



Enter and View Policy for County Durham LINK

September 2008

Introduction

This policy describes the arrangements for members of County Durham LINK's Enter and View Group to enter and view premises providing health and social care services within County Durham 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 both staff, services users and carers.

The LINK has the power to enter and view care services provided by:

- NHS Trusts
- NHS Foundation Trusts
- Primary Care Trusts (PCTs)
- Local Authorities
- Primary Medical Services, e.g. GPs
- Primary Dental Services
- Primary Ophthalmic Services
- Pharmaceutical Services
- Bodies or institutions which are contracted by Local Authorities or NHS trusts, Primary Care Trusts (PCTs) or Strategic Health Authorities to provide care services.

Commissioners have a responsibility to ensure that any contracts with independent providers made after April 2008 allow authorised representatives to enter and view.

This policy is divided into two sections:

1. Criteria for deciding upon, and arranging a visit.
2. Conduct during and after the visit.

This guide should be used in conjunction with policies and guidance on CRB (Criminal Records Bureau), the County Durham LINK Constitution, Code of Conduct, Terms of Reference and the Enter and View Role Specification.

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.

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 un-announced 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. County Durham 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 County Durham LINK Management 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.

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.
- 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)*
- 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).

*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.