

# Enter and view report Cranhill Nursing Home Wednesday,

Authorised Enter and View representatives  
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# 1 Introduction

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## Details of visit

Details of visit:	
Service Provider	Cranhill Nursing Home, Weston Road, Bath, BA1 2YA
Date and Time	Wednesday, 22 <sup>nd</sup> February 2017 (11.00-1.00pm)
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## Acknowledgements

Healthwatch Bath and North East Somerset authorised enter and view representatives wish to express their gratitude to the residents, family and carers who generously participated in conversations with Healthwatch. We would also like to thank Cranhill Nursing Home management and staff who were willing and able to engage with us and answer our queries. Staff were welcoming and helpful.

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## Purpose of the visit

Enter and view visits are part of an ongoing programme of work being implemented by Healthwatch Bath and North East Somerset to understand the quality of patient experience across the area. Authorised representatives (volunteers) undertook a 2-hour morning enter and view visit to Cranhill Nursing Home with the purpose of finding out about residents' lived experience of care. This was done by gathering feedback from residents, family, and managers/nurses/carers about their experiences of life and care at Cranhill Nursing Home. Matron demonstrated a good knowledge of each resident and was familiar with their preferences.



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## How this links with Healthwatch Bath and North East strategy?

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A key priority laid out in the Healthwatch Bath and North East Somerset work plans for 2016/17 was to engage with older people and people with dementia, and to enter and view care/nursing homes across the county. Enter and view provides an ideal tool to hear the views of residents in care homes.

Full details of the work plan for Healthwatch Bath and North East Somerset are available on the website: [www.healthwatchbanes.co.uk](http://www.healthwatchbanes.co.uk)

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## Methodology

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### Planning

- Regular planning meetings are held by volunteers and agree which observations to focus on and prompt questions to use during enter and view visits. Observation templates and prompt questions have been continually amended and revised as volunteer's learning and knowledge has developed.
- Cranhill Nursing Home was chosen as a provider whose Care Quality Commission unannounced inspection and subsequent report 5 July 2016 was graded as 'requiring improvement'. Healthwatch Bath and North East Somerset coordinate with BANES Commissioners and Care Quality Commission to ensure a positive working relationship with providers is maintained and enter and view visits and inspections do not clash.
- On Wednesday 22nd February, four authorised representative (volunteers) visited Cranhill Nursing Home, Bath.
- Information was gathered from the volunteer's observations of staff interactions with the residents, home environment; conversations with staff, residents and visitors were semi-structured and underpinned by the use of a template and prompt questions. Collated observations and conversations were then formalised into the enter and view report. All direct quotes are displayed in bold.
- On arrival volunteers conducted a briefing with the registered nursing home manager (matron) before commencing the enter and view. Briefing included health and safety, introduction to the home and staffing.
- Matron sign-posted volunteers to residents who were considered to have capacity and happy to speak with us. Matron demonstrated a good knowledge of each resident and was familiar with their preferences. Volunteers were given a list of residents names, room numbers and medical conditions. This list was very helpful for the purpose of our visit, volunteers were mindful of the confidential nature of the information provided and



noted that the Matron did not indicate the confidential nature of the information provided or asked for the lists back at the end of our visit.

- Conversations with residents were conducted with their consent and expressed invitation to enter their private room and speak with them.
- At the end of the visit a debriefing for volunteers was an opportunity to discuss observations and conversations and identify any areas for concern.

## How was practice observed?

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Enter and view representatives spoke with residents, visitors/relatives and staff and observed the environment and interactions between staff and resident's (in all areas of the home).

Two volunteers spoke with residents in their rooms, keeping in mind safeguarding and only entering private rooms *if* expressly invited.

Two volunteers focused their conversations with staff and visitors.

Volunteers worked in and remained as a pair at all times and spoke with 6 residents, 4 visitors/relatives and 6 members of staff.

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## How were findings recorded?

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Notes were made by all volunteers during the visit and the lead enter and view representative then compiled the report based on the conversations and observations and sharing the report in draft form for all representatives to discuss and agree. Comments were recorded anonymously

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## What happens with the feedback Healthwatch has gathered?

The draft report will be shared with Cranhill Nursing Home who will have 20 working days to comment on recommendations (what steps the home will take to improve care). The report will also include areas of good practice.

The final enter and view report and the service provider's response will be shared with the CQC, Healthwatch England, the local authority, adult social care, the CCG and the service provider we visited.

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The report and provider's response will then be uploaded onto our website for residents and the public to read.

## About the service

Cranhill Nursing Home is registered to provide nursing and personal care for adults over 65 years. The home can accommodate up to 31 people, there were 26 residents living in the home on the day of our visit.

## Findings

### First Impressions

Cranhill is a large detached Georgian Home overlooking Victoria Park, Bath. Clear signage on road-side entrance by stone gates and a sloping drive curves round to building and large lawned gardens with a bench in front of building with pleasant green aspect towards the lawn. Well-kept flower beds /pots and window boxes enhance the frontage. Neat and tidy in appearance.

On entering the home, we were asked to show our ID badges and requested to sign-in. There was hand sanitising gel on the sign-in table. We were advised of fire safety and drills.

The Registered Nursing Home Manager (Matron) briefed volunteers on health and safety, staffing, building/room layout and what volunteers could expect during the enter and view.

At the time of the enter and view the nursing home had 26 residents including 2 couples, residents with dementia and memory loss. Seven staff were on duty including the Matron and Deputy.

Matron advised that after the last Care Quality Inspection that management and staff had received additional support from a Quality Auditor. The auditor had initially attended weekly but was now visiting monthly.

Matron stated that residents did not normally gather in the communal lounge in the mornings as they liked to stay mainly in their rooms by personal choice and preference. For some residents, this pattern was set when they were previously in other homes. Volunteers observed that residents did not come down to the lounge (which connected with the dining room) until just before lunch.

Matron provided volunteers with a list of residents names, room numbers and medical conditions and indicated which residents would be happy to have a chat with volunteers. This list was very helpful for the purpose of the enter and view visit, but volunteers were mindful of the confidential nature of the information, and noted that the Matron did not ask for the lists back at the end of our visit.



- Volunteers were advised that each resident's bedroom door had a card which indicated whether ok to enter - Red card - OK to visit; Brown card - do not disturb.
- Healthwatch Posters and leaflets were visible throughout the home.
- Residents used the communal areas (lounge & dining room) for activities and meals.
- Volunteers observed happy staff and residents conversing and laughing together.
- A staff photo board in hall way showing range of staff (male/female and ages).
- Residents bedroom bells were answered promptly.
- Volunteers were impressed with the high standard of decoration and cleanliness of the home - carpets, windows, skirting boards and furniture were well cared for and clean.
- Volunteers spoke with 4 residents, 6 staff and 4 visitors.
- The Matron and many other staff have been working in the home for about 30 years, the deputy even longer.

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## The Environment

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The reception hall was spacious, well decorated with a large feature fire place (with wall secured fire guard), seating and fresh flowers. On display were various framed letters from the Royal family thanking residents for wedding cards and gifts (Duke and Duchess of Cambridge wedding and Queen's Birthday). The entrance hallway opened to a well-furnished and spacious bright communal lounge with armchairs and large flat screened TV; the other side of the entrance a resident's room.

The lounge had a large feature fireplace (with wall secured fire guard) and scenic outlook over the front garden. A photo album showed residents celebrating together at long tables at the front of the house for the Queen's Jubilee and residents participating in outings, art and craft activities. Books were also available for residents (easy read/large print books -bible and daily strength books), and small jigsaw puzzles.

Volunteers visited a spacious bedroom with large windows overlooking the front garden of the home, with green leafy views. The room had 2 single beds on either side of the door and included personal possessions and furniture: drop-leaf table, folding chairs, book shelf and books, lamps and several large paintings by the resident. It felt very homely.

- Rooms were bright and spacious with large windows and views across Victoria Park/the approach golf course and Bath.



- There was one lift, volunteers observed that it was well used.
  - All rooms were nicely decorated, smelt clean and were light and spacious. Communal rooms were enhanced with displays of fresh flowers and furnished and decorated to a high standard.
  - The home provided a post box for residents with daily collection/postings.
  - Volunteers observed that one resident's room was tucked away up 3 steps, around a corner through a short, narrow passageway and noted the absence of rubber/ safety grips on the edge of each of the 3 steps leading to the room, and that the safety grab rails by the steps were quite small. Volunteers also observed a bucket with water on the floor in the passageway corner outside bedroom. The volunteers later observed the room resident making her own way to the dining room walking with a stick.
  - Resident's room doors were open and appeared homely and communal areas were more formal.
  - The home provided residents with a garden seating area in the front garden, this was not visited as part of the enter and view.
  - Well maintained window boxes and garden were full of spring flowers and staff said that some residents had participated in planting and maintaining beds and planters.
  - Volunteers observed happy staff and residents conversing and laughing together.
  - Staff photo board in hall way showing range of staff (male/female and ages).
  - The Matron and many of the staff have been working in the home for over 30 years, the deputy even longer.
  - Freshly laundered resident's clothing was observed being picked up and returned to resident's. Clothing was labelled to ensure safe return. Clothing labelling was monitored by staff.
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## Food

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- Bed-bound residents take meals in their room, other residents have a choice whether to eat in rooms or in dining room.
- Volunteers observed staff assisting residents to the dining room and with their eating.
- The dining room was formal, laid out with small separate tables numbered by room. Classical music was playing quietly in the background. A menu was displayed at the entrance to the dining room with two main course choices, including vegetarian. Lunch was served at a set time in the dining room each day.





- Staff reported they had consulted with residents re eating separately or together at grouped/communal tables. Most residents regularly chose to sit separately, but some residents made a request to sit with others.
- Relatives were encouraged to join people for lunch
- Christmas is an annual “communal” dining event, as well as other occasional events/celebrations e.g. jubilee outdoor dining event.
- Majority of residents at the time of enter and view remained in their rooms for lunch, which appears to be down to individual preference or because bed bound.

## Resident’s Quotes

- satisfied with the quality of the meals, adequate for needs
- good food, not much daily choice but changes every day
- food - moderately good
- very nice cakes

## Recommendations

- From observation and conversations with residents and staff it appeared that communal/share dining was not being promoted as an opportunity as a sociable positive for residents and could be better supported as a way to promote health and wellbeing.
- Consider introducing monthly communal/themed dining experience, where residents are invited to sit together in small groups.
- Invite lunchtime speakers to support participation.

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## Resident’s Choice, Personalisation and Daily Routine

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- Volunteers observed that resident’s rooms were homely, tidy and furnished with personal belongings and furniture.
- Resident’s furnished their rooms in a homely manner with personal artefacts, photos, a television, telephone, personal furniture and plants.
- Resident received a communion visit once a month from preferred local church.
- Resident reported that “everything in the home is very good, no complaints”.



- Resident stated that help is given to residents to get up and dress in the morning, with a shower once a week.
- Not all bedrooms were ensuite, all had wash basins and where needed commodes were brought to bedside at night.
- Resident received visits from own hair-dresser and podiatrist (although the home does provide this service regularly for other residents).
- Volunteers observed easy, friendly conversations between staff and residents.

## Visitor/Relative quotes

- not worried or concerned about anything
- happy to approach staff if there was anything.
- new to the home but eating well
- staff professional and friendly.
- more than happy with home, and mum is happy.

## Activities

Matron reported that an activity coordinator was not in post and was currently responsible for organising activities for residents.

Through observations and conversations recorded residents do not appear to socialise very much with each other, or make good use of communal areas. Residents generally *prefer to remain in their rooms and only venture out for meals or occasional activities. Note enter and view took place for 2 hours over a lunchtime.*

- Resident reported enjoying music and had participated in a singing activity the day before.
- A range of activities were evidenced in a photo album in the lounge but volunteers did not observe a published activity schedule.

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## Resident's Quotes

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- Home had organised two outings in the last year.
- 'activities sometimes organised but not to my personal taste'
- One resident stated that they were 'bored'
- haven't used activities yet, mum likes to stay in room
- music played, but not my personal choice



## Recommendations

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- Prioritise activity coordinator recruitment
  - Activity coordinator (when in post) or staff could attend BANES Activity Coordinator Forum for ideas/network/share activity resources.
  - Explore idea of regular newsletter for residents and relatives/carers to improve communication - promote activities, include -poems, national and local events, bring local community news into the home.
  - Conduct a formal resident survey to engage residents (where possible) in discussion around activities - use a variety of methods to gain feedback.
  - Explore opportunities with local organisations for:
    - Guest speakers - local museums e.g. curator/volunteer from the Roman Baths, Museum of East Asian Arts/ Beckford's Tower/ Building of Bath Museum, Holbourne Museum. Handling collections could be shared with residents to accompany their talks. Monthly trips already undertaken
    - Explore use of volunteers through Bath Volunteer Bureau or share volunteer resources through other local organisations e.g. AgeUk/other care homes.
    - Explore engaging current and former relatives/visitors to participate in activities or conversations with residents particularly male residents.
    - Invite Bath College Health and Beauty Students to provide pampering sessions and hand massages.
    - Invite local schools to bring old and the young together - singing/choir/ Christmas carols.
    - Adult Community Learning provide free fun learning sessions in communities and could be engaged to run Ipad session/s for residents/volunteers to research/games, self-improvement, photography or communicate with relatives (through email, Skype or FaceTime).
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## Conversations with Residents

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Volunteers spoke with a 6 residents in communal areas and private rooms and observed the environment.

- Resident reported no complaints about the home and encouraged volunteers to see the dining room.
- Resident had no complaints with the care received. The staff in the home were generally 'very accommodating' to all needs.
- Resident said they enjoyed feeding two pigeons on outside window sill each morning and looked forward to the pigeons every day. It made the resident



happy to be allowed to feed the pigeons, demonstrating a person-centred approach and ethos towards residents by staff and the home.

- There was also a trough with spring bulbs and greenery outside bedroom window.
- Resident appeared very content with situation.
- Resident reported enjoying listening to classical music, news on the radio and was able to enjoy a couple of glasses of wine before lunch each day.
- Residents reported an outing to an animal farm and Victoria Park and commended staff for pushing wheelchairs on these outings.
- Resident observed that there were few male residents, as sadly 3 had died when first moving into the home.
- Resident sometimes felt bored with the activities provided by the home, which were not always to personal taste but expressed general satisfaction with the care received in the home.

## Resident's Quotes:

- agency staff, on some evenings, sometimes required extra direction and instructions
- friendly kind staff
- staff all great, but Agency staff used afternoons/evenings.

## Recommendations:

- Explore the provision of a variety of stimulating activities e.g. scrabble sessions, excursions to museums and exhibitions, regular digital sessions with iPad apps.
- Provide more opportunities for stimulating conversations/discussions e.g. guest speakers.
- Support male resident's connections and conversations through male staff/volunteers/visitors to improve male peer support.
- Staff to be mindful of trip-hazard presented by the bucket on the floor for residents with frail mobility.
- Consider guards strips on the 3 steps leading from one bedroom and bigger safety grab rails.



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## Conversations with Staff

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- Two volunteers spoke with staff - registered care home manager, deputy and Quality Assurance Auditor to gather feedback about systems, processes and staffing.
- The Quality Assurance Auditor had been brought in after the last CQC Inspection, initially visiting weekly but this had reduced to monthly visits.
- The Auditor and senior management reported an improvement in systems, processes and records.
- The Auditor reported that management and staff had worked really hard to take on board the CQC recommendations and update processes, records and evidencing work.
- Regular training was in place, records and care plans were up to date, evidenced with signatures.
- The Auditor had developed Action Plans with staff and these were reviewed monthly to check actions had been completed. These were up to date on the day of the enter and view.
- Good communication evidenced at staff handovers.
- Resident/family/representatives sign Care Plans.
- Mental Capacity Assessment for residents was in place.
- Recording of medicines had improved and system considered 'very good'.
- Accurate and complete records were now maintained, with some signatures.
- Daily shift routine was displayed on the office notice board (useful for cover/agency staff).
- An annual training programme for staff was in place - Manual lifting, Hoist, Safeguarding, Mental Health, Fire Safety. Staff training has been developed to meet staff learning needs, evidenced in work books. All staff were being bought up to NVQ Level 3.
- Staff felt well supported and had regular appraisals.
- Very good 'care of dying' procedures were reported, and good links with Dorothy House were in place. A standby syringe driver was prepared and ready for use.
- Agency diary/log for staff on notice board in office
- Staff who missed daily shift handover reported reading daily briefing and care plans at start of shift.
- Staff reported that St James GP Practice visited regularly, others called if required. GPS regularly reviews resident patients and visit specific residents. GPS in Bath had been tasked to review all care plans.



- Many of the staff had worked at the home for a long time, which gave an indication of job satisfaction.
- Staff reported that they felt well supported by management.

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**Matron, Deputy and Quality Auditor supported volunteers to discuss and look at a range of systems, processes and records:**

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- Improved ID sheets and new system had been implemented for each resident.
- Daily record notes in care plans.
- Allergy instructions were recorded and evidenced.
- PRN Care Plans for all residents, staff ensuring records were accurate and up to date.
- Prescribed eye drops were updated and records in order.
- Sometimes GP prescriptions were not clear.
- Assessments were undertaken for new residents.
- Accidents reported and assessed.
- Recruitment and process has improved since auditor visiting.
- Systems and shift handover notes were in place and completed
- Personal care charts were in place for each resident.
- Health and Safety checks - dated and checked for compliance. All regulations completed.
- No recent outbreaks of infection.
- Volunteers observed:
  - Care Plans were kept in the office, with some charts in resident's rooms.
  - Daily wall planners were in place and displayed in the office.
  - Matron and Deputy Matron attend Care Forum Network to share best practice

## Staff Quotes:

- Happy with management
- Like working here
- Able to talk to management
- Feel well supported



## Conclusion

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Cranhill Nursing Home was exceptionally clean, tidy and fresh smelling throughout, it was well furnished and decorated but at the time of enter and view and from residents and staff comments it appeared that communal areas were not well used. Whilst the home has an ethos of respecting resident's social preferences volunteers felt that more could be done to actively promote interaction and sociability between residents.

A history of long-serving staff and support from senior management demonstrated good staff working relationships and conditions, it is commendable that the home does not experience frequent staff turnover.

Cranhill have been through a difficult time after the CQC Inspection/Report and staff morale was low, however the Quality Auditor has supported staff to improve systems/records and evidence their good work, staff reported that things are much improved now.

Volunteers would like to thank everyone at Cranhill for making us feel welcome and we would very much like to visit again in 6-12 months to review recommendations suggested.



## Recommendations Summary

Recommendations	Comments from the service provider
Recruit Activity Coordinator asap	The manager is advertising the post at present.
Feedback from the manager on NVQ Level 3 training	<i>In a response letter the manager fed back that quite a few of the staff have NVQ Level 3 training, a few more have NVQ Level 2, but not all staff want to undertake NVQ Level 3</i>
BANES Activity Coordinator Forum for ideas/network/share activity resources.	
Explore the provision of a variety of stimulating activities	The manager will make enquiries. <i>In a response letter the manager has informed Healthwatch that an activity schedule was displayed on the day and monthly outings are already happening and residents have carol services and are able to go out to attend services.</i>
Provide more opportunities for stimulating conversations/discussions	
Improve/support male residents connections and conversations through utilizing male staff/visitors.	
Staff to be mindful of trip-hazards presented by the bucket on the floor for residents with frail mobility.	The manager will make staff aware.
Consider guards strips on the 3 steps leading from one bedroom and bigger safety grab rails.	The manager will discuss grips with the carpet people when they next visit. <i>In a response letter the</i>





	<i>manager has pointed out that risk assessment is undertaken regularly in order to address any potential issues or concerns. The manger assured Healthwatch that there has not been a problem to date.</i>
Encourage and explore ways to improve social meals for residents as a way to promote health and wellbeing and socilisation.	
Explore use of regular newsletter for residents/relatives/carers to improve communication/promote events and make connections between residents and local area.	<i>In a response letter the manager has informed Healthwatch that formal resident's surveys are already conducted.</i>
Explore opportunities with local organisations to support activities and volunteering.	The manager will look into the Healthwatch suggestions
Explore engaging current and former relatives/visitors to participate in activities or conversations with residents particularly male residents.	The manager replied that here are already a small group of former relatives who do this.

## Disclaimer

- This report relates only to specific visit times.
- This report is not representative of all service users, staff and visitors (only those who contributed within the restricted time available).



## Appendices

### 6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include<sup>1</sup>:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England
- providing advice and information about access to local care services so choices can be made about local care services
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

**Each Local Healthwatch has an additional power to enter and view providers<sup>2</sup> so matters relating to health and social care services can be observed.** These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using

<sup>1</sup> Section 221(2) of The Local Government and Public Involvement in Health Act 2007

<sup>2</sup> The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

<sup>3</sup> The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



services.<sup>4 5</sup> Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services. Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided. That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is simply to observe the service, talk to service users, patients, visitors and staff, and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The report will also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)

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4. The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

5 The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

## 6.2 Appendix 2: Full list of Comments and Quotes from Patients, Visitors and Staff

