

Healthwatch Hertfordshire

Enter and View Policy and Procedure

Contents	Page
<u>Enter and View Policy:</u>	
<u>What is Enter & View?</u>	3
<u>Key benefits of Enter and View</u>	4
<u>Where does Enter & View Apply?</u>	5
<u>Exclusions – Where Enter and View does not apply</u>	5
<u>Who can carry out Enter & View?</u>	6
<u>Healthwatch Hertfordshire Enter and View Procedure:</u>	
<u>Healthwatch Hertfordshire (HwH) Enter and View Process</u>	8
<u>Planned / Announced Visits Arrangements</u>	9
<u>Unplanned / Unannounced visits</u>	12
<u>Procedure for Authorised Representatives:</u>	
<u>Conduct during and after the visit</u>	12
<u>Visit Reports</u>	15
<u>Essential Conduct and Behaviours</u>	17
<u>Lead Authorised Representative Role</u>	18
<u>Authorised Representative Feedback and Review</u>	20
<u>Appendix 1 Enter and View Process</u>	21
<u>Appendix 2 Report Template and notes</u>	31
<u>Appendix 3 Self-Assessment Form</u>	35

ENTER AND VIEW POLICY

What is Enter & 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.

The Legislation applied to Enter and View

- Two pieces of legislation sit behind Enter and View which place a duty on service providers to allow a representative of local Healthwatch organisations to enter certain premises and observe certain activities; the local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) and National Health Service Act 2006/ Local Government and Public Involvement in Health Act 2007 (as amended by the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- In addition, the Department of Health Review of Health and Care Powers of Entry 2014 further explains that the regulations place a duty on services' providers to allow a representative of local Healthwatch organisations to enter certain premises and observe certain activities. There are criteria that local Healthwatch organisations must meet in order to exercise the power of entry, and providers may refuse entry under certain circumstances.

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.

Enter and View is the opportunity for Authorised Representatives to:

- Go into health and social care premises to see and hear for themselves how services are provided
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives of service users
- Observe the nature and quality of services – *observation involving all the senses*
- Collate evidence-based findings
- Report findings and associated recommendations – good and bad – to providers, CQC, Local Authority and NHS commissioners and quality assurers, Healthwatch England and any other relevant partners
- Develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels

Key benefits of Enter and View

To encourage, support, recommend and influence service improvement – by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people

- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning
- Spreading-the-word about local Healthwatch.

Where does Enter & View Apply?

The legislation places a duty on health and social care providers¹ 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
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Premises which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Exclusions – Where Enter and View does not apply

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

¹ 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 and supplemented by Reg 14 of the 2013 regulations

- 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
- if the authorised representative does not provide evidence that he or she is authorised.

The duty does not apply to the observing of any activities which relate to the provision of social care services to children (under the age of 18).

Who can carry out Enter & View?

- Only **Authorised Representatives** may undertake 'Enter and View' and then only for the purpose of carrying out the activities of Healthwatch Hertfordshire.
- Anyone can apply to volunteer and represent Healthwatch Hertfordshire as an Enter and View Authorised Representative but will have to meet the required criteria and complete the Healthwatch Hertfordshire volunteer induction process. Recruitment processes for Authorised Representatives will require that individuals undergo a criminal record check by the Disclosure and Barring Service (DBS) and complete Enter and View , Safeguarding training and Equality, Diversity, and Inclusion Awareness training. Follow up sessions are also encouraged.

- Authorised Representatives will be required to undergo refresher training if they have not undertaken any visits in the last 12 months and will be removed from the Enter and View Authorised Representatives list until this has been completed.
- Healthwatch Hertfordshire reserves the right to refuse or remove anyone from the 'Authorised Representative' list. Authorised representatives must advise the Healthwatch Hertfordshire lead officer of any change in circumstances particularly if this impacts on the accuracy of the DBS check.
- Healthwatch Hertfordshire will make publicly available a comprehensive and up to date list of all of its Authorised Representatives on its website.
- Authorised Representatives will be issued with a name badge to provide evidence of authorisation for the visit (Name badges must be returned to the HWH lead following completion of the visit).

Healthwatch Hertfordshire Enter and View Procedure

This procedure describes the processes and arrangements for members of Healthwatch Hertfordshire's Enter and View Team to Enter and View premises providing health and social care services within the county of Hertfordshire for the purpose of observing services and service delivery.

In conjunction with the purpose of the visit and its aims; the team members will 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.

1 Healthwatch Hertfordshire Enter and View Process

- 1.1 The HwH Board through the Executive Leadership Team shall determine whether an Enter and View visit is required (related to its terms of reference and current priorities) to carry out its statutory duties in relation to National Health and Adult Social Care Services commissioned, provided for and used by the residents of Hertfordshire, including hospitals, clinics, GP surgeries, dentists, pharmacies, community services and adult care residential establishments and day centres.
- 1.2 Enter and View visits can be part of a prioritised plan of work or responsive to local intelligence and can contribute to a wider local Healthwatch programme of work or look at a single issue across a number of premises .
- 1.3 It is important that HwH has a clear understanding of why it deems it necessary to Enter and View a particular care setting. A number of different factors will be considered in prioritising the visit. These may include:
 - Feedback from local service users, patients, their carers and families, which suggests common concerns about performance or aspects of provision.

- Following up issues arising from consultation proposals for service developments or variations
- The need to monitor service delivery issues raised through complaints services in the statutory agencies, e.g. from ICAS, the Trusts, the Patient Advice and Liaison Service (PALS)
- Following up on issues raised through the statutory regulator's reporting process
- Other information received from the public via individuals or special interest groups
- HwH involvement in service reviews initiated by service providers and the commissioning authorities

1.4 A working group, set up by the HwH staff team will be responsible for developing and co-ordinating the visit.

Working Groups should take into account any relevant national guidance or standards when planning any visit, for example NICE guidelines, Quality of Life Audits etc. It is good practice to also check with CQC and local commissioners about their planned quality monitoring/ inspections to avoid duplication and to pool resources where appropriate.

2 Planned / Announced Visits Arrangements

2.1 Prior to a visit, Healthwatch Hertfordshire will supply the provider of the service with the following information in writing:

- a. Proposed date and time for the visit, along with an approximate duration.
- b. The information that has prompted the visit excluding the source of the information.
- c. The purpose of the visit and any particular issues it wishes to discuss.

d. The overall structure of the visit:

- Identifying staff and service users that the Authorised Representatives would like to meet.
- The number and nature of any discussions along with the identification of any special communication or access needs.
- The types of activities and service areas that the Authorised Representatives wish to observe or access.
- Whether the Authorised Representatives will be distributing leaflets or other information about Healthwatch Hertfordshire.
- Whether or not it would be beneficial for staff or service users to accompany the authorised representatives throughout the visit.
- The names of the Authorised Representatives conducting the visit.
- The identification that Healthwatch Hertfordshire Authorised Representatives will provide.
- Re-assurance that the draft findings will be shared with the provider of the service prior to being finalised and distributed more widely.
- Where appropriate, draft findings will also be shared with relevant parties whose information may have prompted the visit.

2.2 Prior to the visit, HwH will make available to the service manager information for distribution to patients and/or for display in the premises being visited so that patients, service users, residents and staff are aware of the role of HwH and the purpose of the visit.

2.3 Visits will take place at mutually agreed times including evenings and weekends where appropriate

- 2.4 Once the date, time and location of the visit has been confirmed, this information will be given to the HwH members identified for the visit, along with any relevant information held by HwH or received from the service provider and a copy of any previous HwH/CQC visit report so that they are fully briefed.
- 2.5 Visits will, whenever possible, last no longer than approximately 3 hours. Where the venue to be visited is quite large, and the number of people to be engaged with substantial, the visiting team will be enlarged by further Authorised Representatives in order that this timescale can be adhered to.
- 2.6 The full complement of visitors will not be less than two Authorised Representatives.
- 2.7 All visitors will be authorised and registered members of HwH. They will have completed the HwH Enter & View training and will have certification proving a satisfactory standard DBS check, Adult Safeguarding training and Equality, Diversity and Inclusion training. Visit specific training may also be required e.g. dementia awareness.
- 2.8 On occasions, HwH members may be accompanied, with the agreement of the service provider, by a member of another Healthwatch with particular expertise or experience in the area to be visited. They will be subject to the HwH Code of Practice for Enter and View Visits, and their participation made known to the service provider.
- 2.9 HwH may also use the **'Announced /Unannounced'** visit to monitor services. HwH will advise the service provider what premises will be visited and why but will not give an exact date and time. In this case the provider will be given a time period (e.g. in the next 4 weeks) of when the visit will take place. The information above will be provided on arrival.

3. Unplanned / Unannounced visits

Unannounced visits should generally not take place if any other approach could produce the information Healthwatch Hertfordshire is seeking. 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.

The rationale for undertaking such a visit must be documented by Healthwatch Hertfordshire, along with the reason for not addressing the situation in another way. Where Healthwatch Hertfordshire decides it is necessary to conduct an unannounced visit, they agree to provide the information above upon arrival.

4. Procedure for Authorised Representatives during Visits

4.1 Conduct during and after the visit

Persons authorised to Enter and View are required to observe the following:

- Must have read the briefing pack put together by the HwH office that contains information pertinent to the visit. (Healthwatch Hertfordshire must have a clear view about the purpose of its visit, and be as informed as possible beforehand).
- Healthwatch Hertfordshire 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.
- Upon arrival, Enter and View representatives must make their presence known to the person they have arranged to meet, or to the most senior

person on duty, and produce their written authorisation and wear their identification badge.

- There must be at least 2 Authorised Representatives on any visit. If there is only one person, the visit must be aborted and rescheduled.
- Abide by any instruction given regarding privacy and dignity, health and safety and hygiene, and co-operate with requests from staff, service users and carers.
- Ensure during and before the visit that it is understood that Healthwatch Hertfordshire cannot deal with individual complaints, but that HWH representatives can and should signpost any such requests or disclosures to the Healthwatch Hertfordshire signposting team.
- 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 report. (See policies in Volunteer Handbook and specific General Data Protection Regulation briefing for Authorised Representatives).
- Be aware of their obligations of disclosure regarding issues of child safety and vulnerable adults.
- Not be alone in private with a patient or service user, but remain in communal areas and work in pairs if asked to speak in confidence.
- Avoid entering any non-communal areas such as bedrooms or staff quarters.
- Avoid commenting on personal equipment or belongings.

- Never give opinion or advice on specific care or treatment regimes to patients or service users, their relatives or carers. Any such queries must be referred to the staff in charge.
- Work co-operatively with staff to maintain confidence in services, e.g. avoid criticism in front of service users, but include it in the de-brief to the provider of the service before leaving and in the written report.
- Adhere to protocols concerning gifts, gratuities and benefits.
- Be as unobtrusive as possible and avoid disrupting routines or service delivery.
- Value people as individuals, and respect their wishes, e.g. to leave someone alone if asked to do so.
- Not behave in a discriminatory way.
- Inform the person they have arranged to meet, or the most senior person on duty of their departure, and give verbal feedback as to the intended general content of the written report.
- Use a designated pro-forma or checklist to gather a comparable data set, plus any additional information pertinent to that visit.
- Inform the Healthwatch Hertfordshire Enter & View Lead Officer of any potential problems or conflict which may arise from the findings.
- Work together after the visit to de-brief and put together evidence based written feedback of their findings to the service visited.

- Provide a written report to the Healthwatch Hertfordshire Staff Team of their findings. The report should be a balanced assessment of the service and contain recommendations for improvement and good practice. Reports may also, depending upon the issues identified, be sent to the Health & Wellbeing Board, the Health Overview and Scrutiny Committee and the commissioner of that service, or any other appropriate body. They will also be shared with Healthwatch England and the Care Quality Commission.

5 Visit Reports

5.1 The report writer should write up the report within 10 days whilst information is fresh in the memory. A template for writing the report will be made available and should be used unless advised otherwise. (See example template in Appendix 2). The Report should clearly state and reflect the reasons for the visit being undertaken and how any evidence or information obtained meets the objectives of the visit.

5.2 Authorised Representatives should also make clear the source of their information and evidence and the weight assigned to it, taking care, of course, always to respect confidentiality. Such sources could include:

- Authorised Representatives' observations;
- discussions with staff;
- discussions with users;
- comments from carers and/or relatives;
- structured interviews; and/or
- documentation provided by staff/the proprietor.

5.3 Findings should offer a balanced assessment of the service and, where appropriate, make recommendations for improvement. As with their own

documentation of the visit, the findings should be drawn from a range of sources and those sources should be made clear.

5.4 Prior to the visit a member of the visiting team will have agreed to write the report in which the HwH representatives will express their observations and comments in draft form. This will be sent to the HwH office within 10 days of the visit. NB the report writer must liaise with the other members of the visiting team to agree the content of the report.

5.5 No report will identify individual patients or members of staff by name in the body of the Report. Names of Authorised Representatives will only appear in the introduction as those present. Staff will be identified by their job title.

5.6 Once any changes requested by the team members or the HwH Staff Team have been incorporated, the draft report will be sent (by the HwH office) to the service manager to be checked for factual accuracy and a response to any recommendations and will be returned to the HwH office within 20 working days of receipt. A copy of this draft will also be sent to the office of the Head of Service, or Chief Executive through whom the visit was arranged.

(Multiple independent providers – the providers must respond within 30 days. This includes cases where Healthwatch sends a report to one provider but that provider considers that other providers should be involved.)

When the report has been agreed for factual accuracy, the draft will be shared with the local Care Quality Commission Compliance Managers.

5.7 If no response is received at this stage from the service within 20 working days (30 working days for multiple providers), this should be followed up by a reminder letter from the HwH office.

5.8 After the response from service managers and any necessary amendments have been completed, the draft report will be presented to a meeting of the HwH Board or via email to Board members to authorise the sign-off of the report by the Board.

5.9 A copy of the Report, together with the relevant Chief Executive's or Head of Service's response, will then be shared with stakeholders and published on the HwH website.

6. Essential Conduct and Behaviours

- Treat all people fairly and courteously, with sensitivity and respect
- Treat people with dignity, and respect their privacy
- Be as unobtrusive as possible, especially at meal times.
- Inform people, especially staff, of what you are doing at each stage of the visit
- Value people as individuals, respecting difference and diversity
- Exhibit no discriminatory behaviour
- Have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine concern about the safety and wellbeing of a service user, or if the person consents to the sharing of information. **See Safeguarding Policy and Procedure Flow chart**
- Co-operate with requests from staff, service users, carers and their families
- Comply with all operational health and safety requirements, and with 'house rules'
- Ensure that the effective delivery of health and social care services is not interrupted
- Do not make unreasonable requests or demands
- Recognise that the needs of people using and receiving health and social care services take priority over the visit

- Be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staff are unable to meet the requests of the visiting team
- Dress appropriately, including consideration for infection control
- Do not accept gifts
- Introduce yourself to people and gain an individual's agreement before talking to them
- Apply the Seven Principles of Public Life (the Nolan Principles):
 - Selflessness
 - Integrity
 - Objectivity
 - Accountability
 - Openness
 - Honesty
 - Leadership.

Lead Authorised Representative role:

The Lead Authorised Representative will support any new / inexperienced representatives so they can feel confident in completing the Enter and View visit.

It would be good practice for the Lead Authorised Representative to contact the other member (s) of the team before the visit to agree a meeting place before and after the visit and to ensure that they each have each other's contact details.

The HwH Office will nominate the Lead Authorised Representative (staff member or volunteer) and the Report Writer.

On the day of the visit, the Lead Authorised Representative will:

1. Introduce the HwH Authorised Representatives to the service manager and agree the format of the visit.
2. Take the lead in asking the questions in the interview with the manager so that all the questionnaire areas have been covered (the lead Authorised Representative can also delegate some of the questions as appropriate).
3. Liaise with the other representative (s) to ensure the observation questionnaires are completed and that enough service users/ carers have been given the opportunity of sharing their experiences with the visiting team.
4. Bring everyone together at the end of the visit and thank the manager giving any urgent feedback that needs addressing and the next steps regarding the report.
5. Meet after the visit for refreshments (claim back from HwH) and go through the findings of the visit.
6. Support the member (if not the lead) who is writing the report by agreeing a number of key points to be included under each heading of the report template (use a blank one from briefing pack) before finishing for the day.
7. Provide ongoing support if required until the report has been agreed between the representatives and is ready to send to the HwH Staff Team. Ensure that the deadlines are kept to and inform the HwH Staff Team if this is a problem.

8. Authorised Representative Feedback and Review

There are a number of methods that Healthwatch Hertfordshire uses to support Authorised Representatives in their role:

7.1 Training and support

Training opportunities, talks and drop in sessions will be offered based on operational need and feedback from Authorised Representatives and providers.

Individual discussions and support for new representatives on Enter and View visits is also available.

Regular newsletters are available to keep them informed of what HWH is doing. The HWH website is also a good source of information [Home | Healthwatch Hertfordshire](#)

7.2 Self-Assessment

Authorised Representatives are required to complete a simple self-assessment form after each Enter and View visit to record any issues, what worked well and any identified training needs. This helps HWH to improve its practice and react quickly if there were any issues with the organisation on the visit. (See Appendix 3).

Appendix 1. The Enter and View Process

Decide to make visit

Planned



Has a programme of local Healthwatch work identified a requirement for 'Enter and View' activity?



Clarify and record: the purpose of the programme; why E&V has been selected; decide which premises/providers to visit



Unplanned



Has a requirement for a single 'Enter and View' activity been identified, outside a programme of work?



Clarify and record: the driver for the E&V decision; the premises/provider to be visited



Get sign off

Define the Strategy for the visit

With the visit purpose in mind, agree the types of activities and service areas to be visited



Agree whether the visit purpose will be best achieved by staff and or/ service users accompanying the authorised representatives.



Agree which survey methods (e.g. paper surveys or interviews) best meet the visit's purpose- **applied to whom and when.**



Agree whether any additional (specialist) training and/or familiarisation would be useful before the visit



Consider whether involving the provider and/or any local group at this stage would be beneficial to achieving the purpose- if so, then review prior relevant decisions with them

Plan and Schedule the visit - 1

Agree the authorised representatives who will undertake the visit, with a reserve and a lead; update the selected representatives with decisions made to date, and involve them in future planning



Agree the duration of the visit and the time of day to meet the purpose of the visit



Agree whether the visit's purpose would be better met by including an authorised representative from a neighbouring local Healthwatch



Agree a proposed date for the visit, fitting around other planned visits to the service, e.g. a CQC inspection



Identify any requirements for special support necessary to facilitate the visit such as access or security

Plan and Schedule the visit 2

Phone the provider with regard to the intention to make a visit, describing the purpose, proposed date (or date period) and shape of visit



Notify the provider of the intended visit, providing details including purpose, via email or letter.



Follow-up with a meeting with the provider, if appropriate.



As applicable, notify the date & time with the provider. Then supply the names of the representatives who will visit; explain identification that will be carried and establish who will meet the representatives on the day and where.



Record the visit on any applicable local Healthwatch planner/ calendar.

Communicate

Dispatch local Healthwatch leaflets to the provider for distribution in advance, as appropriate.



Prepare visit posters, including the purpose of the visit, and dispatch these to the provider for displaying on notice-boards prior to visit

Organise for the visit

Design the questions to be asked during the visit



Define the observations to be made during the visit



Agree how discussion responses and observation outcomes will be recorded, and so prepare discussion and observation capture forms



Allocate tasks to each authorised representative in advance, based on their skills and experience

Conduct the visit -1

- The lead presents themselves to the provider's named contact for the visit (or a senior member of staff if no contact has been named), shows their identification badge and the visit agreement documents.
- The lead briefs the provider's named contact on the structure of the visit and who will be involved (in line with prior agreements).
- All representatives must wear their identification badges throughout the visit and carry a copy of the 'Visit Folder'
- The lead must ensure that all representatives do not have coughs, colds, etc.
- Leave the premises calmly and without protest if instructed to do so by the provider, and follow up as required
- If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager ending the visit.
- To inform local Healthwatch office and who act on local procedures

- Discuss any issues or concerns, and whether/how these should be escalated (e.g. to the council's safeguarding team)

Conduct the visit- 2

Talk to service users (residents/patients), relatives, carers and visitors based on the questions prepared prior to the visit and linked to the visit's purpose.

Make observations based on the observation sheets prepared prior to the visit and linked to the visit's purpose.

Note any issues or general concerns.



Meet with the user forum; if part of the agreed schedule.



Meet with the manager at the end of visit to do the following; to give an overview of the visit, to check the accuracy of doubtful information provided, to ask for feedback, to offer thanks for staff assistance and to outline next steps



Immediately following the visit, meet as a visiting team to de-brief: agree broad findings and next steps. Mindful of the visit's purpose

Report on visit 1

Meet as a visiting team to discuss information collected and to consider recommendations, pulling together evidence-based findings, mindful of the visit's purpose.



The lead requests further information from the provider, if necessary, to support accurate purpose-linked reporting.



Seek guidance from other organisations before writing the report, if to do so would increase the prospects for achieving service improvements or alleviate concerns.



Write the draft visit report from a layperson's perspective.



Check the draft visit report does not identify any individuals, and that no individual's identity could be inferred through collective information.



Check that any drafted recommendations are clear, proportionate, offer achievable service improvements and reflect the views of the people met during the visit

Report on visit 2

Check that any complaints made during the visit have been handled as agreed.



Send a copy of the draft report to the provider requesting comments on factual accuracy & responses to any recommendations within 20 working days



Follow- up with the provider if no comments received within 20 working days, allowing additional time if appropriate



Review any comments received on the draft report and revise as appropriate, especially if providers have committed to actions in response to recommendations



Share the final version of the report with the provider, within 10 working days of receiving comments wherever possible



Share the final version of the report with relevant service users, carers and families (as appropriate)

Close Visit Activity

Log visit details on any local Healthwatch register/s including any concerns raised or recommendations, and any suggest re-visit date to follow up on recommendations if appropriate



Record findings and recommendations against any overarching programme of work



Destroy visit notes once the final report has been published



Follow through implementation of actions agreed with provider in response to recommendations, as appropriate



Follow through outcomes of further investigations by CQC, Local authority or ICB with regard to concerns shared

Appendix 2 Reporting Template Example



HEALTHWATCH HERTFORDSHIRE

Enter and View Visit Report

Name and Address of Service

Name of Provider

Healthwatch Hertfordshire Enter and View Visit Report

Premises visited:

Date and Time of Visit:

Visit Conducted By:

Acknowledgements:

(E.g. thanking people for their help and contribution, especially the provider and their staff)

Purpose for the Visit:

- *Purpose of the visit; for example - To engage with residents in 10 care homes, to identify good practice in providing appropriate and sufficient choice of food.*
- *Where the visit is part of a wider programme, explain the purpose of this programme and how the visit fits within it*
- *Any fit with local strategies, such as the Health & Wellbeing Board, ICB, and Local Authorities (Social Care).*

Methodology:

The methodology will have been defined when developing the strategy for the visit and define how the information was collected, such as surveys, semi-structured interview questions, observation

Disclaimer

The report relates only to a specific visit (a point in time) and the report is not representative of all service users (only those who contributed within the restricted time available)

Healthwatch Hertfordshire Enter and View Visit Report

1. INTRODUCTION (Including purpose of the premises/service)

2. FIRST IMPRESSIONS

3. FINDINGS (Topic Headings will be decided by the Working Group relevant to the Visiting programme)

- *These are most helpfully grouped under topic sub-headings that relate to the purpose, for example;*
 - *Hot and cold options*
 - *Ethnic and cultural sensitivity*
 - *Appropriateness of portion sizes*
 - *Regularity of menu changes*
 - *Residents' input to menu changes*

4. CONCLUSIONS

- Good Practice*
- Areas for improvement*

5. RECOMMENDATIONS AND AREAS OF GOOD PRACTICE

- *Any immediate service improvements resulting from the visit.*
- *(Detachable) appendices for any additional information, e.g. question lists, observation sheets*

Recommendations need to be:

- *Clearly stated*
- *Primarily related to purpose*
- *Self-evident from findings*
- *Proportionate*
- *Achievable*
- *Small in number – for maximum impact and focus*

Below are a couple of examples of possible recommendations;

- 1. The findings indicate that not all hot meals are reaching the resident at the correct temperature. We recommend a review of your procedures to ensure that all residents get their meal at the right temperature and inform us of the actions taken.*
- 2. The report has highlighted excellent practice regarding the quality of your meal service and we recommend that with your approval we share this good practice.*

