



healthwatch
Brent

Healthwatch Brent

Enter and View Policy

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Purpose of this policy

The purpose of this policy is to provide good practice guidance on Enter and View visits to ensure they are carried out in an effective, accountable and transparent manner.

It is the individual responsibility of everyone connected with and acting on behalf of Healthwatch Brent to adhere to this policy. We will review this policy on a regular basis.

What is Enter and View?

An Enter and View visit is an opportunity for Healthwatch Brent's Authorised Representatives to spot how services could improve by listening to the views of the people that use them, within criteria set out in the legislation.

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 Function and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

In 2014, the Department of Health Review carried out a review of the organisations which have the powers of entry (including Healthwatch). This 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 Healthwatch must meet in order to exercise the power of entry, which include the consent of the provider.

Enter and View is an activity Healthwatch can carry out, but not a statutory function,

which means Healthwatch can choose if, when, how and where it is used, depending on local priorities.

Healthwatch may carry out Enter and View to contribute to activities in their statutory functions. Enter and View allows Healthwatch 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.
- Observe the nature and quality of services.
- Collate evidence-based feedback, based on people have told them on the day.
- Report to providers, regulators, Local Authority and NHS commissioners and quality assurers, the public, Healthwatch England and other relevant partners.
- Develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

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
- 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 which have been contracted by Local Authorities or the NHS to provide health or social care services (e.g. 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 the part(s) of the premises are used solely as accommodation for employees

where health and social care services are not provided at the premises (e.g. offices) or where they are not being provided at the time of the visit (e.g. 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 a person's own home (e.g. privately funded assisted living facilities). This does not mean that an Authorised Representative cannot enter when invited by residents - it just means that there is no duty to allow Healthwatch 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, it is the decision of the Enter and View Lead to agree to this.
- They need to feel comfortable the Authorised Representatives are operating within our 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.

Who can carry out Enter and View?

Only Authorised Representatives may undertake Enter and View and then only for the purpose of carrying out the activities of Healthwatch Brent (HWB).

An Authorised Representative:

- Is a volunteer whom HWB has appointed as an authorised person (in-line with Healthwatch Brent's volunteering policy).
- Has undertaken relevant training provided by HWB to become an Enter and View Authorised Representative.
- Has undergone a criminal record check by the Disclosure and Barring Service (Authorised Representatives are eligible for a standard check currently).
- Has provided appropriate references.

HWB will provide appropriate training for Authorised Representatives and ensure that they attend safeguarding training. Additionally, the Authorised Representatives will receive a briefing prior to each Enter and View visit.

Once the Authorised Representative has completed the relevant training, undergone a DBS check and provided appropriate references, they will be provided with written evidence of their authorisation. The written evidence will take the form of a picture ID badge.

HWB will make public on our website ([Healthwatch Brent :: Home](#)) and in our Annual Reports, an up-to-date and comprehensive list of all Authorised Representatives. HWB reserves the right to not appoint a person as an Authorised Representative if they are not successful in the recruitment process.

Deciding to make a visit

When planning an Enter and View visit, the HWB Manager will consider the following:

- How the Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007
- How the Enter and View activity will contribute to Healthwatch Brent's programme of work identified by the Board.
- The criteria which will be looked at across a number of premises
- Situations where it would not be suitable for HWB to carry out an Enter and View visit (e.g. if there is a live safeguarding alert open with the service)

The HWB Manager will be responsible for signing off for Enter and View activity.

Announced visits as part of Healthwatch Brent's work plan

Prior to the visit, HWB 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.
- The information that has prompted the visit, excluding the source of the information.
- The purpose of the visit.
- The overall structure of the visit.
- Where necessary, the Chief Executive will have a pre-planning meeting with the service provider.

The visit itself will have a standard structure to ensure:

- Providers know the names of the Authorised Representatives involved.
- Staff and service users whom the Authorised Representatives wish to interview are identified.
- Providers know the activities the Authorised Representatives wish to observe.
- Consideration is given as to whether or not it would be beneficial for staff members or service users to accompany the Authorised Representatives and visits be conducted accordingly.
- Notice is given if any leaflets or other information about Healthwatch Brent will be distributed during the visit.
- Providers are informed that they will receive draft report of findings and recommendations prior to the final drafting and circulation of the final Enter and View report and will have a specified period in which to submit comments.
- Providers are invited to submit written actions they will take in response to the draft report for inclusion in the final version.
- Providers know that, where appropriate, draft findings will be shared with relevant parties including any whose information may have led to the visit.

Unannounced visits

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

The rationale for undertaking such a visit must be documented by HWB, along with the reason for not addressing the situation in another way. Where HWB decides it is necessary to conduct an unannounced visit, they agree to provide the information above upon arrival.

