

## Enter & View Policy

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## Introduction

Local Involvement Networks (LINKs) have a statutory right to enter and view most health and social care services. This policy describes the arrangements for members of Lewisham LINK Enter and View Panel to enter and view premises providing health and social care services to Lewisham residents for the purpose of observing services and service delivery. 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 staff, services users and carers. The LINK has the power to enter and view care services provided by:

- NHS Trusts (e.g. **South London and Maudsley NHS Foundation Trust**)
- NHS Trusts (e.g. **University Hospital Lewisham Hospital NHS Trust**)
- Primary Care Trusts (e.g. **Lewisham PCT**)
- Local Authorities (e.g. **Lewisham Council**)
- 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**)
- Bodies or institutions which are contracted by Local Authorities or NHS Trusts, Primary Care Trusts or Strategic Health Authorities to provide care services (e.g. **voluntary and private services**)

Legally binding Directions, published by the Government, place a duty on commissioners to ensure that contracts with **independent providers**, made after 1<sup>st</sup> April 2008, allow for authorised representatives to enter and view activities in premises that are owned or controlled by the independent provider. It is good-practice to make contract 'variations' where contract renewal is not imminent.

### What exclusions apply?

- If the visit relates to the provision of social care services to children
- If the visit compromises the effective provision of a service
- If the visit compromises the privacy and dignity of any person
- If the premises is a person's own home (unless invited by that person)
- If the premises is used solely as accommodation for employees
- If the premises are non-communal parts of care homes
- If the premises is not a place where health and social care services are provided (e.g. offices or closed facilities)
- If the provider of the service believes that the authorised representative(s) are not acting reasonably or proportionately
- If the authorised representative does not provide evidence that he or she is 'authorised'

### This policy is divided into five sections:

1. Criteria for deciding upon, and arranging a visit.
2. Authorised Representatives
3. Conduct during and after the visit.
4. Role of Service Providers
5. Visiting Procedure

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This guide should be used in conjunction with policies and guidance on CRB (Criminal Records Bureau), the Lewisham LINK Governance Framework, Code of Conduct, Terms of Reference and the Enter and View Code of Conduct.

The LINK should, prior to commencing visits, introduce itself to the managers of premises to be visited, to build positive and constructive working relationships and explain its role and purpose.

## 1 Criteria for deciding upon and arranging a visit

This guidance describes the circumstances under which a LINK may decide to invoke their powers of enter and view:

\* The LINK must be clear that, under the legislation, they have powers of entry to the premises to be visited, and must be clear which aspects of service delivery at that premises fall within their remit (see section below on exclusions).

\* Announced visits must be documented as part of the current work plan. A letter or email announcing the visit must give the reasons for the visit and set out the practical arrangements, e.g. if a disabled parking place is required.

\* Un-announced visits should not take place if any other approach could produce the information the LINK 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 the LINK, along with the reason for not addressing the situation in another way.

The duty of entry does not allow for un-announced visits which are not reasonable and proportionate, and the LINK will run the risk of being refused entry on those grounds. The LINK must establish a visiting code for unannounced visits, including a written rationale for its decision to visit. This should contain: the intelligence that has stimulated the visit, the purpose, intended outcomes, intended plan of action.

\* Visits cannot be carried out in response to individual complaints, issues or concerns.

\* Only authorised representatives may enter and view. Lewisham LINK Enter and View representatives will have to meet criteria highlighted in the Role. Consideration should also be given to the appropriateness of the gender, ethnicity and age demographics of the representatives intending to visit.

\* All authorised persons must be in receipt of a current CRB (Criminal Records Bureau) check which satisfies Lewisham LINK Executive Committee that they are a suitable person to carry out this activity.

\* Each authorised person must be provided with written evidence of their right to enter and view, and produce this authorisation upon arrival at any premises.

\* The LINK must make publicly available a list of its authorised representatives.

\* Visits should be arranged and confirmed in writing, agreeing date, time, length of visit, specific service/premises areas to enter and view, and the names of the persons attending.

## 2 Authorised Representatives

The legislation states that only 'authorised representatives' can conduct a visit. An authorised representative must undergo a Criminal Record Bureau check and hold a certificate to show this prior to conducting visits. The LINK must make publicly available an up to date list of all authorised representatives.

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LINK members and participants who wish to exercise the power to 'enter and view' must apply through the Host. Applicants will be appointed following a selection process. The Host will pass applications to LINK members who have been appointed by the Core Group to grant authority [referred to as 'selectors']. Applicants will be against agreed person specifications.

**The selectors will assess applicants by:**

- Taking up of references. The referees must be asked to comment on how far the applicant meets the person specification
- Interviewing each applicant in person
- The selection panel will comprise of three selectors.

If the LINK has set a maximum number of people who can exercise the power to 'enter and view', and there are more applicants than vacancies, the selectors shall follow guidance issued by the Executive Committee. In the absence of guidance from the Executive Committee, they shall appoint those persons who most closely match the person specification, using a transparent scoring system.

The power to 'enter and view' granted by the selectors shall expire one year after it is granted, but may be revoked earlier by the LINK. It may be exercised only for work authorised by the LINK.

**Enter and View Person Specification:**

- Ability to observe accurately what is happening
- Ability to report findings to LINK and service providers [with support from the Host, if necessary] in a way which is easily understood
- Ability to work as part of a small team of members/participants with the power to 'enter and view'
- Skilled in engaging service users and patients in order to discover their views and experiences of care
- Respect for the privacy and dignity of service users and patients
- Ability to work co-operatively with service providers as a critical friend without being unduly influenced by their interests and agenda
- To demonstrate an independent and impartial view in relation to all involved in the visiting process
- To commit sufficient time to the role
- Willingness to abide by the Nolan principles of public life
- To have undergone training necessary for the role and demonstrate knowledge of effective visiting and health and social care service provision
- To have an enhanced Criminal Records Bureau check.

**Good Practice**

The legislation allows for both announced and unannounced visits by LINK representatives. Careful consideration should be given to unannounced visits as these run the risk of being refused entry due to the possibility they could compromise the privacy and dignity of patients, users or residents. They could also be considered unreasonable or disproportionate.

**LINKs might consider providing the following prior to the visit:**

- the date, time and duration of the visit
- the intelligence that has stimulated the visit
- the purpose of the visit

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- the shape and format of the visit (people they would like to talk to, the locations they would like to visit, any special requirements)
- the names of the authorised representatives (the number being proportionate to the work, premises and people being visited). It is advised that representatives do not visit alone.
- reassurance that authorised representatives will have visible identification
- reassurance that the findings resulting from the visit will be shared with all appropriate parties

#### **Authorised representatives should:**

- have the ability to listen and be sensitive to other people's feelings
- treat staff, service users, residents, patients and carers fairly, courteously, sensitively and with respect.
- be observant, patient and respectful
- have read and applied to the Nolan Principles (attached)
- exhibit no discriminatory behaviour
- be as unobtrusive as possible and avoid interrupting the effective delivery of health or social care service
- recognise that user, resident or patient needs take priority
- comply operational or health and safety requirements
- co-operate with user, resident, patient, carer or staff requests

### **3 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. The LINK must have a clear view about the purpose of its visit, and be as informed as possible beforehand. The LINK 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 the LINK cannot deal with individual complaints, but that LINK 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 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, and save it for the de-brief before leaving and for the written report.

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- \* 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.
- \* Exhibit no discriminatory behaviour.
- \* 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. The LINK 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 Host Organisation 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.
- \* Provide feedback to the LINK, 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 Overview and Scrutiny Committee and the commissioner of that service.

Where recommendations are made, the service provider must respond within 20 working days of receipt of the report, both to acknowledge receipt and provide an explanation of any action it intends to take, or an explanation of why it does not intend to take action. There is no obligation on other recipients to respond. The LINK should, as an example of good practice, make the final report public. The LINK should consider providing alternative methods of feedback e.g. providing confidential comments cards in advance for patients and residents not present at the time of the visit.

## Exclusions

**Some exclusions to the power to enter and view have been made. The LINK does not have the right to enter the following:**

- \* Social care services to children.
- \* Where care is being provided in the person's own home, (unless specifically invited to do so by the resident) - See note at the end.
- \* Premises or parts of premises used as accommodation for staff.
- \* Non communal parts of care homes such as individuals bedrooms (unless specifically invited to enter by the resident).
- \* Premises where care is not provided, e.g. offices, or where care is not currently being provided, e.g. out of clinic opening times.
- \* Where the authorised representative cannot provide evidence of their right to enter and view, e.g. if they have lost their letter of authorisation.
- \* If the visit would compromise any person's privacy and dignity.
- \* Where care is being provided in a penal institution or police station.
- \* Where the visit would compromise service delivery, e.g. in the event of a major incident resulting in significant numbers of casualties occurring during a visit to A&E (Accident and Emergency).

Note: An Enter and View representative should not be alone with an individual resident of a care home in a private area -if a resident asks to speak in confidence, two representatives must be present.

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## 4 Role of Service Providers

**Providers being visited by authorised representatives should be encouraged to respond to LINKs in a spirit of co-operation. Including:**

- allowing and enabling access to the premise as requested
- working co-operatively and in partnership with authorised representatives
- accompanying authorised representatives if required and appropriate

**If a provider is unable to meet a LINKs request for a visit then a provider might consider:**

- Offering alternative times and dates
- Giving sufficient notice if a date become unavailable
- Giving the reason why a visit has been refused
- Providing an explanation for the early termination of a visit

### More information

If you would like any further support or advice in fulfilling these obligations or would like to find out more about the remit of LINKs, please feel free to contact the Lewisham LINK Host on 020 8690 3900

## 5 Enter and View Visiting Procedure

When undertaking a visit, checklists are a very useful way of ensuring that all aspects are reviewed.

Standard checklists will be provided by the Host. LINK visitors may need to modify standard checklists when visiting specific locations.

### Arranging and preparing for a visit

A visit will only achieve its aims and objectives if arranged properly. Once the purpose and timing of the visit has been agreed, the practical issues can be considered. The Host organisation will undertake the following actions to arrange and prepare for visits.

Actions	
1	Contact the relevant service manager (GP, practice manager, elderly care manager etc).
2	Meet with the service manager, if necessary, to clarify visit arrangements and obtain information on the department to be visited.
3	Confirm the visit in writing.
4	Confirm who will represent the LINK and agree who will lead the team.
5	Confirm availability of LINK Enter & View panel members.
6	Ensure all members have the others' contact details.
7	Distribute information of visit to LINK Enter & View panel members who are to attend and ensure LINK Enter & View panel members are fully briefed.
8	Obtain previous visit report, if available.
9	Agree who the LINK Enter & View panel members want to talk to.
10	Send out notice(s) of the visit in accordance with the LINK policy.

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**Though the individuals involved in the LINK will come from different backgrounds, everyone involved in the visit must have three things in common:**

- Have a current name badge or letter of introduction from their Host Organisation
- Have Criminal Records Bureau Disclosure Certificate
- Have completed enter & view visit training

**Tips for a successful visit:**

- Meet up at least half an hour before the visit starts.
- Make sure everyone is briefed and has the required paperwork.
- Make sure a visit report writer has been nominated.
- Agree how the checklist will be used.
- Agree which staff/patients/service users will be approached.
- Arrange to meet and have a review at end of visit.

During the visit, different people will have different expectations of the LINK visiting team. Here are some examples:

**Service Users will expect:**

- To be asked for their agreement before being contacted
- That the LINK will maintain their confidentiality
- That they will be able to ask questions
- That they will have a way of contacting the LINK after to visit as they may not want to talk about the service while they are patients or current service users
- They can post back responses
- That the visitors can communicate with them in a way they need or choose

**Health and Social Care Staff will expect:**

- Visitors will wear ID badges
- Visitors will introduce themselves
- Visitors confirm arrangements
- Visitors may need to be escorted
- To see a copy of any checklists
- They are asked which patient/ service user may be approached
- Visitors take note of any requirements in a sensitive environment
- Visitors can point out positive work as well as the not so positive
- The visit does not take up too much of their time

**Carers will expect:**

- Treatment of the person their care for will take priority and will be uninterrupted
- If they are busy caring that they are given an opportunity to contribute at a later time
- They can contact the LINK and are able to post back responses

**Contractors Providing a Service will:**

- Expect that they will be allowed to continue providing their service
- Understand that they can also be monitored in certain circumstances
- Expect prior notice if their time is to be taken up by the LINK
- Expect feedback after the event within a reasonable timescale

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## Handy Hints

Arrive punctually, at the agreed time, and ensure identification badges are worn and visible.

Meet with the service manager, or equivalent, and introduce the team. Agree whether the visit will be escorted or not. Confirm expectations and arrangements. Agree who can be approached.

Make sure a note taker is appointed for each team. Use checklist to ensure that the relevant information is obtained.

Always obtain consent prior to interviewing and observe individual's privacy/dignity at all times. Take into consideration any ethnic issues. Observe the sensitivities of the environment, e.g. intensive care unit, mental health unit etc.

Don't be afraid to ask questions. Be professional at all times. Avoid voicing comments or criticism during the visit. Do not take up too much staff time. Remember the Code of Conduct for LINK visitors. Always thank people for their input.

Meet with the service manager, or equivalent, at end of visit and thank them for their co-operation and assistance. Discuss any urgent concerns and explain the report process.

Meet with the team to review the visit and agree the report process. Refrain from recounting personal anecdotes.

REMEMBER: LISTEN MORE - TALK LESS . . .

and ALWAYS WASH YOUR HANDS!

## Enter and View Report

A report is a document that defines a subject or problem, and gathers relevant information and facts in order to present them as completely and accurately as possible. A report should follow a pattern with a definite beginning, middle and end. These should be thought of as:

- introduction (or context),
- content,
- conclusion and recommendations.

It is also important to acknowledge people you have spoken to who may have assisted you with the report.

Finally, the report should also contain references to any material or information sources you have used in your report.

## Remember

A report should have a clear objective. Clear objective = clear focus = easier to write.

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