

Healthwatch Richmond

Enter & View Policy

1. Purpose & scope

Healthwatch may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.

The duty to allow entry generally¹ extends to:

- NHS Trusts
- NHS Foundation Trusts
- Clinical Commissioning Groups
- Local Authorities
- A person providing primary services including: medical services (e.g. GPs); dental services (i.e. dentists); ophthalmic services (i.e. opticians); and pharmaceutical services (e.g. community pharmacists)
- A person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or NHS Trusts or Strategic Health Authorities to provide care services.

¹ The duty to allow entry does not apply in the following circumstances:

- If the visit compromises either the effective provision of a service or the privacy or dignity of any person
- 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 or parts of premises are used solely as accommodation for employees
- Where the premises are non-communal parts of care homes
- 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; and/or If the authorised representative does not provide evidence that he or she is authorised in accordance with The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, Part 4
- Children's social care services or the observing of any activities which relate to the provision of social care services to children.

In carrying out visits, Healthwatch may be able to validate the evidence that they have already collected from local service users, patients, their carers and families, which can subsequently inform recommendations and be fed back to relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. The Healthwatch role is not to seek out faults with local services, but to consider the standard and provision of care services and how they may be improved. Visits may be 'announced', or in exceptional circumstances 'unannounced'.

2. Conduct of visits

It is Healthwatch Richmond's policy that visits will be conducted in such a way as to ensure that:

- The rights of patients, service users, staff and residents are respected and protected as are those of the authorised representatives undertaking the visit
- Visits are conducted in a spirit of openness and partnership between Healthwatch Richmond, the provider of the service and the individuals receiving the service; and
- The relationship and dialogue between Healthwatch, provider and wider population remains positive and constructive.
- Visits will only be made by Authorised Representatives for the purpose of carrying out the activities of the Healthwatch they represent. They will only be made by authorised representatives who have satisfied Healthwatch Richmond's appointment criteria including DBS checks, general suitability and training to support Healthwatch Richmond's Enter & View Policy and in such aspects as safeguarding adults and children in vulnerable situations
- Before a visit can take place the Board of Richmond Health Voices must agree to the visit. This agreement can be recorded in the minutes of a Board meeting or by two officers of the Board who confirm, in writing or by email, that in their opinion:
 - That the purpose for the visit is appropriate; and
 - That the visit has been planned in line with Healthwatch Richmond's policy
- Authorised representatives will have signed acceptance of the Healthwatch Richmond's Code of Conduct, and their name will be included in Healthwatch Richmond's publicly available and up to date list of all of its Authorised Representatives. They will have appropriate identification visible throughout the visit. If an authorised representative is judged to be behaving inappropriately, according to the nature of the misconduct, entry may be refused or the visit terminated, and the matter referred to the Chief Officer of Richmond Health Voices with evidence of the alleged misconduct

- In conducting an announced visit, care providers will be given prior notice by letter or email of reasons for the visit and its practical aspects, and that the Code of Conduct will be treated as the agreed protocol for its conduct
- In preparation for, or following, a visit Healthwatch Richmond may request information from the relevant providers in accordance with the Freedom of Information Act or the Directions Healthwatch and independent providers
- All visits will be conducted in accordance with a pre-visit plan or checklist and with the support of Richmond Health Voices and consultation with the Care Quality Commission and where appropriate Richmond CCG or the London Borough of Richmond upon Thames
- Following a visit authorised representatives will document their findings in writing and inform the staff that they visited of their findings. Draft findings will always be sent to the provider for comment and - 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
- If the visit finds issues that the visiting team consider impact on patient safety or care these should be raised with the provider in a manner appropriate to their urgency. E.g. a trip hazard should be reported to staff immediately
- A copy of the final report will generally be sent to the provider and commissioner of services and, if appropriate, the relevant Overview and Scrutiny Committee, Health and Wellbeing Board, Care Quality Commission or other statutory body, for example the Health & Safety Executive, Food Standards Agency or Borough Safeguarding Officer