Enter and View visits

Policy and Procedures

Created/revised:	May 2026
Approved by:	Healthwatch Southampton Strategic Group on 25th June 2026
Next review due:	May 2028 (unless legislative, regulatory or organisational changes require earlier review)

1 Introduction

Healthwatch Southampton is independent. We gather people's views and experiences of health and social care to highlight issues with the goal of making services better.

2 Purpose of this policy

2.1 The purpose of this policy is to set out Healthwatch Southampton's approach to delivering part of our statutory powers, which are to 'Enter and View' health and social care services and see them in action.

2.2 It provides good practice guidance on Enter and View visits to ensure they are carried out in an effective, accountable and transparent manner.

2.3 This policy:

- Explains to staff, volunteers, Authorised Representatives, board members, service users, service providers and the public how and why Healthwatch Southampton carries out Enter and View visits;
- Outlines the key principles underpinning Enter and View at Healthwatch Southampton;
- Ensures fairness and consistency in Healthwatch Southampton's approach to Enter and View;
- Helps service users and service providers to understand what they can expect from Healthwatch Southampton in relation to Enter and View;

2.4 This policy outlines:

- what an Enter and View is
- the criteria for carrying out Enter and View visits
- how Healthwatch Southampton undertakes Enter and View visits
- how Enter and View visits are reported on and followed up
- This policy applies to all Healthwatch Southampton staff, volunteers and Strategic Group members, including those trained as 'Authorised Representatives'.

2.5 We will review this policy on a regular basis.

3 What is Enter and View?

3.1 Our Enter and View programme gets to the heart of people's experience of local health and social care services, assessing them from the patient perspective. We have a legal power to visit services and see them in action.

3.2 The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Local Healthwatch organisations have powers under:

- The Local Government and Public Involvement in Health Act 2007
- and
- Part 4 of The Local Authorities Regulations 2013.
- to carry out Enter and View visits

3.3 Enter and View visits allow Healthwatch Southampton to identify:

- what is working well with services
- where they could be improved
- and make recommendations for change

3.4 Although Enter and View sometimes gets referred to as an 'inspection', it should not be described as such. This is because it is important to distinguish the role of Healthwatch in conducting Enter and View compared to the formal inspection and regulation programme of commissioners, the Care Quality Commission (CQC) and other agencies. The perspective which Healthwatch aims to bring is the view of the person using the service and their carers. It is a lay perspective, and it is not intended to be a substitute for formal inspection and regulation.

3.5 An Enter and View visit is an opportunity for us to listen to the views of the people using health and social care services and make recommendations for improvements based on what they tell us.

3.6 Enter and View allows us:

- To go into health and social care premises to hear and see how people experience the service.
- To collect the views of people using the service
- To collect the views of carers and relatives of people using the service.
- To collate this evidence-based feedback
- To report to providers, regulators, Local Authority and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners.

3.7 **The key benefits of Enter and View visits are to encourage 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

3.8 Only trained people, known as 'Authorised Representatives', can carry out Enter and View visits. 'Authorised Representatives' may be Healthwatch staff, volunteers or Strategic Group members who have undertaken Enter and View training. Details of Healthwatch Southampton's Authorised Representatives are available on our website or on request. All Healthwatch Southampton's Authorised Representatives will have had a standard DBS check carried out, attended training on safeguarding and data protection, and completed Enter and View training. Additional non-mandatory training will be offered as appropriate and relevant. On occasions, it may not be appropriate for an Authorised Representative to conduct an Enter and View (e.g. if they or a family member use(s) the service or a family member works in the service) and this will be taken into account. Authorised Representatives are required to declare any such conflict of interest. (See Appendix 2 for details of recruitment, selection and training procedure).

3.9 There may be situations where Authorised Representatives might be accompanied by another person, e.g. a volunteer in training, a volunteer awaiting a DBS check or a volunteer under 18 years. These are known as Authorised Visitors.

3.10 The fact that premises have been selected for an Enter and View visit does not imply any fault or concern with the services offered there, the staff employed or the standard of care provided: Healthwatch is simply carrying out its role of monitoring facilities on behalf of the public.

4 Circumstances in which the right to Enter and View does not apply

4.1 Authorised Representatives of Healthwatch **may not** enter and view services and premises if any of the following circumstances apply:

- The services or premises are providing social care to children
- The presence of the representatives would compromise the effective provision of a service or the privacy or dignity of any person
- 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 that person – it just means that they have no automatic right to enter. This should only be done in extreme circumstances, and the representative should never enter a person's home unaccompanied)
- The premises (or parts of the premises) are used solely as accommodation for staff
- The premises are the non-communal parts of a care home
- The care is being provided in a penal institution or police station
- The presence of the representatives would compromise service delivery (e.g. if a major incident resulting in significant numbers of casualties occurred during a visit to a hospital accident and emergency department)
- Health and social care services are not provided at the premises (e.g. an office) or are not being provided at the time of the visit (e.g., when the facilities or premises are closed)
- The services are provided solely to people paying in full for their own care
- The premises are owned by one independent provider but controlled by another (in this case the provider who owns the premises is exempt).

5 Announced and unannounced visits

5.1 An Enter and View may either be an 'announced' or an 'unannounced' visit.

Announced visits

5.2 An announced visit is an Enter and View where the service provider is advised of the purpose, day and time of the visit at least one week in advance and is given the names of the visiting Authorised Representatives.

Unannounced visit

5.3 An unannounced visit is an Enter and View visit where the service provider is unaware the visit will take place in advance of the Authorised Representative's arrival.

5.4 Healthwatch takes a collaborative approach to working with services. It is our standard practice that our Enter and View visits will be announced. However, in exceptional situations it may be necessary to conduct unannounced visits. In such cases, the rationale for any unannounced visit will be documented.

6 When will we carry out Enter and View visits?

6.1 Healthwatch Southampton's Strategic Group will make the decision to carry out an Enter and View visit. Examples of when we will use Enter and View include:

- Feedback from local service users, patients, their carers and families, which suggests it is important for us to seek the patient/carer voice
- 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 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
- Healthwatch Southampton's involvement in service reviews initiated by service providers and the commissioning authorities
- Gathering evidence as part of a larger research project being carried out by Healthwatch Southampton
- By invitation from the provider of the service. This is a potential use of Enter and View however we need to be mindful if there are concerns involved about the motivation of the service provider, (e.g. whether Healthwatch Southampton is being asked to "quality assure" their service etc).
- By invitation from other organisations, for example the Care Quality Commission

6.2 A decision to enter and view a service will be made only where it is considered that the visit will add value to the information already available about the service from other sources.

6.3 Healthwatch Southampton intends to work collaboratively so wherever possible we will work with service providers to investigate and learn from the concerns that local people raise. This may involve sharing these concerns (anonymously), where possible, in order to support improvements.

6.4 There will be situations where working in this collaborative manner is not possible or appropriate. This includes:

- Where timely access is a priority over and above collaboration
- If service providers do not allow access to service to speak to people
- When Healthwatch Southampton believes it is in the public interest to use the power

7 Refusing or terminating an Enter and View visit

7.1 A provider can refuse to allow an Authorised Representative/s to enter and view or stop a visit if in their opinion the Authorised Representative/s are not:

- acting reasonably or are acting in such a way as to compromise the effective provision of a service 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, or holding up the serving of a meal or the administration of a medicine)
- acting proportionately (e.g. by making repeated or regular unannounced visits, or by arriving in a large group at a small facility)
- and/or if the representatives do not provide evidence that they are authorised to carry out an Enter and View visit in accordance with Regulation 12 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

8 Healthwatch Southampton Enter and View Procedure

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

8.2 In conjunction with the purpose of the visit and its aims, 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.

8.3 **Accessibility Considerations**

Healthwatch Southampton is committed to ensuring that all service users have equal opportunities to participate in Enter and View visits. Where specific accessibility requirements are identified before or during the visit, we will do our best to accommodate these needs so that everyone's voice can be heard and respected

9 Preparation for Enter and View visits (announced and unannounced)

9.1 Before visiting any health or social care services or premises the Authorised Representatives will be briefed about the aim and desired outcomes of the visit.

9.2 Healthwatch Southampton will:

- try to find out if any other national or local agencies (e.g. the Care Quality Commission, neighbouring Healthwatch) 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 (e.g. 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)

9.3 When planning Enter and View activity, Healthwatch Southampton will also:

- Inform the Care Quality Commission about any planned Enter and View visits and feedback any intelligence found.
- Liaise with/involve other key partners in planning an Enter and View visit, where appropriate, to support our knowledge of the service, e.g. local health/social care commissioners, System Quality or Information Sharing Groups.
- Involve other neighbouring local Healthwatch where appropriate, i.e. residents from another area who regularly use a service.
- Check the current Healthwatch England guidance on Enter and View.
- Decide whether the visit will be 'announced' or 'unannounced'.

9.4 Whether the visit will be 'announced' or 'unannounced', Healthwatch Southampton will confirm an Authorised Representative as visit lead. They will be responsible for holding a planning meeting to confirm the:

- key lines of enquiry that will be asked of service users, carers and any relatives/visitors, and staff. (minimum) number of service users, carers and any relatives/visitors, and staff, whom it is planned to interact with and/or observe during the visit(s)
- key locations for 'observations' during the visit
- methods to be used e.g. interviews, group discussions, observations
- requirement to ensure that specific consent is obtained prior to the visit to speak directly with service users
- way in which they will record discussions, responses and observations
- allocation of tasks between the Authorised Representatives (based on their skills, interests and experience)
- materials they need for the visit e.g. information about Healthwatch Southampton, survey forms
- approach to writing up the findings after the visit

9.5 Each Enter and View site visit should be undertaken by a minimum of two and no more than four Authorised Representatives.

9.6 Where possible a 'back-up/reserve' Authorised Representative should be identified for Enter and View visits

9.7 To ensure impartiality, Authorised Representatives will declare any conflicts of interest relating to a visit and, in this circumstance will not attend.

10 Announced visits

10.1 Once an Enter and View has been authorised, service providers will be contacted to:

- outline why their premises have been selected for an Enter and View and to clarify the purpose of the visit
- explain who Healthwatch are and what we do
- provide a summary of the Enter and View Policy and the names and details of the Authorised Representatives due to visit the premises
- organise suitable dates and times (for announced visits) with the service provider. The Healthwatch office will give four to six weeks' advance notice of the intended visit to the manager of the service to be visited. Included in the notice will be an invitation to assist in

identifying service users, relatives and/or friends of service users and members of staff who would be willing to meet Healthwatch members to discuss their views of the service

- announced visits are usually used for mixed funding premises, with agreed scope
- identify a point of contact/liaison at the service provider with whom to liaise over practical details of the visit
- The service provider will be asked to ensure that a member of the establishment's management team is available to meet the Authorised Representatives (who may be accompanied by a member of the Healthwatch team) at the beginning of the visit, so that they may explain the purpose of the visit. The service provider will also be asked to ensure that the same person is available at the end of the visit to receive feedback from the Authorised Representatives.
- Notice of announced visits will be given by email to the service provider, with a confirmatory letter sent by post at least 10 working days before the visit is to take place.

11 Cancelling visits

11.1 Healthwatch will do its best to ensure visits go ahead on agreed dates. However, if a visit needs to be cancelled, Healthwatch will inform all relevant parties as soon as possible and explore opportunities for re-scheduling.

12 Unannounced visits

12.1 Unannounced visits should only take place if no other approach could produce the information Healthwatch 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.

12.2 For mixed funding premises, unannounced visits are possible, but are limited to the publicly funded element.

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

12.4 Upon arrival at the service or premises, the Authorised Representatives will:

- 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.

12.5 In accordance with the grounds for denying entry for visits above, the duty manager on behalf of the service provider has the right to decide whether the request to carry out an unannounced visit is proportionate and reasonable before allowing the Authorised Representatives to enter the premises.

12.6 If access is denied, the Authorised Representatives will ask the duty manager to explain why and, if the reason is because the visit is on day which is inconvenient or not suitable, offer an alternative date and time.

12.7 If the Authorised Representatives are unreasonably denied access, the facts must be reported as soon as possible to the Chair of Healthwatch Southampton's Strategic Group who will consider whether the circumstances require a formal report to the relevant regulatory or commissioning agency/ies and/or the Safeguarding Team.

12.8 All 'unannounced' visits will include a Healthwatch Southampton staff member, who must also be trained as an Authorised Representative.

13 Carrying out the visit

13.1 **Upon arrival**

On arrival the lead Authorised Representative will present themselves to the person in charge of the premises to obtain consent of the provider, show their ID badge and any other documents that have been agreed.

If consent is given for the visit, all other Authorised Representatives will show their ID badge on entry and wear it throughout the visit.

The lead will also agree with the person in charge:

- who can be approached and anything else to be aware of on the day.
- how the team will feed back following the visit (e.g. a quick meeting at the end of the visit).

13.2 **During the visit**

During the visit, the Enter and View team will:

- Respect the privacy and dignity of service users at all times.
- Gain consent before speaking to service users, ensuring service users are clear about who the Enter and View team are; the purpose of the visit; that they have a choice as to if they want to engage with the visit; what will happen with any the information they share with Healthwatch Southampton, and how to get in contact with Healthwatch Southampton after the visit.
- In the case of visits to mixed funding premises, follow the agreed visit plan and avoid private only areas
- Comply with any infection control measures in place
- Leave the premises calmly and without protest if instructed to do so by the provider and follow up as required.
- Follow the agreed procedure if at any time an Authorised Representative observes anything that makes them feel uncomfortable, including safeguarding concerns (see section below). They should speak to the Enter and View lead immediately, who will inform the service manager (if appropriate) and end the visit.
- At the end of the visit, the Authorised Representatives will meet informally with a member of the establishment's management team to give general feedback, to comment on their findings and to raise any issues of concern that they have noted.

14 Safeguarding

14.1 If, during the course of the visit, an Authorised Representative witnesses (or is informed of) anything that they consider may breach the standards of safeguarding of vulnerable adults or children or which jeopardises any other aspect of service user safety or care, this must be brought to the notice of the senior member of staff on duty as soon as reasonably practicable.

14.2 On leaving the premises this must be reported forthwith to the Chief Executive Officer of Southampton Voluntary Services who will consider whether the circumstances require formal report to the relevant regulatory or commissioning agency/ies and/or the Safeguarding Team. They will also inform the Chair of Healthwatch Southampton's Strategic Group.

14.3 In any circumstance where a safeguarding report is considered necessary, the person(s) observing the specific incident of concern should, so far as is reasonably practicable, make an immediate record of the incident and identify those involved (both staff and service user(s)), outlining the issue(s) of concern and the time and location of the incident.

14.4 Where the incident is observed by more than one member of Healthwatch, each must make their own record without conferring together.

14.5 The record(s) should be provided to the Chief Executive Officer of Southampton Voluntary Services as soon as possible after the event, who will keep the Chair of Healthwatch Southampton's Strategic Group informed.

14.6 Caution should be exercised when observing or reporting an incident of concern and Authorised Representatives are not expected to place themselves at risk of harm as a result of observing an incident or to intervene directly.

15 Enter and View and mixed funding premises

15.1 Where a service provides both publicly funded care and private, fee-paying care, Healthwatch's Enter and View power applies only to the publicly funded element of the service.

15.2 The scope of access in mixed funding premises is limited to communal areas used by publicly funded service users; care activities involving publicly funded clients and areas where publicly funded and private residents/patients/clients mix but only insofar as the activity or space relates to publicly funded care.

15.3 Healthwatch Southampton's Authorised Representatives will not access areas used exclusively for fee-paying clients, enter private rooms unless the resident/patient/service-user is publicly funded, access has been agreed in advance with them or their representative and it is necessary for the Enter and View visit.

15.4 Healthwatch Southampton will not request or access records or data relating solely to private/fee-paying patients/clients/residents or any confidential information not directly relevant to the publicly funded service.

15.5 Before an Enter and View visit to mixed funding premises, Healthwatch Southampton and the provider will agree which patients/clients/residents are publicly funded and which are private, which areas of the premises relate to publicly funded care, which activities will be observed and how the provider will minimise any impact on private clients.

15.6 If a provider refuses access to an area that Healthwatch Southampton believes is part of the publicly funded service we will seek clarification from the commissioning local authority or NHS body. If it is confirmed that public funds are involved in that area/service, the provider is expected to permit access.

15.7 Persistent disputes will be escalated to the Healthwatch Southampton Strategic Group for guidance.

16 After the Enter and View visit

16.1 After the visit, the Enter and View team should have an immediate debrief to discuss the following:

- Whether there are any urgent matters of concern which need raising confidentially and which may require a safeguarding referral or other forms of escalation.
- The key themes emerging from the visit and any recommendations to be made.
- Confirm who will write the draft report.

16.2 The report should be drafted by the Enter and View Team and sent to the provider **within 25 working days** after the Enter and View visit.

16.3 This will be a summary report. It will include:

- details of the scope of the visit (and for mixed funding premises will clearly state that findings relate to the publicly funded service)
- the number of experiences gathered during the visit (and for mixed funding premises will note any limitations on access e.g. exclusion of private only areas)
- the gist of conversations with management, staff, service users or patients, family members, friends or carers
- findings including comments on examples of good or bad practice (if any) observed during the visit
- any recommendations for action (for mixed funding premises recommendations will be directed at how the publicly funded service can be improved)

16.4 Reports will focus on the patient/user/carer perspective, be evidence-based, be factual, clear and concise, and not identify any individuals.

16.5 Recommendations should be clearly stated, related to the purpose of the visit, based on the evidence collected, proportionate and achievable.

16.6 We will publish all reports unless there are compelling reasons not to do so, for example safeguarding, privacy or legal concerns.

16.7 Healthwatch Southampton aims to publish the final report within eight weeks of the visit.

16.8 If a single provider is involved they must respond within 20 days. This can be extended to 30 days with the agreement of Healthwatch Southampton. If multiple independent providers are involved, then providers must respond within 30 days. This includes the situation where Healthwatch Southampton sends a report to one provider, who then feels other providers need to be involved.

16.9 The service provider may be invited to meet the Authorised Representatives and/or a member of Healthwatch Southampton's Strategic Group to discuss the recommendations (if any) and to explain the action it intends to take to implement them (or any reasons why not).

16.10 Once a response from the provider (and commissioners, if relevant) has been received, the final report will be signed off by the Chair of Healthwatch Southampton's Strategic Group. It will then be sent together with a summary of the action to be taken by the provider (and commissioners) in response to any recommendations, to:

- the service provider responsible for the premises visited (either directly or via the premises manager)
- the service commissioner

- the contract manager
- the local Overview and Scrutiny Committee (where appropriate)
- Healthwatch England and
- The Care Quality Commission

16.11 **We will keep the Care Quality Commission informed of any concerns.**

16.12 In all cases, providers must:

- Acknowledge receipt of the request to respond to Healthwatch Southampton
- Provide a response 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.

16.13 If a provider does not respond then Healthwatch Southampton will send a formal reminder of the requirement to respond, mentioning the legislation.

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

16.15 If a response is not received, Healthwatch Southampton will then notify:

- The commissioner(s) of the service
- The appropriate regulator(s)
- Healthwatch England

16.16 The final report will be published on the Healthwatch Southampton and Healthwatch England websites and considered at the next meeting of the Healthwatch Strategic Group (but note paragraph 15.6 above).

16.17 In some circumstances it may be decided that a follow-up Enter and View visit to the provider is required at a later date.

16.18 The Healthwatch Southampton Annual Report will report on the Enter and View activity of Healthwatch during the year and its impact.

16.19 Any notes taken by the Enter and View team during the visit will be brought into the Healthwatch Southampton office and destroyed in accordance with our Data Protection Policy once the report has been signed off.

17 Policy monitoring and review

17.1 Healthwatch Southampton's Strategic Group has the ultimate responsibility for approving, implementing and reviewing this policy

17.2 This policy will be reviewed and updated every two years by the Healthwatch Southampton Strategic Group

17.3 This policy may be revised sooner if there is a change in working premises, conditions or laws directly affecting disclosure or any other aspect embedded in the document.

18 Related policies:

18.1 There are a number of related policies relevant to how we carry out Enter and View visits:

- Safeguarding
- Data protection
- Confidentiality
- Whistle blowing

What is Healthwatch Southampton?

Healthwatch Southampton is the local consumer champion for health and social care in Southampton. We:

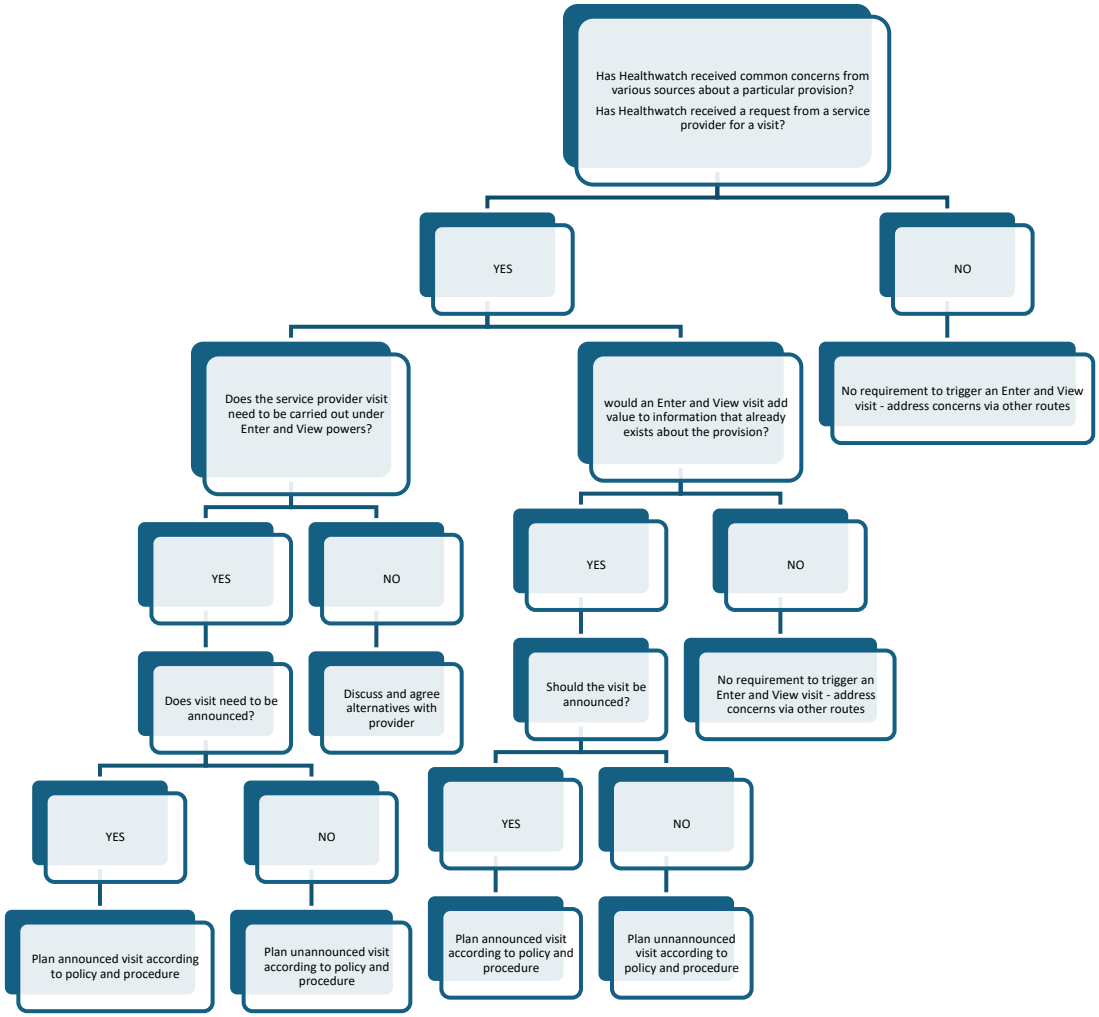
- are independent.
- signpost, give information, guidance and support about health and social care services. We can help with things like information on accessing NHS services, finding a dentist information about vaccinations, and what mental health support is available locally across the city.
- gather people's views and experiences to highlight issues and influence change. We want to hear from everyone who has used health and social care services in Southampton.

Why is this important to you, your family and friends?

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance. Healthwatch Southampton is your local organisation, helping you, your family and friends to share your views and concerns about local health and social services.

Whether your experiences have been good or bad, we need and value your views and feedback so services can provide the best help and support for you and other residents in Southampton.

Appendix 1 Enter and View Decision Tree



Appendix 2

Authorised Representatives – recruitment, selection and training procedure

'Enter and View' visits are carried out by persons authorised to do so by Healthwatch Southampton. 'Authorised Representatives' is the term used for volunteers/staff approved for Enter and View activity.

The legislation states that only 'Authorised Representatives' can conduct a visit and then only for the purpose of carrying out the activities of the local Healthwatch they represent.

Eligibility and recruitment

To become an Authorised Representative, individuals must:

- Be over 18 years of age
- Have the right to work in the UK
- Not have any conflicts of interest that would prevent them carrying out Enter and View visits
- Demonstrate the ability to work sensitively with vulnerable people

Healthwatch Southampton will advertise opportunities to become Authorised Representatives through its website, newsletters and networks. Interested individuals will be asked to complete an application form and attend an informal interview.

Selection

A selection panel made up of the Healthwatch Manager and a Strategic Group member will consider applications. Selection will be based on:

- Communication skills
- Empathy and respect for others
- Understanding of confidentiality
- Commitment to the aims of Healthwatch Southampton

Training

All Authorised Representatives will receive training which covers:

- The legislation that gives Healthwatch Southampton the power to Enter and View
- The extent of those powers and any limitations
- How to conduct an Enter and View visit
- The Healthwatch Southampton code of conduct for Authorised Representatives, covering:
    - Not compromising privacy and dignity

- Limits and extent of the role
- Being objective
- Safeguarding

Authorisation

Before being authorised, Authorised Representatives must:

- Complete training to the satisfaction of Healthwatch Southampton
- Sign the Healthwatch Southampton code of conduct
- Provide two references
- Receive supervision and review during their first two Enter and View Visits
- Complete a Standard Disclosure and Barring Service (DBS) check

Authorised Representatives are then able to conduct visits for the purpose of entering and viewing local health and social care establishments in accordance with the agreed work programme of Healthwatch Southampton.

The normal period of authorisation is for 3 years. Authorisation is then reviewed and an up-to-date DBS check carried out.

Enter and View Visit Report

Name and Address of Service

Name of Provider

Premises visited:

Date and Time of Visit:

Visit Conducted By:

Acknowledgements:

(E.g. thanking people for their help and contribution)

Introduction *(including description of service visited)*

Purpose for the Visit:

• *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*

Methodology

Findings

Conclusions:

- *Good practice*
- *Areas for improvement*

Recommendations

Recommendations need to be:

• *Clearly stated*

• *Primarily related to the purpose of the visit*

• *Self-evident from findings*

• *Proportionate and achievable*

• *Small in number – for maximum impact and focus*

Appendices

(Detachable) appendices for any additional information, e.g. question

lists, observation sheets

Disclaimer

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