

Enter and View Policy and Procedure

1. Introduction

Role of Healthwatch Coventry

Healthwatch Coventry is the champion for users of health and social care service in Coventry.

‘Enter and View’ is one of a number of approaches which supports us in our role of collecting information from users of services, carers and organisations representing service user groups.

The information in this policy document covers why, how and by whom an Enter and View visit is to be undertaken by Healthwatch Coventry.

What is ‘Enter and View’?

Enter and View’ is the opportunity for Healthwatch to:

- go into health and social care premises to see and hear for themselves how services are provided
- gather the views of service users (patients and residents) at the point of service delivery
- gather the views of carers and relatives of service users
- collect information from staff
- observe the nature and quality of services - observation involving all the senses
- collate evidence-based findings
- report findings and associated recommendations to providers, the Care Quality Commission (CQC), Local Authority, NHS commissioners, other quality assurers, Healthwatch England and any other relevant partners
- develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels

The Enter and View role is different to an inspection. We focus on meeting people receiving care. We provide extra eyes and ears, especially for the most isolated

and vulnerable. Visiting places where people actually receive care is a powerful way for us to hear directly from individuals about their experiences of services.

2. Scope of Enter and view

The Healthwatch Enter and View function was created in the legislation which produced local Healthwatch: the Local Government and Public Involvement Act of 2008 amended by the Health and Social Care Act 2012 and the following Regulations, which sit under this legislation:

- Regulations governing Local Healthwatch Enter and View activity 2013. (28 March 2013).
- The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).¹

Therefore Healthwatch Coventry Authorised Representatives have the power to enter the following premises:

- NHS Trusts
- NHS Foundation Trusts
- Local Authority premises where adult social care services are provided
- organisations providing primary medical services (e.g. GPs)
- organisations providing primary dental services (e.g. dentists)
- organisations providing primary ophthalmic services (e.g. opticians)
- organisations providing pharmaceutical services (e.g. community pharmacists)
- Premises where ophthalmic and pharmaceutical services are provided.
- Bodies, institutions or organisations which are contracted by Local Authorities or NHS Trusts to deliver

Some exclusion to the power of 'Enter and View' have been made. Healthwatch Coventry does not have the right to enter the following:

- Social care services for under 18s
- Where care is being provided in the person's own home, (unless specifically invited to visit by the resident) ²
- Premises or parts of premises used as accommodation for staff.
- Non communal parts of care homes such as individuals bedrooms (unless specifically invited to enter by the resident)

¹ The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012
<http://www.legislation.gov.uk/uksi/2012/3094/contents/made>

² An Authorised Representative should not be alone with an individual resident of a care home in a private area - if a resident asks to speak in confidence, two representatives must be present.

- Premises where care is not provided, e.g. offices, or where care is not currently being provided, e.g. out of clinic opening times
- Where the Authorised Representative cannot provide evidence of their right to enter and view, e.g. if they have lost their letter of authorisation
- If the visit would compromise any person's privacy and dignity
- Where care is being provided in a penal institution or police station
- Where the visit would compromise service delivery, e.g. in the event of a major incident resulting in significant numbers of casualties occurring during a visit to A&E (Accident and Emergency)

3. Decision making about when to conduct an Enter and View visit

Under the Healthwatch Coventry Governance, Involvement and Decision Making Policy it is the responsibility of Healthwatch Coventry's Steering Group to decide when an Enter and View is to be conducted/deemed necessary. An individual Healthwatch Authorised Representative does not have the mandate to decide to undertake an Enter and View visit.

Local Healthwatch have the ability to make both announced and unannounced Enter and View visits to locations where NHS services or adult social care services are being provided.

Healthwatch Coventry gathers intelligence from different sources and utilises a decision making checklist to prioritise work. This supports decision making about which service should be subject to an Enter and View visit and for what purpose.

Examples of intelligence or evidence which may be used in this process are:

- Experiences of local service users, patients, their carers and families suggesting there are common concerns about the quality of a service a reduction or absence of a service
- Other information received from the public via individuals or special interest groups
- Issues raised through direct or third party complaints regarding services
- Issues raised through another organisation's reports/work (e.g. Care Quality Commission)
- Following up on issues highlighted through data or NHS or social care quality/safety monitoring mechanisms

Enter and View may also:

- Look at an issue across a number of premises or providers
- Look at the impact of changes or proposals for changes to a service

Announced visits

The rationale for making an announced visit will be considered and documented. Written confirmation (email or letter) to the service provider announcing the visit will give the reasons for the visit, who will be conducting the visit set out any practical arrangements.

Healthwatch may give a specific day/time for the visit or may give a time window during which the visits may take place.

Some visits may be announced to a Senior Manager at the provider but remain unannounced to those working in the specific service/area of service.

Unannounced visits

The rationale for undertaking such a visit will be documented by Healthwatch Coventry, along with the reason for selecting this method to address the issue.

The Healthwatch Steering Group will approve unannounced visits.

4. Authorised representatives

‘Enter and View’ visits are carried out by persons authorised to do so by Healthwatch Coventry. ‘**Authorised Representatives**’ is the term used for volunteers/staff approved for Enter and View activity.

The legislation states that only ‘Authorised Representatives’ can conduct a visit and then only for the purpose of carrying out the activities of the local Healthwatch they represent.

Healthwatch Coventry makes available a public list of its Authorised Representative on its Website.

Recruitment

The process of assessing the suitability of potential authorised representative is delegated to Healthwatch staff under the guidance of the Healthwatch Chief Officer.

Authorised Representative volunteers are recruited through Healthwatch Coventry’s volunteer recruitment process. This process includes:

- Completion of an application form and criminal record declaration form
- Review of suitability against the role description for Authorised Representatives through:
 - Discussion about the role and assessment during volunteer induction training
 - Successful completion of an Enter and View training (participants will be assessed against the volunteer role description key skills)

- Supervision and review carried out during the first two Enter and View Visits that the volunteer attends
- Completion of a Standard Disclosure and Barring Service (DBS) check (see DBS policy and procedure)

Authorised Representatives are then able to conduct visits for the purpose of entering and viewing local health and social care establishments in accordance with the agreed work programme of Healthwatch Coventry.

The normal period of authorisation is for 3 years. Authorisation is then reviewed and an up to date DBS check carried out.

Authorisation lapses if an Authorised Representative is inactive in the role for a year, unless a period of time out has been agreed.

If an Authorised Representative is returning after a period of time out of more than a year, they will undertake refresher training to update their knowledge.

Training and support for Authorised Representatives

Support will be provided by the staff team including regular reviews. Authorised Representatives are expected to attend relevant update training and briefings associated with their role.

For the majority of visits, Authorised Representatives will be invited to a briefing prior to and a de-briefing following a visit/series of visits.

Expectations of Authorised Representatives conduct

All Authorised Representatives must sign up the Code of Conduct within the Healthwatch Volunteering Policy. Appendix 1 gives details of expected conduct.

The training for Authorised Representatives covers topics such as:

- Anonymity and confidentiality
- Avoiding impact on care
- Not compromising privacy and dignity
- Limits and extent of the role
- Being objective
- Safeguarding

5. Organisation of visits

Healthwatch Coventry has a team of Authorised Representatives to visit social care and NHS establishments. Each team member will be briefed on what will be required for each visit.

All visits will be carried out by a minimum of two Coventry Healthwatch Authorised Representatives. Depending on the nature of the visits to be undertaken

consideration may be given to the appropriateness of protected characteristics (Equality Act 2010) e.g. gender, ethnicity etc of those carrying out the visit.

Where the Steering Group decides that “Enter and View” is the most appropriate course of action, the visit/s will be arranged by Healthwatch staff, who will notify the organisation if the visit is announced. Healthwatch staff will prepare letters of authorisation which will be presented at the visit.

Authorised Representatives will be issued with date limited ID badges.

Prior to an announced visit, Healthwatch will supply the provider of the service with the following information in writing:

1. Proposed date and time for the visit, along with an approximate duration.
2. The purpose of the visit.
3. The overall structure of the visit:
 - Identifying staff and service users that the Authorised Representatives would like to meet.
 - The nature of any discussions along with the identification of any special communication or access needs.
 - Any specific practices or activities the Authorised Representatives wish to observe.
 - Whether the Authorised Representatives will be distributing leaflets or other information about Healthwatch Coventry.
 - Whether or not it would be beneficial for staff to accompany the Authorised Representatives during the visit.
 - Where practicable the names of the Authorised Representatives conducting the visit (as most Authorised Representatives are volunteers, the names of those conducting the visit may change at short notice, all practicable efforts will be made to provide up to date information).
 - The identification that Healthwatch Authorised Representatives will provide.

Some visits are planned in conjunction with service managers where this is appropriate for the purpose of the piece of work.

6. Reporting and sharing information

Findings and recommendations arising from an Enter and View visit or a series of visits are usually written up into Healthwatch reports. This will be done in an objective way. No individual service user or family member will be personally identifiable in the report. Staff members will not be named in the report however they may be personally identifiable due to their role.

Reports are usually published unless there is a strong reason not to do so; for example concerns about identifying individual service users. Reports will be shared with manager(s) of the service prior to publication and the service will have the opportunity to provide its response to recommendations by setting out the actions it intends to take or reasons why it cannot take action, so that this can be published in the final version of the document.

Should there be a delay in receiving this response/action plan beyond the time frame set out in Healthwatch regulations then the Healthwatch Steering Group can decide to go ahead with publication. Should the service have any concerns about the report they should contact the Healthwatch Chief Officer at the earliest opportunity to discuss this.

Healthwatch makes its reports available to commissioners of services, the Care Quality Commission and Healthwatch England and can raise any concerns regarding services directly with these organisations in relevant circumstances.

[End of policy]

Approved by the Healthwatch Steering Group
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Authorised Representatives expected behaviour before, during and after an Enter and View visit on behalf of Healthwatch Coventry.

- Be polite, friendly and approachable
- Use appropriate language (verbal/non-verbal/jargon free)
- Have a non-judgemental, open minded and impartial approach
- Be culturally sensitive (e.g. appropriate dress)
- Have respect and an awareness of diverse needs (religious, disability)
- Respect the reasonable requests of providers and service users at all times
- Be punctual and good at timekeeping
- Be aware of the sensitivity/vulnerability of Service Users (Concerns/Anxieties)
- Have Mobile phones turned off or on silent, or explain why it must remain on
- Be unobtrusive
- Not get in the way of service delivery (e.g. Hospital medical care)
- Be mindful of confidentiality issues
- Respect an individual's privacy and dignity
- Stick to the remit of the visit (e.g. If a patient/service user wants advice/information about how to deal with specific issues or complaints you can provide signposting, however be clear of remit)
- Do not engage in any form of personal care/care activity with patients/service users/residents - get the attention of a member of staff if it appears that this is required.