

Enter and View Protocol

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This protocol describes the purpose and function of local 'Enter and View' visits services provided by publicly funded providers of health and social care services in Lancashire and Cumbria.

About Healthwatch

Healthwatch, defined by the Health and Social Care Act 2012, has a statutory role to:

- Obtain the views of people about their needs and experience of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports and make recommendations about how those services could or should be improved.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.
- Make the views and experiences of people known to Healthwatch England, to support their role as national champion.
- Make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.

Healthwatch provides people the opportunity to share their experiences of health and social care services in England and make sure that this valuable feedback reaches the powers that be and leads to positive change.

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.

What is an Enter and View?

Enter and View is a legal power in which Healthwatch can enter health and social care services to see them in action. This power to Enter and View services enables Healthwatch to identify what is working well with services and where they could be improved.

An Enter and View is not an inspection of the service. Healthwatch do not inspect provider policies, staffing reports, individual care plans, medication records etc. Although Enter and View sometimes gets referred to as an 'inspection', it should not be described as such. Healthwatch are there to observe the service provided and amplify the voice and experience of people using the service, relatives and staff.

Where does Enter and View apply?

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

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- A person providing primary medical services e.g. GPs
- A person providing primary dental services e.g. dentists
- A person providing primary ophthalmic services e.g. opticians
- A person providing pharmaceutical services e.g. community pharmacists
- A person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Premises which are contracted by Local Authorities or the NHS to provide health or care services e.g. adult social care homes and day-care centres.

Key benefits of Enter and View

The main benefit of an Enter and View is to encourage, support, recommend and influence service improvement. This is achieved in the following ways:

- Capturing and reflecting the views and experiences of people using the service who often go unheard e.g. care home residents
- Offering people using the service an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspections
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from people using services and their carers play an integral part in local commissioning.
- Spreading-the-word about local Healthwatch.

Who can carry out an Enter and View visit?

Only **Authorised Representatives** may undertake 'Enter and Views' on behalf of Healthwatch Lancashire and Healthwatch Cumbria. Authorised representatives include staff and volunteers who:

- Are enhanced DBS checked
- Have completed Enter and View and safeguarding training
- Have photographic identification.

Authorised representatives will be required to undergo refresher training if they have not undertaken any visits in the last 12 months.

The visit

The purpose of a visit is for authorised representatives 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 both for individual services and system-wide changes.

The visit should focus on:

- Observing how people experience the service through watching and listening
- Speaking to people using the service, their carers and relatives to find out more about their experiences and views
- Observing the nature and quality of services

- Reporting findings to providers, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners.

Announcing visits

- Although the legislation allows for both announced and unannounced visits, most visits will be announced.
- Providers will be contacted in advance to set out practical aspects of the visit such as a mutually agreed date, time and visit duration.
- Providers will be informed of the shape and format of the planned visit as well as the names of the authorised representatives taking part.
- Authorised representatives will have appropriate identification throughout the visit.

Unplanned/unannounced visits

Unannounced visits should generally not take place if any other approach could produce the information Healthwatch is seeking. Unannounced visits must be in response to a concern highlighted by the community, such as reports of dirty premises, statistics showing high infection rates or spot checks to review aspects of service delivery such as waiting times for clinic attendances.

Contact during the visit

- Authorised representatives must make their presence known to the person they have arranged to meet, or to the most senior person on duty.
- Representatives must wear an identification badge during the visit.
- There must be at least two authorised representatives during the visit, if there is only one person, this visit must be re-arranged.
- Dress appropriately, including consideration for infection control.
- Do not accept gifts.
- Introduce yourself to people and gain an individual's agreement before talking to them.
- Value people as individuals, and respect their wishes, e.g., to leave someone alone if asked to do so.
- Be as unobtrusive as possible and avoid disrupting routines or service delivery and be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staff are unable to meet the requests.
- Have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine concern about the safety and wellbeing of a person, or if the person consents to the sharing of information.

- Not behave in a discriminatory way.
- Co-operate with requests from people using the service, carers, their families and staff.
- Recognise that the needs of people using and receiving health and social care services take priority over the visit

Consent

Where possible, Healthwatch representatives will seek consent from people, relatives and staff to engage with during the enter and view. This will include consent to gather experiences, take photographs and to obtain personal information for the purpose of providing feedback after the visit or to share Healthwatch related information. Where a person is unable to give consent, Healthwatch Representatives will utilise the key principles of the Mental Capacity Act 2005. Healthwatch representatives will:

- Assume the person has capacity
- Take all practical measures to enable to person to participate
- Consult with others who know the person well e.g. key staff, relatives or advocates
- Undertake a best interests decision as to whether it is in the person's best interest to take part.

Health & Safety

Healthwatch Lancashire and Healthwatch Cumbria are committed to ensuring that the health and safety of people using the service, staff members, visitors and members of the public is not compromised during an Enter and View visit. This includes ensuring that:

- There is no spread of infection through an unwell representative taking part in the visit
- Authorised representatives comply with the health and safety regulations of the site visited
- A full risk assessment will be undertaken prior to all visits and fully adhered to by the visiting team during the course of the visit

Safeguarding

Healthwatch Lancashire and Healthwatch Cumbria are committed to ensuring that the dignity of a person is not compromised by our visit.

In the case that authorised representatives witness, are informed of, or suspect there is a safeguarding issue they are obliged by law, to pass that information onto the appropriate body and the Healthwatch safeguarding lead, as soon as possible.

Reporting

- Authorised representatives will document their findings in writing based on information gathered during the visit.
- Healthwatch will produce a formal visit report containing information gathered including acknowledgement of what is going well and recommendations on how things could be improved.
- Confidentiality of any written or verbal information of individuals during the visit will be maintained within the report.

- A draft will be sent to the service provider for comments on factual accuracy and inviting them to add an Action Plan for service improvement which will be included in the final report- the providers must respond within 20 days.
- If no response is received within the 20 days, The service provider will be contacted as a reminder.
- Following that, if the provider fails to respond, the report will be published.

The final report will be put in the public domain and published on our website. Copies can be requested from the provider and commissioners, NHS England, the Health and Wellbeing Board and the CQC.

Re-visits

To demonstrate impact of our Enter and View visits, we monitor how many of our recommendations have been actioned, based on observations on the day and feedback from peoples using the service, any relatives and staff.

Re-visits are a continuation from the original Enter and View and will be recorded as such. A re-visit will be arranged to discuss progress and subsequent service developments following a minimum of 3 months after the first visit. This is an opportunity to follow up with the service provider, discuss any recommendations that have been actioned following the visit and a chance to share any other good practice for other service providers.

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