

Introduction

Since 2018 Care Assurance visits have taken place to provide independent, objective assurance of the quality of care provided within acute inpatient wards using the Combined Care Assurance and Audit Tool (CCAAT). The care assurance process was interrupted as a result of the COVID-19 pandemic. This paper describes the recommencement of visits and associated reporting and governance from both sector/service and corporate perspectives.

Sector/Service Care Assurance Visits

All acute inpatient wards must have a Care Assurance visit using the CCAAT a minimum of once every 12 months. Central coordination of these visits within sector/service is encouraged to ensure these visits take place timeously.

A sector/service care assurance visit should be undertaken by two experienced healthcare professionals (HCPs), Band 6 or above, neither of whom are affiliated to the ward. Both HCPs must have knowledge and understanding of medical and nursing documentation, risk assessments and the care assurance process.

Day of visit

The HCPs must arrive on the ward and speak with the Nurse/Midwife In Charge (N/MIC) to let them know the purpose of the visit. Visits normally last 3-4 hours and must include the opportunity to observe a meal service. Prior to leaving the ward verbal feedback on the visit and the initial compliance score must be shared with the N/MIC. The overall compliance score and the completed CCAAT must be emailed to the Senior Charge Nurse/Midwife (SCN/M) no later than 5pm on the day of the visit.

Post Visit

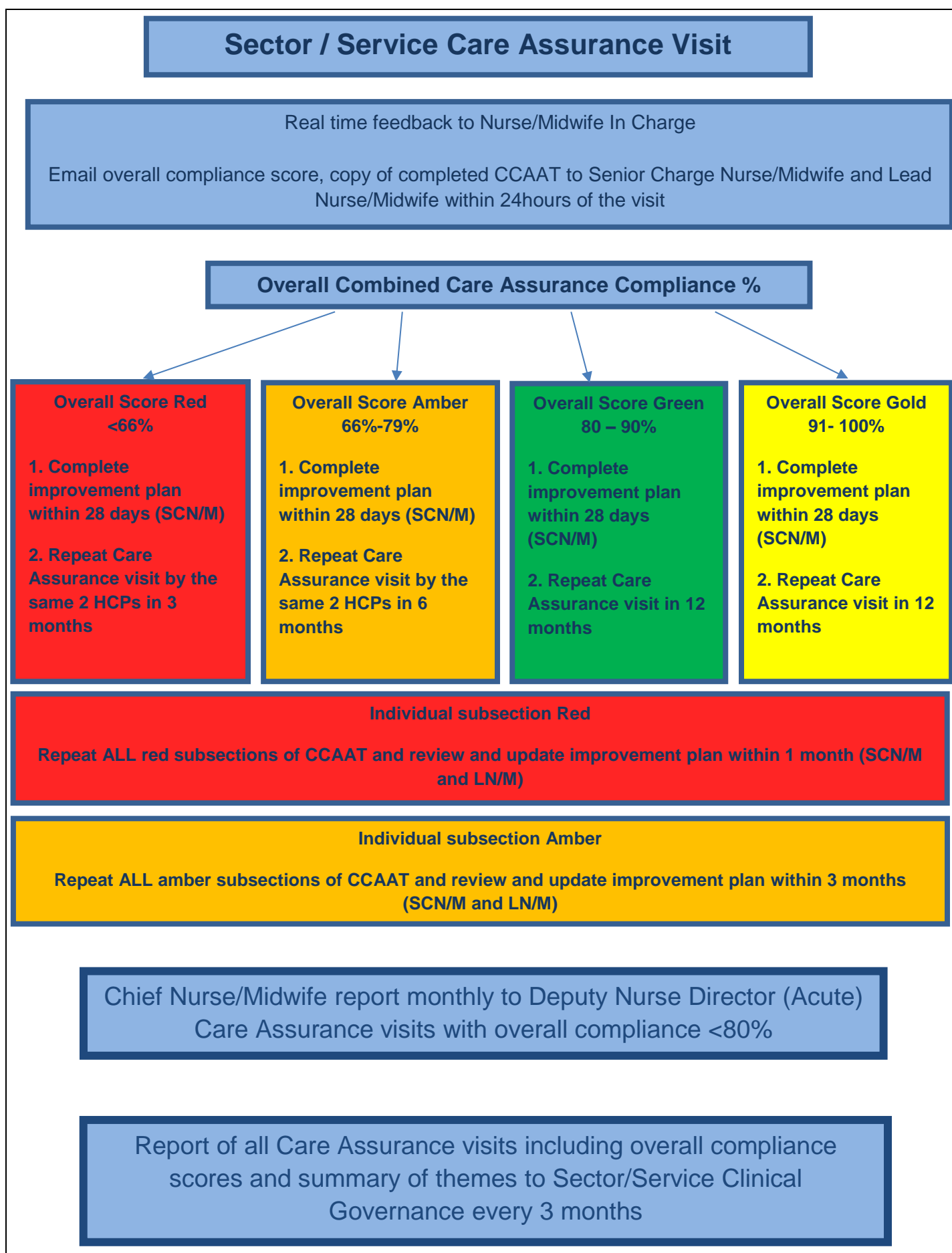
An integral part of the care assurance process is the completion of an improvement plan targeted at any area of the CCAAT which returns a red or amber score. The improvement plan template is located within the second sheet of the CCAAT. The SCN/M of the ward visited is responsible for completing an improvement plan within 28 days of the visit. The information within Figure 1 (overleaf) indicates the timeframes for completing improvement plans and undertaking return visits.

Reporting and Governance

A sector/service care assurance shared folder must be available for each SCN/M to store their latest CCAAT tool and improvement plan. Chief Nurses/Midwives will provide assurance to the Deputy Nurse Director (Acute) that each inpatient ward has a timescale for their next sector/service care assurance visit. Each Chief Nurse/ Midwife will have oversight of the sector/service care assurance visits and overall combined scores below 80% are reported monthly to the Deputy Nurse Director.

An update of all care assurance visits, including overall compliance score and summary of themes are reported to local Clinical Governance forums every 3 months. In addition, the reporting template for the Strategic Care and Quality Assurance groups must be completed.

Figure 1



Corporate Unannounced Care Assurance visits

Corporate unannounced visits are scheduled to recommence in June 2021. These will be coordinated centrally by the Corporate Practice Development Team. The purpose of these visits is similar to the sector/service care assurance visits, but will be undertaken by experienced HCPs from other sector/service and/or a member of the Corporate Practice Development Team. Visits to specific sites will take place between June 2021 and March 2022 (with the exception of December and January) on one day each calendar month.

Pre visit

In order to carry out multiple ward visits on a site(s) on the same day, experienced HCPs will be asked to volunteer to participate in the corporate unannounced care assurance visits and will be matched accordingly. These HCPs must have knowledge and understanding of medical and nursing documentation, risk assessments and the care assurance process. If the HCP that has volunteered and been matched to a date cannot attend the visit, they must then send a deputy in their place to ensure this does not adversely impact the visit schedule.

A MS Teams call will be scheduled for the day before the visit to inform those undertaking the visit, the location of the hospital, the member of staff they will be working with and the ward they will be visiting.

Day of visit

The Corporate Practice Development Team will notify the Chief Nurse/Midwife and Lead Nurse/Midwife of the wards on their site scheduled for a visit. On arrival to the ward, those carrying out the visit will introduce themselves to the Nurse/Midwife In Charge (N/MIC). If N/MIC does not consider it appropriate for the visit to proceed; this will be discussed with their Lead Nurse/ Midwife.

Visits normally take place in the morning and run over the lunch meal service and usually last about 3-4 hours. Prior to leaving the ward, verbal feedback on the visit and the initial compliance score must be shared with the N/MIC. The overall compliance score and a copy of the CCAAT along with summary feedback are expected to be returned before 3.30pm for collation by the Corporate Practice Development Team. This will then be shared with the Senior Charge Nurse/ Midwife, Lead Nurse/ Midwife, Chief Nurse/Midwife and Deputy Nurse Director (Acute) by 5pm.

Post Visit

Where a corporate unannounced visit takes place prior to the sector/service care assurance visit and the overall combined score is 80% or higher there will be no requirement for the planned sector/service visit to take place. If the corporate visit returns and overall compliance score of less than 80% then a further sector / service care assurance visit should be undertaken as described above in Figure 1.

As the corporate visits are unannounced, sectors/services should not rely on these, and should ensure their own arrangements are in place for care assurance visits to be undertaken.

The information within Figure 2 (overleaf) indicates the timeframes for completing improvement plans and undertaking return visits.

Reporting and Governance

The Corporate Practice Development Team will provide a report of unannounced care assurance visits via the Deputy Nurse Director to Acute Clinical Governance forum every 3 months.

Figure 2

