

North Tyneside LINK

Enter and view policy

November 2011

1. Introduction

- 1.1 This document sets out the code of conduct that North Tyneside LINK authorised representatives are expected to adhere to when visiting health and social care service provider premises. This document is a combination of good practice recommendations and legal regulations.
- 1.2 Visits are only one way of gathering intelligence about a service. It is important that North Tyneside LINK has a clear understanding of why it deems it necessary to enter and view a particular care setting. For example, it may be that a visit is prompted by feedback from local service users, patients, their carers and families, which suggests common concerns about performance or aspects of provision.
- 1.3 Before a visit, the LINK Board or Working Group should consider the aims and structure of the visit and the kind of information it might be helpful for the care provider to have prior to the proposed visit.

2. Authorised representatives

- 2.1 All authorised representatives will have satisfactorily passed a Criminal Records Bureau check, will have demonstrated a set of competencies agreed by the LINK Board and the LINK Team, and will follow the national LINK good practice guidelines.
- 2.2 All authorised representatives will sign an individual statement. This statement will spell out their role including the importance of practising the Nolan Principles (Appendix 1) and guaranteeing confidentiality at all times.
- 2.3 All visits will be authorised by the LINK Board. Authorised representatives will present a letter from the LINK Board at all visits to show that they have been authorised by North Tyneside LINK. This authorisation will be task specific and time limited.
- 2.4 Authorised representatives can be drawn from LINK members who have received training from North Tyneside LINK to undertake visits.
- 2.5 Authorised Representatives are bound by the LINK's Confidentiality Policy at all times. All findings from visits are confidential within the LINK unless the LINK Board decides otherwise, except in the circumstances outlined in paragraph 4.2 f.

3. Expectation of visits

- 3.1 The legislation allows for both announced and unannounced visits. If the visit is 'announced', the LINK team will let care providers know about the reasons for the visit and set out the practical aspects in advance; this will be presented in a formal email or letter.
- 3.2 Whilst the legislation allows for unannounced visits, careful consideration should be given before one is undertaken. The duty to allow entry does not apply in circumstances where a visit is not reasonable and proportionate or would compromise the privacy or dignity of patients, and authorised representatives should be aware that they run the risk of being refused entry on those grounds. North Tyneside LINK will propose to those being visited that this Code will be treated as the agreed protocol for the visit.
- 3.3 North Tyneside LINK will consider providing the following information prior to the visit:
- a. a suggested date and time of the visit and how long it will last;
 - b. the intelligence that has stimulated the visit (note that any patient and user feedback should be anonymised);
 - c. the purpose of the visit;
 - d. the shape and format of the planned visit, for example:
 - identification of staff, service users, and user forums that authorised representatives would like to meet;
 - the number and nature of discussions/meetings to take place and whether special requirements will be necessary, such as communication aids or special access to buildings;
 - the types of activities and service areas authorised representatives would like to access and observe;
 - whether authorised representatives have explanatory leaflets about the LINK (including contact information) available for distribution during the visit; and
 - whether it would be helpful for staff and/or service users to accompany authorised representatives during the visit;
 - e. the names of the authorised representatives attending the visit.
 - f. reassurance that draft findings resulting from the visit will be shared with the provider, together with, where appropriate, relevant residents, users, patients, carers and families or people whose feedback had prompted the visit, prior to them being finalised and shared more widely.
 - g. authorised representatives will adhere to the LINK Code of Conduct (Policy 6).
- 3.4 Numbers of representatives attending a visit should be proportionate to the size of the establishment wherever possible. Some care homes are extremely small and large numbers of visitors may unnerve residents and could compromise their privacy and dignity.

4. Personal conduct

- 4.1 As a member of North Tyneside LINK, authorised representatives are expected to adhere to the Nolan Principles (Appendix 1). It is very important that authorised representatives have regard to the Code of Conduct and behave in a responsible, reasonable and proportionate manner as befits their role.
- 4.2 During a visit authorised representatives are expected to:
- a. treat staff, service users, residents, patients, their carers and families fairly and courteously, and with sensitivity and respect;
 - b. ensure that the dignity and privacy of service users, residents, patients, carers, families and staff are maintained at all times;
 - c. be as unobtrusive as possible, and inform staff on duty about what they are doing at each stage of the visit;
 - d. value people as individuals, respecting the different and diverse people they meet;
 - e. exhibit no discriminatory behaviour;
 - f. have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine and urgent concern about the safety and wellbeing of a user, resident or patient, or if the individual concerned consents to the sharing of the information; (volunteers receive training in safeguarding vulnerable adults which includes what to do if they identify an issue of this kind)
 - g. cooperate with requests from staff, users, residents, patients carers and their families if necessary, and comply with all operational or health and safety requirements;
 - h. avoid interrupting the effective delivery of health or social care provision; authorised representatives should refrain from making unreasonable demands on staff, users and patients or disrupting services outside the agreed visiting schedule;
 - i. recognise that user, resident or patient needs should always take priority; and
 - j. be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staff are unable to meet the requests of the authorised representative.
- 4.3 There is no formal requirement for users, residents, patients, carers and families to engage with authorised representatives during visits, but we would encourage them to participate and share their views if they wish. They are also free to provide the LINK with feedback if they are unhappy with any aspect of the visit, including the conduct of the authorised representative.
- 4.4 It is very important that comments and compliments are shared; the purpose of a visit is to gather views and experiences and to observe the quality of services, not simply to identify faults and problems.

5. Safety on visits

- 5.1 Careful consideration should be given to the number of representatives visiting an establishment at any one time. Authorised representatives will not work alone.

However in some exceptional circumstance this may be necessary in order to fully observe a service in action (for example, only one representative could ride as an observer in an ambulance). (For more information refer to North Tyneside LINK Health and Safety Policy).

6. Refusal of entry or termination of visit

- 6.1 Authorised members are not entitled to enter excluded premises. This includes:
- a. parts of a care home which are not communal areas;
 - b. children's care services
 - c. premises or parts of premises used as residential accommodation for employees of services-providers
 - d. premises which are occupied by one or more persons as their home and which at least one of those persons occupies under a tenancy or a licence; in respect of any premises, or parts of premises, if the presence of an authorised representative on those premises, or those parts of premises, would compromise:
 - (i) the effective provision of care services, or
 - (ii) the privacy or dignity of any person
 - e. in respect of any premises, or parts of premises, at any time when care services are not being provided on those premises or those parts of premises;
- 6.2 An authorised member visit may be terminated by the service provider;
- a. if, in the opinion of the services-provider, the authorised representative in seeking to enter and view and observe the carrying-on of activities on the premises, that the services provider owns or controls, is not acting reasonably and proportionately;
 - b. if an authorised representative does not provide the services-provider with evidence that the representative is authorised.
- 6.3.1 **Conduct or behaviour which could lead to entry being refused or a visit being terminated:**
- Duty to allow entry **does not apply** when:
- a. the authorised representative acts in such a way as to compromise the effective provision of services or the privacy or dignity of any person (e.g. 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 medication);
 - b. the provider judges that the authorised representative is not acting in a way which is reasonable or proportionate (e.g. making repeated visits, regularly undertaking unannounced visits, presenting a large number of representatives at a small facility); and/or
 - c. the authorised representative does not provide evidence that he or she is to enter and view services (as specified in the legislation).

7. Reporting

- 7.1 Authorised representatives should document their findings in writing following the visit. It will be helpful to refer to the pre-visit paperwork and to structure the written report in a way that clearly reflects the reasons for the visit being undertaken and

how any information / evidence meets the visit objectives. Authorised representatives should also make clear the source of their information /evidence and the weight assigned to it taking care always to respect confidentiality by anonymising individuals and not disclosing personal information. Such sources could include:

- authorised representatives' observations
- discussions with staff
- discussions with users
- comments from carers and/or relatives
- structured interviews
- documentation provided by staff/the proprietor

7.2 Following a visit the LINK will inform the staff that they visited of their findings, setting out detailed and constructive observations and comments. Where it is appropriate and feasible, the LINK may wish to send the findings to service-users who were involved in the visit.

7.3 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. In all cases, a copy of the draft findings and any recommendations will be sent to the provider who was subject to the visit giving them the opportunity to check for factual accuracy and to allow for any recommendations to be considered.

7.4 The LINK will allow providers two working weeks to respond or another agreed and reasonable period of time. Where the provider raises issues or concerns about the content of the draft, the LINK and relevant authorised representative(s) should consider carefully what has been said, and decide whether the draft should be amended. The LINK will share the final version with the provider.

7.5 All draft reports will be presented to the LINK board and where appropriate authorised representatives will be invited to attend a board meeting to discuss their findings.

8. Sharing findings

8.1 The LINK will share its findings with the following organisations where appropriate;

- Health Overview and Scrutiny – in appropriate circumstances (when services fail to respond, if it fits into O&S programme etc)
- Commissioners of Services – principal audience for information gathered by LINK to inform Commissioners of local community preferences.
- Care regulators – when serious concerns about patient safety are raised about the quality of care
- Other statutory bodies – Health and Safety Executive, Foods Standards Agency etc
- Local authority safeguarding officer/police if criminal activity or abuse is suspected
- Other organisations – to share good practice

9. Review

9.1 This Document will be reviewed by December 2012.

LINK Manager
November 2011