

Healthwatch Hillingdon

Enter and View Policy & Procedure

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| Index number | HWH025 |
| Date Approved by Board | 29/01/2014 |
| Date of Consultation with Staff | Nov-Dec 2013 |
| Number of pages | 24 |
| Number of appendices | 1 |
| Issue Number | V1.00 |
| Date of First Issue | 29/01/2014 |
| Date of Last Revision | |

Introduction

This procedure describes the processes and arrangements for members of Healthwatch Hillingdon 's Enter and View Team to enter and view premises providing health and social care services within the borough of Hillingdon for the purpose of observing services and service delivery.

In conjunction with the purpose of the visit and its aims; the group 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 both staff; services users and carers.

What is Enter & View?

Enter and View' is the opportunity for Authorised Representatives:

- To go into health and social care premises to see and hear for themselves how services are provided
- To collect the views of service users (patients and residents) at the point of service delivery
- To collect the views of carers and relatives of service users
- To observe the nature and quality of services – *observation involving all the senses*
- To collate evidence-based findings
- To report findings and associated recommendations – good and bad – to providers, CQC, Local Authority's Oversight & Scrutiny Committee, Health & Wellbeing Board (where appropriate) ,NHS commissioners and quality assurers, Healthwatch England, the public and any other relevant partners
- To develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels

Where does Enter & View Apply?

The Healthwatch Hillingdon Decision Making Policy sets out when/where Enter & View activity will be carried out. Only Enter & View activities that have been authorised using the Healthwatch Hillingdon Decision Making Policy will be permitted.

Legislation 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 providing 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 or care services (e.g. adult social care homes and day-care centres).

Exclusions – Where 'Enter and View' does not apply

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.

- ★ Definition of 'reasonably' - to a moderate or acceptable degree; fairly
- ★★ Definition of 'proportionately' - whether the measure was necessary to achieve the desired objective and even if so, does the measure impose excessive burdens on the individual/body affected.

Who can carry out Enter & View?

Only **Authorised Representatives** may undertake 'Enter and View' and then only for the purpose of carrying out the activities authorised by the local Healthwatch they represent

Any local Healthwatch can – and should – be operating local recruitment and selection processes – based on its defined requirements, and you will need to be accepted through these local processes. Such processes may be impacted by:

- The Local Authority and/or
- Conditions of indemnity insurance.

Recruitment processes for Authorised Representatives may require that you undergo a criminal record check by the Disclosure and Barring Service - indeed Healthwatch England strongly recommend this checking. Where checking applies, a 'nominated person' of the local Healthwatch must consider, and be satisfied by, the certificate.

The local Healthwatch must make publicly available a comprehensive and up to date list of all of its Authorised Representatives.

Planned/announced visits as part of the Healthwatch Hillingdon Work Plan

Prior to a visit, Healthwatch Hillingdon will supply the provider of the service with the following information in writing:

1. Proposed date and time for the visit, along with an approximate duration.
2. The information that has prompted the visit excluding the source of the information.
3. The purpose of the visit.
4. The overall structure of the visit:
 - Identifying staff and service users that the authorised representatives would like to meet.
 - The number and 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 Healthwatch Hillingdon .
 - 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 Healthwatch Hillingdon authorised representatives will provide.
 - Re-assurance that the draft findings will be shared with the provider of the service prior to being finalised and distributed more widely.
 - Where appropriate, draft findings will also be shared with relevant parties whose information may have prompted the visit.

Unplanned/unannounced visits

The decision on when/how to conduct unannounced Enter & View activities is set out in Healthwatch Hillingdon's Decision Making Policy.

Un-announced visits should not take place if any other approach could produce the information Healthwatch Hillingdon is seeking. Un-announced 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.

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

Conduct during and after the visit

Persons authorised to enter and view must:

- Gather any prior information such as past visit reports, or information from other groups involved with the service. Healthwatch Hillingdon must have a clear view about the purpose of its visit, and be as informed as possible beforehand.
- Healthwatch Hillingdon 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, and co-operate with requests from staff, service users and carers.
- Ensure during and before the visit that it is understood that Healthwatch Hillingdon cannot deal with individual complaints, but that Healthwatch Hillingdon 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 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.
- 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.
- 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, but include it in the de-brief to the provider of the service before leaving and in the written report.
- Adhere to protocols concerning gifts, gratuities and 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.
- Use a pro-forma or checklist to gather a comparable data set, plus any additional information pertinent to that visit. Healthwatch Hillingdon may consider the evidence it wishes to gather in support of the annual health check when developing such checklists in order to build up a databank of evidence.
- Inform the Healthwatch Hillingdon Enter & View Lead Officer 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 written feedback of their findings to the service visited.
- Provided written report to appropriate authority other than that service as required
- Provide a written report to the Healthwatch Hillingdon board, the service provider and service users of the findings. The report should be a balanced assessment of the service and may or may not contain recommendations. Reports may also, depending upon the issues identified, be sent to the Health & Wellbeing Board, the Overview and Scrutiny Committee and the commissioner of that service.

Essential Conduct and Behaviours

- 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
- Exhibit no 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
- Do 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
- Do 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.

Appendix A: Enter and View Procedures.

Decide to make visit

Planned


Has a programme of local Healthwatch work identified a requirement for 'Enter and View' activity?



Clarify and record: the purpose of the programme; why E&V has been selected; decide which premises/providers to visit



Responsive


Has a requirement for a single 'Enter and View' activity been identified, outside a programme of work?



Clarify and record: the driver for the E&V decision; the premises/provider to be visited



Get sign off

Define the Strategy for the visit

Plan and Schedule the visit - 1

With the visit purpose in mind, agree the types of activities and service areas to be visited



Agree whether the visit purpose will be best achieved by staff and or/ service users accompanying the authorised representatives.



Agree which survey methods (e.g. paper surveys or interviews) best meet the visit's purpose- **applied to whom and when.**



Agree whether any additional (specialist) training and/or familiarisation would be useful before the visit



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

Plan and Schedule the visit 2

Agree the authorised representatives who will undertake the visit, with a reserve and a lead; update the selected representatives with decisions made to date, and involve them in future planning



Agree the duration of the visit and the time of day to meet the purpose of the visit



Agree whether the visit's purpose would be better met by including an authorised representative from a neighbouring local Healthwatch



Agree a proposed date for the visit, fitting around other planned visits to the service, e.g. a CQC inspection



Identify any requirements for special support necessary to facilitate the visit such as access or security

Communicate

Phone the provider with regard to the intention to make a visit, describing the purpose, proposed date (or date period) and shape of visit



Notify the provider of the intended visit, providing details including purpose, via email or letter.



Follow-up with a meeting with the provider, if appropriate.



As applicable, notify the date & time with the provider. Then supply the names of the representatives who will visit; explain identification that will be carried and establish who will meet the representatives on the day and where.

Organise for the visit

Record the visit on any applicable local Healthwatch planner/ calendar.



Dispatch local Healthwatch leaflets to the provider for distribution in advance, as appropriate.



Prepare visit posters, including the purpose of the visit, and dispatch these to the provider for displaying on notice-boards prior to visit



Design the questions to be asked during the visit



Define the observations to be made during the visit



Agree how discussion responses and observation outcomes will be recorded, and so prepare discussion and observation capture forms

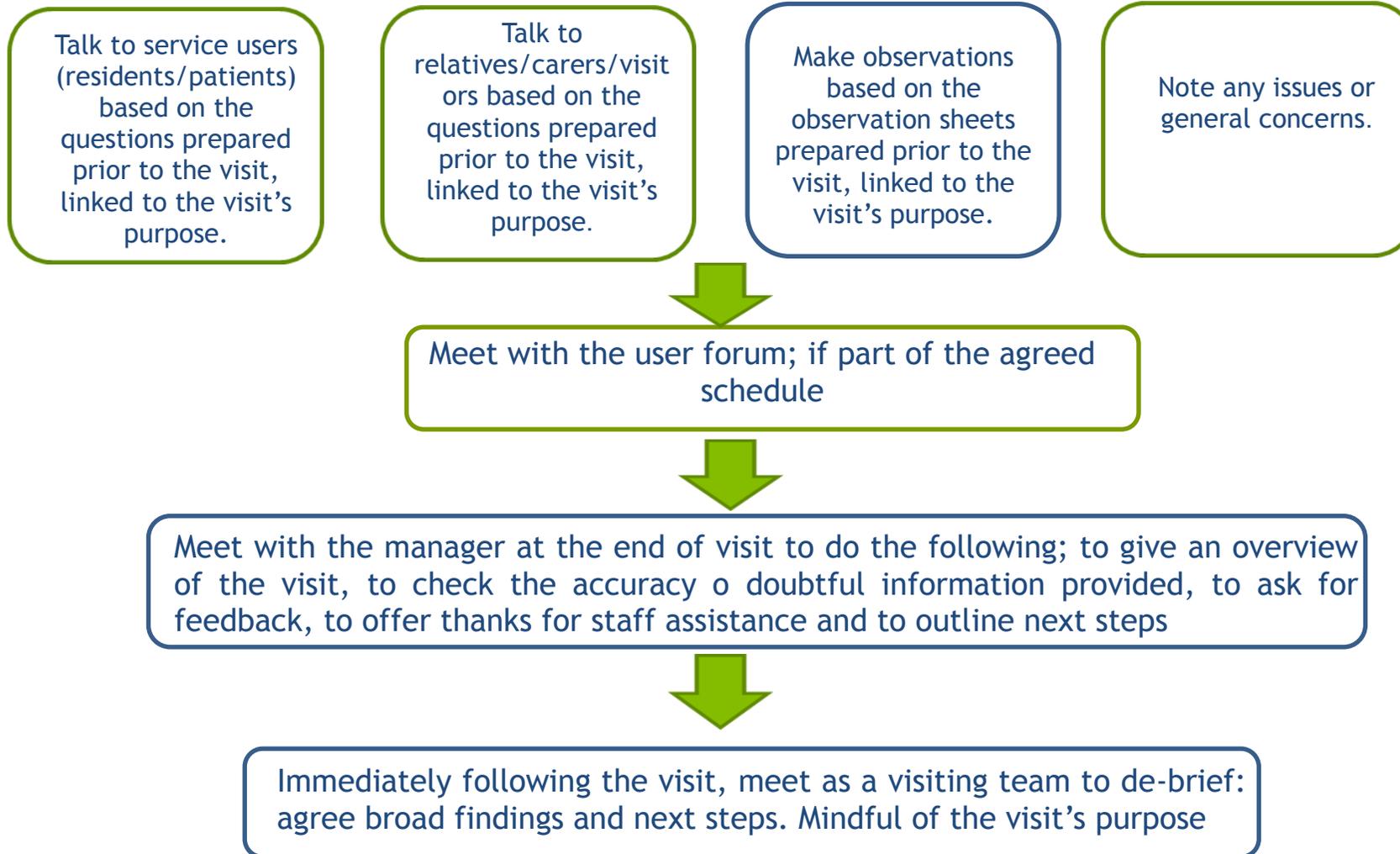


Allocate tasks to each authorised representative in advance, based on their skills and experience

Conduct the visit -1

- The lead presents themselves to the provider's named contact for the visit (or a senior member of staff if no contact has been named), shows their identification badge and the visit agreement documents
- The lead briefs the provider's named contact on the structure of the visit and who will be involved (in line with prior agreements)
- All representatives must wear their identification badges throughout the visit and carry a copy of the 'Visit Folder'
- The lead must ensure that all representatives do not have coughs, colds, etc.
- Leave the premises calmly and without protest if instructed to do so by the provider, and follow up as required
- If at anytime 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.
- To inform local Healthwatch office and who act on local procedures
- Discuss any issues or concerns, and whether/how these should be escalated (e.g. to the council's safeguarding team)

Conduct the visit- 2



Report on visit 1

Meet as a visiting team to discuss information collected and to consider recommendations, pulling together evidence-based findings, mindful of the visit's purpose.



The lead requests further information from the provider, if necessary, to support accurate purpose-linked reporting.



Seek guidance from other organisations before writing the report, if to do so would increase the prospects for achieving service improvements or alleviate concerns.



Write the draft visit report from a layperson's perspective.



Check the draft visit report does not identify any individuals, and that no individual's 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

Report on visit 2

Check that any complaints made during the visit have been handled as agreed



Send a copy of the draft report to the provider requesting comments on factual accuracy & responses to any recommendations within 20 working days



Follow-up with the provider if no comments received within 20 working days, allowing additional time if appropriate



Review any comments received on the draft report and revise as appropriate, especially if providers have committed to actions in response to recommendations



Share the final version of the report with the provider, within 10 working days of receiving comments wherever possible



Share the final version of the report with relevant service users, carers and families (as appropriate)

Some key considerations when reporting on a visit

A report is an essential output from a visit

Reports should:

- Clearly reflect the purpose of the visit
- Include evidence-based findings that offer a balanced and objective feedback on the service, using -
- Observations: clear statements of fact, not opinions
- Records of discussions
- Make recommendations for improvement, where appropriate
- Include good aspects of the service too
- Be structured for ease of understanding by the variety of readers
- Ensure that any findings outside the visit purpose are included appropriately and proportionately

Recommended structure for a visit report - 1

Visit details:

- Name and address of premises visited
- Name of service provider
- Date and time of visit
- Authorised representatives undertaking the visit
- Contact details of local Healthwatch
- Purpose of the premises / service
- Acknowledgements (e.g. thanking people for their help and contribution, especially the provider and their staff)
- A disclaimer is prudent, explaining

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available)

Continued ...

Recommended structure for a visit report - 2

Purpose and strategic fit

- Purpose of the visit; for example - To engage with residents in 10 care homes, to identify good practice in providing appropriate and sufficient choice of food.
- Where the visit is part of a wider programme, explain the purpose of this programme and how the visit fits within it
- Any fit with local strategies, such as the Health & Wellbeing Board, CCG's and Local Authorities (Social Care).

Methodology

- The methodology will have been defined when developing the strategy for the visit and define how the information was collected, such as surveys, semi-structured interview questions, observation sheets etc.

Recommended structure for a visit report - 3

Findings

- These are most helpfully grouped under topic sub-headings that relate to the purpose, for example;
 - Hot and cold options
 - Ethnic and cultural sensitivity
 - Appropriateness of portion sizes
 - Regularity of menu changes
 - Residents' input to menu changes
 - A summary of findings highlighting the key areas that relate to the purpose and any recommendations made below.

Recommendations

- Recommendations are not always required. *The next 2 slides provides guidance on recommendations*
- Any immediate service improvements resulting from the visit.
- (Detachable) appendices for any additional information, e.g. question lists, observation sheets

Reporting recommendations

Recommendations need to be:

- Clearly stated
- Primarily related to purpose
- Self-evident from findings
- Proportionate
- Achievable
- Small in number - for maximum impact and focus

Below are a couple of examples of possible recommendations;

1. The findings indicate that not all hot meals are reaching the resident at the correct temperature. We recommend a review of your procedures to ensure that all residents get their meal at the right temperature and inform us of the actions taken.
2. The report has highlighted excellent practice regarding the quality of your meal service and we recommend that with your approval we share this good practice

Close Visit Activity

Log visit details on any local Healthwatch register/s including any concerns raised or recommendations, and any suggest re-visit date to follow up on recommendations if appropriate



Record findings and recommendations against any overarching programme of work



Destroy visit notes once the final report has been published

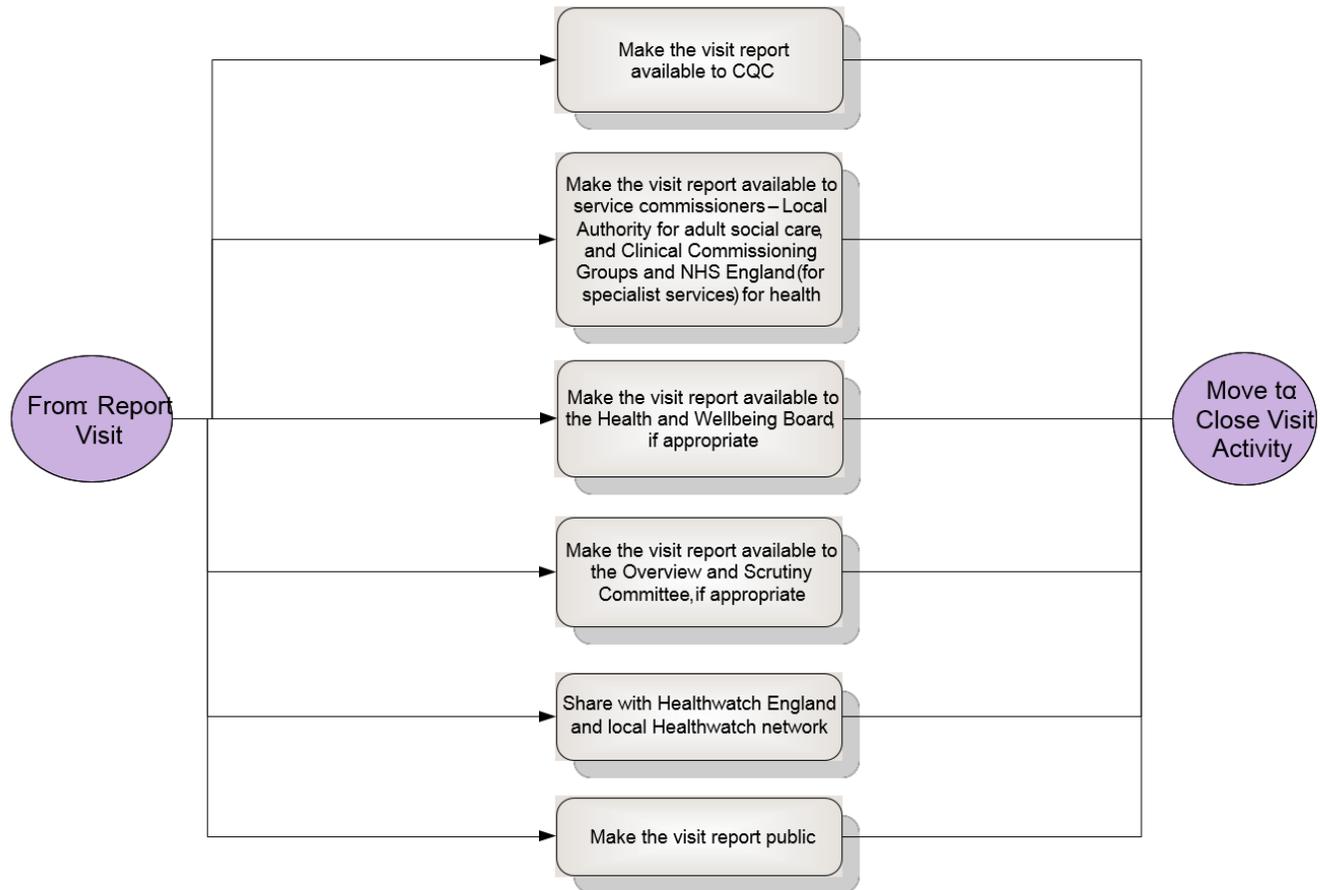


Follow through implementation of actions agreed with provider in response to recommendations, as appropriate



Follow through outcomes of further investigations by CQC, Local authority or CCG with regard to concerns shared

Distribute Report



Close Visit Activity

