

GREENWICH LINK ENTER AND VIEW POLICY

APPENDIX 3

1. Introduction

- 1.1 This policy describes the arrangements for members of Greenwich LINK's Enter and View Panel to enter and view premises providing publicly funded health and social care services within Greenwich.
- 1.2 Greenwich LINK has the right to enter premises and observe and assess the nature and quality of services, obtain the views of people using those services, validate evidence already collected and gather information from both staff, services users and carers.

2. The Greenwich LINK Enter and View Panel

- 2.1 The Greenwich LINK Executive Committee will convene a Panel in order to undertake its responsibility in relation to Enter and View.
- 2.2 The Panel will comprise a pool of Participants from which Enter and View Teams will be drawn.
- 2.3 An Enter and View Team must comprise no less than 2 persons and normally no more than 4 but Teams should be proportionate to the size of the establishment
- 2.4 The Panel will be chaired by a member of the Executive Committee.
- 2.5 The Panel will comprise those selected from the Network who wish to contribute to this aspect of the LINK Workplan and are eligible and authorised to do so.
- 2.6 Panel Participants will be subject to all LINK policies and procedures and Code of Conduct
- 2.7 Panel Participants will have to achieve a successful enhanced Criminal Record Bureau application.
- 2.8 All Panel members must receive appropriate training.
- 2.9 Panel Participants will act in accordance with the LINK approved Workplan.
- 2.10 The Panel will normally be no less than 4 and no more than 15 at any one time.

- 2.11 The Panel will function in accordance with the Greenwich LINK Enter and View Policy.
- 2.12 All Enter and View activities will be in response to local community and national concerns, intelligence gathered or outcomes from the LINK workplan.
- 2.13 Enter & View Reports must be approved by the Panel and then ratified by the Executive Committee before submission to the relevant PCT, Trust or Provider.
- 2.14 All activities in relation to Enter and View will be conducted in accordance with the Protocols For Working Together with Trusts and the Council.
- 2.15 The LINK must make publicly available a list of its authorised representatives.

3. Powers

- 3.1 The LINK has the power to enter and view care services provided by:
 - NHS Trusts
 - NHS Foundation Trusts
 - Primary Care Trusts (PCTs)
 - Local Authorities
 - Primary Medical Services, e.g. GPs
 - Primary Dental Services
 - Primary Ophthalmic Services
 - Pharmaceutical Services
 - Bodies or institutions which are contracted by Local Authorities or NHS trusts, Primary Care Trusts (PCTs) or Strategic Health Authorities to provide care services.
 - Any independent service commissioned by the NHS
- 3.2 Commissioners have a responsibility to ensure that any contracts with independent providers made after April 2008 allow authorised LINK representatives to enter and view.

4. Deciding upon a visit

- 4.1 Prior to any action, the LINK must be clear that, under the legislation, they have powers of entry to the premises to be visited, and must be clear which aspects of service delivery at that premises fall within their remit (see exclusion section on page 6).
- 4.2 Announced visits must be documented as part of the current work plan. A letter or email announcing the visit must give the reasons for the visit and set out the practical arrangements, e.g. if a disabled parking place is required.
- 4.3 The rationale for undertaking such a visit must be documented by the LINK, along with the reason for not addressing the situation in another way.
- 4.4 Visits cannot be carried out in response to individual complaints, issues or concerns. If the concern is sufficiently serious, LINK Participants must inform the relevant provider.

4.5 Once a decision is made to visit, a formal notification should be sent to all relevant bodies who will have an interest in the working plan and outcome of such visit.

5. Unannounced Visits

5.1 Unannounced visits should not take place if any other approach could produce the information the LINK is seeking.

5.2 Unannounced visits must be in response to a concern highlighted by the community, such as reports of dirty premises, statistics showing high infection rates, or spot checks to review aspects of service delivery such as waiting times for clinic attendances.

5.3 The duty of entry does not allow for unannounced visits which are not reasonable and proportionate, and the LINK will run the risk of being refused entry on those grounds.

5.4 The LINK must establish a visiting code for unannounced visits, including a written rationale for its decision to visit. This should contain the intelligence that has stimulated the visit, the purpose, intended outcomes, intended plan of action.

6. Arranging a Visit

6.1 The LINK must have a clear view about the purpose of its visit, and be as informed as possible with prior information such as past visit reports and information from other groups.

6.2 The LINK may request reasonable information prior to the visit under the Freedom of Information Act, whilst remaining aware of the burden it may be placing upon the service to research and provide this data. This could include such statistical information as staffing levels, missed appointments, opening times etc.

6.3 All visits should be arranged and confirmed in writing, agreeing date, time, estimated length of visit, specific service/premises areas to enter and view, and the names of the persons attending.

6.4 The LINK should, prior to commencing visits, introduce itself to the managers of premises to be visited, to build positive and constructive working relationships and explain its role and purpose.

6.5 The Team must be provided with written evidence of their right to enter and view, and produce this authorisation upon arrival at any premises. Under no circumstances can an individual LINK participant undertake a formal or informal visit without the authorization of the LINK Executive Committee as this will be viewed as a breach of conduct.

6.6 The Greenwich LINK Enter and View Team will have to meet criteria highlighted in the role. Consideration should also be given to the

appropriateness of the gender, ethnicity and age demographics of those intending to visit.

- 6.7 All authorised persons must be in receipt of a current CRB (Criminal Records Bureau) check which satisfies Greenwich LINK Executive Committee that they are a suitable person to carry out this activity.
- 6.8 Each member of the Team should display their ID badge at all times during the visit.
- 6.9 There will always be a minimum of two Panel members on a visit. A visit should be postponed if the minimum of two cannot be provided. In this event, the Service Provider should be given as much notice as possible in writing. Should such a visit be postponed on the day, the Service Provider should be notified, where possible, in person.
- 6.10 The Team will appoint one of their number as a spokesperson through which all official communication with Staff should be conducted.
- 6.11 The Team should always prepare a pre-visit Checklist which should contain information gathered to build up a profile of the service.
- 6.12 Checklist should identify (with the aid of the Service Provider) any support needed to communicate with residents or patients e.g. signers, interpreters and/or advocates.
- 6.13 Information should be given to staff and users of the service about the role of the LINK and the purpose of the visit.
- 6.14 The Team must meet prior to any visit in order to clarify their role and agree upon a plan of action.

7. Conduct during the Visit

- 7.1 Upon arrival, the Enter and View Team spokesperson must make its presence known to the person they have arranged to meet, or to the most senior person on duty, and produce their written authorization and show their badges.
- 7.2 Should any Team member fail to show by an agreed time without warning and this leaves only one member, the visit should be postponed.
- 7.3 The Team must give attention to any reasonable request by the organisation, staff, users or individuals regarding privacy and dignity, and any issues of health and safety and hygiene.
- 7.4 Maintain confidentiality of verbal and written information, including the identification of individuals, access to records, adherence to protocols concerning disclosure by patients, service users and carers, and whistle-blowing by staff, and care of notes concerning findings to be included in the final report.
- 7.5 Be aware of their obligations of disclosure regarding issues of child safety and

vulnerable adults.

- 7.6 Make it clear that during and before the visit that it is understood that the LINK cannot deal with individual complaints, but that LINK representatives can and should signpost any such requests or disclosures to the appropriate body.
- 7.7 Never give opinion or advice on specific care or treatment regimes to patients or service users, their relatives or carers and work with staff to maintain confidence in the service. Avoid criticism in front of services users, but include this in any final report, together with relevant information.
- 7.8 One to one interviews to be agreed with both the service user and staff.
- 7.9 Entering any non-communal areas such as bedrooms should be made only with an invitation.
- 7.10 Value people as individuals, and respect their wishes, e.g. to leave someone alone if asked to do so.
- 7.11 Exhibit no discriminatory behaviour. Refer to the Equality and Diversity Policy if in doubt.
- 7.12 Inform the senior person on duty that the visit is over and that a written report will follow within 20 working days.

8. After the Visit

- 8.1 Following a visit, the Team should arrange to meet with the Host to formulate a report required by Greenwich LINK.
- 8.2 The draft report will be sent to the Provider to check for factual accuracy and to allow for any recommendations to be considered
- 8.3 The Provider should be allowed two working weeks in which to respond. The Team may wish to consider amending the Report in the light of any feedback. The Provider's response will be included to the final report.
- 8.4 The Commissioner of the service will be sent the report at the same time as the Provider. The Commissioner will also be sent the Provider's response. The Provider will be informed of this process.
- 8.5 The Enter and View Panel should then review and approve the Report which should be put before the Executive Committee in draft form for ratification.
- 8.6 Once ratified the Report should be sent to the Service Provider by the Host.
- 8.7 The Provider will then have 20 working days of receipt of the report in which to respond, both to acknowledge receipt and provide an explanation of any action it intends to take, or an explanation of why it does not intend to take action. The Provider will be informed that their response will be included in the report verbatim. There is no obligation on other recipients to respond.

- 8.8 The report may also, depending upon the issues identified, be sent to the Overview and Scrutiny Committee and the Regulator.
- 8.9 Once the Provider and other recipients have responded, the LINK should make the final report public in the interest of service users and carers.
- 8.10 Commissioners and Providers should be notified if a visit has been aborted or if entry to specific areas has been refused and why.

9. Exclusions

- 9.1 Some exclusions to the power to enter and view have been made. The LINK does not have the right to enter the following:
- Social care services to children
 - Where care is being provided in the person's own home unless specifically invited to do so by the resident
 - Premises or parts of premises used as accommodation for staff.
 - Non communal parts of care homes such as an individual's bedroom (unless specifically invited to enter by the resident).
 - Premises where care is not provided, for example offices, or where care is not currently being provided such as out of clinic opening times.
 - Where the authorised representative cannot provide evidence of their right to enter and view, for example if they have lost their letter of authorization.
 - If the visit would compromise any person's privacy and dignity.
 - If, in the opinion of the Provider of the Service, the team is not acting reasonably and proportionately.
 - Where care is being provided in a penal institution or police station.
 - Where the visit would compromise service delivery, for example in the event of a major incident resulting in significant numbers of casualties occurring during a visit to Accident and Emergency.