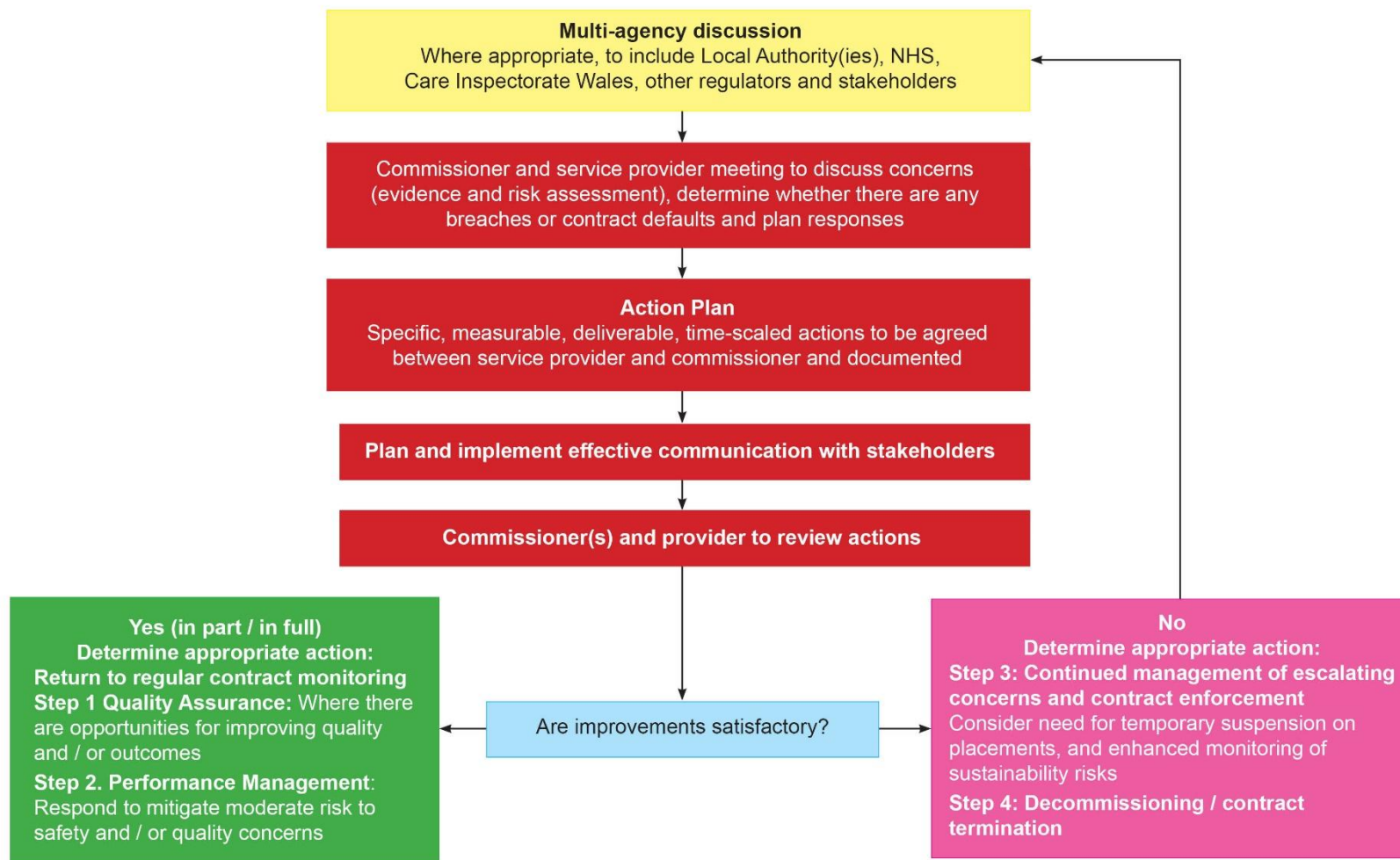




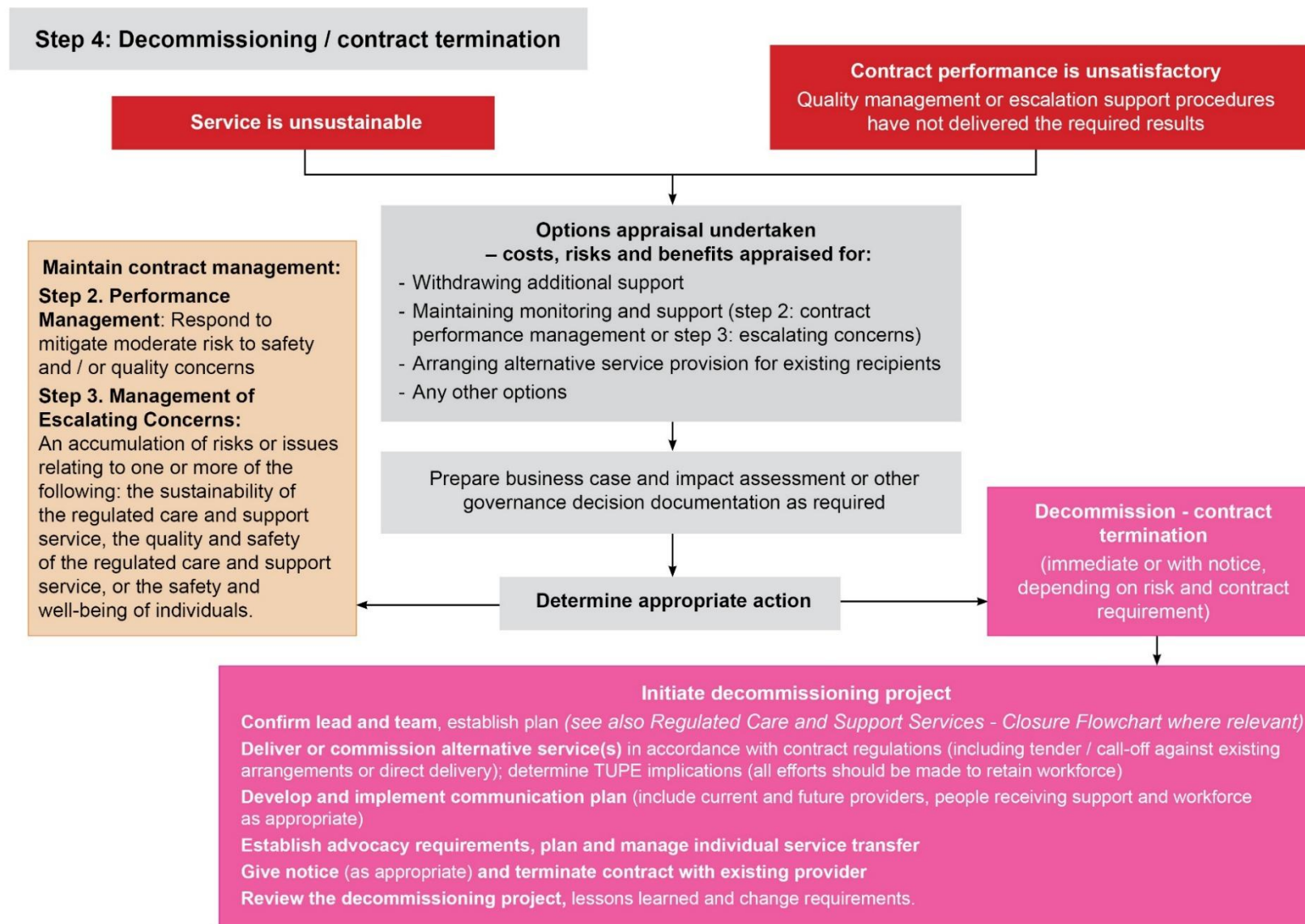


Annex B – Regulated Care and Support Services - Escalating Concerns Flowchart

Step 3: Management of Escalating Concerns

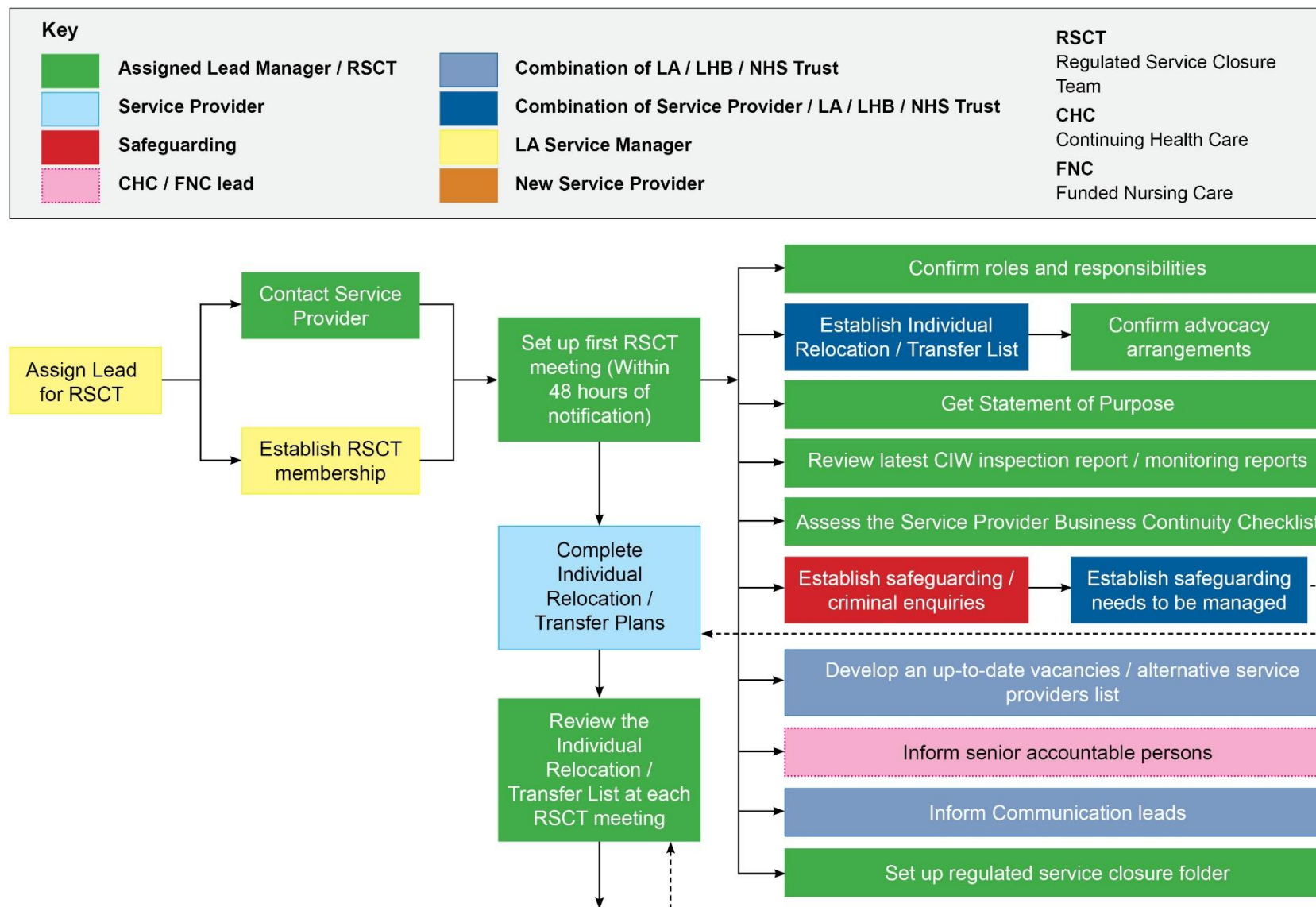


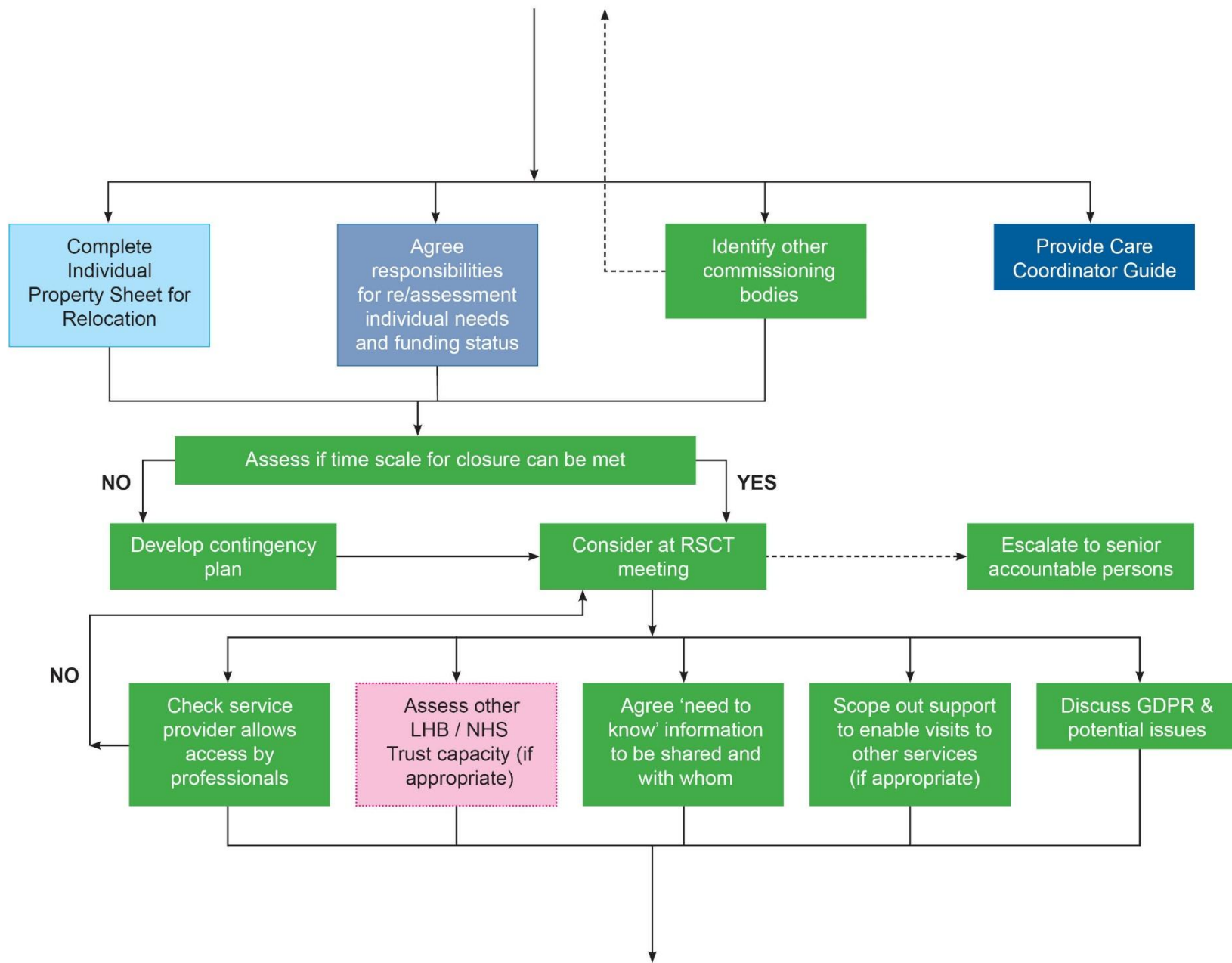
Annex C – Regulated Care and Support Services - Decommissioning Flowchart

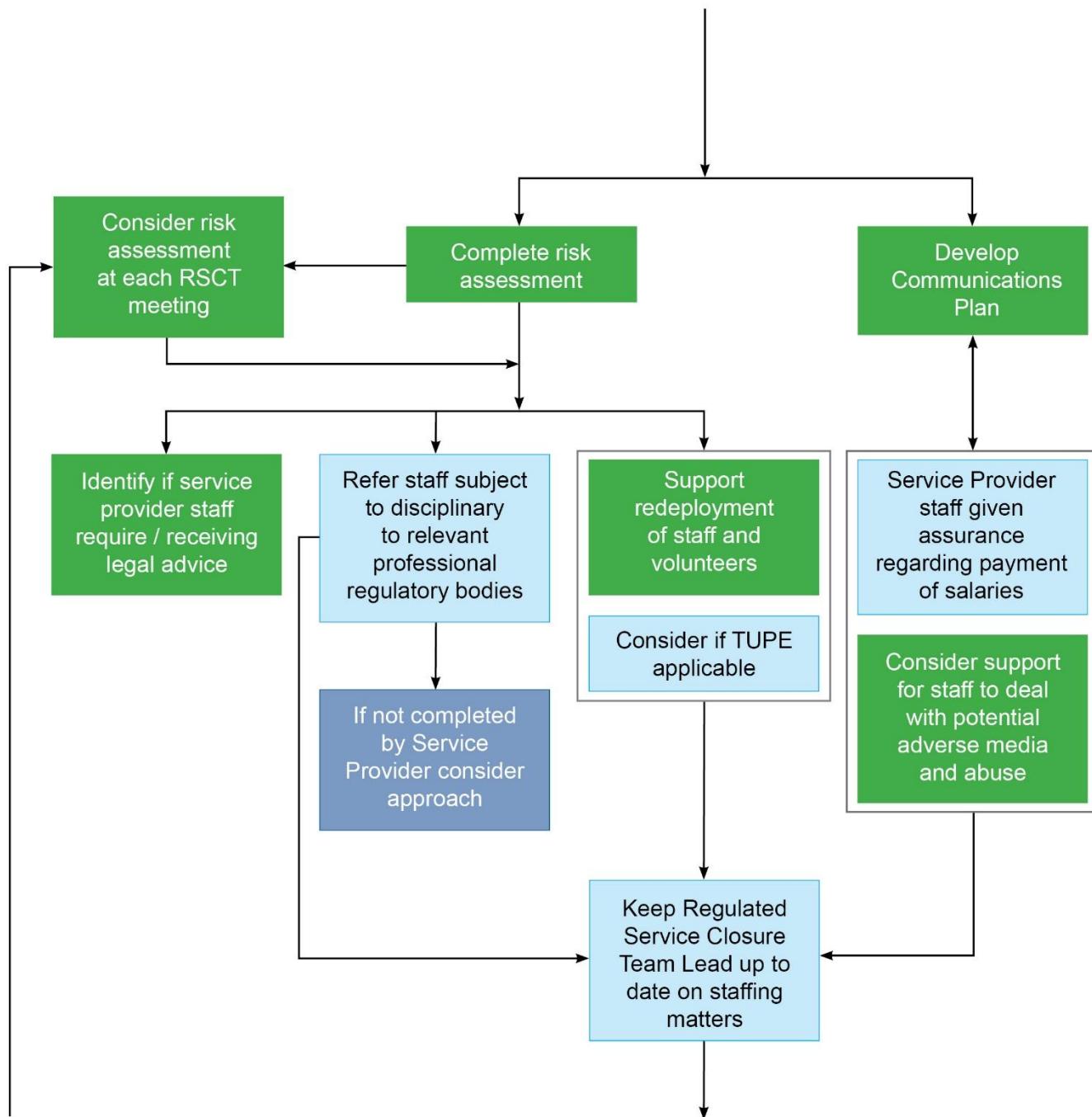


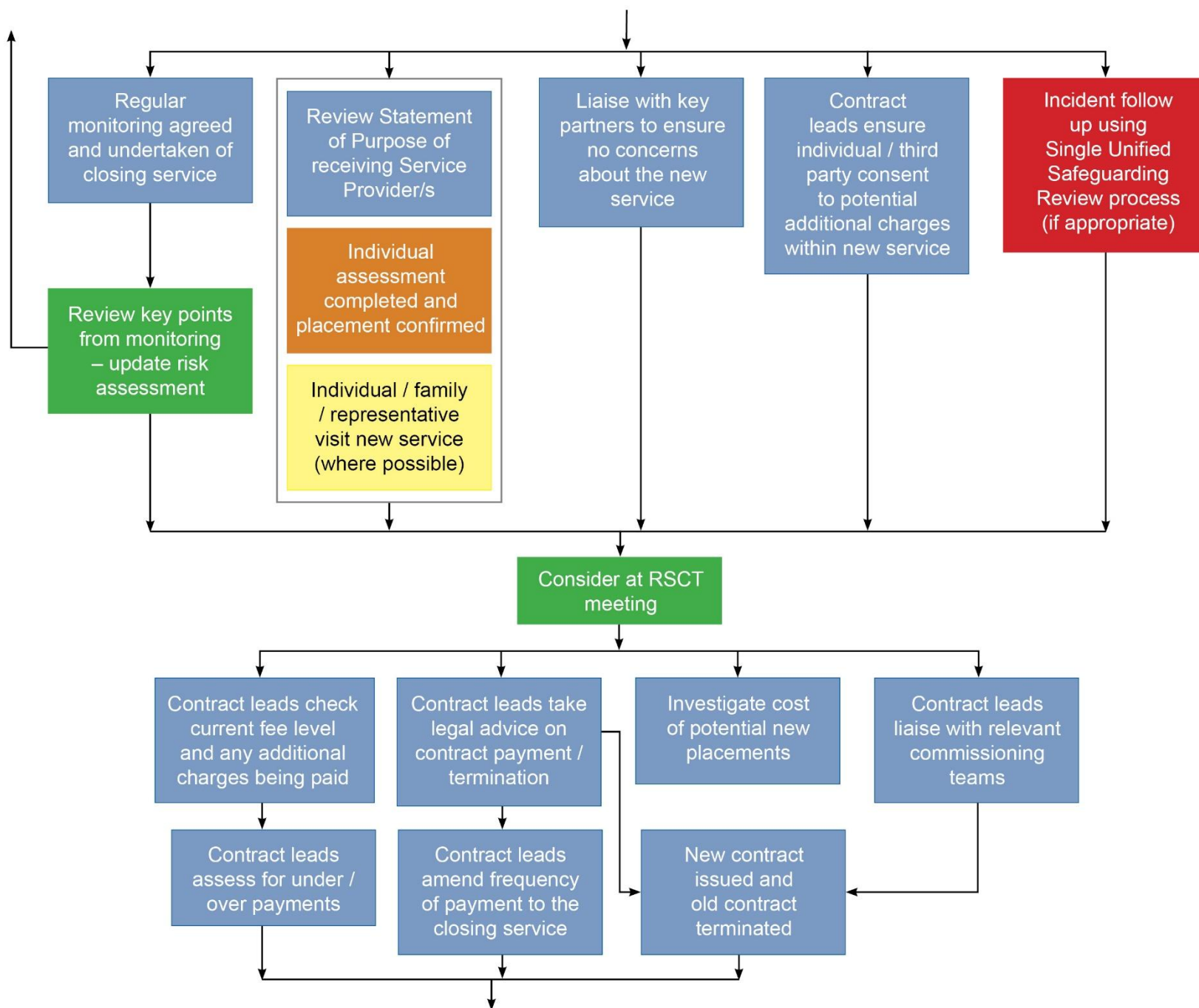
Annex D – Regulated Care and Support Services - Closure Flowchart

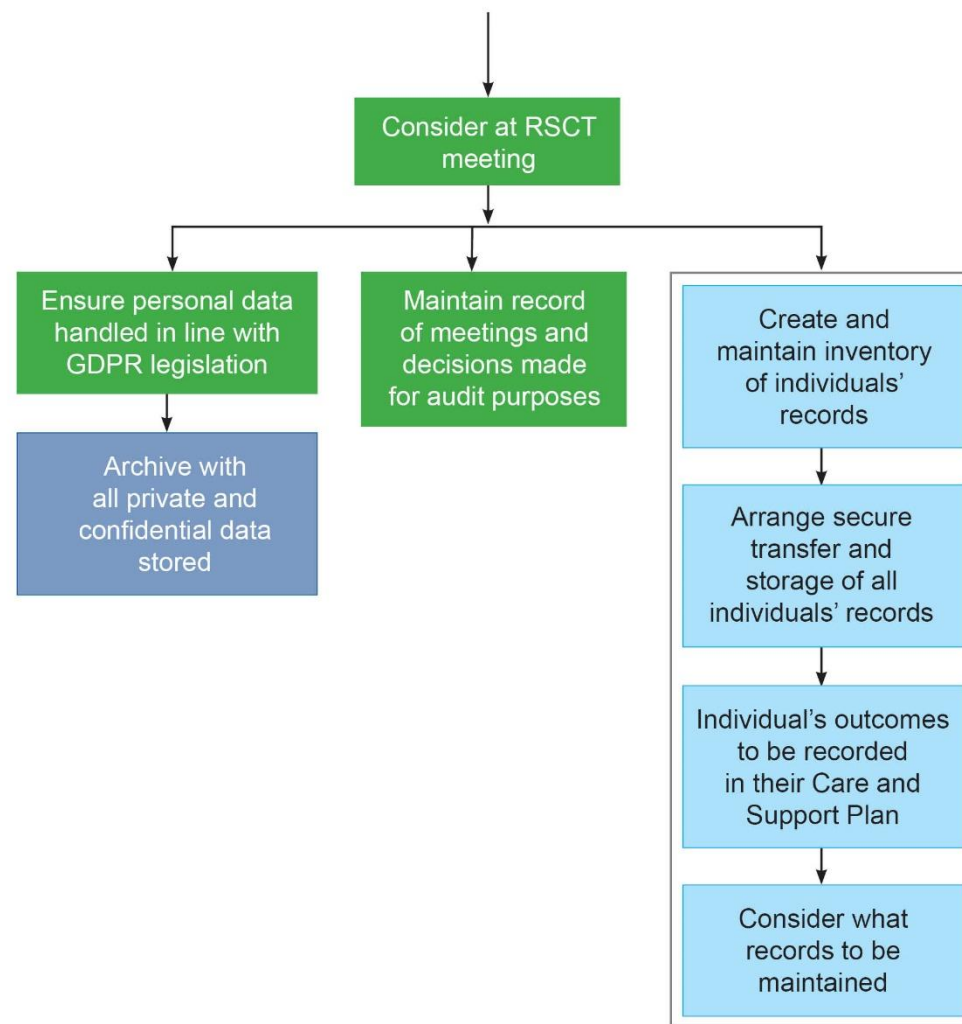
This flowchart is supported by the Regulated Service Closure Plan and templates in the National Framework Toolkit.





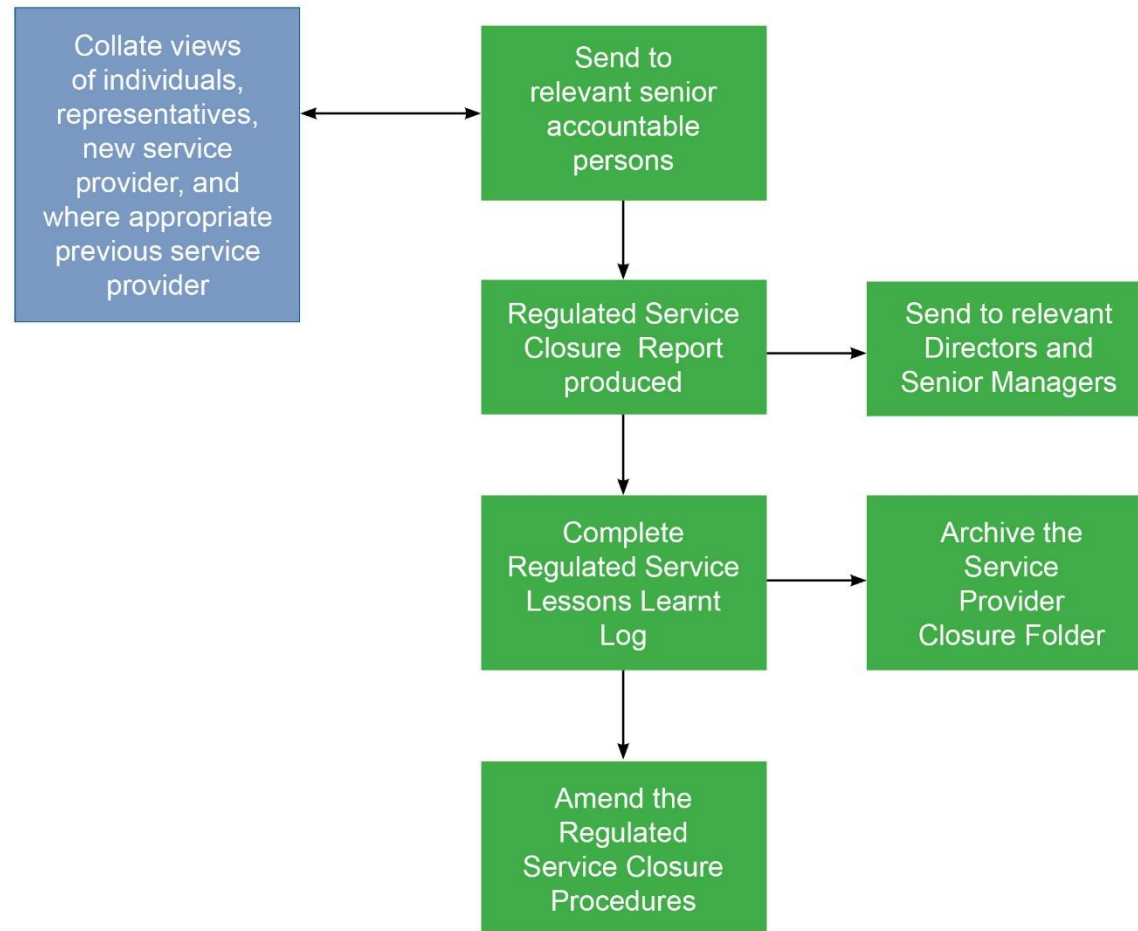






**Closure of the regulated care
and support service successfully
completed**

Lessons Learnt



Glossary

The 2006 Act	<i>The National Health Service (Wales) Act 2006.</i>
The 2014 Act	<i>The Social Services and Well-being (Wales) Act 2014.</i>
The 2016 Act	<i>The Regulation and Inspection of Social Care (Wales) Act 2016.</i>
Commissioners	For the purposes of this Code, this means the statutory agencies themselves - local authorities, Local Health Boards and NHS trusts - rather than specific individuals. It also includes any commissioning teams or units to whom commissioning activities have been delegated.
Commissioning partners	Means (as appropriate to context): <ul style="list-style-type: none"> • Commissioners with joint statutory responsibility for funding or commissioning care and support for an individual or individuals, provided by a specific regulated care and support service, • Commissioners with collaborative agreements (including pooled or aligned funding) in place with, or for a specific regulated care and support service, • Commissioners within a defined region, e.g. Regional Partnership Board partners, • Commissioners in bordering authorities or regions (both within Wales and including borders with England).
Individual	Unless the context indicates otherwise, the child or adult who is receiving care and support.
Local Health Board	The seven Local Health Boards across Wales are: <ul style="list-style-type: none"> • Aneurin Bevan University Health Board • Betsi Cadwaladr University Health Board • Cardiff and Vale University Health Board • Cwm Taf Morgannwg University Health Board • Hywel Dda University Health Board • Powys Teaching Health Board • Swansea Bay University Health Board

	<p>Local Health Boards are responsible for planning and delivering NHS services in their areas. These health services include dental, optical, pharmacy and mental health. The Local Health Boards are also responsible for:</p> <ul style="list-style-type: none"> • improving physical and mental health outcomes, • promoting well-being, • reducing health inequalities across their population, • commissioning services from other organisations to meet the needs of their residents.
NHS trusts	<p>The three NHS trusts across Wales:</p> <ul style="list-style-type: none"> • Public Health Wales • Velindre NHS Trust • Welsh Ambulance Services Trust
Personal outcomes	<p>In relation to an adult, means the outcomes that the adult wishes to achieve in day-to-day life.</p> <p>In relation to a child, means:</p> <ul style="list-style-type: none"> • the outcomes that the child wishes to achieve; or • the outcomes that any persons with parental, responsibility wish to achieve in relation to the child.
Regional Partnership Board	<p>There are seven Regional Partnership Boards across Wales:</p> <ul style="list-style-type: none"> • Cardiff and Vale Regional Partnership Board • Cwm Taf Morgannwg Regional Partnership Board • Gwent Regional Partnership Board • North Wales Regional Partnership Board • Powys Regional Partnership Board • West Glamorgan Regional Partnership Board • West Wales Regional Partnership Board
Registered Manager	<p>A person registered with Social Care Wales and appointed by the Responsible Individual to manage the delivery of the service on a day-to-day basis for each place at, from, or in relation to which services are provided.</p>
Registered nurse	<p>Any nurse registered on Part 1 of the Nursing and Midwifery Council professional register and coming from any of the four recognised fields of practice (competencies): adult, mental health, learning disability and children. In addition to their initial registration, the</p>

	Registered nurse should have developed knowledge and skills that make them competent to care for individuals.
Registered social care worker	A person as defined under section 79 of the 2016 Act.
Representative	Any person having legal authority, or the consent of the individual, to act on the individual's behalf. This may include advocates and unpaid carers.
Responsible Individual	A person designated by a service provider in accordance with section 21 of the 2016 Act to act on their behalf in relation to a registered service(s).
Service provider	A person or organisation registered by Care Inspectorate Wales to provide a regulated care and support service under section 6 of the 2016 Act.
Statement of purpose	The statement of purpose for the place at, from or in relation to which the regulated care and support service is provided.
Wales Safeguarding Procedures	The 2014 Act and 'Working Together to Safeguard People' established a framework for safeguarding children and adults at risk in Wales. The Wales Safeguarding Procedures are intended to standardise practice across Wales and between agencies, in applying the legislation in practice. They set out essential roles and responsibilities for everyone employed in health and social care to ensure they safeguard children and adults who are at risk of abuse, neglect and in the case of children, harm.

Code of Practice on Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services

This Code of Practice is issued under section 145 of the Social Services and Well-being (Wales) Act 2014.

It also constitutes guidance under section 169 of the Social Services and Well-being (Wales) Act 2014 and section 2 of the National Health Service (Wales) Act 2006.

To ensure that the Code has comparable force in relation to local authorities, Local Health Boards and NHS trusts, the Welsh Ministers will direct Local Health Boards and NHS trusts in Wales under sections 12 and 19 of the National Health Service (Wales) Act 2006 Act to exercise their relevant functions in accordance with the requirements contained in this Code.

This Code replaces the statutory guidance *Escalating Concerns With, and Closures of Care Homes Providing Services for Adults* issued in 2009.

Contents

Chapter 1: Preamble	1
Chapter 2: Purpose	5
Chapter 3: General	6
Chapter 4: Quality Assurance and Performance Management of Regulated Care and Support Services	9
Chapter 5: Escalating Concerns in Regulated Care and Support Services	13
Chapter 6: Decommissioning	17
Chapter 7: Closure of Regulated Care and Support Services	19
Annex A – Regulated Care and Support Services - Quality Assurance and Performance Management Flowchart	22
Annex B – Regulated Care and Support Services - Escalating Concerns Flowchart	25
Annex C – Regulated Care and Support Services - Decommissioning Flowchart	26
Annex D – Regulated Care and Support Services - Closure Flowchart	27
Glossary	33

Chapter 1: Preamble

This Code of Practice is issued under section 145 of the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act'). It also constitutes guidance under section 169 of the 2014 Act and section 2 of the National Health Service (Wales) Act 2006 ('the 2006 Act').

- 1.1 This Code of Practice comes into force on 31 March 2026 (this being the date appointed within the appointed day order) and replaces the statutory guidance on *Escalating Concerns with, and Closures of Care Homes Providing Services for Adults* issued in 2009 ('the 2009 Guidance').
- 1.2 Where an adult care home was subject to the management of escalating concerns procedures in the 2009 Guidance up to and including 31 March 2026, relevant statutory agencies may continue to apply and follow the procedures in the 2009 Guidance after this the Code of Practice comes into force until either –
 - (a) the care home concerned closes; or
 - (b) a decision is made to remove the service from the escalating concerns procedures set out in the 2009 Guidance.
- 1.3 If paragraph 1.2(b) applies but ongoing performance management of the service by Commissioners is appropriate, the relevant statutory agencies must comply with this Code.
- 1.4 The 2014 Act is available at: [Social Services and Well-being \(Wales\) Act 2014](#).
- 1.5 The 2006 Act is available at: [National Health Service \(Wales\) Act 2006](#).
- 1.6 Local authorities, when exercising their social services functions, must act in accordance with the requirements contained in this Code. Section 147 (Departure from requirements in codes) of the 2014 Act does not apply to any requirements contained in this Code. In addition, local authorities must have regard to any guidance set out in this Code.
- 1.7 To ensure that this Code has comparable force in relation to Local Health Boards and NHS trusts, the Welsh Ministers will [direct](#) Local Health Boards and NHS trusts in Wales under sections 12 and 19 of the 2006 Act to exercise their relevant functions in accordance with the requirements contained in this Code.
- 1.8 This Code should be read in conjunction with all relevant Codes of Practice and statutory guidance issued under the 2014 Act, in particular:
 - [The National Framework for the Commissioning of Care and Support in Wales: Code of Practice](#),
 - [Part 2 Code of Practice \(General Functions\)](#),
 - [Part 3 Code of Practice \(Assessing the Needs of Individuals\)](#),

- [Part 4 Code of Practice \(Meeting Needs\)](#),
- [Part 4 and 5 Code of Practice \(Charging and Financial Assessment\)](#),
- [Part 6 Code of Practice \(Looked After and Accommodated Children\)](#),
- [Part 8 Code of Practice on the Role of the Director of Social Services \(Social Services Functions\)](#),
- [Codes and Guidance: Part 9 Statutory Guidance \(Partnership Arrangements\)](#),
- [Working Together to Safeguard People: Volume 1-Introduction and Overview](#).

1.9 For the purposes of this Code, the term ‘care and support’ has the same meaning as in section 3 of the Regulation and Inspection of Social Care (Wales) Act 2016 (‘the 2016 Act’). This Code relates to the following commissioned regulated care and support services registered with Care Inspectorate Wales (acting on behalf of the Welsh Ministers) under the 2016 Act:

- care home services (for adults and children, including those providing nursing care),
- secure accommodation services,
- residential family centre services,
- fostering services,
- adoption services,
- adult placement services,
- advocacy services,
- domiciliary support services, and
- special school residential services.¹

1.10 This Code supports local authorities in fulfilling their role and meeting their statutory responsibilities under the 2014 Act.

1.11 This Code supports Local Health Boards and NHS trusts in fulfilling their role and meeting their statutory responsibilities under the 2006 Act. It applies to regulated care and support services commissioned via Continuing NHS Healthcare (CHC) and/or NHS Funded Nursing Care (FNC), domiciliary support, and where the NHS is managing care homes with nursing.

1.12 **For the purposes of this Code local authorities, Local Health Boards and NHS trusts are referred to as ‘Commissioners’.** This term includes any commissioning teams and units to whom commissioning activities have been delegated.

1.13 This Code also applies to regulated care and support services commissioned through collaborative, joint or integrated (local authority and NHS) arrangements, including any formal partnership arrangements including arrangements between NHS bodies and local authorities under section 33 of

¹ [The Regulated Services \(Special School Residential Services\) \(Wales\) Regulations 2023](#).

the 2006 Act and regional services developed through formal arrangements under Regional Partnership Boards.

- 1.14 This Code should be read in conjunction with the *National Framework for the Commissioning of Care and Support in Wales: Code of Practice* ('the National Framework') which came into force on 1 September 2024 (and any subsequent versions). The National Framework applies to the commissioning of care and support services by local authorities, Local Health Boards and NHS trusts in Wales ('Commissioners'). It lays out principles and standards for commissioning practices and contracting arrangements, including appropriate monitoring mechanisms to enable statutory partners to assure themselves of compliance.
- 1.15 This Code is supported by tools and templates provided within the National Framework for the Commissioning of Care and Support in Wales Toolkit ('the National Framework Toolkit')².
- 1.16 **This Code does not apply to:**
- services provided or arranged by a local authority that are not regulated under the 2016 Act.
 - health services provided directly or commissioned by the NHS to provide hospital placements and primary care services (general practitioner, dentistry, optometry, pharmacy).
 - health care as defined in section 17(9) of the 2006 Act:
 "*(a) services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and*
 (b) the promotion and protection of public health".
 - care and support services arranged by individuals through direct payments.
- 1.17 This Code includes information on the roles and responsibilities of regulated care and support service providers, Care Inspectorate Wales and Social Care Wales.
- 1.18 This Code may be used as good practice guidance in relation to regulated care and support services which have not been commissioned by a local authority, Local Health Board or NHS trust and non-regulated care and support services provided on behalf of a local authority by the third sector and the private sector.

Advocacy

- 1.19 The 2014 Act seeks to embed a culture and approach to social care where an individual who needs care and support is an equal partner in their relationship with professionals. It is open to any individual to invite someone of their choice to support them to participate fully and express their views, wishes and feelings. This support can be provided by an individual's friends, family, or wider support network.

² [Access to the National Framework Toolkit is via the Commissioning Care and Support \(National Framework\) Community of Practice platform here. Users will need an account to access the National Framework Toolkit.](#)

- 1.20 The [Part 10 Code of Practice \(Advocacy\)](#) sets out when a local authority, in partnership with the individual, must reach a judgement on how advocacy could support the determination and delivery of an individual's personal outcomes; together with the circumstances when a local authority must arrange an independent professional advocate. Judgements by Commissioners about the need for advocacy in individual cases are integral to the actions and activities described in this Code.

Safeguarding

- 1.21 The 2014 Act, underpinned by statutory guidance [Working Together to Safeguard People: Volume 1 - Introduction and Overview](#), established a framework for safeguarding adults and children in Wales. This legal framework includes duties to investigate and report which Commissioners must comply with alongside their obligations under this Code. Commissioners' attention is drawn to the National Framework which emphasises the requirement for Commissioners to take all reasonable steps to ensure that the commissioning of care and support services promotes and protects the well-being of children and adults at risk.

Acknowledgements

- 1.22 This Code has been developed with support from a sector stakeholder group and other partners including the Children's Commissioning Consortium Cymru, Conwy County Borough Council, Flintshire County Council, Cardiff and Vale University Health Board, Betsi Cadwaladr University Health Board, and Pembrokeshire County Council.

Chapter 2: Purpose

- 2.1 This Code, the statutory provisions and the regulations to which it refers, set out the requirements for:
- (i) local authorities in relation to:
 - Section 34 of the 2014 Act – ways in which a local authority may meet care and support needs.
 - Sections 35 to 45 of the 2014 Act – duties and powers placed on local authorities to meet the care and support needs of adults and children, and the support needs of adult and child carers.
 - Section 189 of the 2014 Act – provider failure and temporary duty on a local authority.
 - Sections 190 and 191 of the 2014 Act – provider failure – exception to temporary duty.
 - *The National Framework for the Commissioning of Care and Support in Wales: Code of Practice.*
 - (ii) Local Health Boards and NHS trusts in relation to:
 - [The Local Health Boards \(Directed Functions\) \(Wales\) Regulations 2009.](#)
 - *The National Framework for the Commissioning of Care and Support in Wales: Code of Practice.*
- 2.2 This Code places requirements on Commissioners to ensure consistency at a national level whilst supporting local flexibility and procedures in relation to:
- quality assurance and performance management of regulated care and support services.
 - dealing with escalating concerns in regulated care and support services.
 - strategic decommissioning of regulated care and support services.
 - closure of regulated care and support services.
 - roles and responsibilities.
 - recommended structures, processes, and actions.
- 2.3 This Code must be read in conjunction with Annexes A to D which provide further information on structures and processes.
- 2.4 Commissioners should also refer to the tools and templates provided in the National Framework Toolkit.

Chapter 3: General

3.1 **Local authorities** have a statutory responsibility for:

- ensuring a sufficiency of care and support services to meet the needs of their local population.
- commissioning care and support services to meet the assessed needs of individuals.
- acting in the event a service provider becomes unable to provide the accommodation or services it normally provides within the area of a local authority because of business failure, and,
- fulfilling a temporary duty to meet the needs of the adults for whom the service provider was providing accommodation or services.

3.2 **Local Health Boards and NHS trusts** have a statutory responsibility to meet all reasonable requirements for the aftercare of individuals as part of the health service and may commission support, patient accommodation, or nursing care.

3.3 **Local Health Boards** have a statutory responsibility for:

- assessing individual health needs.
- providing a plan of care, service specification and commissioning a service provider to meet the individual's needs.
- funding nursing care (FNC) and commissioning Continuing NHS Healthcare (CHC).

3.4 **Service providers and Responsible Individuals** of regulated care and support services have a statutory responsibility to comply with the 2016 Act and relevant regulations³ made under the 2016 Act ('the Regulations'). The Regulations set out specific requirements on service providers and Responsible Individuals relating to the quality, safety, and oversight of regulated care and support services. Service providers are also required to take reasonable steps to ensure that the service is financially sustainable for the purpose of achieving the aims and objectives set out in the statement of purpose for the service.

3.5 **Care Inspectorate Wales** is the independent regulator of social care in Wales. It registers, inspects, and takes action to improve the quality and safety of

³ [The Regulated Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2017.](#)

[The Regulated Adoption Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2019.](#)

[The Regulated Fostering Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2019.](#)

[The Adult Placement Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2019.](#)

[The Regulated Advocacy Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2019.](#)

[The Special School Residential Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2024.](#)

services for the well-being of the people of Wales. Where there are concerns about regulated care and support services, Care Inspectorate Wales can use its enforcement powers - for example to limit the number of people being cared for by a service, to prevent new admissions to a service, or to cancel the registration of a service. If Care Inspectorate Wales becomes aware of a planned voluntary closure or has concerns about people's welfare or safety, especially where those concerns might lead to an enforced closure, it will inform the local authority in whose area the service is situated. Care Inspectorate Wales does not commission regulated care and support services or undertake placement monitoring or review.

- 3.6 **Social Care Wales** is the social care workforce regulator in Wales. It is responsible for the registration and development of the social care workforce as well as supporting social care research and service improvements in Wales. Social Care Wales is responsible for setting the standards for the care and support workforce and will investigate concerns raised about registered persons.
- 3.7 Part 9 of the 2016 Act includes provisions for Care Inspectorate Wales and Social Care Wales to co-operate and to share information with each other and with relevant authorities, including local authorities, Local Health Boards and NHS trusts, in the exercise of their functions.
- 3.8 Local authorities, Local Health Boards, NHS trusts, Care Inspectorate Wales, Social Care Wales, other inspectorates and regulators, and service providers should share information in a timely manner and work collaboratively to address any concerns with the quality and sustainability of regulated care and support services.
- 3.9 The [Memorandum of Understanding between Care Inspectorate Wales, Local Authorities and Local Health Boards in Wales](#) sets out a framework to support the working relationship between Care Inspectorate Wales, local authority and Local Health Board Commissioners in Wales and any commissioning teams or units to whom commissioning activities have been delegated. The purpose of the framework is to:
- progress effective collaboration to protect the rights and promote the safety, interests and well-being of children and adults who use regulated care and support services.
 - improve the effectiveness of Commissioners and the regulator in their separate but related work and functions.
 - promote and maintain high standards in the provision of regulated care and support services.
- 3.10 **This Code does not replace or affect the application of existing statutory duties, functions, or obligations.**
- 3.11 This Code aims to ensure a consistent process across Wales for quality assurance and performance management, escalating concerns, decommissioning and closure of regulated care and support services.

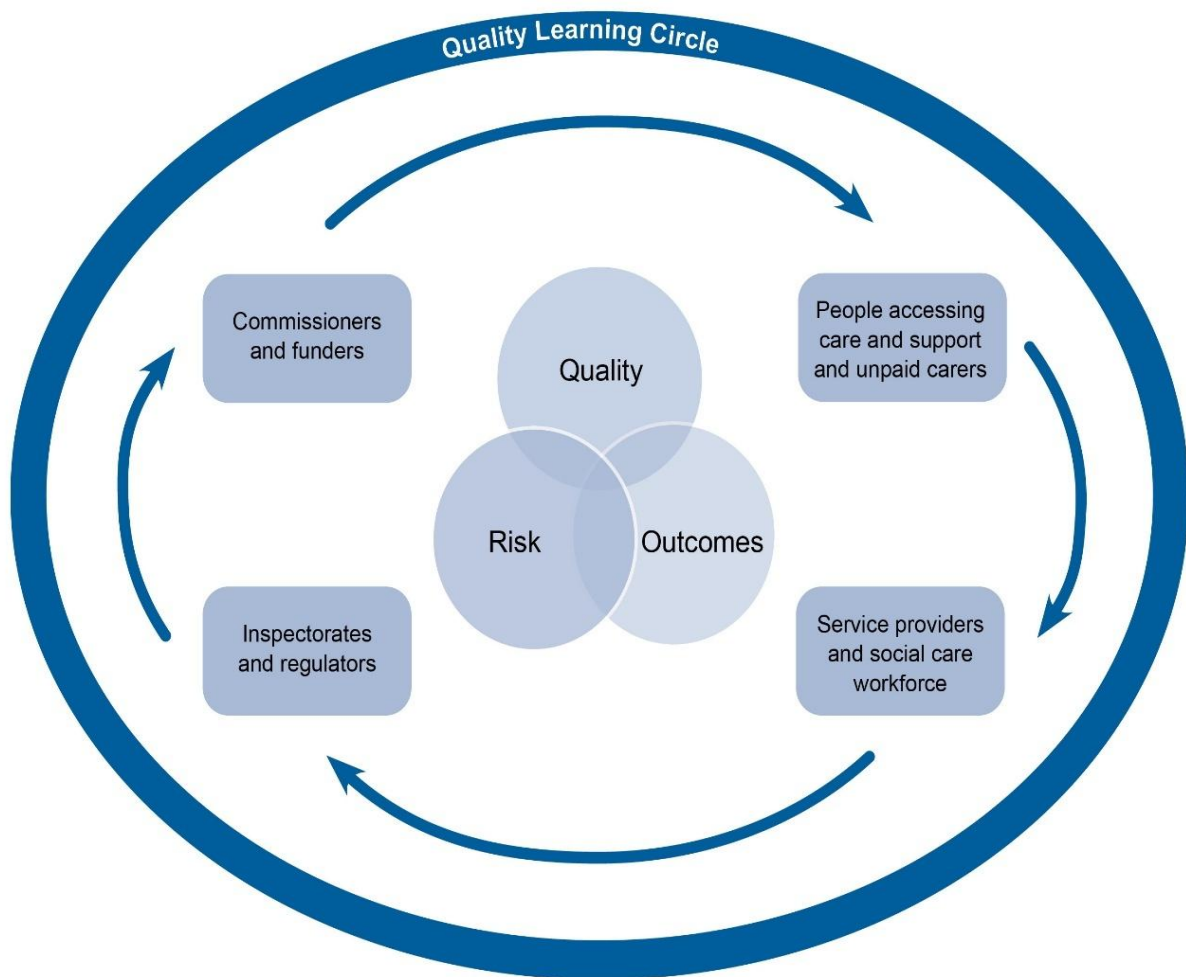
3.12 Commissioners must ensure they act in accordance with the 2014 Act and supplementary Codes of Practice. They must facilitate a rights-based approach which focuses on the assessed needs and well-being outcomes of individuals and enables them to exercise genuine voice and control.

Chapter 4: Quality Assurance and Performance Management of Regulated Care and Support Services

- 4.1 Local authorities can be both service providers and Commissioners of regulated care and support services. Local authorities also undertake collaborative, joint, or integrated commissioning with Local Health Boards and NHS trusts in Wales. The [Code of practice in relation to the performance and improvement of social services in Wales](#) sets out expectations about the quality of care and support local authorities should be providing either directly or through contracting arrangements.
- 4.2 Local Health Boards and NHS trusts commission regulated care and support services and may provide regulated care and support services such as care homes with nursing, and domiciliary support services. They may require commissioned services to meet some or all of the standards described in the [Quality and Safety Framework: Learning and Improving](#).
- 4.3 The Regulations, underpinned by statutory guidance⁴, set out the regulatory requirements under the 2016 Act for regulated care and support services, and include the quality and safety requirements. Service providers are required to have effective arrangements in place to comply with requirements in the Regulations for an ongoing cycle of quality assurance and quality of care review.
- 4.4 [The Duty of Quality Statutory Guidance \(2023\) and Quality Standards \(2023\)](#) for health services in Wales, describes a system-wide way of working which focuses on outcomes for people. This Code supports a similar approach to assuring the quality of services, confirming the importance of quality assurance within a wider quality management system, connected at local, regional, and national levels to ensure a culture of continuous learning and improvement.

⁴ [The Regulation and Inspection of Social Care \(Wales\) Act 2016 Statutory Guidance - For care home services, domiciliary support services, secure accommodation and residential family centre services.](#)
[Statutory Guidance and Code of Practice Adoption Services.](#)
[Statutory Guidance - Fostering Services.](#)
[Statutory Guidance Adult Placement Services.](#)
[Statutory Guidance - Advocacy Services.](#)
[Statutory Guidance - For special school residential services.](#)

- 4.5 An effective quality management cycle will involve all relevant stakeholders and be built upon learning focused, positive cultures as described in the illustration below:



- 4.6 Commissioners must include any local quality and safety requirements in contractual documentation (specifications, contract performance and quality management schedules) or other forms of agreement, and in local policy and procedures.
- 4.7 Commissioners must work collaboratively with service providers and other stakeholders to ensure the quality of the regulated care and support services they commission. The form of agreement (for example a contract) should describe the local quality assurance and performance management procedures, including escalating concerns procedures and the circumstances and procedures for contract termination. Contracts should also describe contracting parties' rights and remedies for disputes, appeals and mediation.

- 4.8 Due diligence and quality assurance are key elements of the commissioning, contracting and procurement process⁵. Commissioners should assure themselves of the probity of any potential contractors or delivery partners prior to entering into an agreement or contract and at suitable intervals thereafter. Commissioners should not rely solely on the activities of regulators and should clarify their own due diligence processes and information governance arrangements to potential and existing service providers. Commissioners should also work proactively to assure themselves about the quality of commissioned services and work with service providers, where possible, to mitigate accumulating risks and reduce the need for instigation of escalating concerns procedures.
- 4.9 Commissioners should seek to minimise duplication of reporting requirements on service providers. Commissioners may place a contractual obligation on service providers of commissioned services to share information provided to other agencies, where there are reasonable grounds to request this information.
- 4.10 Commissioners must have effective processes in place to gather, record and review stakeholder feedback (including from individuals and their representatives) on the impact of the service on people's well-being as part of the continuous quality learning cycle.
- 4.11 Commissioners must assess concerns regarding any risks posed to the well-being and safety of individuals and triangulate reported concerns with other sources of qualitative evidence⁶. Commissioners should identify the root cause(s) of concerns and consider accountability for any improvement actions required. Commissioners should share with the service provider the evidence relating to the concerns and any risk assessment undertaken in advance of a formal meeting to discuss the concerns identified and how they might be addressed. Commissioners must take account of the service provider's response prior to any decision to require the service provider to undertake any improvement actions.
- 4.12 Where improvement action is required, Commissioners must put in writing to the service provider, their concerns, assessment of the risks and detail of required mitigations without delay. This must include details of how or where the service is in breach of the contractual requirements and a proposed timeframe for remedy (which is consistent with regulatory / contractual requirements).
- 4.13 Where there is sufficient evidence to indicate a shortfall in the required quality of service, Commissioners must put in writing to the service provider where the service is in breach of the contractual requirements, and specify any

⁵ *The National Framework for the Commissioning of Care and Support in Wales: Code of Practice* lays out principles and standards for commissioning practices for local authorities, Local Health Boards and NHS trusts in Wales.

⁶ Qualitative evidence may include compliments, concerns and issues records, safeguarding referrals and practice reviews, contract monitoring evidence, care plan reviews, regulatory inspections and ratings, feedback from advocacy or independent reviewing officers.

improvement or development actions required. Commissioners must set out in writing where the service is not compliant with the requirements of the contract. Commissioners may ask the service provider to produce an improvement action plan to respond to areas of non-compliance with the contract. The plan and proposed actions should be the responsibility of the service provider. Where a service has received regulatory priority action notices from Care Inspectorate Wales and has contract compliance actions or service improvement actions, a single action plan is permissible to cover all areas.

- 4.14 Commissioners must work together with other stakeholders to de-escalate risks, through resolving any required improvement actions at the earliest possible time.
- 4.15 Commissioners should provide additional support to service providers, where appropriate, and enhanced service monitoring during periods of quality management. The nature and timescale of additional support should be agreed with the Responsible Individual and Registered Manager of the service. Commissioners must confirm in writing any actions they will take to support improvements, for example training and policy guidance. Local Health Boards and NHS trusts should support service providers where issues are clinical in nature.
- 4.16 Commissioners should adopt a reflective learning approach throughout the commissioning process and within their quality management activities. Commissioners must review their practices and processes where lessons have been learned and as part of their quality learning cycle, to ensure continuous improvement.
- 4.17 An example quality assurance and decision process flowchart (for adults and children's services) is detailed in Annex A.
- 4.18 A template improvement action plan is provided in the National Framework Toolkit.

Chapter 5: Escalating Concerns in Regulated Care and Support Services

- 5.1 This Code provides guidance on the criteria for escalating concerns as well as the structure and processes that should be in place to manage and make decisions about escalating concerns. The focus is on improving the quality of the regulated care and support service, safeguarding individuals and, where possible, preventing avoidable service closure or decommissioning.
- 5.2 Escalating concerns arise where there are accumulating risks or issues relating to one or more of the following:
- the sustainability of the regulated care and support service;
 - the quality and safety of the regulated care and support service;
 - the safety and well-being of individuals.
- 5.3 Evidence for concerns may be identified through one or more quality assurance routes, or from a service provider informing the Commissioner(s) of significant financial or workforce challenges which are likely to impact the operation of the service.
- 5.4 Escalating concerns may result from:
- a single issue, complaint or incident indicating actual, or high risk of harm;
 - the continued or repeated (systemic) failure of a service to meet required standards of quality and safety.
- 5.5 Issues or concerns may indicate threats to the ongoing delivery or sustainability of a service, including workforce issues or the financial solvency of a service provider.
- 5.6 Commissioners must have sufficient evidence of concern or risk to trigger escalating concerns procedures.
- 5.7 Commissioners must be able to demonstrate they have exercised their functions and duties reasonably and consistently.
- 5.8 As set out in Chapter 4, the form of agreement (for example a contract) should describe the local quality assurance and performance management procedures, including escalating concerns procedures and the circumstances and procedures for contract termination. Contracts should also describe contracting parties' rights and remedies for disputes, appeals and mediation.
- 5.9 Commissioners should consider whether concerns can be resolved through the quality assurance and performance management process, before implementing local escalating concerns processes.

- 5.10 Commissioners should take a supportive approach throughout the escalating concerns process. Where appropriate the focus should be on improving the quality of the service and preventing avoidable service closure or contract termination (decommissioning).
- 5.11 Commissioners should set out in writing to the service provider where the service is in default of the contractual agreement and the expected remedy.
- 5.12 As part of the escalating concerns process, Commissioners should co-produce an improvement action plan with the service provider. The service provider is the owner of their improvement action plan, which should detail all required regulatory and contractual actions, the agreed remedies, responsibilities, and timescales. An improvement action plan template is provided in the National Framework Toolkit.
- 5.13 Commissioners should provide additional support to service providers, where appropriate, and enhanced service monitoring during periods of escalating concerns. The nature and timescale of additional support should be agreed with the Responsible Individual and Registered Manager of the service. Commissioners must confirm in writing any actions they will take to support improvements, for example training and policy guidance. Local Health Boards and NHS trusts should support service providers where issues are clinical in nature.
- 5.14 Commissioners should identify key agencies and work collaboratively to manage the escalating concerns process. Visits to, and enquiries of, the service should be planned and co-ordinated including when unannounced.
- 5.15 Commissioners should ensure effective communication with stakeholders, including individuals and their representatives, and where appropriate the service's workforce. This includes individuals whose care is self-funded or has been arranged by other commissioning bodies.
- 5.16 Commissioners may implement escalating concerns and safeguarding procedures simultaneously. Commissioning and safeguarding leads should ensure a coordinated approach and establish clarity of roles, responsibilities, and expectations of all parties.
- 5.17 Commissioners must not delay the closure of the escalating concerns process once the remedies within the improvement action plan have been fulfilled. Any additional quality concerns which do not meet the escalating concerns criteria, in paragraph 5.2, should be resolved through the quality assurance and performance management process.
- 5.18 An example escalating concerns process flowchart for regulated care and support services is detailed in Annex B.

Suspension of new commissioning arrangements

- 5.19 Commissioners may decide to suspend new placements with residential and non-residential services or suspend the commissioning of new packages of domiciliary support where there are significant concerns. A decision to suspend new commissioning arrangements with a service must be based on the likelihood of harm to people. Where there are joint contract arrangements, all commissioning contract parties should be involved in a decision to suspend new commissioning arrangements with a service. Commissioners must document a clear rationale for their actions, with an audit trail of the evidence for decisions made, and all communications with stakeholders.
- 5.20 Suspending new commissioning arrangements with a regulated care and support service may have a negative impact on its sustainability and reputation. A decision to suspend new commissioning arrangements may be open to legal challenge through, for example, Judicial Review.
- 5.21 Commissioners must work together, including with the service provider and other stakeholders, to de-escalate risks through completing any required actions and removing the suspension at the earliest possible time.
- 5.22 Commissioners must not require service providers to agree to a voluntary suspension of new commissioning arrangements including new placements. A service provider may elect to put arrangements in place to suspend new service delivery or place conditions upon service(s) offered of their own accord. The details of the service provider's decision should be recorded in the improvement action plan. The plan should record whether this affects services purchased by Commissioners as well as self-funders.
- 5.23 The suspension of new commissioning arrangements by a Commissioner must be linked to a thorough risk assessment which has been reviewed and agreed with relevant commissioning partners and signed off in accordance with organisational governance procedures.
- 5.24 Improvement action plans agreed in response to escalating concerns, do not replace improvement and enforcement action initiated by Care Inspectorate Wales.
- 5.25 To minimise unnecessary duplication and burden on the service provider it is critical that all agencies involved each understand their roles and responsibilities in responding to poor performance, contract breaches or regulatory non-compliance.
- 5.26 Where there are significant concerns about the conduct of workers - regardless of an employer's own responsibilities in this respect - Commissioners should consider whether to report registered social care workers or managers to Social Care Wales⁷, Registered nurses to the Nursing & Midwifery Council (NMC)⁸, or other professionals to their relevant regulatory body, in accordance with the

⁷ [Raising a concern | Social Care Wales](#)

⁸ [Read Raising Concerns online - The Nursing and Midwifery Council.](#)

Wales Safeguarding Procedures⁹. Commissioners should also consider whether to make a barring referral to the Disclosure and Barring Service¹⁰.

- 5.27 Commissioners must notify the relevant regulators and other Commissioners of quality or performance concerns relating to the operation of a regulated care and support service at both the quality management and escalating concerns stages where the concerns have led to required improvement actions or an improvement action plan.
- 5.28 The required notification procedure is provided within the National Framework Toolkit. Commissioners must complete the relevant notification without delay and upload onto the Commissioning Care and Support (National Framework) Community of Practice platform¹¹.

⁹ [Wales Safeguarding Procedures.](#)

¹⁰ [Barring referrals: Your guide to how and when to make one](#)

¹¹ This is a secure information sharing digital platform accessible only to Local Health Boards, NHS trusts and local authority Commissioners in Wales.

Chapter 6: Decommissioning

- 6.1 As part of the commissioning cycle, Commissioners must assess the level of performance, strategic relevance and value for money being delivered by a service provider to inform a decision about whether the service is fit for purpose.
- 6.2 For the purposes of this Code, decommissioning is:
- the termination or non-renewal of a contract with an external service, ceasing placements or care arrangements, and funding;
 - the closure of an internal service.
- 6.3 Commissioners may decide to decommission a service, if it is not delivering the desired outcomes or performance (including standards of quality and safety), and has consistently failed to address required improvement actions. Other strategic reasons for decommissioning a service or services may include market conditions (service sufficiency and financial sustainability), demography (changes in population needs or demands), economic circumstances (costs and budget) and changes in legislation requiring Commissioners to review and change their service provision.
- 6.4 Commissioners must ensure that they fulfil the statutory duties to meet the individual's assessed needs and provide continuity of service provision through an effectively managed transition process. The rights, views, wishes and feelings of individuals and their representatives must be taken into account in any decision-making.
- 6.5 Commissioners must ensure the decommissioning process aligns with their social partnership duties¹². Decommissioning processes should have a focus on maintaining the skills, experience and knowledge of the local workforce and address the broader social economic impact of change.
- 6.6 Commissioners must notify the relevant regulators and any other known Commissioners where contracts with a service provider are being terminated due to quality and safety concerns.
- 6.7 Commissioners must put arrangements in place to ensure effective communication with stakeholders, including affected service providers and their workforce, as well as individuals and their representatives. This includes individuals whose care is self-funded or has been arranged by other commissioning bodies.
- 6.8 Under section 24 of the 2014 Act, local authorities must assess an unpaid carer's needs for support if it appears the carer may have such needs or may do so in the future. Where the decommissioning of a service is likely to impact an unpaid carer, for example in increasing the number of hours caring they will be expected to provide or requiring substantial further travel to continue a caring role, this should be considered. As part of a carers' needs assessment,

¹² [Social Partnership and Public Procurement \(Wales\) Act 2023](#).

the local authority must assess the extent to which the carer is able and willing to provide this care and will continue to be so.

- 6.9 An example of a decommissioning flowchart is in Annex C and other resources are provided in the National Framework Toolkit including the required notification procedure. Commissioners must complete the relevant notification without delay and upload onto the Commissioning Care and Support (National Framework) Community of Practice platform.

Chapter 7: Closure of Regulated Care and Support Services

- 7.1 The purpose of this Code is to establish common approaches to help shape the response of Commissioners when supporting the closure of regulated care and support services and discharging their statutory responsibilities. An example regulated care and support service closure flowchart is detailed in Annex D.
- 7.2 The closure of regulated care and support services may be voluntary or enforced. Closures may arise because a service provider has voluntarily decided to close one or more of its services or exit the market entirely. Alternatively, the closure may be due to enforcement action by Care Inspectorate Wales or other regulators (including the Health and Safety Executive), financial viability, or a crisis or emergency beyond the service provider's control.
- 7.3 The circumstances leading to the service closure will determine whether it is planned or unplanned. The reason for the closure of the service, the timescale, the urgency, and the type of regulated care and support service will all influence the nature and pace of the response. Commissioners must have structures and arrangements in place to manage and support the safe closure of regulated care and support services. This Code describes the structures and processes that should be in place to manage the closure of a regulated care and support service safely and efficiently.
- 7.4 Chapters 4 and 5 of this Code set out preventative actions to be considered to avoid unnecessary and unplanned service closures wherever possible. This includes early identification of issues to enable service providers to achieve improvement, where appropriate, and contractual clauses to ensure a reasonable notification period for planned service closure.
- 7.5 Commissioners must have established arrangements to mobilise a key team of personnel, possibly at short notice, to oversee the closure process of a service. The roles, responsibilities and suggested membership of the team, and example procedures and plans for responding to the closure of regulated care and support services are provided in the National Framework Toolkit. However, Commissioners may create their own templates for local use.
- 7.6 Commissioners have a statutory responsibility to ensure individuals' assessed needs for care and support continue to be met in the event of service provider failure or closure. This applies to both individuals using commissioned services and self-funders. Fulfilment of this responsibility must be factored into the regulated care and support service closure process.
- 7.7 Residential services – local processes for the closure of care home services and other accommodation-based services must include arrangements to ensure suitable alternative accommodation is identified and arranged for individuals which can meet their assessed care and support needs and support them to achieve their personal outcomes. The rights, views, wishes and feelings of individuals and their representatives must be taken into account in

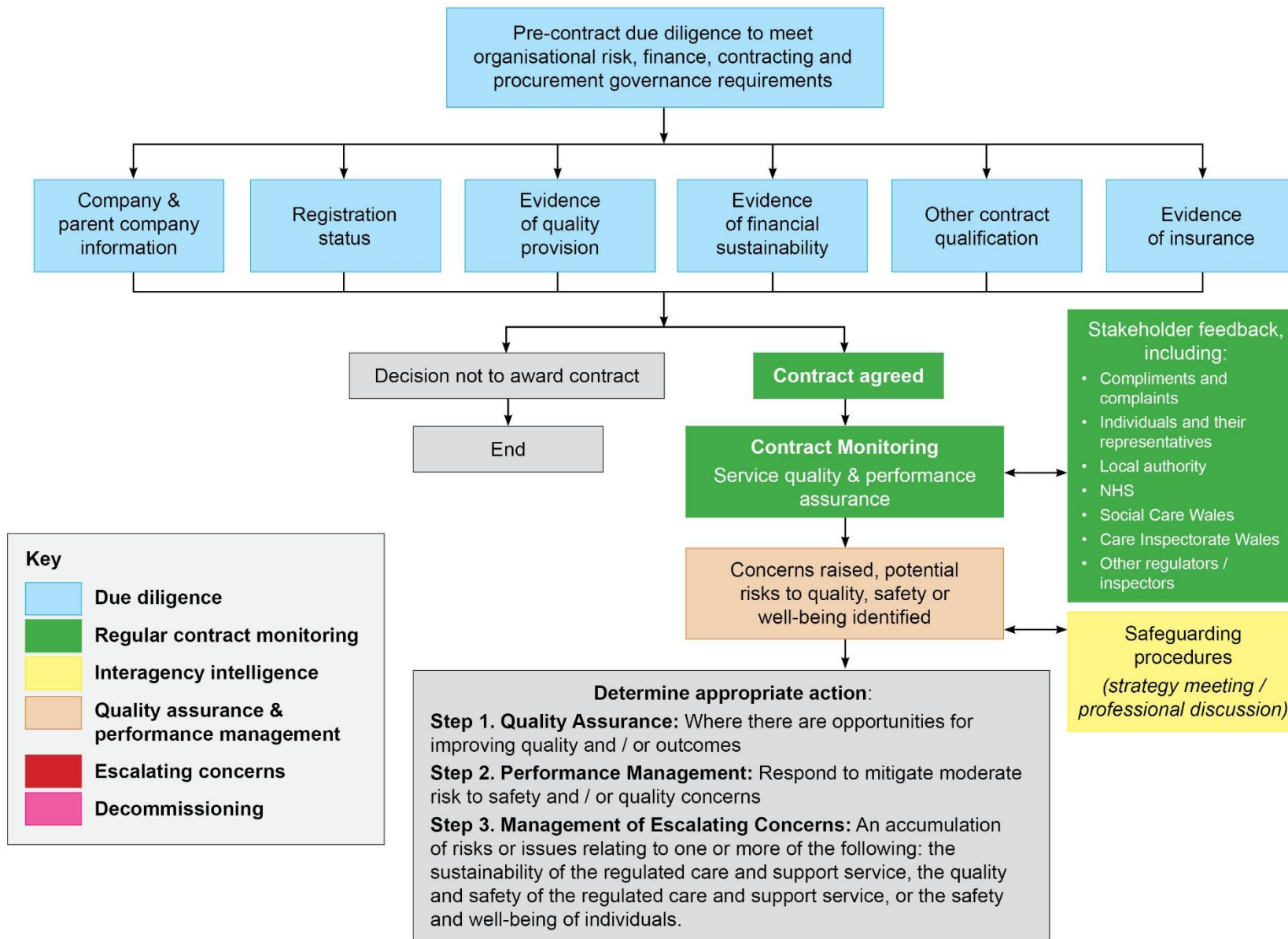
any decision-making. Commissioners must put arrangements in place to ensure individuals are supported to relocate to their new home (including appropriate transport), are accompanied when travelling to their new home, and are supported with the transition to living in a new place and settling in. This applies to both individuals using commissioned services and self-funders.

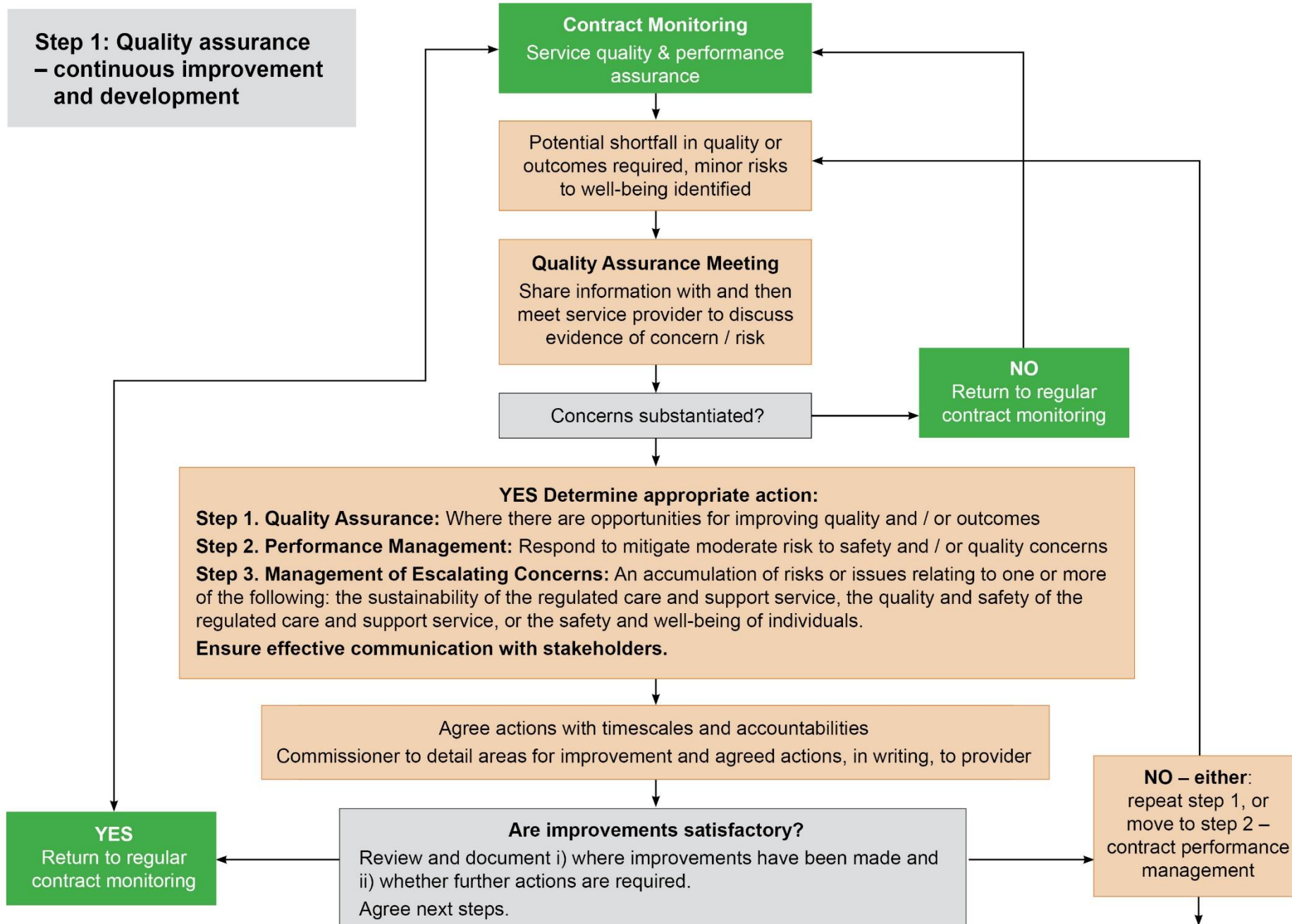
- 7.8 Non-residential services – local processes for the closure of regulated care and support services must include arrangements to ensure alternative services are identified and arranged for individuals which can meet their assessed care and support needs and support them to achieve their personal outcomes. The rights, views, wishes and feelings of individuals and their representatives must be taken into account in any decision-making. Commissioners must put arrangements in place to ensure individuals are supported to transition to their new care and support arrangements. This applies to both individuals using commissioned services and self-funders.
- 7.9 Under section 24 of the 2014 Act local authorities must assess a carer's needs for support if it appears the carer may have such needs or may do so in the future. Where the closure of a service is likely to impact an unpaid carer, for example in increasing the number of hours caring they will be expected to provide or requiring substantial further travel to continue a caring role, this should be considered. As part of a carers' needs assessment the local authority must assess the extent to which the carer is able and willing to provide this care and will continue to be so.
- 7.10 The local processes must include arrangements for clear, timely, regular, and accessible communication with individuals and where appropriate their representatives, to keep them informed of progress and options, respond to questions, and allay concerns.
- 7.11 The local processes must set out the role and involvement of the service provider, the Responsible Individual and the Registered Manager of the regulated care and support service. Service providers have a responsibility to comply with regulatory requirements and provide safe and good quality care and support during the closure period. Service providers should co-operate and work with the team overseeing the closure process and Care Inspectorate Wales to ensure the safe and orderly closure of the regulated care and support service.
- 7.12 Commissioners must notify the regulators and any other known Commissioners if they become aware that a service is under notice of voluntary or enforced closure¹³.
- 7.13 The required notification procedure is included in the National Framework Toolkit. Commissioners must complete the relevant notification without delay

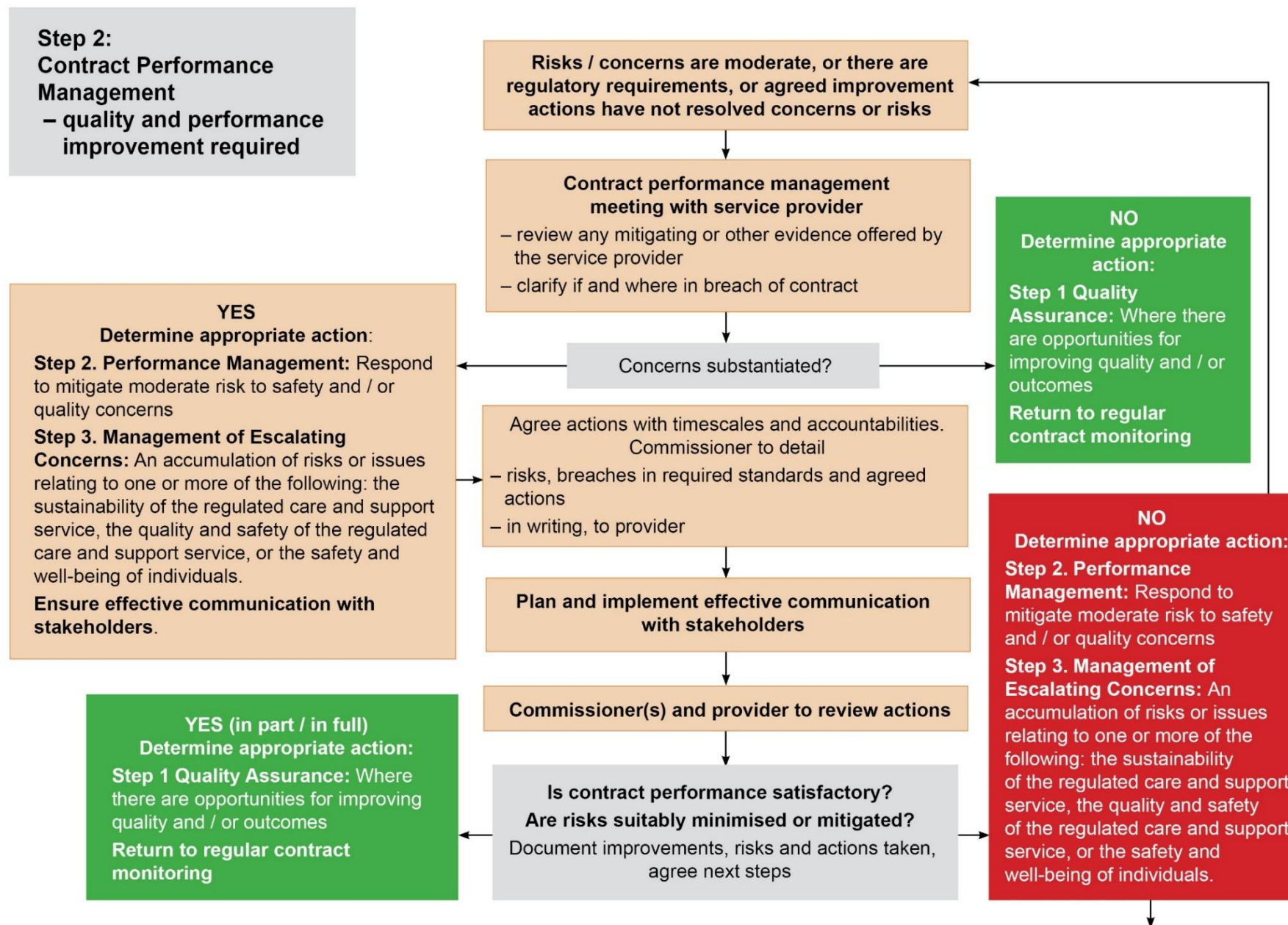
¹³ In this circumstance, 'enforced' closure refers to any legal or financial enforcement, including both regulatory enforcement such as cancellation of registration and actual or potential insolvency. It is possible that a Commissioner may be aware of such circumstances prior to Care Inspectorate Wales.

and upload onto the Commissioning Care and Support (National Framework) Community of Practice platform.

Annex A – Regulated Care and Support Services - Quality Assurance and Performance Management Flowchart

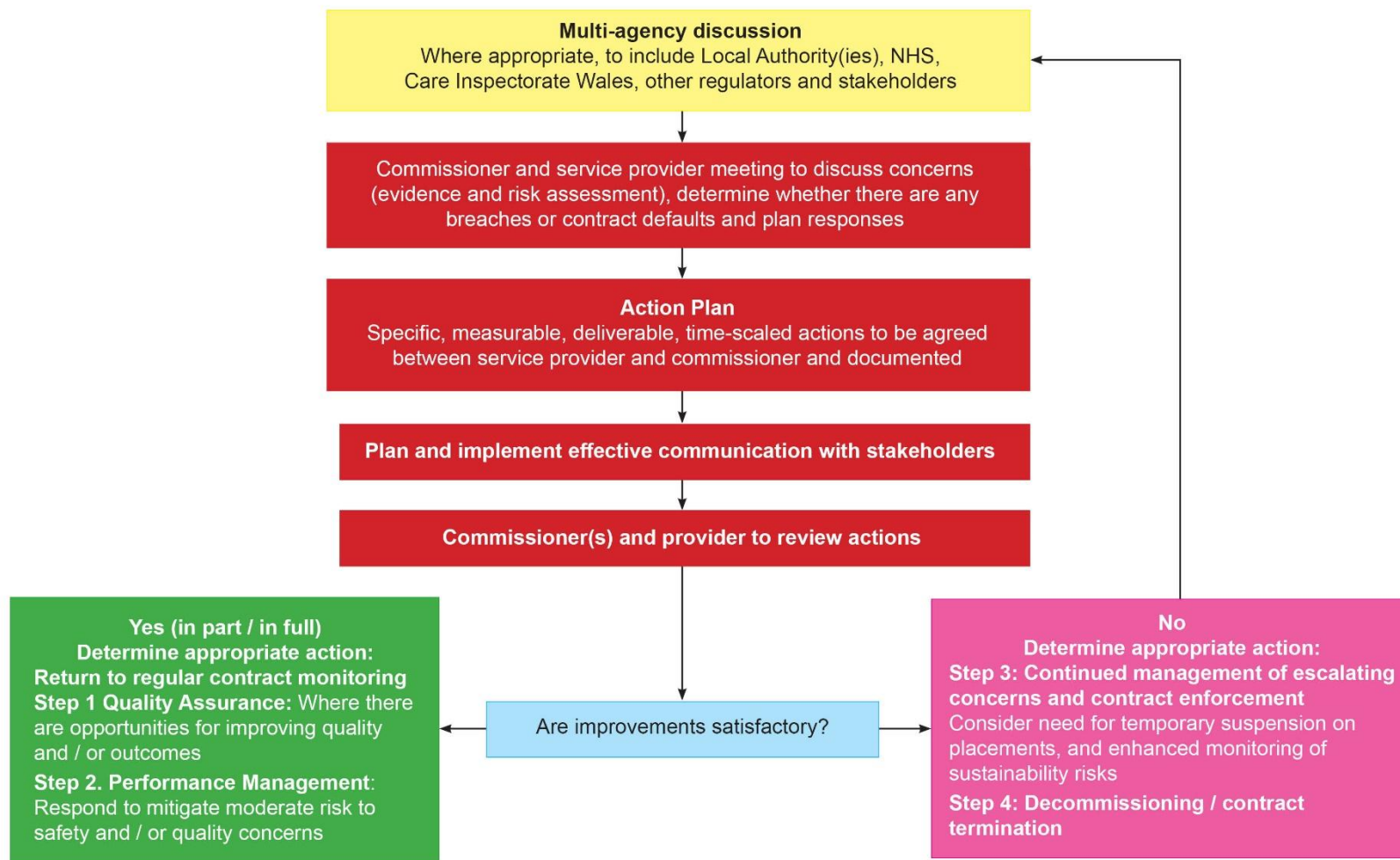




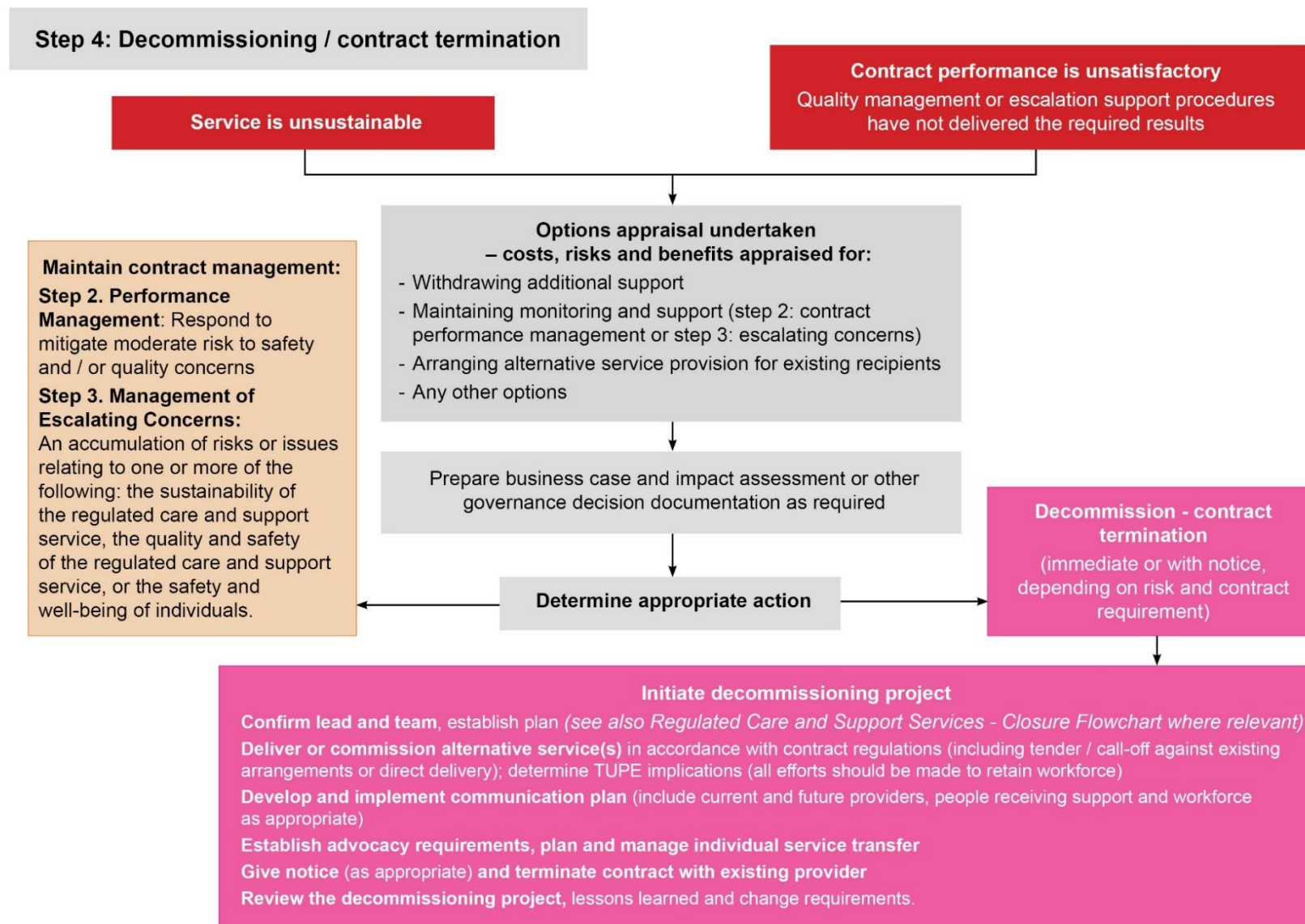


Annex B – Regulated Care and Support Services - Escalating Concerns Flowchart

Step 3: Management of Escalating Concerns

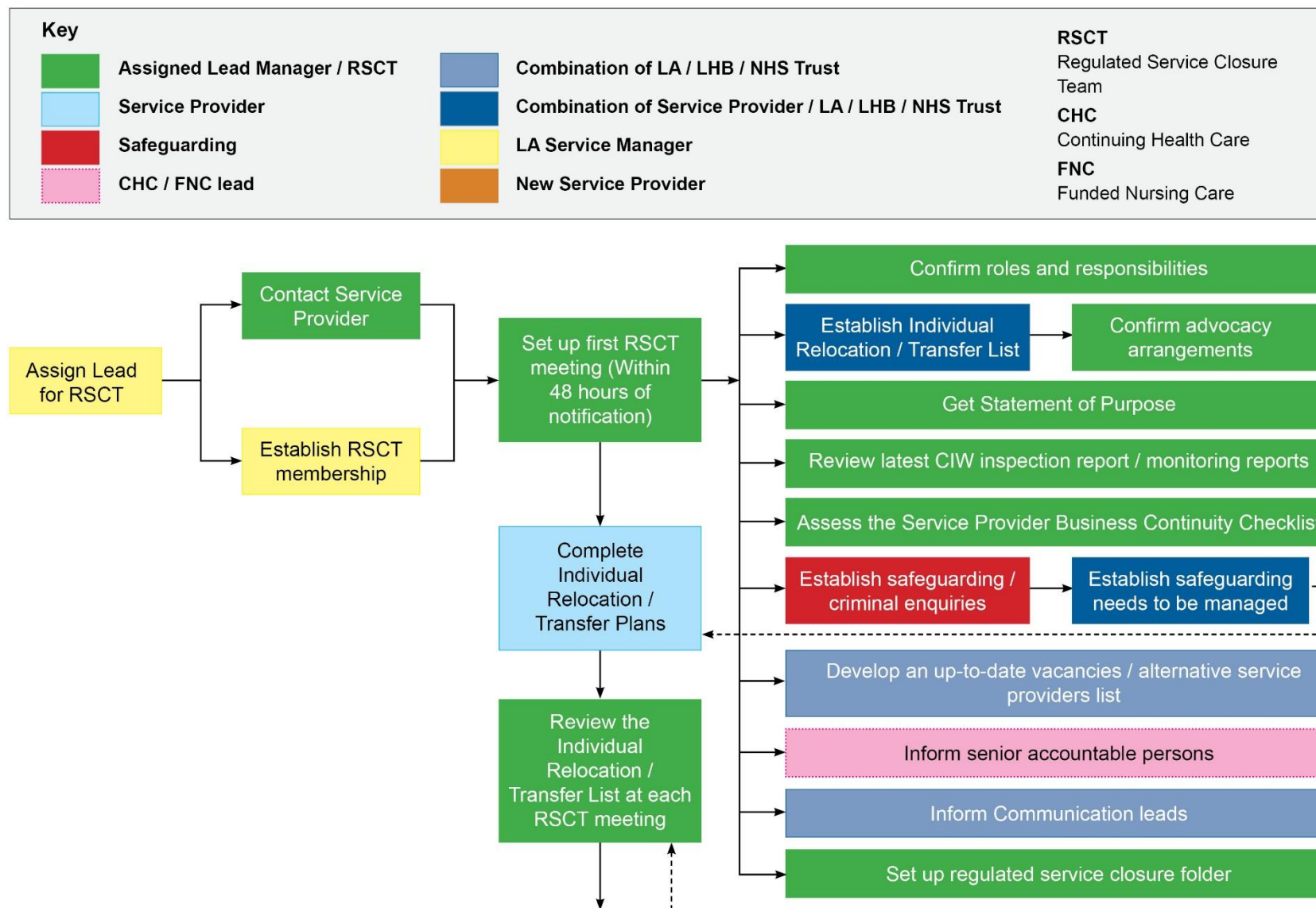


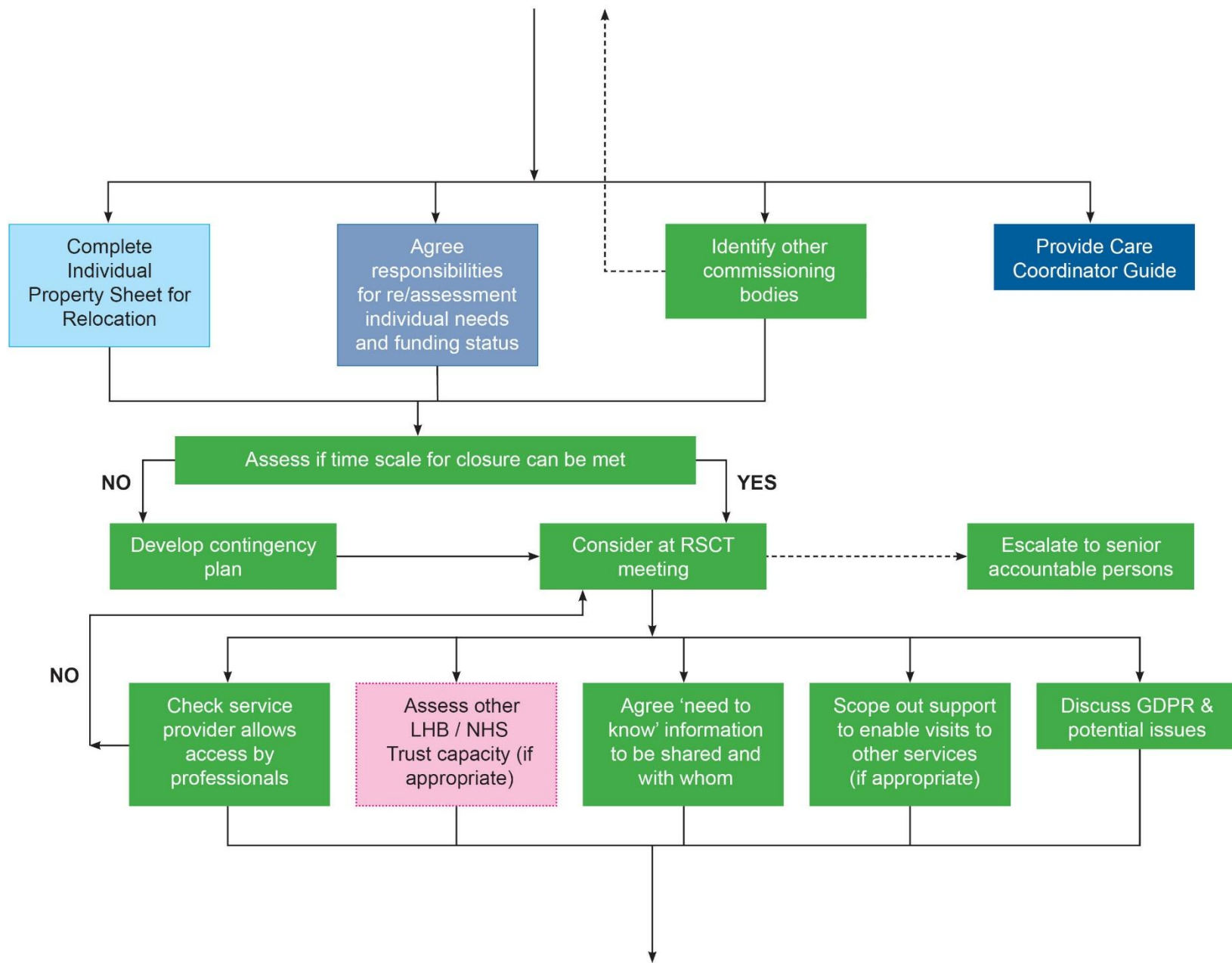
Annex C – Regulated Care and Support Services - Decommissioning Flowchart

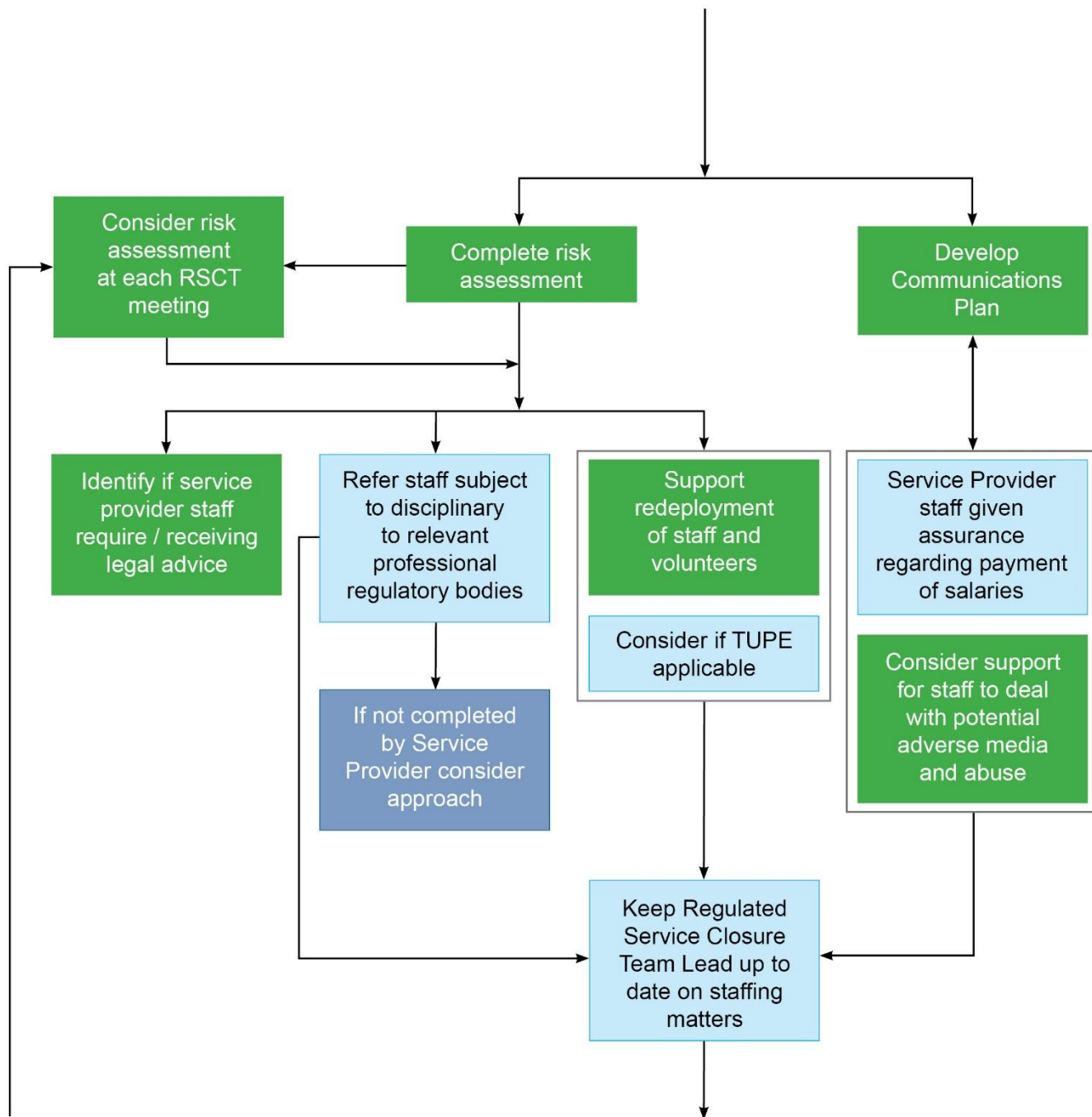


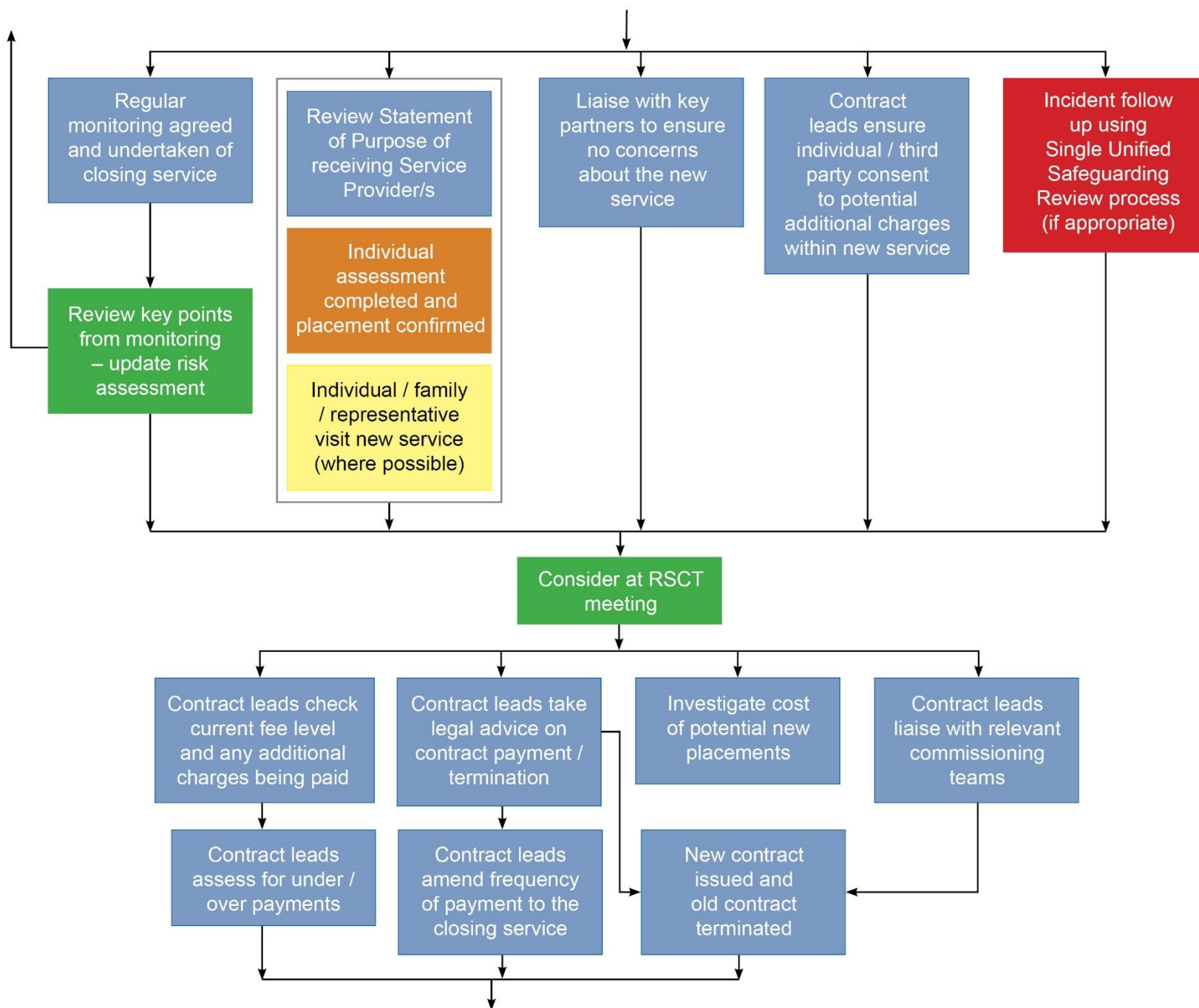
Annex D – Regulated Care and Support Services - Closure Flowchart

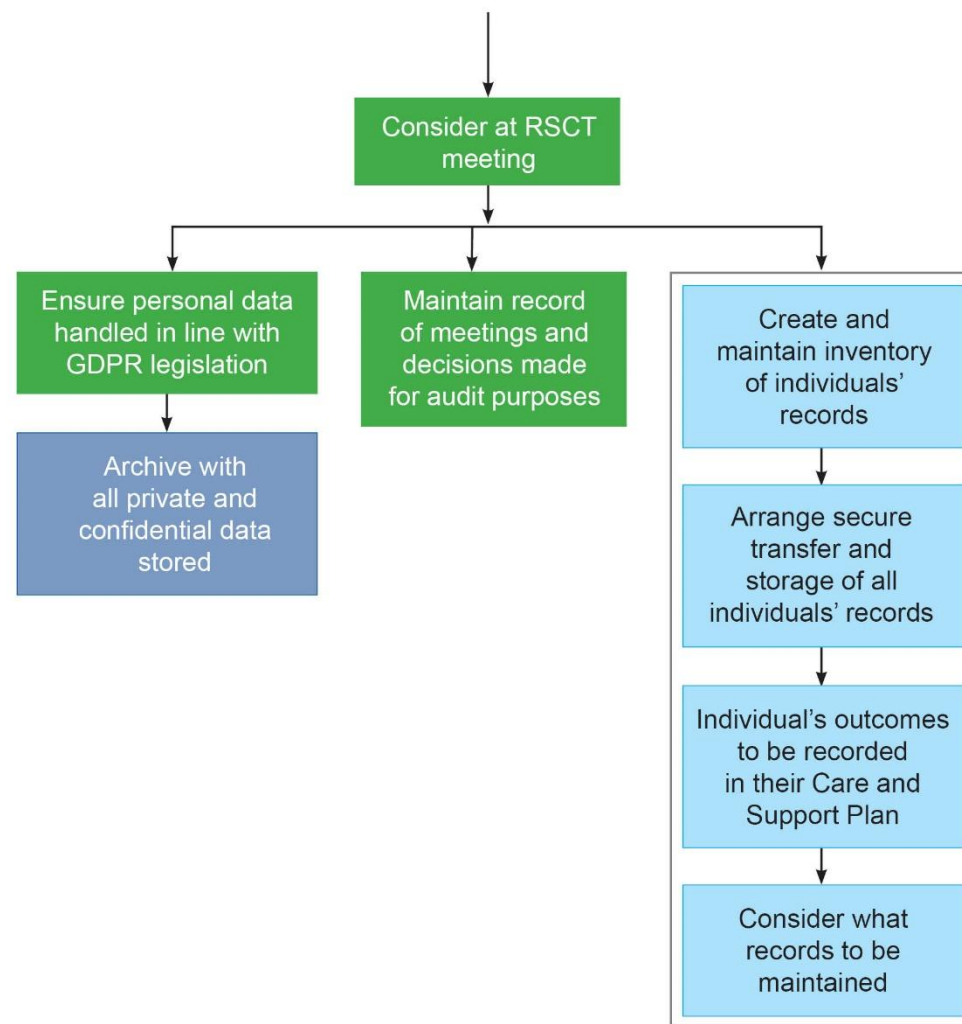
This flowchart is supported by the Regulated Service Closure Plan and templates in the National Framework Toolkit.





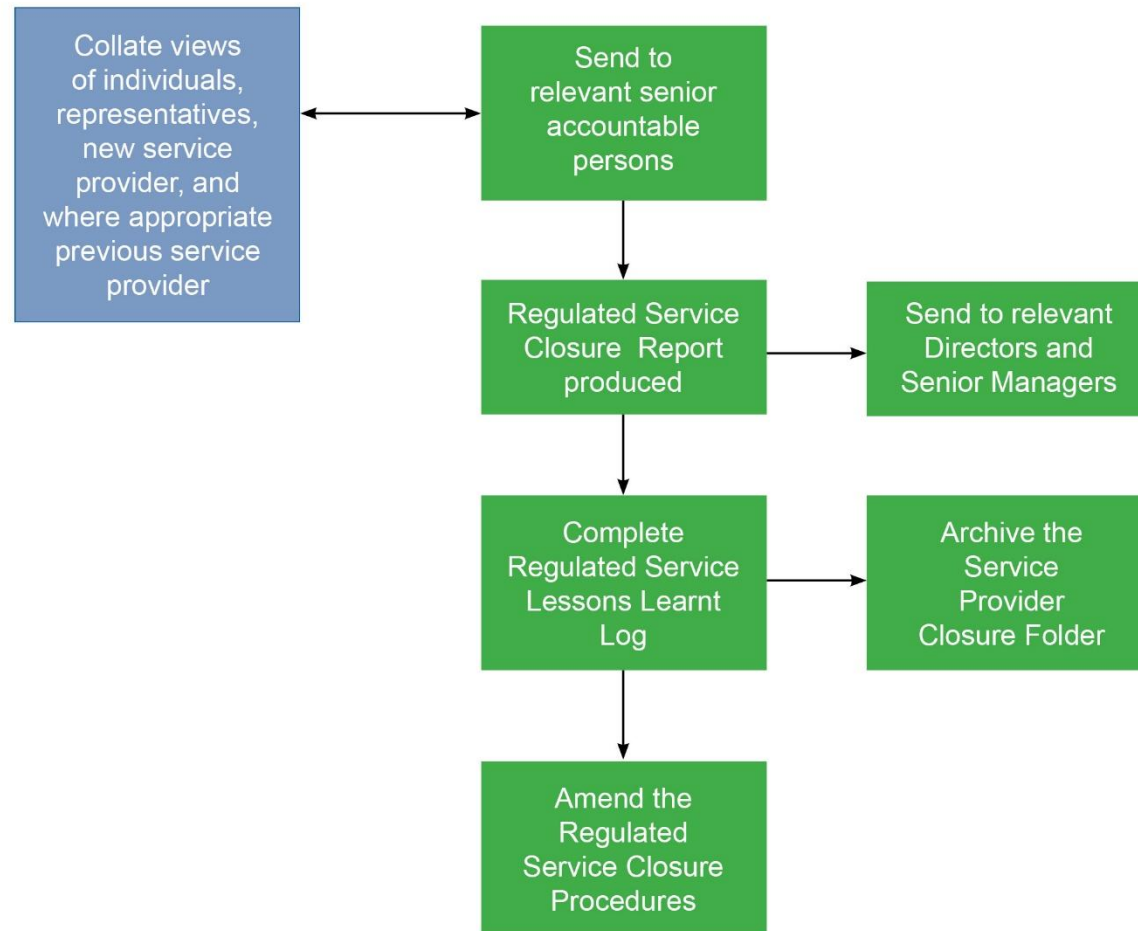






**Closure of the regulated care
and support service successfully
completed**

Lessons Learnt



Glossary

The 2006 Act	<i>The National Health Service (Wales) Act 2006.</i>
The 2014 Act	<i>The Social Services and Well-being (Wales) Act 2014.</i>
The 2016 Act	<i>The Regulation and Inspection of Social Care (Wales) Act 2016.</i>
Commissioners	For the purposes of this Code, this means the statutory agencies themselves - local authorities, Local Health Boards and NHS trusts - rather than specific individuals. It also includes any commissioning teams or units to whom commissioning activities have been delegated.
Commissioning partners	Means (as appropriate to context): <ul style="list-style-type: none"> • Commissioners with joint statutory responsibility for funding or commissioning care and support for an individual or individuals, provided by a specific regulated care and support service, • Commissioners with collaborative agreements (including pooled or aligned funding) in place with, or for a specific regulated care and support service, • Commissioners within a defined region, e.g. Regional Partnership Board partners, • Commissioners in bordering authorities or regions (both within Wales and including borders with England).
Individual	Unless the context indicates otherwise, the child or adult who is receiving care and support.
Local Health Board	The seven Local Health Boards across Wales are: <ul style="list-style-type: none"> • Aneurin Bevan University Health Board • Betsi Cadwaladr University Health Board • Cardiff and Vale University Health Board • Cwm Taf Morgannwg University Health Board • Hywel Dda University Health Board • Powys Teaching Health Board • Swansea Bay University Health Board

	<p>Local Health Boards are responsible for planning and delivering NHS services in their areas. These health services include dental, optical, pharmacy and mental health. The Local Health Boards are also responsible for:</p> <ul style="list-style-type: none"> • improving physical and mental health outcomes, • promoting well-being, • reducing health inequalities across their population, • commissioning services from other organisations to meet the needs of their residents.
NHS trusts	<p>The three NHS trusts across Wales:</p> <ul style="list-style-type: none"> • Public Health Wales • Velindre NHS Trust • Welsh Ambulance Services Trust
Personal outcomes	<p>In relation to an adult, means the outcomes that the adult wishes to achieve in day-to-day life.</p> <p>In relation to a child, means:</p> <ul style="list-style-type: none"> • the outcomes that the child wishes to achieve; or • the outcomes that any persons with parental, responsibility wish to achieve in relation to the child.
Regional Partnership Board	<p>There are seven Regional Partnership Boards across Wales:</p> <ul style="list-style-type: none"> • Cardiff and Vale Regional Partnership Board • Cwm Taf Morgannwg Regional Partnership Board • Gwent Regional Partnership Board • North Wales Regional Partnership Board • Powys Regional Partnership Board • West Glamorgan Regional Partnership Board • West Wales Regional Partnership Board
Registered Manager	<p>A person registered with Social Care Wales and appointed by the Responsible Individual to manage the delivery of the service on a day-to-day basis for each place at, from, or in relation to which services are provided.</p>
Registered nurse	<p>Any nurse registered on Part 1 of the Nursing and Midwifery Council professional register and coming from any of the four recognised fields of practice (competencies): adult, mental health, learning disability and children. In addition to their initial registration, the</p>

	Registered nurse should have developed knowledge and skills that make them competent to care for individuals.
Registered social care worker	A person as defined under section 79 of the 2016 Act.
Representative	Any person having legal authority, or the consent of the individual, to act on the individual's behalf. This may include advocates and unpaid carers.
Responsible Individual	A person designated by a service provider in accordance with section 21 of the 2016 Act to act on their behalf in relation to a registered service(s).
Service provider	A person or organisation registered by Care Inspectorate Wales to provide a regulated care and support service under section 6 of the 2016 Act.
Statement of purpose	The statement of purpose for the place at, from or in relation to which the regulated care and support service is provided.
Wales Safeguarding Procedures	The 2014 Act and 'Working Together to Safeguard People' established a framework for safeguarding children and adults at risk in Wales. The Wales Safeguarding Procedures are intended to standardise practice across Wales and between agencies, in applying the legislation in practice. They set out essential roles and responsibilities for everyone employed in health and social care to ensure they safeguard children and adults who are at risk of abuse, neglect and in the case of children, harm.