

Information for Proprietors, Managers and Staff of premises at which health or social care services are provided.

“Enter and View” is a power conferred by law on local Healthwatch organisations that enables them to authorise individuals to enter and view health and social care premises. This information sheet outlines the powers and how Healthwatch Havering implements them.

Please note that the fact that your premises have been selected for an Enter and View visit does not imply any fault or concern with the services you offer, the staff you employ or the standard of care provided.

Premises that may be entered

Authorised representatives of Healthwatch have the right to enter and view all services provided in premises owned or controlled by:

1. NHS Trusts
2. NHS Foundation Trusts
3. Local Authorities
4. A person providing medical services (i.e. general practitioners)
5. A person providing primary dental services
6. A person providing primary ophthalmic services
7. A person providing pharmaceutical services
8. Independent providers that deliver (or assist in delivering) services commissioned by and under contract to local authorities, NHS Trusts, CCGs.

The legal powers to Enter and View

The legislation¹ requires you to assist by allowing Healthwatch to:

- ❖ Obtain patient views about their experiences of, and perceived need for, local services and

¹ Local Government and Public Involvement in Health Act, 2007, as amended: section 225, and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

- ❖ Make written recommendations on the standard of provision, including whether and how services could or ought to be improved.

You are required to:

1. Allow the authorised representatives of Healthwatch to enter and view any services or premises that are providing publicly-funded care (unless there are specified grounds for denying entry on a given occasion: see below) and
2. Provide information about any publicly-funded services or premises when requested by Healthwatch

Circumstances in which the right to enter and view does not apply

Authorised representatives of Healthwatch may be denied permission to enter and view services and premises if any of the following circumstances apply:

- The services or premises are providing social care to children
- The presence of the representatives would compromise the effective provision of a service or the privacy or dignity of any person
- The premises where the care is being provided is a person's own home (Note: this does not mean that an authorised representative cannot enter if invited to do so by that person – it just means that they have no automatic right to enter. This should only be done in extreme circumstances and the representative should never enter a person's home unaccompanied)
- The premises (or parts of the premises) are used solely as accommodation for staff
- The premises are the non-communal parts of a care home
- The care is being provided in a penal institution or police station
- The presence of the representatives would compromise service delivery (e.g. if a major incident resulting in significant numbers of casualties occurred during a visit to a hospital accident and emergency department)
- Health and social care services are not provided at the premises (e.g. an office) or are not being provided at the time of the visit (e.g., when the facilities or premises are closed)
- The services are provided solely to people paying in full for their own care
- The premises are owned by one independent provider but controlled by another (in this case the provider who owns the premises is exempt).

Circumstances in which a visit can be refused or terminated

You may deny the authorised representatives access to your premises if, in your opinion:

- The authorised representatives are not acting reasonably or are acting in such a way as to compromise the effective provision of a service or the privacy or dignity of any person (e.g. being present when someone is being washed or dressed, getting in the way of a consultation, or holding up the serving of a meal or the administration of a medicine)
- The authorised representatives are not acting proportionately (e.g. by making repeated or regular unannounced visits, or by arriving in a large group at a small facility)
- The representatives do not provide evidence that they are authorised in accordance with Regulation 12 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

Please note, however, that any such denial of access may be reported to the relevant regulatory or commissioning agency/ies.

Exercising the right to enter and view: practical arrangements

Enter and view visits are determined as a component of the agreed work plan priorities for Healthwatch Havering, with the need for each enter and view being assessed prior to a decision to go ahead with a visit.

A decision to enter and view a service will be made only where it is considered that the visit will add value to the information already available about the service other sources, including CQC reports.

Visits are not arranged as a means of investigating individual complaints about particular services or premises (as such complaints are referred to and dealt with by other agencies) but in order to promote Healthwatch's agreed work plan or to obtain ad hoc evidence to support a specific work stream.

Visits may be announced or unannounced.

Announced visits are documented as part of the current work plan:

- You will be notified of the intention to carry out a visit at least 10 working days before the intended date of the visit, giving details of the date, time length of visit, specific service/premises areas to be entered and viewed, and the

names of the authorised representatives attending. We will identify any practical arrangements e.g. if a disabled parking space or other reasonable adjustments are required to facilitate the visit. The reasons for and focus of the visit will be outlined in the letter

- You will be asked to ensure that a member of your management team is available to meet the authorised representatives (who may be accompanied by a member of the Healthwatch management team) at the beginning of the visit, so that they may explain the purpose of the visit and seek preliminary information to facilitate the purpose and intention of the visit.

Unannounced visits will be carried out where it can be demonstrated that they are proportionate and reasonable. If not part of the current Healthwatch work plan, the rationale for undertaking an unannounced visit will be documented, along with the reason for not addressing the situation in another way as unannounced visits should only take place if no other approach could produce the information Healthwatch is seeking.

Unannounced visits will only be considered in response to a concern drawn to the attention of Healthwatch by a regulatory or commissioning agency or a service user (or user's relative) and when sufficient and robust evidence exists of a need for such a visit (such as reports of dirty premises; following publication of statistics showing high infection rates, or when requests are formally made by a regulatory or commissioning agency to assist it by carrying out "spot checks" to review aspects of service delivery).

Upon arrival at the service or premises, the authorised representatives will:

- Explain the reason for the unannounced visit to the duty manager, and
- Hand over a letter setting out the reason for the unannounced visit, and what will happen during and after the visit.

Grounds for denying entry for visits are listed above. The duty manager has the right to decide whether the request to carry out an unannounced visit is proportionate and reasonable before allowing the authorised representatives to enter the premises. If access is denied, the authorised representatives will ask the duty manager to explain why and, if the reason is because the visit is on a day which is inconvenient or not suitable, offer an alternative date and time.

If the authorised representatives are unreasonably denied access, the facts may be reported to the relevant regulatory or commissioning agency/ies and/or the Safeguarding Team.

Assuming that the authorised representatives are given access, before they view the premises they will appreciate an opportunity to discuss the purpose of the visit with

the proprietor, manager or a senior member of staff. This will be an opportunity for the team to be told about the premises in general, about any specific issues there may relating to particular residents or patients and about any issues that they need to be aware of.

Preparation for a visit

Before visiting any health or social care services or premises the authorised representatives will:

- Ensure that they have been briefed about the aim and desired outcomes of the visit
- Endeavour to find out if any other national or local agencies (e.g. the Care Quality Commission, neighbouring Healthwatch) are planning their own visits at roughly the same time so that the visits can be co-ordinated
- Agree how the objectives of the visit will be achieved (e.g. by talking to staff, service users, or patients – with their agreement – including meeting with the user forum (where one exists); observing the general interaction between staff, users and patients; noting environmental aspects of the care setting)

If, during the course of the visit, an authorised representative witnesses (or is informed of) anything that they consider may breach the standards of safeguarding of vulnerable adults or children or which jeopardises any other aspect of service user safety or care, this must be brought to the notice of the senior member of staff on duty as soon as reasonably practicable and reported forthwith to the Chairman of the E&V Panel who will consider whether the circumstances require formal report to the relevant regulatory or commissioning agency/ies and/or the Safeguarding Team.

Conclusion of visit

At the conclusion of the visit, the authorised representatives will meet informally with a member of the establishment's management team to give general feedback, to comment on their findings and to raise any issues of concern that they have noted.

Post-visit report and other action

Following every visit, Healthwatch will prepare a report outlining its findings and, if applicable, offer recommendations for change.

The authorised representatives will prepare a written record of the visit, outlining the scope and progress of the visit, the gist of conversations with management, staff, residents or patients and any residents' or patients' family members, friends or carers seen in the course of the visit, the findings of the authorised representatives

and any recommendations for action as a result of the authorised representatives observations during the course of the visit. It will also include comment on examples of good and bad practice (if any) observed during the course of the visit.

Once agreed, Healthwatch will forward a final draft report to the service provider with an invitation to highlight any factual inaccuracies and to respond to its comments or recommendations within 10 working days of the visit. The provider may be invited to meet the authorised representatives and/or a Director of Healthwatch Havering to discuss the recommendations (if any) and to explain the action it intends to take to implement them (or any reasons why not).

Healthwatch Havering aims to publish the final report within eight weeks of the visit. The report will be sent to:

- The proprietor and manager (or equivalents) of the premises visited
- The service commissioner
- The contract manager
- The local Overview and Scrutiny Committee (where appropriate)
- The service regulators

In addition, a copy of the report will be placed on the Healthwatch Havering website.