

# A guide to Enter and View

A guide to Healthwatch powers to Enter and View health and care services.

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## About this guide

This guide aims to provide guidance to Healthwatch on their power to Enter and View health and care services. It includes recommended practice based on learning from the Healthwatch Network.

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*Healthwatch England's remit excludes the provision of legal advice to Healthwatch. However, if you need further clarity on areas of the legislation please contact your Engagement Lead.*

## What is *Enter and 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.

### 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 2007<sup>1</sup> and Part 4 of the Local Authorities Regulations 2013<sup>2</sup> 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 2007<sup>3</sup>.

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

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

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

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

## Where can *Enter and View* take place?

The legislation<sup>4</sup> 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 2007<sup>5</sup> and supplemented by Reg 14 of the 2013 regulations<sup>6</sup>.

## When can *Enter and 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 duty<sup>7 8</sup> 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.

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<sup>5</sup> [Section 225 of the Local Government and Public Involvement in Health Act 2007](#)

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

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

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

- 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 you consider this as part of your planning:

- The number of volunteers should be enough to undertake the visit without appearing excessive. For example, you would need more people 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 you 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 taken 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 for your team, you should consider rescheduling the visit.
- It is important that your 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.

## Who can carry out an *Enter and View* visit?

Under the legislation<sup>9</sup> Healthwatch must:

- Allow only Authorised Representatives to conduct a visit and then only for the purpose of carrying out the activities of the Healthwatch they represent.
- Publish a procedure for making decisions about who may be an Authorised Representative and keeping it up to date. This is likely to cover Healthwatch's recruitment and selection process such as carrying out interviews. It is good practice to have this published on the Healthwatch website.
- Provide each Authorised Representative with written evidence of their authorisation, by issuing a name badge, for example. You should also include any restrictions placed on the name badge, such as the duration they are authorised to carry out this role.

<sup>9</sup> [The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

- Ensure the recruitment process makes provision for all Authorised Representatives to be checked by the Disclosure and Barring Service (DBS). Authorised Representatives are eligible for a standard check.
- Make publicly available, a comprehensive and up to date list of all its authorised representatives. The legislation does not specify how to make the names publicly available. Some Healthwatch achieve this by publishing the names on their website. It would also be useful to include the information in your annual report.

Local authorities can also include certain requirements within their contract arrangements with Healthwatch providers regarding the authorisation of representatives for the purposes of entering and viewing the premises of certain providers of health and social care services.

## Stages of Enter and View

Based on what we have learned from the Healthwatch network, we have developed some key questions for you to consider that cover the stages of Enter and View from deciding to make a visit, through to evaluation.

### Deciding to make a visit

- How does Enter and View contribute to your wider programme of work set out in your strategy or business plan? Is it the best tactic to achieve the desired outcome? Have you considered getting buy-in from relevant stakeholders in advance?
- Are you responding to local intelligence at a single premises?
- When would you not carry out an Enter and View visit, for example if there is a live safeguarding alert open with the service?
- Who is responsible for signing off for Enter and View activity? (e.g. Healthwatch Operational Manager, Enter and View group)
- Will you be telling the service that you are coming to visit, or will you be performing an unannounced visit? Do you have a clear reason if you have chosen an unannounced visit? The length of notice is not set out in the legislation.
- Will you speak to staff as well as those who use the service?

### Recruitment and training

- How will you recruit your Enter and View Authorised Representatives? What selection criteria will you use?
- Do you have what you need to train Authorised Representatives? Think about both initial and ongoing training.
- How will you identify and manage any conflicts of interest of Authorised Representatives in line with your Healthwatch policy?

## Planning your visit

### Logistics

- Have you set up a planning group to advise on how the visits are carried out?
- Who is the Enter and View lead for the visit?
- Who will be visiting the service and when?  
The time, duration and number of people needed to carry out the visit will depend on the size and type of service.
- Have you checked that Authorised Representatives have completed their training and had approval for DBS checks?
- Is any further training required before the visit?
- Do you need to book an interpreter for your visit, or consider any other accessibility requirements?
- Are there any special requirements that you need to meet to facilitate the visit, such as access or security?
- How will you deal with any potential safeguarding issues during the visit?  
If any of the Enter and View Team see, hear or are aware of something they feel is concerning, will they know to follow the agreed procedure (e.g. to speak to the lead immediately, who may decide to terminate the visit). You may also want to refer to your Healthwatch Safeguarding policy in any materials which are shared with the provider.
- What are you looking to observe during the visit?
- What questions do you want to ask people during the visit?

### Working with others

- Will you be Informing the provider about the proposed visit?  
*If so, you should include the purpose, date, time, estimated duration, how many people will be carrying out the visit and the name of the lead person.*
- Have you an information leaflet on Enter and View for service users explaining the purpose of the visit, consent, confidentiality and what will be done with the information shared with Healthwatch
- What local partners or organisations do you need to tell when planning your visit to support your knowledge of the service? For example, the Care Quality Commission or your sub-regional Quality Surveillance Group.
- Would it be beneficial to involve other neighbouring Healthwatch?
- When planning dates for your visit, have you considered coordinating it with other planned visits to the service e.g. Care Quality Commission inspection?
- Who will you be sharing the results with and how?

### Preparing for the visit

- Are there particular issues that you want to focus on during the visit?
- Have you produced resources you will need on the day such as surveys and questionnaires?
- Have you assigned roles and responsibilities to the team attending the visit?

## Conducting the visit

### Working with the service

- Is the group healthy enough to conduct the visit?  
Be mindful of colds etc.
- Is the group wearing appropriate clothing?  
For some services there may be a dress code; for example, not wearing excessive jewellery or ties.
- Has the lead introduced themselves to the person in charge of the premises?  
The lead and all other Authorised Representatives should show their ID and any other documents that have been agreed. The lead should also agree with the person in charge of the premises who can be approached and anything else to be aware of on the day as well as what will happen next.

### Talking to people using the service, their families and carers?

- Will you be conducting the visit in pairs or individually?
- Have you gained consent from people using the service before talking to them?  
Make sure when seeking consent that you are clear about:
  - Who you are and what you are doing on behalf of Healthwatch.
  - What you would like to talk about and ensure you offer the option not to participate if they wish.
  - What will happen with any information they share with Healthwatch, how it will be used and stored, including how any notes taken will comply with your data protection policy. You should also make sure that this policy is available for people to see if they want to, perhaps in the form of an information sheet.
  - How to get in contact with Healthwatch after the visit.

## Reporting your findings

- What happens directly after the visit?  
Your team should meet promptly to discuss information collected, identify any themes and consider recommendations.
- Who is responsible for drafting the visit report and who will sign it off?
- Does your report identify any individuals? Make sure that individuals cannot be identified from the information included.
- Is the report written in a way that is simple and easy to understand, without jargon?
- Is it factual and not biased towards a particular interest?
- Are your drafted recommendations clear, proportionate, offer achievable service improvements and reflect the views of the people met during the visit?
- Once the report is finalised, who will you be sharing it with and how?  
Many Healthwatch wait until they have received a response from providers before publishing.
- How will you monitor if changes have been made?



## Responding to reports and recommendations

There are requirements for the service providers to respond to a Healthwatch report<sup>10</sup> and its recommendations, which we suggest should be included in any correspondence.

How quickly the service needs to respond to the report or recommendations varies depending on whether it is a single provider or multiple providers.

- **Single provider** - the provider must respond within 20 days of the date of receipt of the report or recommendations. This can be extended to 30 days with the agreement of the Healthwatch.
- **Multiple independent providers** - There are specific provisions for when a report or recommendations relate to multiple independent providers where there is agreement that one of them respond on their behalf. In such circumstances, the responsible person acting on behalf of the relevant responsible persons must respond within 30 working days of the latest date on which the report or recommendation was received by one of those responsible persons.

In all cases, providers must:

- Acknowledge receipt of the request to respond to the Healthwatch
- Provide a response to the Healthwatch, outlining any action it intends to take, or why they will not be taking any action in relation to the report and its recommendations
- Provide the relevant body (the commissioner) with copies of the report or recommendation and accompanying explanation.

### What to do if a provider doesn't respond

Although providers are required to respond within specific timescales, they may not always do so.

As the first stage, Healthwatch should send a formal reminder of the requirement to respond, mentioning the legislation.

Where the provider is part of a larger organisation - for example, a care home that is part of a group - this reminder should also be copied to the head office. At this stage, although the deadline has passed, Healthwatch should include a date for response after which the issue will be escalated.

If a response is not received, Healthwatch should then notify:

- The commissioner(s) of the service
- The appropriate regulator(s).

It will be useful to send a copy of the notification to the service provider (and the head office, if appropriate) so that they are aware of the situation and to Healthwatch England so that everybody so that is aware of the situation.

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<sup>10</sup> [Regulation 44 \(7\) and \(8\) of The NHS Bodies and Local Authorities \(Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch\) Regulations 2012](#)