

Enter and View Policy & Procedure for Healthwatch Bristol, North Somerset and South Gloucestershire (BNSSG)

What is Enter and View?

Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.

Although Enter and View sometimes gets referred to as an 'inspection', it should not be described as such.

Healthwatch statutory functions

- The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007 to carry out Enter and View visits
- Healthwatch should consider how Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007.

Purpose

The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system-wide.

What happens?

A fully trained lead Enter and View authorised representative will contact the provider in advance and let them know about the intended visit. A small team of authorised representatives, who are trained and have had a standard DBS check, will then come to observe how people experience the service and will ask staff, service users and family members some questions in a relaxed style about their experiences of the service. After the Enter and View visit a short report will be written up and shared with the service provider. The report may outline recommendations that could be made to help improve the service. The report will also be shared with regulators, commissioners, Healthwatch England and published on the Healthwatch BNSSG website.

Where can Enter and View take place?

The legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists

- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists
- Premises which are contracted by local authorities or the NHS to provide health or care services, such as adult social care homes and day-care centres

When can Enter and View not take place?

These powers do not allow Healthwatch to Enter and View local authorities' social services activity for people under the age of 18.

Health and social care providers do not have a duty to allow entry if:

- The visit compromises either the effective provision of a service or the privacy or dignity of any person.
- Where the part(s) of premises are used solely as accommodation for employees 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 and View' its premises, is not acting reasonably and proportionately.
- If the Authorised Representative does not provide evidence, such as a name badge, that they are authorised to carry out the visit.
- Where the care is being provided is a person's own home. This does not mean that an Authorised Representative cannot enter when invited by residents – it just means that there is no duty to allow Healthwatch to enter.
- Where the premises are non-communal parts of care homes, e.g. a resident's bedroom. If a resident asks an Authorised Representative to come into their bedroom and the Healthwatch agrees to this, it is important that the Authorised Representative is operating within their Healthwatch's own safeguarding policies and procedures, and the situation has been risk assessed.
- If there are no people in receipt of public-funded services on the premises.

Healthwatch BNSSG will plan to ensure the following:

- The number of volunteers would be enough to undertake the visit without appearing excessive for the size and type of service.
- The decision will be respected by people who have decided not to participate.
- The visit is scheduled to try and minimise disruption and to make sure that Authorised Representatives don't get in the way of any work being undertaken on the premises.
- That if there is an unexpected incident at the premises such as a live safeguarding alert, resulting in an Enter and View visit being disruptive, the team will consider rescheduling the visit.
- That the Enter and View team behaves respectfully to patients and/or residents and staff.
- That members of the Enter and View team will put aside their personal opinions when talking to staff, residents or patients and avoid being confrontational or judgemental.

Who can carry out an Enter and View visit?

Under the legislation Healthwatch BNSSG must:

- Allow only Authorised Representatives to conduct a visit and then only for the purpose of carrying out the activities of Healthwatch.
- Publish a procedure for making decisions about who may be an Authorised Representative and keep it up to date. Please see our process for becoming an Enter and View Authorised Representative [here](#).
- Provide each Authorised Representative with written evidence of their authorisation. This will be achieved by issuing a name badge with an expiry date on it.
- Ensure the recruitment process makes provision for all Authorised Representatives to be checked by the Disclosure and Barring Service (DBS). BNSSG will ensure that all Authorised Representatives have a standard check.
- Make publicly available, a comprehensive and up to date list of all its authorised representatives. BNSSG will achieve this by publishing the names of all Enter and View Authorised Representatives on the website and in the annual report if space permits.

Authorised Representatives – selection and appointment

Healthwatch BNSSG aims to ensure that it's Authorised Representatives are aware of the sensitivities of their role and that they are committed to working in partnership. Healthwatch aims to recruit a diverse group of Authorised Representative volunteers who are able to plan, visit and write reports utilising their specific skills collectively in small teams.

Where possible, Healthwatch BNSSG will deploy Enter and View Volunteers who have skills or backgrounds in the field in which the premises they are entering operates.

Anyone who wishes to become an authorised representative must follow the Healthwatch BNSSG Process for becoming an Enter and View Authorised Representative.

All authorised representative accept the following conditions of appointment:

- To be named on published reports and on the website
- That any conflict of interest, actual or potential, will be declared as soon as the authorised representative becomes aware of it and that they will withdraw from a visit if appropriate
- That they will abide by the Healthwatch BNSSG Volunteer Code of Conduct and any procedures and practices outlined in their induction and Enter and View training programme
- To fully co-operate with any investigation if they are felt to have breached the code of conduct by either the peer observer or a service provider
- The training programme for all authorised representatives will include:
 - Enter and View
 - Safeguarding vulnerable adults and children
 - Deprivation of liberties and Mental Capacity
 - Equal opportunities and anti-oppressive practice
 - Communications and report writing skills

Authorised representatives are also required to have undertaken a Healthwatch BNSSG induction where all policies and procedures are explained.

Conflicts of interest

In order to avoid the possibility arising of a conflict of interest, authorised representatives who are aware that they are related to, or have a close friendship with, a member of the management or staff of an establishment that they are to visit as an authorised representative must declare that fact to the Prioritisation Panel who will consider when the relationship or friendship should disqualify them from carrying out the visit. The Prioritisation Panel may agree to a dispensation to enable the individual to participate in a particular visit.

Where the authorised representative is unaware of the association of a relative or friend with an establishment until the visit is underway, that representative must consider whether the circumstances are such as to warrant their withdrawal from the visit and declare the circumstances as soon as possible to the Chair of the Prioritisation Panel. Where this arises, the other members of the visiting team of authorised representatives must decide whether to continue with the visit or withdraw, and explain the circumstances to the manager of the premises being visited.

Enter and view – practical arrangements

Enter and view visits will be determined as a component of the agreed work plan priorities for Healthwatch BNSSG and a final decision will be made by the Prioritisation Panel to go ahead with a visit.

The programme of visits, and arrangements for each specific visit, will be determined by the Prioritisation Panel and agreed with the Care Quality Commission.

Visits will not be arranged as a means of investigating individual complaints about particular services or premises but will be considered on the basis of intelligence received and in order to promote Healthwatch's agreed work plan or to obtain ad hoc evidence to support a specific work stream.

Any special support needs necessary for the visit to take place need will be identified such as interpreters, signers, advocates

A decision will be made regarding if a specific mix of authorised representatives in terms of gender and diversity is appropriate

Specific topics for team members to enquire about will be allocated in order to maximise the opportunity to gain information and ensure full participation by each representative.

The lead and all other Authorised Representatives will show their ID and any other documents that have been agreed. The lead will also agree with the person in charge of the premises who can be approached and anything else to be aware of on the day as well as what will happen next.

Announced visits will be documented as part of the current work plan:

- The service provider will be notified at least 10 working days before the intended visit date, giving details of the date, time and length of visit and the names of the authorised representatives attending. The reason and focus for the visit will be outlined in the letter and any practical or access arrangements will be identified.
- The service provider will be asked to ensure that a member of the establishment's management team is available to meet the lead authorised representatives at the beginning of the visit, so they may explain the purpose of the visit and ask for information to help facilitate the visit. The service provider will be asked to ensure that the same person is available at the end of the visit to receive feedback from the authorised representatives.

Notice of announced visits will be sent by letter, at least 10 working days before the visit is to take place, and the letter will include a poster for display in a public area at the premises.

Unannounced visits may be authorised by the Prioritisation Panel and agreed with the Board if it can be demonstrated that they are proportionate and reasonable. If not part of the existing Enter and View work plan the reason for undertaking an unannounced visit will be documented.

Unannounced visits should only take place if no other approach could produce the information Healthwatch is seeking. Unannounced visits will generally be considered in response to a concern made by a regulatory or commissioning agency or a service user or users relative. There will need to be sufficient and robust evidence to support the need for a visit.

If the visit is unannounced, on arrival at the premises the lead authorised representative will explain the reason for the unannounced visit to the duty manager and hand over a letter setting out the reason and explaining what will happen during and after the visit. The lead authorised representative will also be named in the letter.

The duty manager has the right to decide whether the request to carry out an unannounced visit is proportionate and reasonable before allowing the authorised representative to enter the premises. If access is denied, the authorised representative will ask the duty manager to explain why and if the reason is because the visit is on a day which is inconvenient or not suitable, offer an alternative date and time.

If access is denied unreasonably the facts must be reported to the chair of the Prioritisation Panel who will decide if this action needs to be formally reported to the regulatory and/or commissioning agency, and the Safeguarding Team.

Preparation for a visit

Before visiting any health or social care service or premises the authorised representatives must:

- Ensure that they have been briefed about the aim and desired outcomes of the visit
- Endeavour to find out if any other national or local agencies e.g. the Care Quality Commission are planning visits at a similar time so that the visits can be co-ordinated, and consider if it would be beneficial to involve a neighbouring Healthwatch
- Agree how the objectives of the visit will be achieved e.g. by talking to staff, service users/patients and family members /carers, with their consent, and observing the interaction between staff and service users/patients.

When gaining consent authorised representatives will ensure that they explain who they are, what they are doing and what they wish to talk about. Also, what will happen with any information that is shared with Healthwatch, how it will be used and stored, including how any notes taken will comply with the data protection policy. The data protection policy will also be made available for people to see if they wish to. Information will also be given about how they can get in touch with Healthwatch after the visit by giving our Enter and View leaflets.

If during the visit an authorised representative witnesses (or is informed of) anything they consider may breach the standards of safeguarding of vulnerable adults or children, or which puts the service users/patients safety or care at risk, this must be brought to the notice of the senior member of staff on duty as soon as possible.

On leaving the premises this must be reported immediately to the chair of the Prioritisation Panel who will consider whether the circumstances require formal report to the relevant regulatory or commissioning agency and or the Safeguarding Team.

Conclusion of visit

At the end of the visit, the lead authorised representative will meet informally with a member of the establishment's management team to give general feedback, comment on their findings and raise any concerns they have noted.

After the visit the Healthwatch team will meet promptly to discuss information collected, identify any themes and consider recommendations.

Reporting findings

Following every visit, Healthwatch will prepare a report outlining its findings and, if applicable, suggest recommendations for how improvements can be made. The drafted recommendations will be clear, proportionate, offer achievable service improvements and reflect the views of the people met during the visit.

The lead authorised representative will make a written report of the visit using a report format agreed by the Prioritisation Panel. The report will include the reason for the visit, the gist of all conversations that took place during the visit, the findings and any recommendation for action as a result of the observations and discussions and comments on good and poor practice if any was observed.

The report will be circulated to the authorised representatives who participated in the visit within 10 working days and agreed by them. The chair of the Prioritisation Panel will then agree the report.

Once agreed Healthwatch will forward a final draft report to the service provider. If it's a single provider they must respond within 20 days of the date of receipt of the report or recommendations. This can be extended to 30 days with the agreement of the Healthwatch. Multiple independent providers must respond within 30 days. This includes cases where Healthwatch sends a report to one provider but that provider considers that other providers should be involved.

In both cases, Healthwatch can agree a longer timescale with the provider(s) if necessary – but in all cases providers must:

- Acknowledge receipt of the request to respond to Healthwatch
- Provide a response to Healthwatch, outlining any action it intends to take, or why they will not be taking any action in relation to the report and its recommendations
- Provide the relevant body (the commissioner) with copies of the report or recommendation and accompanying explanation.

Healthwatch BNSSG aims to publish the report on the website within eight weeks of the visit. The report will also be sent to:

- The service provider responsible for the service visited
- The service commissioner
- The contract manager
- The local Overview and Scrutiny Committee (where appropriate)
- The service regulators

If a provider doesn't respond

Although providers are required to respond within specific timescales, they may not always do so.

As the first stage, Healthwatch will send a formal reminder of the requirement to respond, mentioning the legislation.

Where the provider is part of a larger organisation – for example, a care home that is part of a group – this reminder should also be copied to the head office. At this stage, although the deadline has passed, Healthwatch will include a date for response after which the issue will be escalated.

If a response is not received, Healthwatch will then notify:

- The commissioner(s) of the service
- The appropriate regulator(s).

A copy of the notification to the service provider (and the head office, if appropriate) will be sent so that they are aware of the situation and to Healthwatch England so that everybody so that is aware of the situation.