

Enter and View Policy and Procedure

Overview

Local Healthwatch have powers of entry and providers of services have a duty to allow entry under two main pieces of legislation. These are the Local Government and Public Involvement Act 2007 (amended under Health and Social Care Act 2012) and the NHS Act 2006, Local Government and Public Involvement in Health Service Act 2007 (amended by Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representative) Regulations 2013.

The Department of Health's Review of Health and Care Powers of Entry 2014 clarified the duty on service providers to allow an Authorised Representative of local Healthwatch organisations to enter certain premises and observe certain activities. It also included the criteria that Healthwatch must meet in order to exercise the power of entry, in particular the provider's consent.

The purpose of Enter and View (E&V) is set out as:

- To go into health and social care premises to see and hear directly how services are provided
- To collect the views of patients, and members of the public at the point of service delivery
- To collect the views of carers and relatives of patients and members of the public
- To collect the views of staff
- To observe the nature and quality of services
- To collate evidence-based findings
- To report positive and negative findings with the associated recommendations – to providers, CQC, Local Authority, NHS commissioners and quality assurers, Healthwatch England and any other relevant partners
- To develop insights and recommendations across multiple visits to inform strategic decision making at local and national level.

The focus is on activities, not whole organisations and on observation and gathering information, not inspection.

The duty to allow entry only extends to premises where health and social care is publicly funded. Individuals receiving care in their own home are not under a duty to allow entry but can give permission. The duty does not apply to the provision of social care services to children. The organisations and people include:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- A person providing primary medical services (e.g. GPs), primary dental services (i.e. dentists), primary ophthalmic services (i.e. opticians), 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 and social care services (e.g. adult social care homes and day-care centres).

There are exclusions where the duty to allow entry does not apply. These are mainly to ensure the dignity and privacy of service users and places where no care services are provided. Provider consent is central. Entry can be declined “if, in the opinion of the provider of the service being visited, the Authorised Representative(s), in seeking to E&V its premises, is not acting reasonably and proportionately”.

The result of any E&V visit is a report written from a lay perspective which is factual and not biased towards any particular agenda. Recommendations have to be clear, proportionate, achievable and reflect the views of the people met during the visit. The draft report is sent to the provider for comment and once agreed, published.

Healthwatch must include in their Annual Reviews a report on why E&V visits were carried out and the outcomes achieved.

1. Determining the use of E&V

- 1.1. The responsibility for determining the use of E&V lies with the Healthwatch Northumberland Board (HWN). Each year the board will designate one member as a lead on the use of E&V.

1.2. All E&V visits will have a clear purpose which links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007. This purpose is identified by Healthwatch Northumberland in all cases and will be agreed by the Project Coordinator and the lead board member for E&V.

1.3. E&V visits may be arranged in response to one, or a combination of the factors identified below:

1. As a consequence of patient/service-user, or public feedback

Information and evidence received by HWN may be considered best responded to with an E&V activity. The Project Coordinator and staff team consider each individual comment on its own merits, and action can be taken as a result of one, or any number of comments.

The Project Coordinator will liaise with the lead board member to decide if an E&V visit is appropriate using the HWN Project Scoping Tool. Due regard will be made to the HWN Escalation Policy.

2. As a method for checking the responses of a service following an earlier E&V visit

This would be conducted if the HWN Board believes that there is a benefit to checking any progress made by the provider and/or progress towards implementing recommendations made during the first visit.

3. As a response to a request or recommendation by a professional from the NHS or social care who has involvement in the commissioning, contracting, provision or regulation of that service

1.4 In relation to this, the following framework will be adopted to assist the decision making process:-

(i) The Project Coordinator will convene a meeting with appropriate provider/ commissioner representatives to discuss and clarify the basis of the request.

- (ii) The Project Coordinator will advise whether, on the basis of discussions, that the E&V request might be taken forward for further consideration by Healthwatch Northumberland.
- (iii) The Project Coordinator will provide the lead board member with full details of the proposed E&V visit, the rationale for it to be considered and the capacity/resources available to support the E&V request if agreed.

1.5 Visits requested will normally be considered on the basis that:

- (i) Health or social care agencies wish to obtain a general independent view of the quality of a service and especially to find out about the experiences of those using and/or delivering the services
- (ii) Health or social care agencies wish to work in partnership with Healthwatch Northumberland to jointly engage in service quality assessment/monitoring activities
- (iii) Health or social care agencies have received information that give them some concerns which they are satisfied are not sufficiently serious for referral elsewhere but are seeking an independent view on the matter
- (iv) Health or social care agencies are aware of changes implemented within or affecting the service and would like an independent evaluation of the service-users/care deliverers views on the impact

1.6 Visits requested will **not** normally be considered if:

- (i) The service identified is under scrutiny from internal quality processes and/or other agencies e.g. Safeguarding or Care Quality Commission (CQC) due to serious concerns being evident
- (ii) The service issues raised would be better addressed by means of other actions by the service or alternative interventions available to Healthwatch Northumberland
- (iii) The nature of the focus of a proposed visit requires examination of professional practices or organisational, administrative and/or managerial systems operating within a service
- (iv) The E&V is being requested to supplement a lack of resources to undertake the internal monitoring that is the duty of the provider/ commissioner.

2. Collaboration

- 2.1 Healthwatch Northumberland will inform the relevant lead contact at the CQC for the service to be visited to about the fact of the visit relevant and feedback any intelligence found.
- 2.2 Healthwatch Northumberland will inform other key partners where appropriate planning E&V visits to support its knowledge of the service. This could include but is not limited to the North East and North Cumbria Integrated Care Board, Northumberland County Council commissioners and the regional Quality Surveillance Group.
- 2.3 For visits to services also serving other local Healthwatch areas HWN will contact the relevant Healthwatch to avoid clashes in planned work. Consideration will be given to joint visits with other neighbouring local Healthwatch.

3 Planning

- 3.1 The Project Coordinator and the lead board member will agree a lead person for each visit.

This may be a HWN staff or board member who has done E&V training. An HWN E&V volunteer can lead a visit if they are judged by the Project Coordinator and the lead board to have reached the required level of experience and training and no actual or potential conflict of interest.

- 3.2 The Visit Lead will be responsible, with support of the HWN staff team if required, to convene a planning group of everyone to be involved in the visit. This would involve liaison with any NHS, social care or local Healthwatch in the case of joint visits.

- 3.3 The planning group will agree:

- a) Dates for visits are planned to fit around other planned visits to the service, e.g. CQC inspection
- b) The timings and duration of the visit will be different depending on the size and type of service
- c) The number of people on the visit depending on the size and type of service
- d) Identify if any further training or familiarisation will be required. Other resources, e.g. interpreters may be required

- e) How any potential safeguarding issues will be dealt with during the visit and that if any of the E&V visitors see, hear or are aware of something they feel is concerning, will follow the safeguarding procedure (e.g. *to speak to the Lead immediately, who may decide to terminate the visit.*
- f) The Visit Lead should ensure all members of the Visiting Group have up to date Authorised Representative ID
- g) Practical arrangements for travel, refreshments and personal security
- h) Dates and arrangements for reviewing the findings and drafting the report.

4. Arranging the visit

4.1 The Visit Lead will inform the provider of the visit with the purpose, date, time, estimations of how long it will take, how many people will be carrying out the visit and the name of the lead person. It will include a poster, leaflets or other promotional materials so they can distribute in advance as appropriate in order that people using the service are clear why the visit is taking place. This will include information about how members of the public can contact local Healthwatch if they are not able to when the visit is taking place.

4.2 This will be done at least two weeks before the anticipated visit.

5. Preparing for the visit

- 5.1 The Visit Lead and the planning group will prepare resources needed on the day such as surveys and questionnaires.
- 5.2 The Visit Lead will brief and communicate roles to members of the visiting group, if Healthwatch will speak to staff as well as people who are using the service and any requirements for special support necessary to facilitate the visit, such as access or security and if the E&V team will speak to people in pairs or as individuals.

6. Conducting the visit

- 6.1 The Visit Lead will check that members of the visiting group are well enough to conduct the visit (be mindful of colds etc.) and are compliant with any specified dress code (e.g. for some services, not wearing excessive jewellery or ties).

- 6.2 On arrival the Visit Lead should sign in as a visitor and present themselves to the person in charge of the premises to obtain consent of the provider, show their ID and any other documents that have been agreed. If consent is given for the visit, all other Authorised Representatives should show their ID on entry.
- 6.3 The Visit Lead agreeing with the person in charge who can be approached and anything else to be aware of on the day.
- 6.4 The Visit Lead will agree with the person in charge how the E&V Lead will feed back following the visit (e.g. a quick meeting following the visit).
- 6.5 When speaking to people who use services:
 - a) The E&V visitors must respect the privacy and dignity of service users at all times.
 - b) The E&V visitors gaining consent before speaking to service users; ensuring service users are clear about who the E&V 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 any the information they share with Healthwatch, and how to get in contact with Healthwatch after the visit.
 - c) The E&V visitors must leave the premises calmly and without protest if instructed to do so by the provider, and follow up as required.
 - d) If because of distance or working patters this is impractical the Visit Lead must ensure notes are stored securely and confidentially and get them to the HWN office as soon as practicable. They should be written up within one working week.

7. Reporting

- 7.1 The Visit Lead will convene a meeting the with the visitors and either the Project Coordinator or Lead board member to discuss information collected, analyse any themes and to consider any recommendations
- 7.2 The Visit Lead is responsible for drafting the visit report
- 7.3 The Project Coordinator or Lead board member will check the draft visit report:
 - a) Does not identify any individuals, and that no individual's identity could be inferred through collective information, the draft report is

written from a lay perspective, is factual and not biased towards any particular agenda.

- b) That any draft recommendations are clear, proportionate, offer achievable service improvements and reflect the views of the people met during the visit.

7.4 The Visit Lead will send a copy of the draft report to the provider requesting comments on factual accuracy and responses to any recommendations within 20 working days of receipt. The Project Coordinator will deal with any disputes in the first instance. If they cannot be resolved it will be referred to the Lead board member for final determination.

7.5 If the provider has cause to complain about the conduct of the visit rather than the findings they should be referred to the Complaints Policy.

7.6 The Healthwatch Northumberland Chair (or a board member designated in their absence) will sign off the final report.

7.7 The final agreed report will be published on the Healthwatch Northumberland website and to CQC, NHS and social care agencies and the Northumberland CCG as appropriate. All Healthwatch Northumberland Board Members will receive a copy of E&V reports. An overview of E&V activity will be included in the Healthwatch Northumberland Annual Review each year.

7.8 The Visit Lead will be responsible for tracking the implementation of the recommendations, drawing to the attention of the Project Coordinator where they are done or if there is a delay or other problem. The Project Coordinator will then liaise with the Lead board member.

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