

Enter and View Policy and Procedure

January 2024

PURPOSE OF THIS DOCUMENT

This document serves as a comprehensive guide outlining the procedures and principles guiding Enter and View (E&V) activities for Healthwatch Dudley (HWD). It is designed to provide clear directives for HWD staff, volunteers and external stakeholders.

It comprises of two main parts:

PART ONE – Defines the policy and principles underlying HWD's approach to Enter and View.

PART TWO – Outlines the process for planning, conducting, and reporting on Enter and View activities. The process is subject to adjustments based on operational experience.

REQUIREMENT

All HWD Steering Group members, staff and volunteers must read and understand this Policy and Process before engaging in Enter and View activities. This is essential to mitigate the business risks associated with poorly planned or reported Enter and View activities.

The Chief Officer (CO) is responsible for ensuring compliance with this policy.

IMPORTANT CONTEXT TO THIS POLICY AND PROCESS

Healthwatch Dudley (HWD) holds legal authority for Enter and View activities in publicly funded health and social care premises/services.

Exceptions are outlined below.

Enter and View visits involve trained staff and volunteers known as Enter and View Authorised Representatives. These visits aim to observe, collect views and produce reports. It is a crucial activity for HWD to gather intelligence on the quality of health and social care, emphasising an intelligence and evidence-led approach.

Differentiating from formal inspection and regulation, HWD's role is to provide a lay perspective, particularly focusing on service users and their carers. HWD has a legal right to receive responses to its reports of Enter and View visits and non-compliance requires public disclosure. This policy aligns with the updated guidance from Healthwatch England (April 2019) regarding Enter and View.

PART ONE – POLICY AND PRINCIPLES THAT UNDERPIN HWD APPROACH TO ENTER AND VIEW

1. WHAT IS ENTER & VIEW?

Healthwatch Dudley has the legal power to visit health and social care services, enabling identification of areas for improvement. Enter and View visits aim to collect evidence, inform recommendations, and contribute to positive changes.

These visits provide an opportunity to:

- Observe how people experience the service.
- Speak to service users, carers, and relatives to understand their experiences.
- Observe the nature and quality of services.
- Report findings to relevant entities and the public.

Enter and View is not an inspection but offers a lay perspective, amplifying the voice of service users.

2. WHERE CAN ENTER AND VIEW BE CARRIED OUT?

Enter and View activities are applicable to publicly funded health and social care services, including but not limited to:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- Primary medical services (e.g., GPs)
- Primary dental services (e.g., dentists)
- Primary ophthalmic services (e.g., opticians)
- Pharmaceutical services (e.g., community pharmacists)
- Premises contracted by Local Authorities or the NHS to provide health or care services, such as adult social care homes and day-care centres

There are some specific circumstances where providers do not have a duty to provide entry:

- Healthwatch cannot Enter and View local authorities' social services activities for individuals under 18.
- If no publicly-funded services are received on-site.
- If the visit jeopardises care, privacy, or dignity.
- Where health and social care services are not currently provided.
- When the Authorised Representative (AR) fails to prove their authorisation.
- Where care is provided in a person's private home (unless invited).
- In non-communal areas of care homes, like a resident's bedroom.
- If the provider deems the representative's behaviour unreasonable or disproportionate.

3. WHO CAN CARRY OUT ENTER AND VIEW?

Only authorised representatives can conduct Enter and View visits. HWD is responsible for the recruitment, training and monitoring of these representatives.

Essential Points:

- Compliance with the legislation's requirements.
- Public availability of a list of ARs (published on our website).
- Sensitive management of any potential conflicts of interest.
- HWD will provide initial training and ongoing training where required.
- Any newly appointed authorised representatives will have access to training and ongoing support by a member of the team

PART TWO – PROCESS FOR PLANNING, CONDUCTING, AND REPORTING ENTER AND VIEW

1. DECIDING TO MAKE A VISIT

Considerations for planning Enter and View visits:

- Alignment with statutory functions as defined in section 221 of the Local Government and Public Involvement in Health Act 2007.
- Choices in visiting based on contribution to our programme, addressing issues, responding to local input
- Avoiding active safeguarding alerts.
- Discussion for how staff and volunteers will be involved.

2. COLLABORATION

HWD may inform the Care Quality Commission (CQC) about visits and share intelligence. Also identifying key partners and collaboration with neighbouring Healthwatch may enhance the effectiveness of Enter and View.

3. PLANNING

Information to be included in planning:

- Appointment of an Enter and View lead for the visit.
- Involvement of a planning group in advising on visit execution.
- Coordination of visit dates with other scheduled service visits, such as CQC inspections.
- Consideration of the visit's duration and timing based on the service's size and type.
- Identification of additional training or resources required, including arrangements for interpreters.

4. ARRANGING THE VISIT

Details to be addressed in arranging the visit:

- Notification to the provider about the purpose including date, time, duration, and team composition.
- Decision on the type of visit (announced, semi-unannounced or fully unannounced).
- Distribution of promotional materials to the provider.
- Preparation and dispatch of visit posters to inform service users and staff about the upcoming visit.

5. PREPARING FOR THE VISIT

Pre-visit preparations to ensure a smooth process:

- Briefing of the Enter and View team, including resource preparation and role communication.
- Verify team members' health, wellbeing and confirm adherence to any specified dress code
- Presentation of identification and relevant documents to the person in charge for obtaining consent.
- Identification of any special support requirements for access or security.

6. CONDUCTING THE VISIT

Aspects to be covered during the visit:

- Consent process, including presentation of ID badges by all ARs.
- Agreement with the person in charge regarding approachable individuals and other relevant considerations.
- Prioritise the respect for privacy and dignity of service users.
- Management of potential safeguarding issues and adherence to Healthwatch safeguarding policy.
- Data protection measures for handling notes and compliance with local data protection policies.

7. REPORTING

Information regarding post-visit activities and reporting:

- Immediate actions after the visit, including team meetings
- An aim for a draft report created within 20 working days
- Identification of the responsible person for drafting the visit report.
- Checks on the report to ensure it maintains confidentiality and impartiality.
- Draft report sent to the provider for comments on factual accuracy and responses to recommendations within 20 working days.
- Final sign-off for the report.
- Circulation of the report and associated activities to relevant stakeholders.

8. FOLLOW-UP ACTIVITY

Additional considerations for follow-up activities:

- Exploration of the possibility of revisiting to assess the implementation of recommendations
- Discussion about conducting necessary future follow-up visits.