



Enter & View Policy

Background

An Enter & View visit is where a team of trained individuals, known as Enter & View Authorised Representatives (hereafter referred to as ‘authorised representatives’), access a service, make observations, collect views and produce a report.

Service refers to a place delivering publicly funded health or social care services, specifically those outlined in 2. Where Enter & View Applies.

By law a service provider must allow authorised representatives to Enter & View¹.

Application of Enter & View

Where Enter & View Applies

Enter & View activity can be undertaken regarding the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- A person providing primary medical services (e.g. GPs)
- A person providing primary dental services (e.g. dentists)
- A person providing primary ophthalmic services (e.g. opticians)
- A person providing pharmaceutical services (e.g. community pharmacists)
- A person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Exclusions

The duty to allow entry does not apply in the following circumstances:

- If the visit compromises either the effective provision of a service or the privacy or dignity of any person;
- Where the premises are non-communal parts of a care home (authorised representatives can enter upon invitation, however there is no right of entry);
- If the premises where the care is being provided is a person’s own home (authorised representatives can enter upon invitation, however there is no right of entry);
- Where the premises or parts of the premises are used solely as accommodation for employees of service-providers;
- Where health and social care services are not provided at the premises (such as offices) or where they are not being provided at the time of the visit (for example when facilities and premises are closed);
- If, in the opinion of the provider of the service being visited, the authorised representative in seeking to Enter & View its premises is not acting reasonably and proportionately;
- If the authorised representative does not provide evidence that he or she is authorised.

The duty does not apply to the observing of any activities which relate to the provision of social care services to children.

¹ 2008 No. 915 “National Health Service, England”

Purpose of Policy

This document sets out the approach of Healthwatch Rochdale to Enter & View. The policy is a 'live' document which is reviewed regularly to ensure it stays up to date.

This policy does several things:

- Explains to staff, volunteers, Board members, service users, service providers and the public how and why Healthwatch Rochdale carries out Enter & View visits;
- Outlines the key principles underpinning Enter & View at Healthwatch Rochdale
- Helps service users and service providers to know what they can expect from Healthwatch Rochdale in relation to Enter & View;
- Explains the legal requirement on providers to respond to our Enter and View reports and recommendations.

Legal Framework

Healthwatch Rochdale shall act in accordance with the following legislation:

- Data Protection Act 1998
- Freedom of Information Act 2000
- Health and Social Care Acts 2007 and 2012
- The Information Sharing Agreement between Healthwatch England, Care Quality Commission and Local HEALTHWATCH ROCHDALE.

Enter & View at Healthwatch Rochdale

Enter & View at Healthwatch Rochdale aims to:

- Gather data on people's experiences of the NHS and publicly funded social care services from the lay perspective;
- Increase Healthwatch Rochdale's contact with the local communities it serves;
- Increase Healthwatch Rochdale's contact with local service providers, Rochdale commissioners and the Care Quality Commission (CQC);
- Ensure visits are tailored to meet the needs of the people of Rochdale.

Principles

This policy is underpinned by the following principles:

- Healthwatch Rochdale will ensure that Enter & View is properly integrated into the organisational structure and the processes are in place to ensure that the data gathered is effectively used to improve health and social care in Rochdale
- All data is demonstrably evidence based;
- All reports are available in the public domain, subject only to exceptional circumstances.
- Enter & View visits are carried out with a clear purpose and all data gathering activities are designed to reflect that purpose;
- Enter & View is carried out by authorised representatives who are selected through a robust recruitment system, and receive appropriate training and support to ensure they carry out their duties to the highest standards;
- Concerns about a service are escalated through the appropriate channels
- Enter & View undertaken only where it can have an impact on the service users.

Announced and Unannounced Visits

The Approach

During the time when an Enter & View visit is taking place a Healthwatch Rochdale staff member will be on duty.

Healthwatch Rochdale run an annual work programme of Enter and View visits, these Enter and View visits run throughout a financial year. The programme of work will cover several visits to various sites offering the same services but possibly different providers. Further information on this year's Enter and View programme can be found on the Healthwatch Rochdale website www.healthwatchrochdale.org.uk

If Healthwatch Rochdale received increase feedback on a particular service where an Enter and View would be appropriate, it is the role of the CEO to advise the board of this action and seek approval to carry out the Enter and View, under these circumstances the Enter and View would be unannounced.

Announced

An announced visit is defined as an Enter & View visit where the provider has been advised at least one week in advance of the day and time of a visit.

On an announced visit the provider will have been given the names of the authorised representatives who will make up the visit team.

The decision to inform the provider of the purpose of the visit in advance must reflect the purpose of the visit and the objective for carrying out the visit.

Unannounced

An unannounced visit is defined as an Enter & View visit where the provider is unaware that a visit will take place in advance of the authorised representative's arrival.

A Healthwatch Rochdale staff member will make up a member of the visit team during all unannounced visits.

Annual Work Programme

The Enter and View annual work programme will work differently to the announced and unannounced criteria. Healthwatch Rochdale will complete the below prior to the visit:

- Arrange a pre meet with the provide to explain the role of Healthwatch and the purpose of our future visit
- Provide the provider with a two-week timeframe in which the visit will commence
- Explain the reporting process and the requirements on the provider after the report is complete

Enter & View Authorised Representatives

The processes by which a Healthwatch Rochdale volunteer may become an authorised Enter and View volunteer is detailed in the volunteer policy. In summary, the Healthwatch Rochdale board will be responsible for granting authority. This authority will be delegated down to the CEO of Healthwatch Rochdale. Authorisation will be granted for a fixed term and will be reviewed periodically.

The Enter and View volunteer must undergo induction training and any other training deemed necessary by the Healthwatch Rochdale board before he/she may carry out a visit. Once all training has been completed the Enter and View volunteer will be given an identity card, which may be used as proof of authority to Enter and View premises on behalf of Healthwatch Rochdale and must always been worn during and Enter and View visit.

Authorised representatives must only Enter and View premises when carrying out the activities of Healthwatch Rochdale. A list of members of the panel who are authorised to Enter and View premises and services on behalf of Healthwatch Rochdale will be made public both on the website and in the annual report within 3 months of training being received. All Enter and View representatives will have been screened via a DBS prior to completing a visit.

Expectation of Authorised Personnel

Healthwatch Rochdale expects such authorised representatives to:

- only carry out visits which have been organised by staff employed to support Healthwatch Rochdale
- clearly display their identity card when carrying out a visit
- treat staff, service users, residents, patients, their careers and families fairly, courteously, and with sensitivity and respect
- ensure that the dignity and privacy of service users, residents' patients, carers, families and staff are always maintained
- be as unobtrusive as possible, and inform staff on duty about what they are doing at each stage of the visit
- value people as individuals, respecting the different and diverse people they meet;
- exhibit no discriminatory behaviour
- have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine and urgent concern about the safety and wellbeing of a user, resident or patient, or if the individual concerned consents to the sharing of the information
- cooperate with requests from staff, users, residents, patients', carers and their families if necessary, and comply with all operational or health and safety requirements
- avoid interrupting the effective delivery of health or social care provision; authorised representatives should refrain from making unreasonable demands on staff, users and patients or disrupting services outside the agreed visiting schedule
- recognise that user, resident or patient needs should always take priority
- be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staff are unable to meet the requests of the authorised representative

Make a visiting

Any visit instructed by a board must:

- be reasonable and appropriate to the type and size of service being observed
- be intended to gather information that is not available through some other source
- have some genuine contribution to the work of that board

In deciding to arrange a visit, the operations team will:

- Establish whether any other visits are being planned around the same time by, for example, care regulators or foundation trust governors, and whether the visits could be coordinated
- Refer to any information HEALTHWATCH ROCHDALE has already received about the service, including comments received from service users or their families, user s or forums

- Refer to any public information about the service, such as:
 - Regulators' monitoring and recommendations
 - Overview and Scrutiny Committee reviews and recommendations
 - Complaints information
 - Patient and Public Involvement and/or Patient Advice and Liaison Service intelligence held by the relevant premises being visited
 - Research into recommended practice/national minimum standards/core standards for the service area, numbers of staff, beds, activities, therapies, etc
- Research the specific types of care provision to be observed in order to sufficiently understand methods deployed in different care environments and with different patient and user s, for example, people with dementia, people with challenging behavior, people who are close to death, etc

When deciding the format of the visit, the operations team should:

- think through the aim and desired outcomes of the visit
- agree how the objectives of the visit will be achieved, for example:
 - by talking to staff, service users, patients - with their agreement - including meeting the user forum (where one exists) to hear their views
 - by observing the general interaction between staff, users and patients
 - by noting environmental aspects of the care setting
- decide whether a service or specific aspect of a service should be the focus of the visit and whether the visit needs to be made at a specific time to coincide with certain activities
- consider whether the visit should be announced or unannounced; although legislation allows for a local Healthwatch to make both announced and unannounced visits the duty to allow entry does not apply in circumstances where a visit is not reasonable and proportionate or would compromise the privacy or dignity of patients. HEALTHWATCH ROCHDALE is aware that unannounced visits run the risk of being refused entry on these grounds, and so only plan an unannounced visit when it considers that the standards of service would be significantly different than if observed as part of an announced visit.
- consider the number of authorised representatives that is appropriate to visit; in arranging a visit, HEALTHWATCH ROCHDALE will ensure that the number of authorised representatives is proportionate to the size of the establishment, with a minimum of two representatives being present at any one visit
- identify any special support needs necessary to facilitate the visit for example, the use of interpreters, signers, advocates or private rooms
- identify whether a specific mix of authorised representatives is appropriate to the setting to be visited (in terms of gender and diversity)
- agree and allocate topics of enquiry to visiting representatives in advance;
- agree an approach for collating and writing up notes and producing draft findings from the visit including whether additional concerns or complaints raised during the visit should be included with the overall outcomes and recommendations

The operations team will decide when to make a visit and whether it should be announced or unannounced will already have been decided depending on the workstream area.

If the Enter and View visit is planned and part of the Healthwatch Rochdale workplan then the provider will have a pre meeting with a Healthwatch Rochdale staff member and be given a 2-week timeframe of the dates of when the visit will commence.

Preparing a Visit Report

The Enter and View volunteers conducting a visit on behalf of Healthwatch Rochdale will document their findings in a written report that clearly reflects the reasons for the visit being undertaken and how any information / evidence meets the visit objectives. The visit report will identify sources of information / evidence and the weight assigned to it, taking care, of course, always to respect confidentiality. Such sources could include:

- authorised representatives' observations
- discussions with staff
- discussions with users
- comments from carers and/or relatives
- structured interviews
- documentation provided by staff/the proprietor

The visit report will be factual and offer a balanced assessment of the service. In line with national best practice, a copy of the visit report will be provided to the care provider and allow them a timeframe to check for factual accuracy and make any additional comments.

Preparing a recommendations report

Healthwatch Rochdale will send a copy of the recommendations report to the care provider who was subject to the visit and will ask them to respond to the recommendations within a set timeframe, this timeframe is in line with national guidance from the Department of Health.

There are requirements for the service providers to respond to a Healthwatch report and its recommendations, which we suggest should be included in any correspondence.

Duties of responsible persons to respond to reports and recommendations by Local Healthwatch organisations contractors

44.— (1) Subject to regulation 45, this regulation applies where a Local Healthwatch organisation or a Local Healthwatch contractor has, in the carrying-on of the relevant section 221 activities, made a report or recommendation to a responsible person.

(2) Where a report or recommendation (whether an original or a copy) is received for the first time by a relevant responsible person ("R"),

(a) acknowledge receipt to the referrer; and

(b) provide an explanation to the referrer of any action R intends to take in respect of the report or recommendation or an explanation of why R does not intend to take any action in respect of that report or recommendation.

7 Section 44 of The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

Sharing the report with other organisations

Healthwatch Rochdale will use information from all reports to inform the overall picture of service being provided for the local community, what is being done well, examples of good practice, and whether and how the needs and preferences of the community are being met. Healthwatch Rochdale will make all its report's public (taking care to respect the confidentiality of individuals and proactively share them with other organisations as appropriate. Such organisations may include:

- **Commissioners of services** - to ensure that the intelligence gathered by Healthwatch Rochdale concerning the needs and preferences of the local community can be appropriately considered as part of the commissioning process
- **Overview and Scrutiny Committee** - it is not anticipated that this will be a routine occurrence, but in certain circumstances it could be appropriate, depending on:
 - the OSC's planned programme of scrutiny
 - whether services have significantly deteriorated or improved
 - whether services have regularly failed to respond to recommendations for changes or improvements
 - whether service users and others have reported specific areas of concern that it would be appropriate for an OSC to follow up
- **Care regulators** -Healthwatch Rochdale may wish to send findings from a specific visit to a regulator in circumstances where serious concerns are raised about patient safety, or the quality of care, and it would be appropriate for the regulator to decide if further action should be taken outside of the routine assessment of services. Alternatively, Healthwatch Rochdale may want to draw to the regulators' attention an example of excellent service.
- **Other statutory bodies** -Healthwatch Rochdale may wish to alert their findings to another statutory body such as the Health and Safety Executive or the Food Standards Agency for further inspection

In rare, extremely serious, cases, where criminal activity or abuse is suspected, Healthwatch Rochdale should also consider contacting the police or referring the matter to the commissioning body's safeguarding officer.

In all cases, in coming to a decision about whether to refer matters to other organisations, Healthwatch Rochdale should consider whether it is reasonable and proportionate to do so based on the evidence and take care to maintain confidentiality.

Code of conduct

Healthwatch Rochdale staff and volunteers will adhere to the Code of Conduct whilst on Enter and View visits, Healthwatch Rochdale expects care providers to consider this document as a guiding tool for a strong and positive relationship with Healthwatch Rochdale in relation to making visits to enter premises and view service delivery.

If Healthwatch Rochdale considers that a care organisation is not adhering to the spirit of this document, it will, in the first instance raise the matter according to that organisation's complaints procedure. If Healthwatch Rochdale considers that a care organisation is in breach of any legislative duties upon it, it will seek to resolve the matter through official channels.

Health and Safety

Healthwatch Rochdale will ensure that an appropriate risk assessment is produced for all Enter & View activities and that the relevant persons receive the outlined training.

Insurance

Healthwatch Rochdale will ensure the correct insurance provisions are in place to cover all activities involved in Enter & View.

Contact us



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