



**ENTER AND VIEW
POLICY, PROCEDURE AND PROCESS**

INTRODUCTION

1. **Content.** This document is in two parts. The first part sets out the Policy and Procedure to be followed by Healthwatch Wiltshire (HWW) in conducting Enter and View activities. The second part sets out the Processes to be conducted by HWW in carrying out Enter and View activities. The Process is set out in the form of a checklist.
2. **Requirement.** This Policy and Procedure must be read and understood by all HWW Authorised Representatives (which may include Board Members, Officers and Volunteers) before engaging in Enter and View activities.
3. **Planning.** Part 2 of the document must be taken into account when planning Enter and View activities.

PART 1 – ENTER & VIEW POLICY AND PROCEDURE

INTRODUCTION

WHAT IS ENTER & VIEW?

4. Enter and View' is the opportunity for Authorised Representatives of HWW to:
 - go into health and social care premises to see and hear directly how services are provided
 - collect the views of service users (patients and residents) at the point of service delivery
 - collect the views of carers and relatives of service users and speak to staff where necessary
 - observe the nature and quality of services – observation involving all the senses
 - collate evidence-based findings
 - assist with the collation of a report which includes findings and associated recommendations and shared with providers, CQC, Local Authority and NHS commissioners and 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

WHERE DOES ENTER & VIEW APPLY?

5. Legislation (The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012) allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:
 - NHS Trusts
 - NHS Foundation Trusts
 - Local Authorities
 - A person providing primary medical services (e.g. GPs)

- A person providing primary dental services (i.e. dentists)
- A person providing primary ophthalmic services (i.e. opticians)
- 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 or care services (e.g. adult social care homes and day-care centres).

EXCLUSIONS – WHERE ‘ENTER AND VIEW’ DOES NOT APPLY

6. The duty to allow entry does not apply in the following circumstances:

- If the visit compromises either the effective provision of a service or the privacy or dignity of any person
- If the premises where the care is being provided is a person’s own home (this does not mean that an authorised representative cannot enter when invited by residents – it just means that there is no duty to allow them to enter)
- Where the premises or parts of premises are used solely as accommodation for employees
- Where the premises are non-communal parts of care homes
- 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.
- The duty does not apply to the observing of any activities which relate to the provision of social care services to children.

WHO CAN CARRY OUT ENTER & VIEW?

7. Enter & View can only be carried out by those HWW Board Members, Officers and Volunteers who meet the following criteria:

- Have undertaken HWW training to become an Authorised Representative
- HWW operates local recruitment and selection processes based on its defined requirements as laid out in the Volunteering Policy, and Enter & View representatives must have been accepted through these local processes. These processes may be affected by:
 - The Local Authority rules and regulations
 - Conditions of indemnity insurance.
- Recruitment processes for Authorised Representatives require representatives to have undergone a criminal record check by the Disclosure and Barring Service. A criminal

record does not necessarily bar someone from becoming an Authorised Representative. HWW will follow its Safer Recruitment Policy.

- HWW will make publicly available a comprehensive and up to date list of all of its Representatives authorised to conduct Enter & View.

POLICY AND PROCEDURE

GENERAL

8. This procedure describes the processes and arrangements for Authorised Representatives to enter and view premises providing health and social care services within Wiltshire with the purpose of observing services and service delivery.
9. In conjunction with the purpose of the visit and its aims; the Authorised Representatives will observe and assess the nature and quality of services, obtain the views of people using those services, validate evidence already collected and gather information from; service users, carers and staff.
10. Enter and View may be used
 - a. As part of wide engagement projects around topics of interest to HWW for example hospital discharge, dementia services, better care plan work streams
 - b. In response to concerns raised about a service or service provider. These concerns may come from members of the public, staff, the CQC or intelligence gathered from quality surveillance monitoring groups.

There are certain circumstances where HWW will consider invoking a responsive Enter and View visit. These could be announced or unannounced visits, and could include

1. If HWW receive a referral from Wiltshire Council's Quality Assurance Board;
2. If the CQC ask HWW to look at a specific area to assist their inspection regime;
3. If through HWW's quality monitoring we identify a trend or pattern of concern;
4. If HWW are alerted to concerns from a number of local people;
5. As a result of observations made whilst carrying out engagement, e.g. through Better Care engagement, talking to patients in an acute setting;

PLANNED OR ANNOUNCED VISITS

11. Prior to a visit, HWW will supply the provider of the service with the following information in writing:
 - Proposed date and time for the visit, along with an approximate duration.
 - (for visits relating to ongoing work streams) information on the project to which the visit is linked

- (For visits relating to concerns) the information that has prompted the visit excluding the source of the information.
- The purpose of the visit.
- The overall structure of the visit:
- The roles or names of staff and service users that the authorised representatives would like to meet, where appropriate
- Details of the nature of any discussions along with the identification of any special communication or access needs.
- The activities that the authorised representatives wish to observe.
- Whether the authorised representatives will be distributing leaflets or other information about HWW.
- Whether or not it would be beneficial for staff or service users to accompany the authorised representatives throughout the visit.
- The names of the authorised representatives conducting the visit.
- The identification that HWW authorised representatives will provide.
- Re-assurance that the draft findings will be initially shared with the provider of the service, to check for and correct any factual inaccuracies, prior to being finalised and distributed more widely.

UNANNOUNCED VISITS

12. Unannounced visits should not take place if any other approach could produce the information HWW is seeking.
13. The rationale for undertaking such a visit must be documented by HWW, along with the reason for not addressing the situation in another way.
14. Where HWW decides it is necessary to conduct an unannounced visit, they agree to provide the information that is set out in the previous section upon arrival.

CONDUCT DURING AND AFTER THE VISIT

15. Enter & View Teams must:
 - Gather any prior information such as past visit reports, or information from other groups involved with the service. HWW must have a clear view about the purpose of its visit, and be as informed as possible beforehand.
 - HWW may request reasonable information prior to the visit under the Freedom of Information Act, whilst remaining aware of the burden it may be placing upon the service to research and provide this data. This could include such statistical information as staffing levels, missed appointments, opening times etc.
 - Upon arrival, Enter and View representatives must make their presence known to the person they have arranged to meet, or to the most senior person on duty, and produce their written authorisation.

- Abide by any instruction given regarding privacy and dignity, health and safety and hygiene (including infection control), and co-operate with requests from staff, service users and carers.
- Ensure during and before the visit that it is understood that HWW cannot deal with individual complaints, but that HWW representatives can and should signpost any such requests or disclosures to the appropriate body.
- Maintain confidentiality of verbal and written information, including the identification of individuals, access to records, adherence to safeguarding protocols concerning disclosure by patients, service users and carers, and whistle blowing by staff, and care of notes concerning findings to be included in the report. Whistle blowing by staff should be managed as described in the Whistleblowing: Information about what Healthwatch Wiltshire does if you contact us about a concern document.
- Be aware of their obligations of disclosure regarding issues of child safety and vulnerable adults.
- Not to be alone in private with a patient or service user, but remain in communal areas and work in pairs if asked to speak in confidence.
- Avoid entering any non-communal areas such as bedrooms or staff quarters, unless directly invited to do so.
- Avoid commenting on personal equipment or belongings.
- Never give opinion or advice on specific care or treatment regimes to patients or service users, their relatives or carers. Any such queries must be referred to the staff in charge.
- Work co-operatively with staff to maintain confidence in services, e.g. avoid criticism in front of service users.
- At the end of the visit the team should meet to discuss and agree initial findings before a meeting with the person the visit has been arranged with, or the most senior person where verbal feedback will be given.
- Do not accept gifts, gratuities or benefits.
- Be as unobtrusive as possible and avoid disrupting routines or service delivery.
- Value people as individuals, and respect their wishes, e.g. to leave someone alone if asked to do so.
- Do not behave in a discriminatory way.
- Inform the person they have arranged to meet, or to the most senior person on duty of their departure, and give verbal feedback as to the intended general content of the written report, and when they can expect to receive the draft version.
- Use a pro-forma or checklist to gather a comparable data set, plus any additional information pertinent to that visit.
- Inform the HWW lead staff member of any potential problems or conflict which may arise from the findings.
- Work together after the visit to de-brief and put together evidence based feedback of the findings to the service visited. A written report will be produced and shared with the service provider, initially to check for accuracy, and then published and shared with the

HWW board, the service provider/s, and commissioners, Health & Wellbeing Board, the Health Select Committee, Healthwatch England and the Care Quality Commission.

- The report should be a balanced assessment of the service as viewed.
- Reports may be of one off visits to services or cover a number of visits.

ESSENTIAL CONDUCT FOR E&V TEAMS

16. Members of HWW Enter and View Teams will:

- Treat all people fairly and courteously, with sensitivity and respect
- Treat people with dignity, and respect their privacy
- Be as unobtrusive as possible
- Inform people, especially staff, of what you are doing at each stage of the visit
- Value people as individuals, respecting difference and diversity
- Not exhibit discriminatory behaviour
- Have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine concern about the safety and wellbeing of a service user, or if the person consents to the sharing of information
- Co-operate with requests from staff, service users, carers and their families
- Comply with all operational health and safety requirements, and with 'house rules'
- Ensure that you do not interrupt the effective delivery of health and social care services
- Not make unreasonable requests or demands
- Recognise that the needs of people using and receiving health and social care services take priority over the visit
- Be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staff are unable to meet the requests of the visiting team
- Dress appropriately, including consideration for infection control, e.g. no ties
- Not accept gifts or hospitality
- Introduce yourself to people and gain an individual's agreement before talking to them
- Apply the Seven Principles of Public Life (the Nolan Principles):
 - Selflessness
 - Integrity
 - Objectivity
 - Accountability
 - Openness
 - Honesty
 - Leadership.

CONCLUSION

17. The Enter and View capability is an important facet of HWW's ability to champion the users of Health and Social Services in Wiltshire. It enables HWW to obtain a first-hand impression of the way in which Health and Social Care is being delivered and where appropriate to determine what could be done better and to make recommendations to the relevant authority.
18. This Policy and Procedure is key to the efficient conduct of Enter and View and together with the Process in Part 2 sets out the manner in which the activity is conducted in the most appropriate manner for Users of the services, Providers of the services and HWW representatives.

PART 2 – ENTER & VIEW PROCESS

INTRODUCTION

19. This section will describe the activities that take place in the conduct of the Enter and View process.

Because of the high level of resource and staff capacity involved in carrying out a visit Enter and View must be embedded into the HWW work plan.

As part of the role of monitoring services, HWW may use planned Enter and View visits to contribute to wider topics of engagement. Services to be visited will be selected as being of relevance to the topic of engagement.

Broadly, the purpose of Enter and View visits will fit into one of the 3 areas of activity:

1. To contribute to a wider programme of work; Visits carried out to a number of health and social care setting to talk to users more generally e.g. dementia engagement, visit to talk to people with dementia and their carers about services in general. The data collected from these visits will feed into the work streams wider reporting structure. Individual E&V reports following each visit will NOT be produced. Data following each visit must be checked for accuracy at the end of each visit and passed to the lead member of staff.
2. To look at a single issue across a number of premises; a series of visits to a number of hospitals over the course of a year to talk to patients about one of HWW's priorities e.g. Better Care Plan engagement evaluating the HomeFirst care pathway or hospital discharge etc. The data collected from these visits will feed into the work streams wider reporting structure. Individual E&V reports following each visit will NOT be produced. Data following each visit must be checked for accuracy at the end of each visit and passed to the lead member of staff.
3. To respond to local intelligence at a single premises; one off E&V visits carried if:
 - a. We receive a referral from Wiltshire council's Quality Assurance team;
 - b. The CQC ask us to look at a specific are to assist their inspection regime;
 - c. Through HWW's quality monitoring we identify a trend or pattern of concern;
 - d. We are alerted to concerns from a number of local people;
 - e. As a result of observations made whilst carrying out engagement.

PROCESS/CHECKLIST

Definitions:

- HWW ST – HWW Staff Team
- HWW VT – HWW Visit Team
- HWW LAR – HWW Lead Authorised Represent (which could be a HWW volunteer, staff or board member)
- AR – Authorised Representative

	Responsibility	Done
Decide to make a visit		
Planned:		
Has a programme of HWW work identified a requirement for Enter and View activity?	HWW ST	
Clarify and record: <ul style="list-style-type: none"> • The purpose of the programme; • Why Enter and View has been selected; • Decide which premise/provider to visit; 	HWW ST	
Responsive:		
Has a requirement for a single Enter and View activity been identified, outside of the HWW work programme?	HWW ST	
Clarify and record: <ul style="list-style-type: none"> • The driver of the Enter and View decision; • The premises and provider to be visited; 	HWW ST	
Define the Strategy for the visit by holding a meeting of the visiting team		
With the visit purpose in mind, agree the types of activities and service areas to be visited	HWW ST	
Agree whether the visit purpose will be best achieved by HWW staff and/or service users accompanying the Authorised Representative	HWW ST	
Agree which survey method (e.g. paper surveys or interviews) best meets the visit purpose – applied to who and when	HWW ST	
Agree whether any additional (specialist) training and/or familiarisation would be useful before the visit	HWW ST	
Consider whether involving the provider and/or any local group at this stage would be beneficial to achieving the purpose, if so, then review prior relevant decisions with them	HWW ST	
Plan and Schedule the visit		
Agree the Authorised Representatives who will undertake the visit, with a reserve and a lead; update the selected representative with decision made to date, and involve them in future planning	HWW ST	
Agree the duration of the visit and the time of day to meet the purpose of the visit	HWW ST	

Agree whether the visits purpose would be benefit from including an Authorised Representative(s) from a neighbouring local Healthwatch	HWW ST	
Agree the proposed date for the visit, fitting around other planned visits to the service e.g. CQC inspections. Inform CQC of the visit date.	HWW ST	
Identify any requirements for special support or training necessary to facilitate the visit, such as access or security	HWW ST	
Inform the provider with regard to the intention to make a visit, describing the purpose, proposed date (or date period) and shape of the visit	HWW ST	
Notify the provider of the intended visit, providing details including purpose via letter or email	HWW ST	
Follow up with a meeting with the provider if necessary	HWW ST	
As applicable, notify the date and time with the provider. Then supply the names of the Authorised Representatives who will be visiting, explain identification that will be carried and establish who will meet the representatives on the day and where	HWW ST	
Communicate the visit		
Dispatch HWW leaflets to the provider for distribution in advance, as appropriate	HWW ST	
Prepare visit posters, including the purpose of the visit and dispatch these to the provider for displaying on notice boards prior to the visit	HWW ST	
Organise the visit		
Design the questions to be asked during the visit	HWW VT	
Define the observations to be made during the visit	HWW VT	
Agree how discussion responses and observation outcomes will be recorded, and so prepare discussion and observation capture forms	HWW VT	
Allocate tasks to each Authorised Representative in advance, based on their skills and experience	HWW VT	
Conduct the visit		
All representatives must wear their identification badges throughout the visit and follow guidance from HWW on how to behave (such as the Ward Checklist)	HWW VT	
The lead must ensure that all representatives do not have coughs and colds etc.	HWW LAR	
The lead briefs the providers named contact on the structure of the visit and who will be involved (in line with prior agreements)	HWW LAR	
Leave the premises calmly and without protest if instructed to do so by the provider, and follow up as required	HWW VT	

If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit	HWW LAR	
To inform HWW office who will act on locally agreed Safeguarding procedures	HWW LAR	
Discuss any issues or concerns, and whether/how these should be escalated (e.g. to Wiltshire Councils safeguarding team)	HWW LAR	
Talk to service users based on the questions prepared prior to the visit, linked to the visits purpose	HWW VT	
Talk to relatives and carers based on the questions prepared prior to the visit, linked to the visits purpose	HWW VT	
Speak to and ask questions of members of staff where necessary	HWW VT	
Ask to see any feedback records and the complaints log if it is linked to the purpose of the visit.	HWW VT	
Make observations based on the observations sheets prepared prior to the visit, linked to the visits purpose	HWW VT	
Note any issues or general concerns	HWW VT	
Meet with the users forum if part of the agreed schedule	HWW VT	
Meet as a visit team at the end of the visit to agree general observation and outcomes of the visit before the next step	HWW VT	
Meet with the provider's named contact at the end of the visit to do the following: <ul style="list-style-type: none"> To give an overview of the visit, To check the accuracy of doubtful information provided, To ask for feedback, To offer thanks for staff assistance To outline next steps	HWW LAR	
Immediately following the visit, meet as a team to de-brief and agree broad findings and next steps being mindful of the visits purpose	HWW VT	
Give all documentation to lead AR.	HWW VT	
All AR's to share a summary of feedback and impressions to the HWW office within 24 hours. Office to share with lead AR.	HWW VT	
Report on the visit		
Reports of Enter and View visits that happen as a result of wider HWW Engagement		
If the visit is to contribute to a HWW wider programme of work, e.g. dementia engagement, BCP engagement, outcomes and data will feed into the wider engagement reports. Visit teams must therefore: <ul style="list-style-type: none"> Meet as a visiting team to discuss information collected and consider recommendations, Request further information from the provider, if necessary, to support accurate purpose-linked reporting pull together evidence based findings, mindful of the visits purpose 	HWW VT HWW VT HWW VT	

<ul style="list-style-type: none"> • collate all feedback and notes and share with the appropriate member of the HWW staff team if they are not part of the visit team • Check that any complaints made during the visit have been handled as agreed • Member of the HWW staff team responsible to the engagement data must ensure all feedback and notes are recorded on the HWW CRM and that this is included within the overall engagement report 	<p>HWW VT</p> <p>HWW VT</p> <p>HWW ST</p>	
Reports of standalone Enter and View visits		
<p>When enter and view visits are carried out on a one off basis, as part of a concern raised visit teams must in the first instance and on the day of the visit:</p> <ul style="list-style-type: none"> • Meet as a visiting team to discuss information collected and consider recommendations, • Request further information from the provider, if necessary, to support accurate purpose-linked reporting • pull together evidence based findings, mindful of the visits purpose • collate all feedback and notes and share with the appropriate member of the HWW staff team if they are not part of the visit team • Check that any complaints made during the visit have been handled as agreed <p>Then with the support of the HWW lead team member:</p> <ul style="list-style-type: none"> • Write the draft visit report from a laypersons perspective – see best practice guidance below • Seek guidance from other organisations before writing the report, if to do so would increase the prospects for achieving service improvements or alleviate concerns • Check the draft visit report does not identify any individuals, and that no individuals identity could be inferred through collective information • Check that any drafted recommendations are clear, proportionate, offer achievable service improvements and reflect the views of the people met during the visit • Send a copy of the draft report to the provider requesting comments on factual accuracy within 10 working days • Follow up with the provider if no comments are received within 10 working days, allowing additional time if appropriate, and request their response to any recommendations • Amend the report with any factual inaccuracies • Review any comments received on the recommendations as appropriate, and include these as a separate section within the report 	<p>HWW VT</p> <p>HWW VT</p> <p>HWW VT</p> <p>HWW VT</p> <p>HWW VT</p> <p>HWW ST & HWW LAR</p> <p>HWW ST</p> <p>HWW ST</p> <p>HWW ST</p> <p>HWW ST</p> <p>HWW ST</p>	

<ul style="list-style-type: none"> • Share the final version of the report with the provider within 10 working days of receiving comments • Share the final version of the report with relevant service users, carers and families as appropriate 	HWW ST & HWW LAR HWW ST & HWW LAR HWW ST HWW ST	
Close visit activity		
Log visit activity on HWW CRM system including any concerns raised and recommendations made	HWW ST	
Record findings and recommendations against any overarching programme of work	HWW ST	
Destroy visit notes, in line with HWW's Data Protection policy.	HWW ST	
Follow through implementation of actions agreed with provider in response to recommendations, as appropriate	HWW ST	
Follow through outcomes of further investigations by CQC, local authority or CCG with regard to concerns shared	HWW ST	

Best practice guidance for reporting on an Enter and View visit:

A report is an essential output from a visit or series of visits and should:

- Clearly reflect the purpose of the visit/s;
- Include evidence-based findings that offer a balanced and objective feedback on the service using observations, clear statements of fact and not opinions;
- Record discussions without identifying individuals;
- Make recommendations for improvements, where appropriate;
- Include good aspects of the service too;
- Be structured for ease of understanding by a variety of readers;
- Ensure that any findings outside the visit purpose are included appropriately and proportionately
- The importance of triangulating any evidence (what you have been told is accurate)
- The power of language; when making a positive comment please don't caveat with 'but' or 'however' (for example)
- Being clear about the difference between HWW and the CQC whilst recognising that there is overlap
- Understand that lay people will view a HWW report as an 'official' document and as a result HWW have a great responsibility to ensure that it is high quality and accurate otherwise there is a real risk of legal action

Recommendations need to be:

- Clearly stated;
- Primarily related to purpose;
- Self-evident from findings;
- Proportionate;
- Achievable;

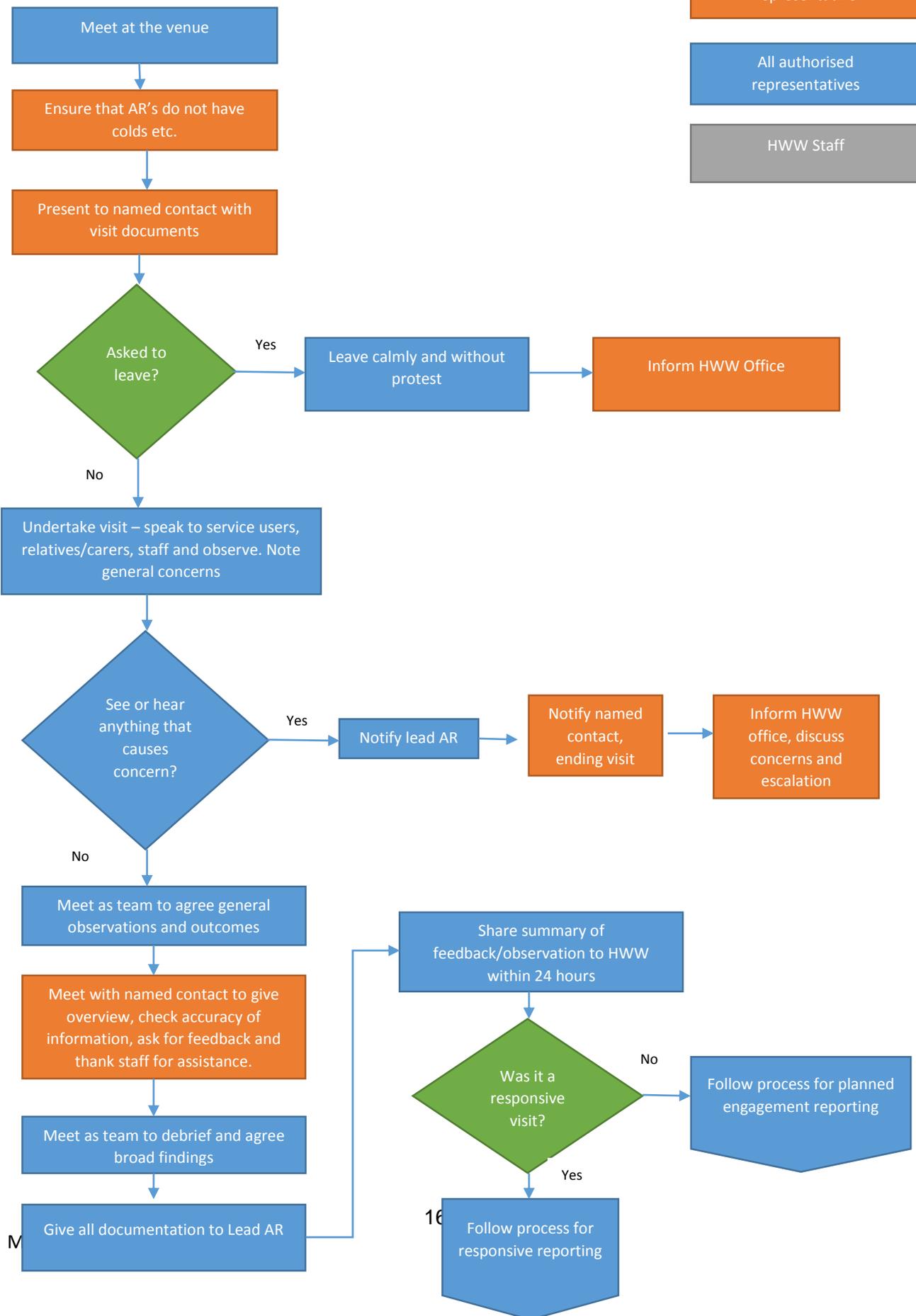
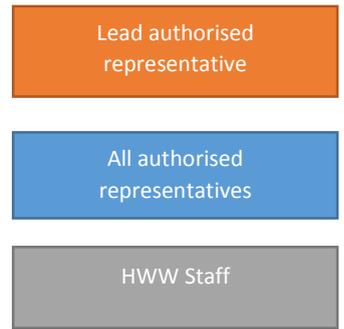
- Small in number – for maximum impact and focus
- Recommendations should not dictate a course of action, but suggest a goal to be achieved (e.g. we recommend you review X to achieve Y)

A report template provided by Healthwatch England has been produced to ensure consistent, clear and concise reporting methods and includes:

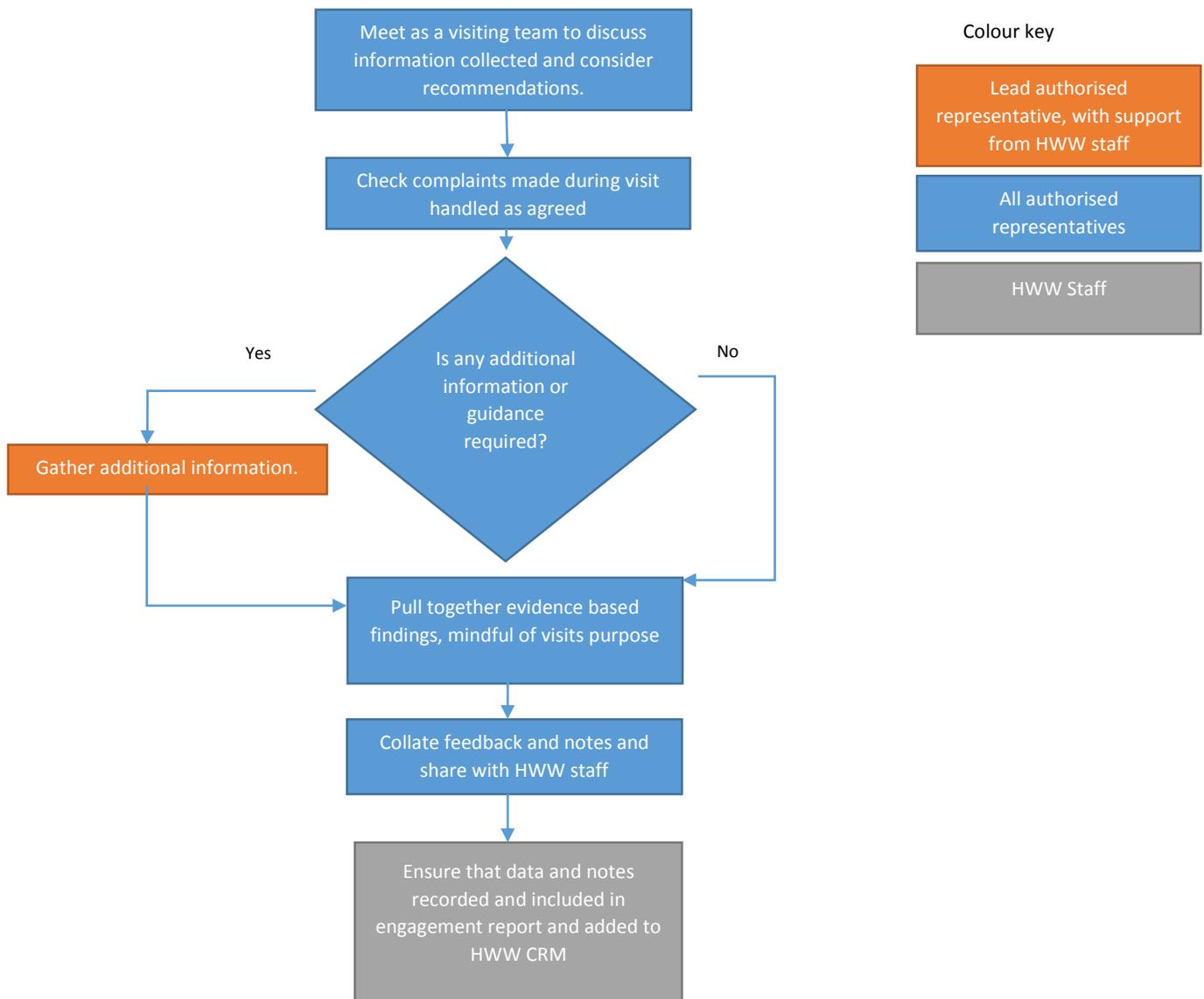
- About HWW;
- What is Healthwatch ;
- What is Enter and View;
- Details of the visit including date, authorised representatives and service visited;
- About the service;
- Disclaimer
- Acknowledgments.
- Purpose of the visit, including any strategic drivers;
- How the visit was conducted;
- Observations and findings;
- Additional findings;
- Recommendations;
- Response from the provider;

Enter and View – Conducting a visit

Colour key



Enter and View Process - Reporting a wider engagement visit



Enter and View Process - Reporting a standalone visit

