

Staffordshire Local Involvement Network



**Enter and View
policy, procedures and
code of conduct
for authorised representatives**

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This policy describes the arrangements for Staffordshire LINK's authorised representatives to enter and view premises providing health and social care services within Staffordshire for the purpose of observing services and service delivery. The authorised representatives 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, service users and carers and, in some cases, make recommendations about how those standards might be improved.

1. The legal powers of local involvement networks

The legislation states that anyone who **commissions** or provides **publicly-funded** health and social care services *has a duty* to help the LINK to involve local people in the commissioning, provision and scrutiny of those services by:

- obtaining their views about their need for (and their experiences of) local services
- making written recommendations on the standard of provision, including whether and how services could or ought to be improved.

The **providers** of health and social care services have two specific duties to the LINK:

1. They are required to allow the authorised representatives of the LINK to enter and view any services or premises that are providing publicly-funded care
2. They are required to provide information about any publicly-funded services or premises when the LINK requests it.

1.1 Local authorities, NHS trusts, strategic health authorities (SHAs) and primary care trusts (PCTs) must ensure that all new contracts with independent providers of health and social care services permit the authorised representatives of the LINK to enter and view any premises that the independent provider owns or controls. These activities must be in line with the arrangements set out in section 221(2) of the Local Government and Public Involvement in Health Act 2007.

Types of premises that may be entered

The authorised representatives of the LINK have the right to enter and view all services provided in premises owned or controlled by:

- NHS trusts
- NHS foundation trusts
- primary care trusts
- local authorities
- a person providing primary medical services (ie, general practitioners)
- a person providing primary dental services (ie, dentists)
- a person providing primary ophthalmic services (ie, opticians)
- a person providing pharmaceutical services (ie, community pharmacists)
- a person providing ophthalmic and pharmaceutical services
- independent providers that deliver (or assist in delivering) services commissioned by and under contract to local authorities, NHS trusts, SHAs or PCTs.

1.2 Circumstances in which the right to enter and view does not apply

The right of an authorised representative of the LINK to enter and view services and premises does not apply in the following circumstances:

- if the services or premises are providing social care to children
- if their presence would compromise 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 (Note. This does not mean that an authorised representative cannot enter if invited to do so by the home owner — it just means they have no automatic right to enter.)
- where the premises (or parts of the premises) are used solely as accommodation for staff
- where the premises are the non-communal parts of a care home
- if the care is being provided in a penal institution or police station
- where their presence would compromise service delivery (eg, if a major incident resulting in significant numbers of casualties occurred during a visit to a hospital accident and emergency department)
- where health and social care services are not provided at the premises (eg, an office) or are not being provided at the time of the visit (eg, when the facilities or premises are closed)
- where the services are provided solely to people paying in full for their own care
- where the premises are owned by one independent provider but controlled by another (in this case the provider who owns the premises is exempt).

1.3 Circumstances in which a visit can be refused or terminated

The provider's duty to allow an authorised representative to enter and view may be disregarded — ie, it ceases to apply — if in the opinion of the provider:

- the authorised representative is not acting reasonably or is acting in such a way as to compromise the effective provision of a service or the privacy or dignity of any person (eg, being present when someone is being washed or dressed, getting in the way of a consultation, holding up the serving of a meal or the administration of a medicine)
- the authorised representative is not acting proportionately (eg, by making repeated or regular unannounced visits, or arriving with a large group at a small facility)
- the representative does not provide evidence that he or she is authorised in accordance with regulation 4 of The Local Involvement Networks (Duty of Services-Providers to Allow Entry) Regulations 2008.

2. Authorised representatives: selection and appointment

The power to enter and view premises that provide publicly-funded health and social care services is vested in the LINK's authorised representatives.

It is essential that authorised representatives for the LINK are aware of the sensitivities of their role and that they are committed to constructive partnership ways of working. These principles follow the detailed guidance in "Code of conduct relating to LINKs visits to enter and view services" (NHS NCI Gateway reference 10194)

Staffordshire LINK needs to recruit people who have the ability to either plan, visit or write reports and the LINK aims to have a diverse group of authorised

representatives who will be able to fulfil these requirements collectively. It is likely that those interested in becoming an authorised representative will already be a participant of Staffordshire LINK and aware of its work but, however, Staffordshire LINK will encourage wide participation so the opportunity to become an authorised representative will be advertised broadly.

2.1 The appointment process

Anyone who wishes to become an authorised representative must follow the application process as follows:

1. Complete a self-assessment form (Appendix 1) in response to the person specification requirements (Appendix 2) and submit the completed form to the LINK Support Team in the first instance and provide details of two referees.
2. Interested applicants will be invited to meet with the Chair (or Vice Chair in their absence), Legislation, Policy & Governance lead and Enter and view lead of the Co-ordinating Group for an informal interview which will assess their suitability to the role of an authorised representative.
3. The outcome of the informal interview process will be communicated to the interested applicants by letter.
4. Successful applicants must then undergo an enhanced Criminal Records Bureau check (CRB) in line with section 113A of the Police Act 1997.

2.2 CRB checks

This confidential process is carried out by the Host organisation in accordance with its established CRB check protocols. (See CRB Policy)

Appeals against a decision not to appoint on the basis that the CRB check identified an unacceptable level of risk, can be made to an appeals panel. This comprises the Chair of the Co-ordinating Group and a representative of the hosting service (neither of whom can apply to become an authorised representative) and a representative of the local authority.

2.3 Conditions of appointment

All authorised representatives must agree to the following conditions of appointment:

- that their names being made public on the LINK website and in other LINK documents and publications
- they must declare any actual or potential conflicts of interest (see *Restrictions on activity*, below)
- they must have an enhanced criminal Records Bureau check every two years and notify the LINK host immediately of any change in their current status
- they must undergo training to fully develop their understanding of their roles and responsibilities (see below)
- they must sign an agreement stating that they will adhere to the *Code of conduct for visits* and any procedures and practices outlined in the training programme — failure to do so will render null and void the public liability and indemnity insurance provided for them
- they are felt to have breached the code of conduct, either by their peer observer or by a service provider, they must co-operate fully with any investigation and abide by the findings of that investigation
- they must undergo an annual appraisal and periodic refresher training.

2.4 Initial training programme

The initial training programme for all authorised representatives will cover:

- Introduction to LINKs (if not already completed)
- LINKs – Entering and Viewing Services (if not already completed)
- Enter and View – role of the authorised representative
- safeguarding vulnerable adults (POVA)
- safeguarding children
- equal opportunities and anti-oppressive practice
- communications and report-writing skills

Authorised representatives are also required to have full up to date knowledge of the LINK's Governance Framework and its related policies, protocols and procedures.

2.5 Restrictions on activity

Normally three authorised representatives will be assigned to each visit (see *Monitoring visits*, below). However, authorised representatives who are related to each other (either by kinship or marriage) or who are civil partners *are not allowed to undertake visits together*.

Authorised representatives who are related by kinship or marriage to any member of staff employed in the premises to be visited, or who have a business relationship or other close relationship with anyone who is receiving a care service from the premises, *are not allowed to take part in the visit*.

Comment [JC1]: I'm not sure about this. I would always advise a minimum of 2, but you might want to use more depending on where the visit is to. I'm not sure about the kinship thing? I've never come across it as a specific point before...

3. Exercising the right to enter and view: practical arrangements

3.1 Determining the annual programme of visits

Entering and viewing services will be determined as a component of workplan priorities having been agreed, workplan projects established and the need for an enter and view visit to support that project being approved. The decision to enter and view services is made where a visit will add value to the information already available through workplan project work.

Visits are not arranged as a means of investigating individual complaints about particular services or premises (such complaints are referred to and dealt with by other agencies) but as a way of addressing and exploring topics and themes highlighted in the LINK's strategic 6 monthly work plan eg. visits to a range of premises providing social care for people with learning disabilities in the area, or as part of a review of stroke services etc.

The work plan will be made available through the website, or on request, following each 6 monthly prioritisation process. A detailed schedule of planned "announced" visits will be produced and published on the LINK website (The stages involved in determining and carrying out a series of planned visits are shown in Figure 1.)

3.2 Criteria for deciding upon and arranging an 'announced' (or planned) visit

Announced visits must be documented as part of the current work plan.

- The service provider will be contacted at least 30 working days before a visit is planned and will be asked to meet with the authorised representatives and member of the LINK Support Team (if required) who will explain the purpose of the visit
- Discuss how it will be carried out
- Ask the provider to identify information that would help inform service development and planning so that where possible this can be incorporated into the visit
- Negotiate access on a mutually convenient date.

Confirmation of the visit will be made in writing at least 20 working days in advance of the planned visit, giving details of the date, time, length of visit, specific service/premises areas to be entered and viewed, and the names of the authorised representatives attending. It will identify any practical arrangements eg. if a disabled parking space or other reasonable adjustments required to facilitate the visit. The reasons for and focus of the visit will be outlined in the letter which will state whether the visit has been negotiated or whether it is taking place using the powers of enter and view.

3.3 Carrying out an unannounced visit

The power to enter and view does allow LINKs to make unannounced visits if they can demonstrate that they are proportionate and reasonable. If not part of the current LINK work plan, the rationale for undertaking unannounced visits will be documented along with the reason for not addressing the situation in another way as unannounced visits will not take place if any other approach could produce the information the LINK is seeking.

Unannounced visits will only be considered in response to a concern highlighted by the community, when sufficient and robust evidence exists, such as reports of dirty premises; following publication of statistics showing high infection rates, or when requests are formally made by Overview and Scrutiny Committee or Panels to assist it by carrying out 'spot checks' to review aspects of service delivery.

Upon arrival at the service or premises the authorised representative must:

- explain the reason for the unannounced visit to the duty manager, and
- hand over a letter setting out the reason for the unannounced visit, and what will happen during and after the visit.

Exemptions to carrying out unannounced visits are listed in sections 1.2 and 1.3 above.

The duty manager has to decide whether the LINK's request is proportionate and reasonable before allowing the authorised representative to enter the premises. If access is denied the authorised representative will ask the duty manager to explain why and, if the reason is because the visit is on a day which is inconvenient or not suitable, to offer an alternative date and time.

If the authorised representative is unreasonably denied access, the LINK will refer the matter to the commissioner of the service or manager with responsibility for contract compliance and the Overview and Scrutiny Committee.

3.5 Preparing for a visit (announced and unannounced)

Before visiting any health or social care services or premises the authorised representative (with the help of the hosting service) must:

- identify the aim and desired outcomes of the visit
- endeavour to find out if any other national or local agencies (eg, the Care Quality Commission, another LINK, lay visitors) are planning their own visits at roughly the same time so that the visits can be co-ordinated
- agree how the objectives of the visit will be achieved (eg, by talking to staff, service users, or patients — with their agreement — including meeting with the user forum (where one exists); observing the general interaction between staff, users and patients; noting environmental aspects of the care setting).

The checklist for a visit is at Appendix 3.

3.6 Untoward circumstances arising during a visit

If during the course of the visit an authorised representative witnesses (or is informed of) anything that breaches the standards of safeguarding of vulnerable adults or children or which jeopardises any other aspect of patient safety or care, he or she must bring this to the notice of the senior manager on duty . If the issue of concern appears to involve the senior manager or the management team then he or she should contact the local social services office and report their concerns under the appropriate safeguarding procedures.

3.7 Code of conduct governing all visits

When visiting the premises of any health and social care service provider the LINK's authorised representatives:

- will treat the staff, service users, residents, patients, and their carers and families fairly and courteously, and with sensitivity and respect, and ensure that their dignity and privacy is maintained at all times
- will be as unobtrusive as possible and keep the staff on duty informed about what they are doing at each stage of the visit
- will exhibit no discriminatory behaviour and value people as individuals, showing respect for their differences and diversity
- will not disclose confidential or sensitive information — unless there is an urgent concern about the safety or well-being of an individual, or if that person consents to the sharing of the information
- will comply with all operational or health and safety requirements
- will not interrupt the effective delivery of any health or social care service
- will co-operate fully if circumstances arise during a visit that mean staff are unable to comply with their requests.
- will not make unreasonable demands on staff, service users or patients
- will respect the needs and wishes of staff, service users, residents, patients, and their carers and families, which will take priority at all times.

Before leaving the premises the authorised representative will speak to the service provider's designated point of contact and provide brief feedback about the visit.

Note. Service users, residents, patients, carers and families *are under no obligation* to engage with authorised representatives during a visit. However, they should be advised of the purpose of the visit and invited to share their views or provide the LiNK with feedback about any aspect of the visit, including the conduct of the authorised representative.

3.8 If a complaint is made about an authorised representative

If a service provider considers the conduct of an authorised representative to be unacceptable it has the right to terminate the visit prematurely (see *Circumstances in which a visit can be refused or terminated*, above). The service provider must substantiate the complaint by writing to the host organisation within 10 working days so that an investigation can be arranged.

If the Co-ordinating Group enter and view lead accepts that there has been a breach of the code of conduct it will refer the matter to a disciplinary panel for consideration. During this time the authorised representative will not be allowed to conduct any further visits.

The outcome of the investigation will be reported to the service provider who lodged the complaint, and to the local authority and /or health trust.

4. Using the visit to improve services

Following every visit the LiNK will prepare a report outlining its findings and, in applicable, offer recommendations for change.

4.1 Documenting the visit

Authorised representatives must submit their findings in a written report. (There is a checklist at appendix 4) The first draft of the report must be sent to the LiNK's hosting service within five working days of the visit so that assistance can be given with editing and presentation, if necessary.

4.2 Sharing the visit report with the service provider

After consulting with the chair of the Co-ordinating Group, the hosting service will forward the edited draft of the report to the service provider with an invitation to highlight any factual inaccuracies and to respond to its comments or recommendations within 20 working days of the visit. The provider will also be invited to meet the authorised representatives and the hosting service to discuss the recommendations (if any) and to explain the action it intends to take to implement them (or reasons why not).

The LINK will then aim to produce a final report within eight weeks of the initial visit.

This will be sent to:

- the service provider
- the service commissioner
- the contract manager
- the local Overview and Scrutiny Committee
- the service regulators.

5. Quality assurance and monitoring

Staffordshire LINK is committed to continuously improving the quality of its visits to health and social care services and premises. It welcomes informal feedback from any individual or organisation with an interest in service planning, commissioning, delivery or regulation that will help it improve the way it operates.

5.1 Monitoring visits

Normally three authorised representatives will be assigned to each visit: two of these will conduct the observations and discussions involved in the visit while the third (the peer observer) monitors the process.



Self Assessment Form for Authorised Representatives

Name:	Date:
Contact Details:	
Please provide a brief summary of your work/volunteering/life experience:	
What personal qualities do you have that will enable you to fulfil this role?	

Have you conducted a visit with a previous forum/group prior to applying for this role?	
Yes (please describe the nature the visit, how you prepared for the visit and how you reported the outcomes ~ remember confidentiality applies)	
No (from the information we have provided, what you think are the legal requirements relating to conducting visits?)	
Have you enclosed a c.v.	Yes /No
The information I have supplied is a true and accurate account of my experience and suitability to perform this role. By signing this self assessment I agree to commit to the LINK training programme, code of conduct relating to visits and abide by the protocols of being an authorised representative of Staffordshire LINK.	
Signed	Date

Appendix 2. 'Person specification' for an authorised representative

Authorised representatives require certain qualities to ensure they conduct their visits effectively. In addition to being observant, patient and respectful they must be sensitive to people's feelings, and be good listeners. They must also be able to:

- demonstrate (following a briefing event) that they have sufficient background knowledge of the way that health and social care services work to fulfil the role
- work as a member of a small team
- engage with service users and patients
- demonstrate that they are independent and impartial
- report their findings clearly and straightforwardly
- provide evidence that they understand - and have abided by - the **Nolan principles** of public life
- devote sufficient free time to the role.

Appendix 3. Preparing for a visit

Sources of information that the authorised representative and the hosting service might wish to refer to in preparation for the visit:

- comments made to the LiNK by people with direct experience of the service (eg, service users, patients and residents and their families or carers, and user groups or forums)
- information from the service's formal complaints procedure as well as anecdotal comments about the service or premises
- monitoring reports and recommendations produced by service regulators (eg, the local Overview and Scrutiny Committee or the Care Quality Commission) and agencies such as Patient Advice and Liaison Service (PALS)
- publications from statutory bodies setting out recommended practices, national minimum standards of service, etc, for different types of care provision (eg, for people with dementia, people with challenging behaviour, people who are close to death, etc)

With regard to the practical arrangements for the visit they should also:

- identify any special support needs necessary to facilitate the visit (eg, interpreters, signers, advocates, private rooms)
- decide if a specific mix of authorised representatives (in terms of gender and diversity) is appropriate
- allocate specific topics of enquiry to each other.

Appendix 4 . Visit report checklist

The report must describe briefly:

- the reasons for the visit
- how the visit was conducted (eg, what happened during the visit)
- how information was obtained (eg, personal observation, discussions or interviews with staff and service users, documents obtained from the service provider)
- how (or if) the objectives of the visit were met
- examples of good and bad practice (if any)
- conclusions and recommendations (with timescales).

Figure 1
Staffordshire LINK 6 monthly work plan identifies issues and themes for visits

