

**IMPROVING THE QUALITY OF ADULT RESIDENTIAL SOCIAL CARE – USE OF ‘ENTER AND VIEW’-
PROJECT PLAN**

Introduction

One of the business priorities of Healthwatch Worcestershire is:

“Improving the quality of adult residential social care”

There are many ways that the organisation will achieve this priority, the initial focus however will be the use of the power to ‘Enter and View’ premises where residential health and social care is funded from the public purse

Enter and View is neither a last resort nor a first choice option; it is simply one of a range of tools available to Healthwatch Worcestershire for gathering information and monitoring the quality of services from service user, patient or carers perspective, to be used when appropriate to support an agreed purpose.

HWW intend to use Enter and View in an intelligence led way, making the most of limited resources.

What is Enter and View?

‘Enter and View’ is the opportunity for authorised representatives of Healthwatch Worcestershire:

- To go into health and social care premises to hear and see how the consumer experiences the service
- To collect the views of service users (patients and residents) at the point of service delivery
- To collect the views of carers and relatives of service users
- To observe the nature and quality of services – *observation involving all the senses*
- To collate evidence-based feedback
- To report to providers, CQC, Local Authority and NHS commissioners and quality assurers, Healthwatch England and any other relevant partners
- To 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.

What Enter and View is Not

Enter and view is:

- Not an inspection – it offers a lay persons perspective and gives service users a voice
- Not a standalone activity - 'Enter and View' is just one tool available to Healthwatch Worcestershire for collecting evidence for a defined purpose, our role is to work with other organisations and bodies to bring about service improvement.

Healthwatch Worcestershire's approach to Enter and View

Healthwatch Worcestershire regards 'Enter and View' as an activity which is planned, and undertaken with a clear purpose. This may be to:

- Support the business priorities of Healthwatch Worcestershire
- Look at a single issue across a number of premises
- Respond to local intelligence at a single premises
- Gather service users experience – raising awareness of Healthwatch Worcestershire

Protocols will be developed to share anonymised information to enable Enter and View visits to be planned in response to issues / concerns raised by service users and their relatives with commissioning and regulatory bodies which do not constitute a safeguarding issue but which may nevertheless have an impact on quality of life.

The Project Plan

This project plan sets out the strands or streams of work that are required for Healthwatch Worcestershire to ensure that our use of 'Enter and View' is fit for purpose and meets safeguarding and quality requirements.

The table below sets out:

- Work streams
- Activities
- Responsibilities
- Timescales

A calendar view is also provided in the GANT chart below.

The purpose of this draft is to provide a basis for discussion with Directors and with the Task and Finish Group, in order to build and develop the plan.

Lead Responsibility for Enter and View in Healthwatch Worcestershire

Director – John Taylor (JT) Staff member – Margaret Reilly (MR)

DRAFT

Project Plan

ACTIVITY	RESPONSIBILITY	TIMESCALE
WORK STREAM ONE: Raising awareness of Healthwatch Worcestershire and the purpose of Enter and View with care home residents and their relatives		
1. Arrange meetings with large social care residential home providers (e.g. Sanctuary Housing) to discuss potential mechanisms for promoting Healthwatch Worcestershire to residents and their relatives	JT/MR	July
2. Contact Trade Association for Residential Care homes to discuss potential mechanisms for promoting Healthwatch Worcestershire to residents and their relatives	JT/MR	July
3. Contact training providers of training for residential care homes to discuss including information about Enter and View as appropriate in their training provision	JT/MR	July
4. Potential mechanisms for promotion of Healthwatch include:-		
<ul style="list-style-type: none"> – Information about Healthwatch available in promotional literature 		
<ul style="list-style-type: none"> – Information about Healthwatch available in residents welcome pack 		
<ul style="list-style-type: none"> – Information about Healthwatch available in the setting 		
<ul style="list-style-type: none"> – Staff are informed about Healthwatch Worcestershire and our role, including the power to Enter and View 		
<ul style="list-style-type: none"> – House Feedback Centre widget on provider website 		

ACTIVITY	RESPONSIBILITY	TIMESCALE
WORK STREAM TWO: Raising awareness of Healthwatch Worcestershire and the purpose of Enter and View with commissioners of residential social care and health continuing care services		
1. Arrange meeting/s with commissioners of social care provision to discuss potential mechanisms for promoting Healthwatch Worcestershire to providers, residents and their relatives, including through the commissioning process	JT/MR	July
2. Arrange meeting/s with commissioners of health continuing care provision to discuss potential mechanisms for promoting Healthwatch Worcestershire to providers, residents and their relatives, including through the commissioning process	JT/MR	July
WORKSTREAM THREE Develop an Enter and View Policy and supporting documentation for Healthwatch Worcestershire		
1. First draft of Enter and View policy and supporting documentation	MR/JT	July /August
2. Draft reviewed by Directors and Task and Finish Group	HWW Directors and Task and Finish Group	August/Sept Board Meeting in Public
2. Draft reviewed by commissioners and representatives of providers (as appropriate) as advised by Healthwatch England guidance	MR/JT	August/Sept
3. Further Draft/s produced based on feedback	MR/JT	September
4. Policy and Supporting documentation signed off	HWW Directors	September

ACTIVITY	RESPONSIBILITY	TIMESCALE
WORKSTREAM FOUR Commission / arrange the provision of Enter and View Training for Healthwatch volunteers, staff and Directors. Training is mandatory before accreditation to Enter and View can be obtained		
1. Draft a service specification and evaluation criteria for the provision of Enter and View Training	MR/JT	July
2. Draft reviewed by HWW Directors and Task and Finish Group	HWW Directors and Task and Finish Group	July
3. Tender the training	MR/JT	End July
4. Evaluate tenders received	Task and Finish Group representatives	Aug/Sept
5. Award contact to deliver the training	Directors HWW	Sept BMiP
6. First Enter and View Training session delivered	Provider	End Sept
7. Second and further Enter and View Training sessions to be scheduled as appropriate	MR/JT	Dec
WORKSTREAM FIVE Draw up programme of both responsive and planned Enter and View visits		
1. Contact CQC / commissioners of social care and health continuing care services to discuss protocol for sharing anonymised information	JT/MR	July
2. Draw up protocol	MR/JT	July
3. Protocol agreed by agencies concerned	As appropriate	September

ACTIVITY	RESPONSIBILITY	TIMESCALE
4. Intelligence shared	As appropriate	September
5. HWW records and business priorities reviewed to identify thematic programme of Enter and View or to respond to concerns raised	MR/JT	August
6. Programme of first round of Enter and View produced	MR/JT	September / October
7. Providers notified of Enter and View visit		October
8. First round of Enter and View visits take place		Late October /November
9. Review of process and lessons learned		December
10. Second and further rounds of Enter and View visits programmed	MR/JT	December
WORKSTREAM SIX		
Recruit volunteers for accreditation for 'Enter and View'		
1. Ongoing – integrated into existing HWW business priorities and Volunteering contract	Felicity Jones	Ongoing
2. Canvas volunteers for interest in Enter and View Training in Sept/Oct	MR/JT	July
3. Arrange DBS checks for successful volunteers	MR/JT	Aug

SEE GANT CHART VIEW BELOW

GANT CHART / CALENDAR VIEW

ACTIVITY	July	Aug	Sept	Oct	Nov	Dec
WORK STREAM ONE: Raising awareness with care home residents and their relatives						
Arrange meetings with large social care residential home providers						
Contact Trade Association for Residential Care homes						
Contact training providers of training for residential care homes						
WORK STREAM TWO: Raising awareness with commissioners						
Arrange meeting/s with commissioners of social care provision						
Arrange meeting/s with commissioners of health continuing care						
WORKSTREAM THREE: Develop an Enter and View Policy and supporting documentation						
First draft of Enter and View policy and supporting documentation						
Draft reviewed by Directors and Task and Finish Group						
Draft reviewed by commissioners and representatives of providers						
Further Draft/s produced based on feedback						
Policy and Supporting documentation signed off						
WORKSTREAM FOUR: Provision of Enter and View Training						
Draft service specification and evaluation criteria						
Draft reviewed by HWW Directors and Task and Finish Group						

Tender the training						
Evaluate tenders received						
Award contact to deliver the training						
First Enter and View Training session delivered						
Further Enter and View Training sessions scheduled						
WORKSTREAM FIVE: Draw up programme of Enter and View visits						
Protocol for sharing anonymised information						
Draw up protocol						
Protocol agreed by agencies concerned						
Intelligence shared						
Review records to identify programme of Enter and View						
Programme of first round of Enter and View produced						
Providers notified of Enter and View visit						
First round of Enter and View visits take place						
Review of process						
Second and further rounds of Enter and View visits programmed						
WORKSTREAM SIX: Recruit volunteers for 'Enter and View'						
Canvas volunteers for interest in Enter and View Training in Sept/Oct						
Arrange DBS checks for successful volunteers						