



WILTSHIRE INVOLVEMENT NETWORK

PROCEDURES FOR ENTER AND VIEW

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 as appendix 1. The rational and good practice for enter and view visits are out lined in appendix 2

Under the legislation, certain individuals can be authorised to enter and view and observe health and social care activities being carried out – authorised representatives.

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 see appendix 3

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

Appendix 1

Organisations and Premises that can be visited

- NHS Trusts including Primary Care Trusts
- NHS Foundation Trusts
- Local Authorities
- A person providing medical services (e.g. GP's)
- A person providing dental services (i.e dentists)
- A person providing ophthalmic services (i.e. opticians)
- A person providing pharmaceutical services (e.g community pharmacists)
- A person who controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or NHS Trusts, Primary Care Trusts or Strategic Health Authorities to provide care service.

Visiting Exceptions

- If a LINK visit comprises either the effective provision of a service or the privacy or dignity of any service user
- If the premises 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 them to enter)
- Where the premises are non-communal parts of care homes;
- Where health and social 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 services being visited, the authorised representative, in seeking to enter and view its premises, is not acting reasonably or proportionately; and or
- If the authorised representative does not provide evidence that he or she is authorised in accordance with regulation 4 of the LINKs (Duty of services Providers to Allow Entry) Regulations 2008
- Activities which relate to the provision of social care services for children cannot be viewed

Appendix 2

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

Visits are only one way of gathering intelligence about a service. It is important that a LINK 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 anonymised);
- 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 LINKs

With the support of the 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 the LINK'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; July 2008
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- 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.

Appendix 3

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.