

The Wiltshire Involvement Network

Enter & View Information Pack



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Introduction

Enter and View visitors (known as authorised representatives in the legislation) can visit and report on health and adult social care services used by Wiltshire residents – this activity is known as Enter and View.

This document details the arrangements for Enter and View visitors (E&V visitors) to visit services, look for good practice and make suggestions for services to be made even better.

In carrying out these visits, The Wiltshire Involvement Network will collect evidence, write a report and make recommendations. This report will be sent to the Care Quality Commission (CQC) commissioners or the Health Scrutiny Committee (HSC) and the service provider.

Commissioners, service providers and other providers have a duty to respond within 20 working days.

This process will be supported by forming good constructive relationships with all parties, with the intention of improving service delivery.

Duty to allow entry

Commissioners and providers of health and adult social care services have a duty to allow E&V visitors of The Wiltshire Involvement Network to enter and view publicly funded health and adult social care services provided by:

- NHS Trusts
- NHS Foundation Trusts
- Primary Care Trusts (PCTs)
- Local authorities
- Primary medical services, for example, GPs
- Primary dental services
- Primary ophthalmic services, for example, opticians
- Pharmaceutical services, for example, pharmacies
- Bodies or institutions which are contracted by local authorities or NHS Trusts, Primary Care Trusts (PCTs) or Strategic Health Authorities to provide care services

The duty to allow entry does not apply in the following circumstances:

- The presence of an E&V visitor would compromise the care, privacy or dignity of the patient
- Where care is being provided in the person's own home (unless specifically invited to enter by the resident/occupier)
- To premises or parts of premises that are used as accommodation for staff
- To non-communal parts of the premises, such as individual's bedrooms (unless specifically invited to enter by the resident/occupier)
- Parts of the premises where care is not provided
- Where the E&V visitor is deemed to be behaving inappropriately by the service provider
- If the service provider deals with the social care of children aged under 18
- Where the E&V visitor cannot provide evidence of his or her right to enter and view

The Wiltshire Involvement Network Enter and View procedure

Wiltshire Involvement Network have accepted the National Centre for Involvement Code of conduct relating to visits to enter and view as their policy of good practice and this document identifies and publishes such procedures.

To enable WIN to carry out their activities effectively there will be times when it will be helpful to undertake an observation of either health or social care services and collect the views of people whilst they are directly using those services.

As part of the Local Government and Public Involvement in Health Act 2007 the Government has introduced duties on certain commissioners and providers of health and social care to allow authorised representatives of LINKs (WIN) to enter premises that providers own or control to observe the nature and quality of services. These are listed above.

Rationale for enter and view

There must be a rationale for each visit to a health or social care provider which may have come to WIN through an issue or concern raised by individuals or community group. This issue will form part of the WIN work plan and a decision to enter and view will be discussed, and agreed, at the Core Group and the rationale minuted. This information will provide an evidence base on which to set the priorities and make the decision to enter and view. The visit to enter and view will only be carried out if it can be shown that gathering intelligence in this way will help WIN to collect sufficient information to pass the issue on to those who commission the service and/or the Overview and Scrutiny Committees. The service to be visited should be consulted before the visit to establish that the enter and view activity is not duplicating a part of inspection from the Care Quality Commission or the commissioning agent (The Local Authority or NHS Wiltshire). The report of the visit will be produced by the authorised representative(s) and fed back to the WIN Core Group for a decision on what action needs to be taken remembering that WIN's role is to work as a critical friend with local services to consider the standard and provision of services and how they may be improved (NCI code).

Preparing for a visit

All WIN Core Group members who wish to be considered to make visits must;

- Undergo mandatory training
- Undertake a CRB check
- Meet the criteria of the person specification, regarding suitability to make visit

The authorised representatives will;

- Be few in number – no more than 6
- Reflect the population of Wiltshire and its diverse communities as far as possible

Visits are only one way of gathering intelligence about a service. It is important that WIN has a clear understanding of why it deems it necessary to enter and view a particular care setting. For example, it may be that a visit is prompted by feedback from local service users, patients, their carers and families, which suggests common concerns about performance or aspects of provision. Before a visit, we would advise that LINKs prepare by thinking through the kinds of information it might be helpful for the care provider to have prior to the proposed visit, and to give thought to the aims and structure of the visit.

Preparatory information for the care provider

The legislation allows for both announced and unannounced visits. If the visit is 'announced', it may be helpful for a LINK to let care providers know about the reasons for a visit and to set out the practical aspects in advance; this would be best presented in a formal email or letter.

Whilst the legislation allows for unannounced visits, careful consideration should be given before one is undertaken. The duty to allow entry does not apply in circumstances where a visit is not reasonable and proportionate or would compromise the privacy or dignity of patients, and authorised representatives should be aware that they run the risk of being refused entry on those grounds. LINKs may consider suggesting to those being visited that this Code will be treated as the agreed protocol for the visit.

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

- a suggested date and time of the visit and how long it will last;
- the intelligence that has stimulated the visit (note that any patient and user feedback should be anonymous);
- the purpose of the visit;
- the shape and format of the planned visit, for example:
- identification of staff, service users, and user forums that authorised representatives would like to meet;
- the number and nature of discussions/meetings to take place and whether special requirements will be necessary, such as communication aids or special access to buildings;
- the types of activities and service areas authorised representatives would like to access and observe;

- whether authorised representatives have explanatory leaflets about LINKs (including contact information) available for distribution during the visit; and
- whether it would be helpful for staff and/or service users to accompany authorised representatives during the visit;
- the names of the authorised representatives attending the visit. Please note: careful consideration should be given to the number of representatives visiting an establishment at any one time. We would advise against authorised representatives working alone and would suggest that numbers should be proportionate to the size of the establishment wherever possible. Some care homes are extremely small and large numbers of visitors may unnerve residents and could compromise their privacy and dignity;
- reassurance that authorised representatives will have appropriate identification visible throughout the visit; and
- reassurance that draft findings resulting from the visit will be shared with the provider, together with – where appropriate – relevant residents, users, patients, carers and families or people whose feedback had prompted the visit, prior to them being finalised and shared more widely.

Requesting information from a care provider

In preparation for, or following, a visit a LINK may request information from the relevant providers. A LINK may request information from a public body under the Freedom of Information Act. If a LINK wants to request information about a service provided by the independent sector but funded by a Primary Care Trust, NHS Trust, Strategic Health Authority or Local Authority, it can do so in line with the legally binding Directions about LINKs and independent providers. The Directions in respect of LINKs and independent providers are attached at Appendix III.

Preparatory work for WIN

With the support of the WIN Host, authorised representatives should prepare for all visits made to a health or social care setting. The types of activities that LINKs might consider undertaking in advance of a visit include:

- thinking through the aim and desired outcomes of the visit;

- establishing whether any other visits are being planned around the same time of WIN's visit by, for example, the care regulators (eg the Healthcare Commission or the Commission for Social Care Inspection) or Foundation Trust governors. Could the visits be coordinated;
- agreeing how the objectives of the visit will be achieved, for example:
 - by talking to staff, service users, patients – with their agreement – including meeting the user forum (where one exists) to hear their views;
 - by observing the general interaction between staff, users and patients; and/or
 - by noting environmental aspects of the care setting;
- preparing a pre-visit checklist. The checklist could refer to information about a service which is already in the public domain to build a profile of any issues or concerns which have already been noted such as:
 - comments received by the LINK from people with direct knowledge of the service (for example, users or their families, user groups or forums);
 - regulators' monitoring and recommendations;
 - Overview and Scrutiny Committee reviews and recommendations;
 - complaints information;
 - Patient and Public Involvement and/or Patient Advice and Liaison Service intelligence held by the relevant premises being visited; and
 - research into recommended practice/national minimum standards/core standards for the particular service area, numbers of staff, beds, activities, therapies, etc.
- identifying any special support needs necessary to facilitate the visit for example, the use of interpreters, signers, advocates or private rooms;
- identifying whether a specific mix of authorised representatives is appropriate to the setting to be visited (in terms of gender and diversity);
- agreeing and allocating topics of enquiry to visiting representatives in advance;
- deciding whether a particular service or specific aspect of a service should be the focus of the visit and whether the visit needs to be made at a specific time to coincide with certain activities;
- researching specific types of care provision to sufficiently understand methods deployed in different care environments and with different patient and user groups, for example, people with dementia, people with challenging behaviour, people who are close to death, etc;

- agreeing an approach for dealing with matters of concern or complaints raised by individuals on a visit and whether these should be referred to other agencies;
- researching the formal complaints process relevant to that care service, so that authorised representatives can inform service users of it if appropriate; and
- agreeing an approach for collating and writing up notes and producing draft findings from the visit including whether additional concerns or complaints raised during the visit should be included with the overall outcomes and recommendations.

Person Specification for Enter and View

WIN authorised representatives for enter and view will:

- Be aged over 18 years
- Have a commitment to equality and diversity
- Have good observational skills
- Have good interpersonal skills, that include good communication and listening skills
- Have knowledge and understanding of health and/or social care – particularly relating to the proposed visit
- Show respect for others
- Have an understanding of confidentiality
- Be able to write up the findings in an acceptable format

Each authorised representative will have written authority and an identity badge issued to them which must be available during any visit.

Conducting the visit

- The E&V visit panel will have a pre-visit briefing to decide the purpose of the visit and how it will be conducted, identify any research that needs to take place, complete any necessary paper work
- On the day the visit leader will announce their arrival to the named contact or a senior member of staff, make introductions and explain the process. At this point the E&V visitors must display their ID card and letter of authorisation
- The other two E&V visitors will ask the pre-planned questions whilst the lead visitor makes notes. The template can help with this process

- The E&V visit panel can choose to talk to the service users and providers more informally after asking the pre-planned questions
- The E&V visit panel may quietly observe the delivery of services as planned and agreed by the service provider
- At the end of the visit the visit leader should thank the service provider and ask for feedback through a question such as, “Are you satisfied with how the visit has been conducted?”
- These points are to be used to guide the visit and are subject to review

Best practice would suggest that whilst visiting, E&V visitors should:

- Abide by the LINK Code of Conduct and the Department of Health Code of Conduct
- Abide by the Seven Principles of Public Life (Nolan Principles)
- Exhibit no discriminatory behaviours
- Not behave as if they are carrying out a formal inspection or be overly critical in front of service users
- Inform the service provider of the visit structure
- Have their E&V visitor ID card visible at all times
- Treat staff, service users, residents and patients with respect at all times and cooperate with any reasonable requests in line with operational or health and safety requirements
- Bear in mind the needs of service users, residents and patients and not compromise their care
- Be guided by staff where operational constraints may deem visiting activities inappropriate
- Not put themselves in the position of being alone with a patient or service user and remain in communal areas. If someone wishes to speak to an E&V visitor in confidence all visitors should be present
- Not enter private areas (for example personal rooms or bedrooms) or staff rooms unless given permission by the resident/occupier. If permission is given the E&V visitor must not go in alone
- Respect the confidentiality of an individual’s information and not disclose this unless there is an urgent concern about the safety and wellbeing of a user, resident or patient
- Be aware of how to deal with the issues regarding the safeguarding of vulnerable adults and children

- Never give advice on the delivery of medicine or care to anyone. Giving any form of advice should be avoided at all times
- Be aware that not all users, their family or carers may want to give their views and react appropriately to this (for example, do not push for their opinion)
- Make sure all notes collected are anonymous and shredded after the report has been ratified by the appropriate bodies
- Dress appropriately
- Remain objective at all times and do not let your own experiences colour your findings

Should any of these be breached the visit may be stopped or the E&V visitor could be refused entry by the service provider.

Stopping the visit

If at any time serious malpractice is observed, the visit should be ended. The E&V visit panel will then meet to decide how to deal with this in collaboration with the WIN Host.

If something untoward occurs during the visit (for example, an emergency) and the E&V visit panel has doubts as to whether it should continue, the visit leader should ask the service manager for advice.

Dealing with visit cancellations

E&V visitor absence

If an E&V visitor cannot attend the visit then the reserve will be called in. Reserves should always keep themselves available in case this does happen. If, however, the reserve is unavailable then the visit will be cancelled.

Service provider cancellation

If a service provider has to cancel the visit it should let us know as soon as possible and follow this up in writing giving a reason as to why it cancelled. If the service provider cancels often (more than 3 times) it will be investigated.

After the visit

There will be a post-visit briefing where the E&V visit panel can gather their notes and discuss the visit. This should take place either immediately after the visit (in a different location from the visited premises) or the next day.

The report

Report writing

- The lead visitor will write the report within one week of the visit, in the agreed format (using the report template and in plain English)
- The report should be a balanced assessment of the visit
- Once complete the report will be sent to the other two E&V visitors from the E&V visit panel for agreement

Report Approval

- Once written and approved by the E&V visit panel the draft report will be sent to the service provider to check for factual accuracy. They should respond within two weeks
- Should the service provider suggest any changes the E&V visit panel will consider carefully whether the document should be amended and produce a formal draft
- The formal draft will be put forward for discussion and approval at the project or locality meeting
- The report also needs to be discussed at the next WIN Core Group meeting, which could be specifically organised to look at the report. This function can be delegated to the Chairs meetings
- Once the report is approved, the Wiltshire Involvement Network Host has the duty to publish and send out the report

Report publication

The report will be published on the Wiltshire Involvement Network website and in accordance with the legislation, be sent to relevant parties such as;

- Commissioners
- Service providers
- Care Quality Commission
- Health Scrutiny Committee
- Other appropriate people and organisations
- The Wiltshire Involvement Network Annual report

Response to the published report

Commissioners and service providers have a duty to respond to the report within 20 working days. If no response is received then the matter will be referred to the HSC who should respond within 20 working days.

Monitoring and feedback

The service provider will be given an evaluation form to fill in after the visit. This will be used to monitor the effectiveness of the Enter and View programme and make any improvements/changes as necessary.

Enter and View Template: Part 1

Name and address of unit visited

--

Day, Date and time of visit

e.g. Monday, 25th January 2010 ,11am to 1.30pm

--

People undertaking visit and status;

i.e. LINK members, carer, service user, etc

--

Contact details

Name address telephone email address of people who arranged or facilitated the visit to the unit e.g. area manager, unit manager etc

--

Purpose of the service/unit

Brief description of what the unit does

--

Reason for/purpose of visit

e.g. part of the business plan, return visit, response to concern expressed

Business Plan

Return visit

Responding to Concern

ther

Other (please state)

Visit plan

What do you intend to do? Note specific things you might want to see or get information about and why?

Expectations and preconceptions

What do you expect to find?

During the visit

First impression

Initial observations, signage, access, cleanliness, how does it feel?

Reception

How were you received as a visitor? Any comments about your reception i.e. welcome ease of access

Written information

What is publically available? What was available prior to the visit? What was available during the visit?

Premises

Description of the building, age, condition etc. Do the premises appear fit for the activities undertaken at or by the unit?

After the visit

Summary of visit and findings

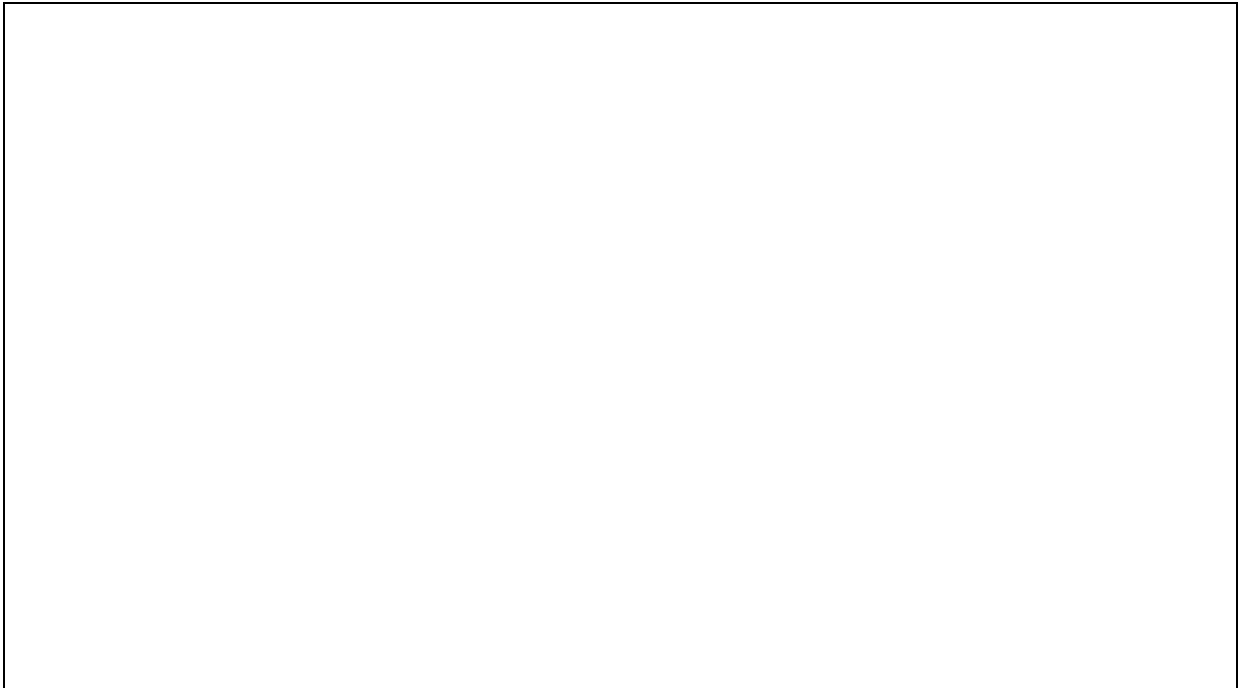
What did you do? Who did you see and speak to - e.g. staff, patients other visitors. Include what you would have liked to have done but were not able to and why e.g. lack of time, things not occurring on that particular day.

Bullet points of strengths and areas of improvement

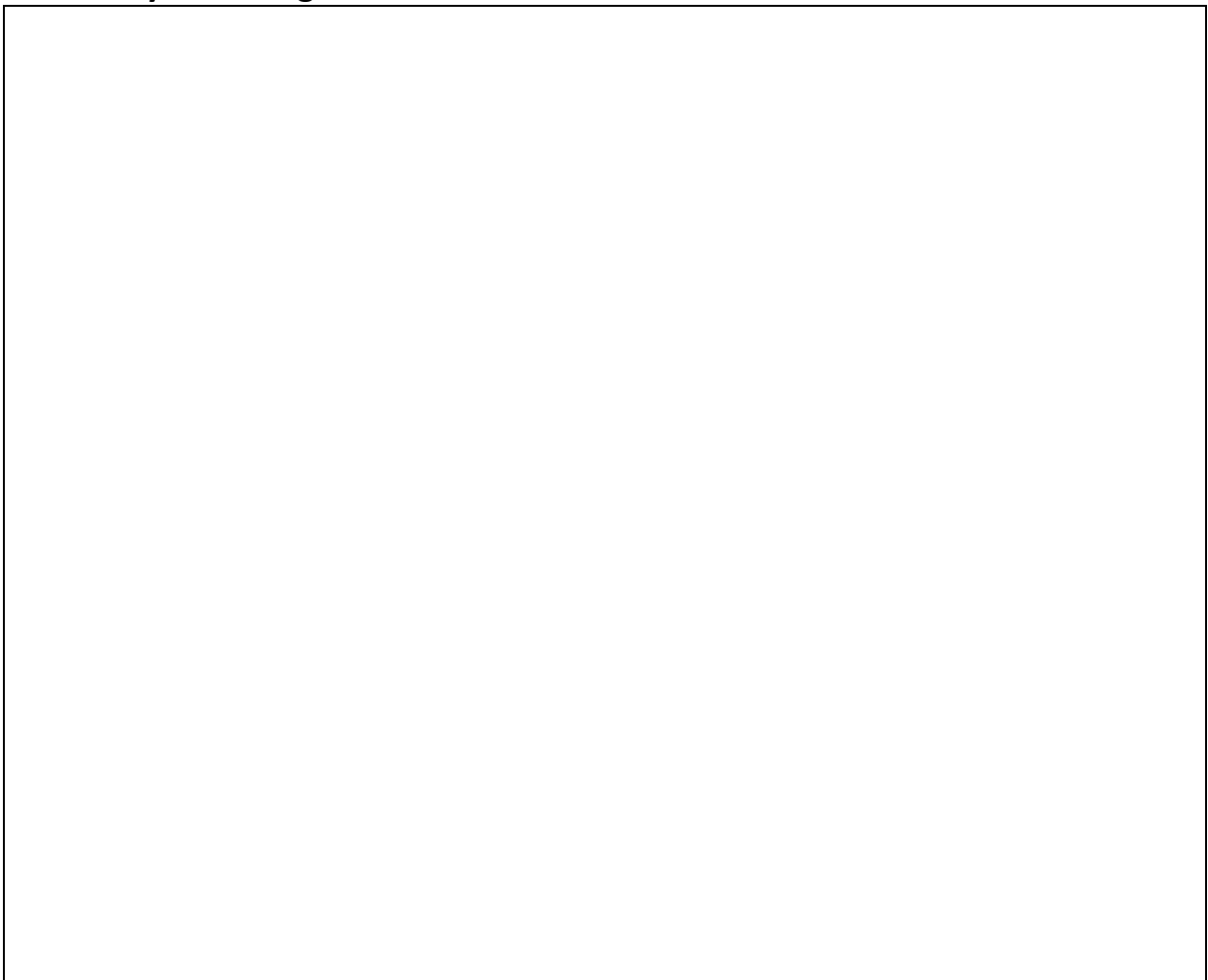
Based upon what you found on the visit and with evidence e.g. examples of perceived good practise, good system, service, any key features that you would like to highlight. Try to ensure there is something in each area section.

Areas of Strengths

Areas of improvement

A large, empty rectangular box with a thin black border, intended for text input under the heading 'Areas of improvement'.

Summary of findings

A large, empty rectangular box with a thin black border, intended for text input under the heading 'Summary of findings'.

Action Points

What to address, by whom and by when

Item	Action	By whom	By when

Suggested issues for the next visiting group to address –
use SMART process

Comments from Local Group/ Governance Group

To include comment on visit, report actions and what will happen next e.g. modify work plan. How does this visit report stand against others? Are trends emerging? What are the main issues /concerns?



The Wiltshire Involvement Network
The Wiltshire and Swindon Users' Network
Independent Living Centre
Semington
Wiltshire
BA14 6JQ
01380 871800
winadmin.wsun@btconnect.com
www.wiltshireinvolvementnetwork.org.uk

Date

Addressee

Dear

I am writing to you on behalf of the Wiltshire Involvement Network (WIN). We are a network of local people and organisations that has statutory powers to enable local Wiltshire people to influence Health and Social Care services. (Local Government and Public Involvement Act 2007)

As part of this role we have statutory powers to undertake an Enter and View visit in any publically funded Health or Social Care premises. **Our aim is to develop a constructive working relationship with you with the intention of improving service delivery for the residents of Wiltshire.**

As part of our work plan, we would like to conduct an Enter and View visit to your service on

Date, time and suggested duration of the visit

The purpose of the visit is to – *insert the purpose here*

We would like to meet with – *identification of staff, service users, and user forums*

We would like to see – *types of activities, and service areas to be observed*

The team undertaking the visit will be – *names of visitors*

They have all undertaken the relevant training, have enhanced CRB checks, carry Wiltshire Involvement Network ID and have a letter of authorisation from the Chair of the Wiltshire Involvement Network. Their details are available on our website.

During the visit, we will ask some pre-planned questions based on our research and may observe service delivery activity. In order to make the visit a useful experience for us both could you please supply me with the following information to enhance our research? – *insert information request here*

We will take notes during the visit and no service user or member of staff will be identified.

After the visit, we will write a draft report within two weeks, which we will send to you to identify any factual inaccuracies. You have a duty to respond back to us within 2 weeks. A final report will then be sent back to you and any other appropriate body and published on our website. If we have made recommendations, we would expect to see a document responding to these within two weeks. If this is not forthcoming we may refer the report to the Health Scrutiny Committee.

If necessary we will arrange a follow up visit in due course.

Please do not hesitate to contact me if you would like further information. If not I look forward to seeing you on – *insert the date of the visit*

Please respond directly to me on – *insert email address*

Our full Enter and View Procedure can be viewed at www.wiltshireinvolvementnetwork.org.uk You may also wish to look at the weblink

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285 to the Department of Health Code of Conduct relating to Enter and View.

Kind regards



The Wiltshire Involvement Network
The Wiltshire and Swindon Users' Network
Independent Living Centre
Semington
Wiltshire
BA14 6JQ
01380 871800
winadmin.wsun@btconnect.com
www.wiltshireinvolvementnetwork.org.uk

Date
Addressee
Dear

Thank you for agreeing to the Wiltshire Involvement Network conducting an Enter and View visit.

The following people are authorised by the Wiltshire Involvement Network Core Group to undertake the visit:

Lead Visitor	
Visitor	
Visitor	

As part of this authorisation process they have:

- Enhanced CRB checks
- Undertaken relevant training
- Agreed to abide by the WIN Policy and Procedures
- Agreed to abide by the Nolan Principles
- Read and understood the Department of Health guidelines for Enter and View

If you need further verification please contact Lucie Woodruff, WIN Officer, on 01380 871800.

Kind regards

Phil Matthews – Chair of WIN
The Wiltshire Involvement Network Enter and View Feedback Form

Please return to:

The Wiltshire Involvement Network
Independent Living Centre
St Georges Road
Semington
Wiltshire
SN12 6JQ

Premises visited:

Date of visit:

Contact person at premises:

Wiltshire Involvement Network visitors:

Please delete as appropriate;

Were you given information in advance about the Wiltshire Involvement Network and the purpose of the visit? YES / NO

Was this useful? YES / NO

How could it be improved?

.....
.....

Did the WIN visitors show you their letter of authorisation?
YES / NO

Were their badges clearly displayed?
YES / NO

Was the conduct of the WIN visitors appropriate throughout the visit when dealing with staff and patients/ users?
YES / NO

If NO please give details -

.....
.....

Did the draft report reach you in the time specified?

YES / NO

Was the content of the report factual?

YES / NO

Did the report make recommendations?

YES / NO

Were these useful and relevant?

YES / NO

Are you clear about the next steps?

YES / NO

Do you have any other comments or observations about the Enter & View visit?

.....
.....
.....
.....
.....

Thank you.