

1. What is Enter and View?

'Enter and View' is a statutory Healthwatch power and an opportunity for Authorised Representatives of Healthwatch, including all specifically trained Staff/Employees:

- To go into health and social care premises to see and hear for themselves how services are provided.
- To collect the views of service users (patients and residents) at the point of service delivery.
- To collect the views of carers, family members and friends of service users.
- To observe the nature and quality of services – observation involving all the senses.
- To collate evidence-based non-clinical findings.
- To request written actions from the provider in response to our recommendations for inclusion in the final report.
- To publish a report of any findings and recommendations, including observed good practice where noted, as well as points for improvement. This will be shared with the relevant providers, the Care Quality Commission, the relevant Local Authority or NHS commissioner and quality assurers, Healthwatch England and any other relevant partners. A copy will also be published on the Healthwatch website and printed copies will be available from the office on request.
- To develop insights and recommendations across multiple sites or services to inform strategic decision making at local and national levels.

2. Where does Enter and View Apply?

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts

- Local Authorities
- Primary medical, dental, ophthalmic and pharmacy services (e.g. GPs, dentists, opticians, pharmacists)
- Bodies or institutions under contract with the NHS or a Local Authority to provide health or care services (e.g. social care homes and daycentres).

3. 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
- 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
- Non-communal parts of the premises
- 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, is not acting reasonably and proportionately in seeking to ‘Enter and View’ its premises
- 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 that relate to the provision of social care services to children.

4. Who can carry out Enter and View?

Only Authorised Representatives of Healthwatch will undertake ‘Enter and View’ for the purpose of carrying out Healthwatch activities. Enter and View visits to be undertaken by a minimum of two Authorised Representatives.

Healthwatch will recruit volunteers as Enter and View Authorised Representatives (in-line with the Healthwatch Volunteering Policy). The

specific role description sets out the qualities and abilities required for the Authorised Representatives, including DBS check.

Healthwatch will provide appropriate training for Authorised Representatives and ensure that they attend safeguarding training. Healthwatch will make publicly on their websites a comprehensive and up to date list of all Authorised Representatives. Authorised Representatives may occasionally take part in visits to health and care services and premises led, for example, by the Clinical Commissioning Group or the Care Quality Commission.

5. The Purpose of Enter and View This part describes the arrangements for members of Healthwatch Enter and View Team to enter and view premises providing health and social care services for the purpose of observing services and service delivery.

In conjunction with the purpose of the visit and its aims the team will:

- Observe and assess the nature and quality of services
- Obtain the views of people using those services
- Validate evidence already collected
- Gather information from staff, services users, family, friends and carers
- Liaise with statutory organisations for example Care Quality Commission to ensure non-duplication of visits within the same time period. Actions will be taken in response to any concerns that may arise as set out in the Escalation Policy.

6. Announced visits as part of the Healthwatch Work Plan Before the visit, Healthwatch will provide written information to the service provider about the visit's purpose and its approximate duration. The visit itself will have a standard structure to ensure:

- Providers know the names of the Authorised Representatives involved.
- Staff and service users whom the Authorised Representatives wish to interview are identified.
- Providers know the activities the Authorised Representatives wish to observe.

- Consideration is given as to whether or not it would be beneficial for staff members or service users to accompany the Authorised Representatives and visits be conducted accordingly.
- Notice is given if any leaflets or other information about Healthwatch will be distributed during the visit.
- Providers are informed that they will receive draft report of findings and recommendations prior to the final drafting and circulation of the final Enter and View report and will have a specified period in which to submit comments.
- Providers are invited to submit written actions they will take in response to the draft report for inclusion in the final version.
- Providers know that, where appropriate, draft findings will be shared with relevant parties including any whose information may have led to the visit.

7. Unannounced visits

Unannounced visits should not take place if any 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.

The rationale for undertaking such a visit must be documented by Healthwatch, along with the reason for not addressing the situation in another way.

Where Healthwatch decides it is necessary to conduct an unannounced visit, they agree to provide the information above upon arrival, unless disclosure of information risks compromising the confidentiality of feedback provided.

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