

Enter And View Policy and Procedure

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Author/Responsible Person	Michelle Wright
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Staff/volunteer training delivered	Included in induction and notification of updates will be provided
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	This policy covers Connected Together CIC and <i>all</i> its contracts and managed organisations, for example Healthwatch West Northamptonshire (HWW) and Healthwatch Rutland (HWR)
Checked for rebranding	Michelle Wright – 10/10/2022
Signed off by CEO	Kate Holt – 19/10/2022
Checked By	Catherine Maryon (CTCIC Director) – 27/10/2022
Amendments made	Amendments made by Michelle Wright removing reference to Healthwatch North Northamptonshire 23/05/2025

1. Purpose

The purpose of this policy and procedure document is to ensure that Healthwatch (HW) staff, volunteers and external stakeholders are clear when, where and how Enter and View is carried out. It refers to all Healthwatch contracts held by Connected Together CIC. This procedure describes the processes and arrangements for HW to Enter and View premises providing health and social care services for the purpose of observing services and service delivery.

2. Role of Healthwatch

Local Healthwatch organisations were established under the Health and Social Care Act 2012 to act as a local consumer voice for people using health and social care services. There are 152 Healthwatch regions in England and a national body, Healthwatch England, which provides advice, guidance, and a national profile for Healthwatch.

3. What is Enter and View?

Enter and View allows HW to:

- Go into health and social care premises to hear and see how people experience the service
- Collect the views of people using the service at the point of delivery
- Collect the views of carers and relatives of people using the service
- Speak to staff working in the service at the time of the visit
- Observe the nature and quality of services
- Collate evidence-based feedback, based on what people have told us on the day and what we have observed
- Report to providers, regulators, local authority and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners
- Develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels

There are two pieces of legislation which place a duty on health and social care providers to allow a representative of Healthwatch to carry out Enter and View:

- The Local Government and Public Involvement in Health Act 2007
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

In 2014 the Department of Health carried out a review of the organisations which have powers of entry, including Healthwatch. The review states that there remains a duty on providers of health and social care to allow a representative of local Healthwatch to enter certain premises and observe activities. There are criteria that HW must meet in order to exercise the power of entry, which include the consent of the provider.

Enter and View is an activity that all HW can carry out, but not a statutory function, which means HW can choose if, when how and where it is used, depending on local priorities. HW may carry out Enter and View activity to contribute to fulfilling its statutory functions.

It is important to distinguish the role of HW in conducting Enter and View compared to the formal inspection and regulation programme of commissioners, the Care Quality Commission (CQC) and other agencies. The perspective which HW aims to bring is the view of the person using the service and their carers. It is a lay perspective, and it is not intended to be a substitute for formal inspection and regulation.

4. Where can Enter and View be carried out?

The legislation allows Enter and View activity to be undertaken on premises where health and social care is publicly funded and delivered, which covers:

- NHS Trusts
- NHS Foundation Trusts
- Primary medical services, such as GP Practices
- Primary dental services, such as dentists
- Primary ophthalmic services, such as opticians
- Pharmaceutical services such as community pharmacists
- Premises which have been/are contracted by Local Authorities or the NHS to provide health or care services, such as adult social care homes and day-care centres

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 part(s) of the 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 that he or she is authorised
- If the premises where the care is being provided is the person's own home, e.g. assisted/supported living facilities. This does not mean that an Authorised Representative cannot enter when invited by residents – simply means that there is no duty to allow HW 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 Authorised Representative decides to agree to this, they need to feel comfortable they are operating within HW safeguarding policies and procedures, and the situation has been risk assessed
- If there are no people receiving publicly funded services being provided on the premises
- The duty does not apply to the observing of any activities which relate to the provision of social care services to children

5. Who can carry out Enter and View? Authorised Representatives

Only HW Authorised Representatives can conduct a visit and then only for the purpose of carrying out the activities of HW.

To become a HW Authorised Representative, the following criteria will be met (see also Authorised Representative Role Description):

- Recruited as a HW volunteer or member of staff (application form, interview and 2 satisfactory references)
- Over the age of 18 years
- Satisfactory DBS check
- Completed training in 'Enter and View' and safeguarding vulnerable adults and children

HW reserves the right to not appoint a person as an Authorised Representative if they are not successful in the recruitment process.

In accordance with requirements, HW will make publicly available an up-to-date list of all its Authorised Representatives.

Written evidence of an individual's authorisation as a HW Authorised Representative is provided via a photo identity badge, which is signed by the CEO of HW to confirm the person meets the required criteria and is authorised for three years. Name badges are returned to HW when a person ceases to be a HW volunteer.

There may be situations where Authorised Representatives might be accompanied by another person, e.g. a volunteer in training, a volunteer awaiting a DBS check or a volunteer under 18 years (e.g. a member of Young Healthwatch). These are known in HW as Authorised Visitors.

All volunteers are asked to sign up to the code of conduct and confidentiality agreement as outlined in the Volunteer Agreement. On occasions, it may not be appropriate for an Authorised Representative to conduct an Enter and View (e.g. if they or a family member use(s) the service or a family member works in the service) and this will be taken into account. Authorised Representatives are required to declare any such conflict of interest.

6. Procedure for carrying out Enter and View

6.1 Deciding to make a visit

When deciding to make a visit HW will consider the following issues:

- How Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007.

- How Enter and View activity contributes to the wider local HW work programme.
- Whether it is beneficial and/or appropriate to look at a single issue across a number of premises.
- Whether to use Enter and View at a single provision in response to local intelligence provided to HW (e.g. CQC reports, anonymised summary of complaints and issues received at HW, other intelligence).
- Identifying any situation where it is not appropriate to carry out an Enter and View visit at that time, e.g. if there is a active safeguarding alert open with the service.

6.2 Collaboration/Partnership

When planning Enter and View activity, HW will:

- Inform the CQC about any planned Enter and View visits and feedback any intelligence found.
- Liaise with/involvement other key partners in planning an Enter and View visit, where appropriate, to support our knowledge of the service, e.g. local health/social care commissioners, System Quality or Information Sharing Groups.
- Involve other neighbouring local Healthwatch where appropriate, i.e. residents from another area who regularly use a service.

6.3 Planning the visit/visits

In preparing for an Enter and View visit HW will:

- Identify those eligible Authorised Representatives who have knowledge and/or expertise in a relevant area and who are available to participate. A Task and Finish Group may be set up if a programme of visits is planned.

- Identify the HW staff member(s) responsible for co-ordinating the visit(s).
- Agree the types of activities and service areas to be visited, the most appropriate tools to use, and who should visit.
- Identify and organise the delivery any specialist training required for those undertaking the visit, or specialist support required (e.g. interpreters).
- Agree on the number of volunteers required to undertake the visit and appoint a lead for the visit. As a general rule, an Enter and View team usually involves a minimum of 2 and no more than 4 people visiting one ward/home/unit at a time.
- Consider whether the provider should be involved in the planning process e.g. in providing information about any aspects of the service, decisions about speaking to services users and any pre-visit training required in connection with this.
- Ensure specific consent to speak directly with service users is obtained in advance of an Enter and View visit.
- Schedule the visit so that it does not coincide with an inspection by the CQC or a visit by the commissioners or other agency monitoring the quality of care, unless by prior arrangement.

6.4 Arranging the Visit

In arranging an Enter and View visit HW staff will:

- Contact the service provider to inform them of the planned visit, its nature/purpose, the proposed date and time, an estimate of how long it will take, how many people will be involved, the name of the lead person (or persons) and whether it is intended to speak with staff as well as service users.
- Consult with HW volunteers and the service provider to find a suitable date to visit.

- Send written confirmation of the date of the visit to the appropriate person, together with an information pack,. This will include general information leaflets about HW; letters and posters tailored for staff, residents/service users/patients, relatives/visitors and advocates to inform them of the date and purpose of the visit. It will also include information about how members of the public can contact HW if they are not able to be present when the visit is taking place.
- Identify any requirements for support necessary to facilitate the visit, such as access, security, specialist training or support.
- Prepare any resources needed on the day such as surveys or questionnaires and brief the Authorised Representatives prior to the visit.

7. Conducting the Visit

7.1 Upon arrival

- The lead Authorised Representative will ensure the group are well enough to conduct the visit (being mindful of colds, Flu and COVID-19 infection etc.) and compliant with infection control procedures in place at the site, at the time of the visit. The lead will also ensure that Authorised Representatives are compliant with any specified dress code (e.g. for some services, not wearing jewellery or ties).
- The lead for the visit will first present themselves to the person in charge of the premises to obtain consent of the provider, show their ID badge and any other documents that have been agreed.
- If consent is given for the visit, all other Authorised Representatives will show their ID badge on entry and wear it throughout the visit.

- The lead will agree with the person in charge who can be approached and anything else to be aware of on the day.
- The lead will agree with the person in charge how the Enter and View lead will feed back following the visit (e.g. a quick meeting at the end of the visit).

7.2 During the visit

The Enter and View team will:

- Respect the privacy and dignity of service users at all times.
- Gain consent before speaking to service users, ensuring service users are clear about who the Enter and View team are; the purpose of the visit; that they have a choice as to if they want to engage with the visit; what will happen with any the information they share with HW, and how to get in contact with HW after the visit.
- Leave the premises calmly and without protest if instructed to do so by the provider and follow up as required.
- Follow the agreed procedure if at any time an Authorised Representative observes anything that makes them feel uncomfortable, including safeguarding concerns. They should speak to the Enter and View lead immediately, who will inform the service manager (if appropriate) and end the visit.

8. After the Enter and View visit

The Enter and View team should have an immediate debrief to discuss the following:

- Whether there are any urgent matters of concern which need raising confidentially with the HW Manager or Connected Together CEO and which may require a safeguarding referral or other forms of escalation.
- The key themes emerging from the visit and any recommendations to be made.
- Agreement on who will write the draft report.
- Any notes taken by the Enter and View team during the visit will be brought into the HW office and destroyed in accordance with our Data Protection Policy once the report has been signed off.

9. Reporting

- The report should be drafted by the Enter and View Team **within 10 working days**. If assistance is required, volunteers should contact the HW staff team. A template for Enter and View visit reports will be provided.
- Reports should focus on the patient/user/carer perspective, be evidence-based, be factual (not opinions), be clear and concise, and not identify any individuals.
- Recommendations should be clearly stated, related to the purpose of the visit, based on the evidence collected, proportionate and achievable.
- HW staff will finalise and format the draft report, checking with the Enter and View team if changes have been made, and send to the provider for comments on factual accuracy **within 15 working days** of receiving from the Enter and View team.
- Comments or suggested changes from the provider should be made **within 10 working days** of receiving the draft report.
- Once comments on factual accuracy have been received, the report will be amended if necessary and finalised. This will be done **within 5 working days** of comments on factual accuracy being received by the HW office.
- A final version of the report will be sent to the provider (and commissioners if relevant) with a request for a response **within 20 working days**.

- Once a response from the provider (and commissioners, if relevant) has been received, the report, together with a summary of the action to be taken by the provider (and commissioners) in response to any recommendations, will be sent to the service provider, commissioners, the CQC and Healthwatch England. The final report will be published on the HW website and considered at the next meeting of the HW Planning Group.
- In some circumstances it may be decided that a follow-up Enter and View visit to the provider is required at a later date.
- The final report will be signed off by the HW Manager.
- The HW Annual Report, published in June each year, will report on the Enter and View activity of HW in the year and its impact.

Supporting documents

The following policies and documents should also be read in conjunction with this policy:

- Safeguarding of Vulnerable Adults Policy-043/QD63
- Data Protection Policy-009/QD29
- Confidentiality Policy-005/QD25
- DBS Policy-011/QD31
- Health and Safety Policy-027/QD47
- Whistleblowing Policy-053/QD71
- Declaration of Interests Policy-014/QD34
- Volunteer Code of Conduct-004/QD24
- Volunteer Agreement – 050/QD69

