

Enter & View Policy and Procedure

1. Background

The purpose of this policy is to explain what is meant by the term **Enter & View**, how it is used, and to provide good practice guidance to ensure that this Healthwatch Kingston duty is carried out in an effective, accountable and transparent manner. This policy is a statement of intent and will be implemented as a procedure.

2. Legal Framework

Within the Healthwatch Regulations, the Government has imposed a duty on commissioners and providers of publicly funded **health and social care services** to allow **Authorised Representatives** of Healthwatch Kingston to enter premises that providers own or control to observe the nature and quality of services.

Healthwatch statutory functions

- The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007¹ and Part 4 of the Local Authorities Regulations 2013² to carry out Enter and View visits
- Healthwatch should consider how Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007³.

¹ [Section 225 of the Local Government and Public Involvement in Health Act 2007](#)

² [Part 4 of The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

³ [Section 221 of the Local Government and Public Involvement in Health Act 2007](#)

3. What is Enter & View?

Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.

Although Enter and View sometimes gets referred to as an 'inspection', it should not

be described as such.

The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system-wide.

During the visit, Healthwatch should focus on:

- Observing how people experience the service through watching and listening
- Speaking to people using the service, their carers and relatives to find out more about their experiences and views
- Observing the nature and quality of services
- Reporting their findings to providers, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visit

4. Where can Enter & View take place?

The legislation⁴ places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered.

This includes:

- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists
- Premises which are contracted by local authorities or the NHS to provide health or care services, such as adult social care homes and day-care centres

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007⁵ and supplemented by Reg 14 of the 2013 regulations⁶.

⁴ [Section 225 of the Local Government and Public Involvement in Health Act 2007](#)

⁵ [Ibid](#)

⁶ [Part 4 of The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

5. When can an Enter & View not take place?

These powers do not allow Healthwatch to Enter and View local authorities' social services activity for people under the age of 18.

Health and social care providers do not have a duty⁷ ⁸ to allow entry if:

- The visit compromises either the effective provision of a service or the privacy or dignity of any person.
- Where the part(s) of premises are used solely as accommodation for employees 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 they are authorised to carry out the visit.
- 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 Healthwatch to enter.
- Where the premises are non-communal parts of care homes, e.g. a resident’s bedroom. If a resident asks an Authorised Representative to come into their bedroom and the Healthwatch agrees to this, it is important that the Authorised Representative is operating within their Healthwatch’s own safeguarding policies and procedures, and the situation has been risk assessed.
- If there are no people in receipt of publicly-funded services on the premises.

There is not a legal definition of “reasonably and proportionately” and so the following considerations should be made during Enter and View planning:

- The number of volunteers should be enough to undertake the visit without appearing excessive. For example, more people would be needed to visit an area of a hospital with several wards compared to visiting a small care home.
- If people have decided not to participate, it would be inappropriate to keep asking them. They may also decide that they want to withdraw their permission and Authorised Representatives should respect this.
- Schedule the visit to try and minimise disruption and to make sure that Authorised Representatives don’t get in the way of any work being undertaken on the premises.
- If the premises has an unexpected incident, an Enter and View visit may be an unhelpful distraction and obstruct work. Although it may cause difficulties, the team should consider rescheduling the visit.
- It is important that the Enter and View team behaves respectfully to patients and / or residents and to staff. This includes not being over-familiar or causing disruption.
- Members of the Enter and View team should put aside their personal opinions when talking to staff, residents or patients and avoid being seen as confrontational or judgemental.

⁷ [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

⁸ [The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Directions 2013](#)

6. How will Enter & View be used?

Most Enter & View visits will be planned to take place on specific dates. The challenging issue of which sites to visit and how to prioritise will be proposed by Healthwatch Kingston's Task Groups during the annual research project prioritisation process and then endorsed by the Board of Trustees but there may well be a need for ad hoc arrangements to be agreed.

A visit could, for example, be prompted by feedback from local service users, patients, their carers and families, which suggests common concerns about performance or aspects of provision on a single ward or in a care home. Examples of why a visit may be carried out in these circumstances include but are not exclusive to the following:

- To follow-up on points raised during a prior CQC inspection
- To contribute to a planned CQC inspection (announced or unannounced)
- To gather evidence to support identified service deficits and/or gaps in provision
- To observe and make suggestions with regard to a particular matter that is of concern for the local community
- To provide support in identifying and sharing **best practice** in a specific area

Healthwatch Kingston will work in partnership with CQC as set out in the document [*The Care Quality Commission and the Healthwatch Network: Working Together 2014*](#). This briefing describes how an effective two-way relationship should be developed, particularly sharing work plans to avoid duplication and identify opportunities for a coordinated approach.

All will be carried out in accordance with Healthwatch Kingston's Enter & View Procedure that will confirm the purpose of the visit, the availability of background information, the types of activities and areas to be observed, and a brief which may include questions and/or surveys/questionnaires for people using the service and for staff.

7. What is an Authorised Representative?

An Authorised Representative is a member of the public who has joined Healthwatch Kingston in a voluntary capacity and:

- Has expressed an interest in specific areas related to health and social care services as indicated in their completed application form
- Has undergone a volunteer interview
- Has undergone a **Disclosure and Barring Service (DBS)** check
- Has provided at least two appropriate **references**
- Has completed an induction and undertaken **Enter & View training** provided by Healthwatch Kingston
- Acts at all times in accordance with the following Healthwatch Kingston's Policies and Procedures (failure to do so could result in immediate suspension and, subject to the outcome of a formal investigation, removal from Healthwatch Kingston):
 - **Code of Conduct**

- Equality and Diversity Policy
- Safeguarding Policy

(hyperlink policies above and 'A guide to Enter and View' below to HWK website when uploaded)

8. Enter & View Procedure

See 'A guide to Enter and View', published by Healthwatch England in April 2019.

9. Document Control

Title of Policy: Enter & View Policy	
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