

## Quality Visit Process

### 1. Introduction

Observing the quality and safety of care patients receive and listening to patient experience are key elements of the CCGs' assurance processes. The visit process is a tool for the CCGs to support and work collaboratively with providers to improve care for patients.

This guidance sets out the CCGs' process for undertaking quality visits to providers of NHS funded care. This includes GP services, primary care, acute and mental health secondary care providers, out of hours services and urgent care, NHS 111 services, nursing home and domiciliary care providers and community providers, ambulance and patient transport services.

### 2. The Quality Visit Team

Responsibility for the co-ordination of the Quality Visit process lies with the Quality Team. A member of the Quality Team will lead the visit; membership of the visiting team will be informed by the service and the visit rationale and may include:

- Other members of the quality team
- CCG clinical experts
- GP Leads
- Lead Commissioner
- Contracts Manager
- External/independent expert(s) (this can be a clinician or senior practitioner who has experience in a field relevant to the service being visited)
- Expert by experience

### 3. The Quality Visit Process

#### 3.1 Stage One: Identify areas to be visited

##### 3.1.1 Scheduled Visits

Announced visits are agreed with each provider within year. Decisions as to which areas receive a scheduled visit are made following risk focused analysis and/or thematic review of data held by the Quality Team about those clinical areas or services. Visits may also have a broader focus (for example in undertaking visits to patient pathways) to or a very discrete focus (for example on a specific provider system or on the embedding of learning following a never event). The visits may also be conducted in conjunction with, or at the request of, providers to support their programme of quality improvement.

##### 3.1.2 Unannounced Visits

An unannounced visit may be undertaken to an area where serious patient safety or safeguarding issues that merit immediate assurance have been identified. All decisions to undertake unannounced quality visits are approved by the Deputy Director of Quality and/or Medical Director.

Reasons for unannounced quality visits are recorded and retained by the CCG and may include:

- Identification of a serious patient safety or quality concern
- As a result of user or carer or other stakeholder feedback
- Identification of serious or urgent safety or safeguarding concerns
- Significant whistleblowing concerns

The rationale for undertaking an unannounced visit will be recorded in the appropriate CCG records.

## **3.2 Stage Two: Preparation for the Visit**

### **3.2.1 Planned Visits**

On occasions the provider may be contacted in advance to provide additional information to help inform the visit. This data is requested in advance to help the CCGs' understanding of the provider and to reduce the amount of information that is requested during the visit. The CCG quality team also review sources of data and intelligence relating to the area to be visited prior to the visit.

Two weeks prior to the visit the provider will be sent the following details:

- Date and time of the visit
- Quality Visit template detailing any areas to be reviewed and how the team plan to do this.
- Details of the visiting team

The provider should ensure that staff are aware of the visit and that the team may request to speak with patients. The team will speak with staff to ensure that patients are happy to consent to speak with the team and that it is appropriate to do so.

### **3.2.2 Unannounced Visits**

On arrival at a service the agreed Visit Team Lead will present to the main reception and request to meet with the Director of Nursing or most senior member of staff available to explain the reason for the visit and share terms of reference and rationale for the visit. It is expected that the provider will grant access and give all reasonable assistance and provide all reasonable facilities for such visits.

## **3.3 Stage Three: Conduct the Quality Visit**

The Quality Team lead is responsible for co-ordination of the visit on the day. The quality visit template document is used to structure the visit. The team may need to speak with staff and/or patients/carers and review information held in patient records. The CCG team will ensure that patient confidentiality is maintained and work in accordance the relevant CCG information governance policies and procedures. The team may also need to review other information such as training records and staff rotas.

## **3.4 Stage Four: Providing Feedback from the Quality Visit**

At the end of the visit, the Visit Team will meet with the relevant Provider representatives to:

- Give initial feedback on the visit and highlight any immediate concerns that require action. This may require the provision of immediate escalation to provider senior staff/director level to ensure any immediate risks to patient safety are addressed
- Clarify any issues about which team members may still have questions
- Outline the next steps

Should appropriately senior staff from the provider not be available for feedback the Quality Team member leading the visit will provide a resume of the visit detailing any concerns on the day of the visit.

The Quality Visit Lead will feed back immediate patient safety concerns to the CCG Deputy Director of Quality. If there are urgent or very serious safeguarding or patient safety concerns identified which are of sufficient concern to merit a revisit for further assurance than this will be undertaken as soon as possible and ideally within the following five working days.

The Quality Visit Lead is responsible for collating all feedback and comments from the team, drafting the Quality Visit Report. This report will be sent to the provider director of nursing or equivalent for comment on accuracy within ten working days of the visit.

### **3.5 Stage Five: Post-Visit Actions**

Within ten days of receiving the visit report the Provider will advise the Quality Visit Lead if they are content with the accuracy of the report. Where there are any discrepancies the Visit Lead and provider representative will discuss these to agree on content.

Within 20 working days of receiving the visit report the Provider will produce an action plan (if required). This may form part of an overarching plan should the recommendations arising from the visit report coincide with actions already in place. All actions should be achievable within a six month time period. The visit report and any resulting recommendations will be monitored with the provider through the Clinical Quality Review Meeting (CQRM) or equivalent.

### **3.6 Stage Six: Follow up**

The Provider will be expected to give regular feedback as to their progress against any recommendations at the Clinical Quality Review Meeting (or equivalent).

If safeguarding concerns are identified the designated safeguarding professional within the CCGs will be alerted to ensure that appropriate safeguarding processes are implemented; with any follow up actions fed back to the quality visit lead.

Where safeguarding or patient safety concerns have been identified, these will be discussed with the appropriate Safeguarding Lead, and a follow-up visit including the Head of Quality (or nominated deputy) may be undertaken. A follow up visit would focus upon:

- Assess progress against any actions.
- Compile any evidence of this progress.
- Agree any further actions necessary.

Reporting on the follow-up visit will focus on progress/achievements or outstanding issues.

## **4. Quality Committee**

The NHS Nene and NHS Corby CCGs Quality Committee are provided with outcomes of quality visits and that subsequent actions have been undertaken.

Quality reports are published on the NHS Nene and NHS Corby CCGs' websites.

## **5. Appendices**

Appendix1 : Quality Visit areas of focus (all providers).

## Appendix 1

### Report framework

The report will be written under the five outcome areas as detailed below with clear recommendations/actions identified where required to ensure improvements in patient care.

Visits will be undertaken under the framework of the CQC five outcome areas:

<b>Are they safe?</b>
<i>Safe:</i> you are protected from abuse and avoidable harm.
<b>Are they effective?</b>
<i>Effective:</i> your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.
<b>Are they caring?</b>
<i>Caring:</i> staff involve and treat you with compassion, kindness, dignity and respect.
<b>Are they responsive to people's needs?</b>
<i>Responsive:</i> services are organised so that they meet your needs.
<b>Are they well-led?</b>
<i>Well-led:</i> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.