



Procedure for Enter and View for County Durham LINK

February 2009

Introduction

This procedure describes the processes and 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.

Planned/announced visits as part of the LINK Work Plan

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

- A suggested date and time for the visit, along with an approximate duration.
- The information that has prompted the visit. Sources of information will be anonymised.
- The purpose of the visit.
- The overall structure of the visit:
 - Identifying staff and service users that the authorised representatives want to meet.
 - The number and nature of any discussions along with the identification of any special communication or access needs.
 - The types of activities that the authorised representatives wish to observe.
 - Whether the authorised representatives will be distributing leaflets or other information about the LINK.
 - 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 LINK authorised representatives will provide and what will be visible throughout the visit.
- 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, ie other LINK members.

Unplanned/unannounced visits

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.

Where the LINK decide it 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. 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.