LONDON BOROUGH OF RICHMOND UPON THAMES

THE BRIGHTER BOROUGH Wandsworth

DEPARTMENT OF ADULT SOCIAL CARE AND PUBLIC HEALTH

Policies, Procedures and Staff Guidance

Name of Policy or Procedure	**Local Guidance for Visits to Care Homes During the COVID-19 Pandemic**

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REMARKS	To be circulated immediately to all care homes within LBRuT & LBW

AS A MANAGER YOU SHOULD ENSURE THAT: -

- You read, understand and, where appropriate, act in accordance with the policy
- All people in your workplace who need to know see this procedure, are aware of its content and you ensure that all staff act in accordance with the policy
- This document is available in a place to which all staff members in your workplace have access

AS AN OFFICER OR MEMBER OF STAFF YOU SHOULD ENSURE THAT: -

- You read, understand and, where appropriate, act on this information
- Discuss any issues with your manager or supervisor

Any problems with this document should in the first instance be brought to the attention of the document owner, whose names appear on the front page.

Table of Contents

Contents

1. Introduction

1.1. Receiving visitors is an important part of care home life. Maintaining some opportunities for visiting to take place is critical for supporting the health and wellbeing of residents and their relationships with friends and family.

1.2. This guidance **must be read** in conjunction with the national guidance on visiting care homes during coronavirus and does not replace or override the guidance from the Department of Health and Social Care.

1.3. This guidance applies to care home visits from friends and family members.

1.4. The national guidance should be checked at regular intervals to ensure the most recent version is being viewed.

1.5. Care home managers should pay particular attention to the Mental Capacity Act 2005 and also Article 8 of the European Convention of Human Rights 1998 (right to private and family life). The latter places a responsibility on care homes to support communication with friends and family when visits are deemed to be unsafe.

1.6. It is not a condition of visiting that the visitor or the resident should have been vaccinated. However, it is strongly recommended that all visitors and residents take up the opportunity to be vaccinated when they are invited to do so through the national programme.

1.7 All care homes, except in the event of an active outbreak, should seek to enable indoor visiting by up to two named visitors for every resident. These visitors will need to take a rapid lateral flow test and test negative before every visit. They should minimise physical contact with residents. They must observe social distancing and PPE use, and follow all necessary infection control measures.

1.8 In addition, where close contact personal care from a loved one is critical for the resident's immediate health and wellbeing, arrangements for the visitor to provide that care should be made. These 'essential care givers' will be supported to follow the same testing arrangements, and the same PPE and infection control arrangements, as care home staff.

1.9 All care homes, except in the event of an active outbreak should provide opportunities for every resident to see more people than just their two named visitors, by enabling outdoor visiting and 'screened' visits.

1.10 Visits by essential care givers and exceptional circumstances including end of life should always be enabled. The situation described for essential care givers is considered an exceptional circumstance and should therefore continue in the event of an outbreak unless there are specific reasons not to do so.

2. Background

2.1. The local DPH and Director of Adult Social Services (DASS) have an important role in supporting care homes to ensure visiting happens safely, unless there is good evidence to take a more restrictive approach in a particular care home.

2.2. The default position set out in this guidance is that visits should be supported and enabled wherever it is safe to do so. The local DPH and DASS have an important role in ensuring that can happen across their local area and will provide advice to care homes accordingly.

2.3. Welcoming anyone into care homes from the community inevitably brings risk of COVID-19 transmission. However, these risks can be managed and mitigated, and they should be balanced against the importance of visiting and the benefits it brings to care home residents and their families.

2.4. Each care home is unique in its physical layout, surrounding environment, and facilities. Residents vary in their needs, health, and current wellbeing. Care home managers are best placed to decide how their care home can best enable visiting in line with this guidance and in a way that meets the needs of their residents both individually and collectively.

2.5. The individual resident, their views, their needs, and wellbeing should be taken into account when decisions about visiting are made, recognising that the care home will need to consider the wellbeing of other residents as well.

2.6. All decisions should be taken in light of general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable. Providers must also have regard to the Department of Health and Social Care (DHSC) ethical framework for adult social care. The Care Quality Commission (CQC) has regulatory powers that can be used where they have concerns regarding visiting.

2.7. In all cases it is essential that visiting happens within a wider care home environment of robust infection prevention and control (IPC) measures, including ensuring that visitors follow (and are supported to follow) good practice with social distancing, hand hygiene and PPE use.

2.8. The DPH may consider it appropriate to provide advice for specific care homes, or for smaller geographic areas within the local authority where differences in infection rates or other factors make this appropriate. This may take the form of a framework and guidance rather than individual home by home advice.

2.9. The DPH may give directions to a specific home about steps they are required to take in order to allow visiting safely. This may at times take the form of a Notice or Direction pursuant to the Public Health Act, for example the Health Protection (Coronavirus, Restrictions) (Local Authority Enforcement Powers and Amendment) Regulations 2020 or a Direction pursuant to Schedule 22 of the Coronavirus Act 2020.

2.10. The role of the DPH includes formally leading efforts to suppress and manage outbreaks, and the local outbreak plan (overseen by the DPH) includes care homes. DPHs also have powers to issue directions to homes to close visiting, or to take further specific steps.

2.11. Conversely the DPH may also provide advice to a specific care home, where they are confident that the IPC measures and other arrangements in that home make it appropriate for it to allow more visiting opportunities than the generic advice set out in this guidance. This should be shared in a clear and simple way with residents and loved ones.

2.12. The national guidance outlines that the DPH and DASS should advise on the appropriateness of care home visits within the London Borough of Richmond Upon Thames (LBRuT) and London Borough of Wandsworth (LBW) during the COVID-19 pandemic.

2.13. The DPH and DASS has agreed that the Richmond and Wandsworth multi-agency Strategic Care Home Overview Group is an appropriate forum to provide routine advice and guidance to care homes on the appropriateness of visiting. The DPH and DASS will continue to be accountable for decisions relating to care home visiting.

2.14. Providers are best placed to design individual visiting arrangements that take account of the needs of their residents and what is possible within the layout and facilities within the home. In this context, the provider must develop a dynamic risk assessment that assesses how the care home can best manage visits safely, and how this is delivered.

2.15. Providers should facilitate visiting as described in this guidance wherever it is possible to do so in a risk-managed way.

2.16. Providers should develop a dynamic risk assessment to help them decide how to provide the visiting opportunities outlined in this guidance, in a way that takes account of the individual needs of their residents, and the physical and other features unique to the care home.

2.17. Care home managers should share the risk assessments underpinning visiting policies with residents or their families, to help explain the decisions they have made, and their visiting policy. Sharing completed assessments with families may assist in emphasising the need for partnership between families, residents, and care homes.

2.18. Some residents will have particular needs (for example, those who are unable to leave their rooms, those living with dementia or those who may lack relevant mental capacity) which may make it challenging to follow some of the detailed advice in this guidance on the conduct of visits. If so, providers should work with the resident, their family, friends, and any volunteers to develop a tailored visiting policy within the principles outlined.

2.19. Providers must consider the rights of residents who may lack the relevant mental capacity needed to make decisions. (This will include residents who lack the capacity to decide who they wish their single named visitor to be.) These residents will fall under the empowering framework of the Mental Capacity Act 2005 (MCA) and are protected by its safeguards. Where appropriate, their advocates or those with power of attorney should be consulted, and if there is a deputy or attorney with relevant authority, they must make the best interests decision to consent on the person's behalf to the visiting policy.

2.20. When considering their visiting policy, staff will need to consider the legal, decision-making framework, offered by the MCA, individually for each of these residents and should not make blanket decisions for groups of people. The government has published advice on caring for residents without relevant mental capacity, the MCA, and Deprivation of Liberty Safeguards (DoLS) during the pandemic, setting out what relevant circumstances should be considered when making best interest decisions.

2.21. Regard should be given to the ethical framework for adult social care and the wellbeing duty in section 1 of the Care Act 2014. Where the individual has a social worker or

other professional involved, they can support the provider in helping consider the risk assessment.

2.22. Care homes must also take into account the significant vulnerability of residents in most care homes, as well as compliance with obligations under the Equality Act 2010 and the Human Rights Act 1998, as applicable.

2.23. Where necessary, social workers can be approached by the care home, resident, or family to support these conversations – in particular to help resolve any issues or concerns, and to ensure professional support and or oversight where required.

2.24. In making these decisions, the care provider should involve the resident, their family and friends and the provider and other relevant professionals such as social workers or clinicians where appropriate.

2.25. Care providers may wish to consider developing a short individual visiting plan for each resident (My Visiting Plan) with the overall care plan, tailored to their visiting wishes and preferences, taking account of their individual needs and capabilities and the circumstances of the family/ friends who the resident would like to be able to visit them.

2.26. The responsibility on whether to allow or suspend care home visits sits ultimately with the care provider and specifically the Registered Manager of the care home.

2.27. Care homes should individually assess each unique situation and make an operational decision whether to allow visitors.

3. Purpose

3.1. This guidance advises care homes on receiving visitors safely during the COVID-19 pandemic while adhering to enhanced infection prevention control (IPC) measures and personal protective (PPE) guidance.

3.2. This guidance sets out the **minimum** requirements for safe visits during the COVID-19 pandemic as care homes should already have a local process in place within their organisations.

4. When Should Care Home Visits Take Place?

4.1. Visits should **not** take place during an **outbreak -** In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life – and for essential care givers

4.2. Visits can resume after a **recovered outbreak**[1].

[1] A recovered outbreak is defined as 28 days or more since the last suspected or confirmed case reported.

4.3. Visits can take place when there is **no outbreak**

5. Definition

5.1. An **outbreak** is defined as two or more clinically suspected or lab-confirmed cases within 14 days in a care home among staff or residents or both.

5.2. A **recovered outbreak** is defined as 28 days or more since the last suspected or confirmed case of COVID-19 was reported.

6. Exception

6.1. Visits in exceptional circumstances such as end of life should always be supported and enabled. Families and residents should be supported to plan end of life visiting carefully, with the assumption that visiting will be enabled to happen not just towards the very end of life, and that discussions with the family take place in good time.

6.2 Visits of this nature should be tested using supplied rapid lateral flow tests according to the guidance for visitors to the home.

6.3 Essential care givers should continue to follow the advice for this group which is provided below.

6.4 End-of-life care (for residents in care homes) means early identification of those who are in their last year of life and offering them the support to live as well as possible and to then die with dignity. NHS guidance on end-of-life care is available to support this process, as well as advice from the British Geriatric Society. There is a role for the care home staff to support residents with end-of-life care and visiting is an important factor in this.

6.5 The enhanced health in care homes service provides a framework for the support from general practice, the care home clinical lead and multidisciplinary team (which may include community nurses and professionals as well as specialised palliative care teams).

6.6 This support involves early identification as well as a personalised care and support planning approach with good communication with the individual, the relatives and the care home staff through the weekly home care round. This British Geriatric Society advice can support communication.

6.7 Care homes are responsible for ensuring that the right visiting arrangements are in place for each resident, facilitating visiting as much as possible and appropriate with an individual's situation, but made as safely as possible including the relevant infection prevention control measures.

6.8 As a resident approaches the last months, weeks and days of their life it continues to be important to communicate well to enable good and timely decisions around care and especially important to allow visits to residents. Planning these visiting arrangements

should proceed from the assumption that visits are enabled in the final months and weeks of life – not just the final days or hours – albeit recognising that these timelines can be difficult to determine with accuracy.

6.9. In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life) to protect vulnerable residents, staff, and visitors. Essential care givers can continue to visit unless there are specific reasons not to do so.

7. Infection Prevention and Control

7.1. In the face of new variants of the virus, we still need to be cautious to ensure we protect those most at risk in care homes while ensuring indoor visits can go ahead. While the vaccine is bringing much needed hope and protection, until more is known about its impact on transmission, residents and visitors should continue to adhere to all the infection control measures that are in place now.

7.2 It is essential that visits take place in the context of robust practices for infection prevention and control throughout the care home. This is an essential part of ensuring that visits – in all the situations described above – can happen as safely as possible.

7.3. The dynamic risk assessment should consider relevant factors relating to the rights and wellbeing of the residents. Any risk assessment should follow the CQC regulatory framework around providing person centred care. It may also be appropriate or necessary for providers to apply different rules for different residents or categories of resident, based on an assessment of risk of contracting COVID-19 in relation to such residents, as well as the potential benefits of visits to them. In particular, the risk assessment should consider the need to enable essential care giver visits.

7.4 The provider's policy should set out the precautions that will be taken in respect of infection control during visits, placing this within the context of the care homes wider infection prevention and control practice. The homes should ensure that these are communicated in a clear and accessible way.

7.5 The CQC have included adherence to infection control measures for visitors as part of their infection prevention control inspections. It is vital that providers are meeting required standards.

7.6 All visitors, and especially essential care givers, must follow any guidance, procedures or protocols put in place by the care provider to ensure compliance with infection prevention control. Therefore, copies of the guidance, procedures and protocols should at least be available to be read by visitors on arrival.

7.7 Visitors should be supported to ensure that the appropriate PPE is always worn and used correctly, and they follow good hand hygiene. They should follow the guidance on how to work safely in domiciliary care in England to identify the PPE required for their visiting situation. This remains the case even if both resident and visitor have received a COVID-19 vaccine. Care homes are being provided with PPE to meet these requirements

7.8 In most circumstances, supervision of visits by a member of care home will not be necessary. There may be some instances where some degree of supervision is helpful – such as a visitor's first visit.

7.9 In exceptional circumstances, a very small number of residents may (by nature of their care needs) have great difficulty in accepting staff or visitors wearing masks or face coverings. The severity, intensity and/or frequency of the behaviours of concern may place them, visitors, or the supporting staff at risk of harm. A comprehensive risk assessment for each of these people identifying the specific risks for them and others should be undertaken for the person's care, and this same risk assessment should be applied for people visiting the person. If visors or clear face coverings are available, they can be considered as part of the risk assessment. However, visors will not usually deliver the same protection from aerosol transmission as a close-fitting mask. Under no circumstances should this risk assessment be applied to a whole care setting.

7.10 Visitors should be reminded and provided facilities to wash their hands for 20 seconds or use hand sanitiser on entering and leaving the home, and to catch coughs and sneezes in tissues and clean their hands after disposal of the tissues.

7.11 Visitors should have no contact with other residents and minimal contact with care home staff (less than 15 minutes/2 metres). Where needed, conversations with staff can be arranged over the phone following an in-person visit.

7.12 All visitors should be screened for symptoms of acute respiratory infection before entering. No one who has tested positive for COVID-19 in the last 10 days, is currently experiencing, or first experienced, coronavirus symptoms in the last 10 days should be allowed to enter the premises, nor anyone who is a household contact of a case or who has been advised to self-isolate by NHS Test and Trace, or who is in a relevant quarantine period following return from travel.

7.13 Any potential visitor who tests positive with a rapid lateral flow test should immediately leave the premises and return home, avoiding public transport if possible, to self-isolate. They should be offered a confirmatory PCR test by the care home and if this is positive, their household contacts should also self-isolate in line with current guidance.

7.14 The home should have an arrangement to ensure pre-booked appointments is the sole mechanism for facilitating visits– ad hoc visits should not be enabled

7.15 Visits should take place in a well-ventilated room, for example with windows and doors open where it is safe to do so. Providers should consider the use of designated visiting rooms, which are only used by one resident and their visitor at a time and are subject to regular enhanced cleaning and ventilation between visits. Any areas used by visitors should be decontaminated several times throughout the day and providers should avoid clutter to aid cleaning.

7.16 Care homes must screen all visitors upon arrival. Screening questions could include:

- Have you been feeling unwell recently?
- Have you had recent onset of a new continuous cough?
- Do you have a high temperature? (A care home may consider providing a temperature check for all visitors to provide confidence to visitors and to staff).
- Have you noticed a loss of, or change in, normal sense of taste or smell?
- Have you tested positive for COVID-19 in the past 10 days?
- Have you had recent contact (in the last 14 days) with anyone with COVID-19 symptoms or someone with confirmed COVID-19. If yes, should you be self-isolating as a family member or as a contact advised to do so by NHS Test and Trace?
- have you returned from an overseas visit recently and are you still in the quarantine period?

7.17 Staff should discuss with visitors any items they wish to bring with them on their visit, such as a gift. It will need to be something that can be easily cleaned by the care home to prevent cross contamination. For example, a box of chocolates that could be sanitised with wipes.

7.18 Care homes should support NHS Test and Trace by keeping a temporary record (including address and phone number) of current and previous residents, staff and visitors (including the person/people they interact with – for example if a person visits their loved one who is also visited by a chaplain in the course of the visit), as well as keeping track of visitor numbers and staff.

7.19 In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life) to protect vulnerable residents, staff, and visitors. Essential care givers can continue to visit unless there are specific reasons not to do so.

7.20 There may be local policy and outbreak management arrangements, which will be important to follow. These restrictions should continue until the outbreak is confirmed as over, which will be at least 28 days after the last laboratory confirmed or clinically suspected cases were identified in a resident or member of staff in the home. At that point visiting may resume with the usual infection prevention and control measures and any enhancements required due to any risks identified following the recent outbreak.

7.21 Detail about how an outbreak is defined, and the steps that should be taken to manage it can be found as part of the Admission and care of residents in a care home during COVID-19 guidance. In this context, an outbreak is 2 or more confirmed cases of COVID-19 or clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days.

8. Indoor Visiting – Two named visitors

8.1 Each resident can nominate up to two named visitors who will be able to enter the care home for regular visits (and will be able to visit together or separately as preferred.

8.2 These visitors should be tested using supplied rapid lateral flow tests at every visit, must wear the appropriate PPE and follow all infection control measures (which the care home will guide them on) during visits.

8.3 Visitors and residents are advised to keep physical contact to a minimum. Visitors and residents may wish to hold hands but should bear in mind that any physical contact increases the risk of transmission. For this reason, there should not be close physical contact such as hugging.

8.4. Care home managers should make clear that testing does not completely remove the risk of infection associated with visiting; and that it is essential that the visitor wears appropriate PPE (as defined in the guidance referred to below) during visits to a care home; observe social distancing in general, follow good hygiene – and that the care home also follows robust IPC.

8.5. The care home should ask each resident who they would like to nominate as their two named visitors. Where the resident lacks the capacity to make this decision, the care home is encouraged to discuss the situation with the resident's family, friends and others who may usually have visited the resident. In this situation, a person can only be nominated if this has been determined to be in the resident's best interests in accordance with the empowering framework of the Mental Capacity Act.

8.6. Visits should take place in a well-ventilated room, for example with windows and doors open where it is safe to do so. Providers should consider the use of designated visiting rooms, which are only used by one resident and their visitors at a time and are subject to regular enhanced cleaning and ventilation between visits. Any areas used by visitors should be decontaminated several times throughout the day and providers should avoid clutter to aid cleaning.

8.7. Visitors should wear appropriate PPE as laid out in the guidance on how to work safely in domiciliary care in England[2]. This guidance sets out the appropriate levels of PPE for a range of scenarios, such as being in physical contact with a resident, or being within 2 metres of a resident but not touching.

8.8. Visitors should also be careful to ensure they observe strict social distancing from other residents, visitors, and staff at all times.

8.9. Care home managers have discretion to set up their own testing areas with clinical guidance. Care home managers should ensure the testing area has enough space to allow visitors to maintain social distancing before, during and after the test, including a waiting area and a one-way system. The area should comply with fire safety regulations that govern deployment sites and have hard, non-porous flooring that can withstand chlorine cleaning agents. Visitors should have ready access to hand hygiene and the area should be well ventilated with fresh air, either by appropriate ventilation systems or by opening windows and doors. Care managers should also consider storage implications for testing.

8.10. Care home managers should communicate to visitors the purpose of testing – that it does not completely remove the risk of infection in relation to visiting. It is important that care homes are clear to visitors about the expectations placed upon visitors participating in tested visiting (i.e. in respect of PPE use, social distancing, hand hygiene, any physical contact, actions in the event of a positive test).

8.11. These expectations include the requirement for a visitor who tests positive to immediately leave the premises to go home and self-isolate, avoiding public transport wherever possible. They must complete a confirmatory PCR test which should be provided to them by the care home and follow government guidance for households with possible or confirmed coronavirus (COVID-19) infection. The test can be returned either through a courier or through a Royal Mail priority post box. If the confirmatory PCR comes back positive, their household must also self-isolate and contacts may also need to self-isolate

[2] COVID-19: how to work safely in domiciliary care in England - GOV.UK (www.gov.uk)

in line with current government guidance. Care homes should obtain consent from visitors prior to participating in testing.

8.12. Visitors who have recently tested positive for COVID-19 should not routinely be retested within 90 days unless they develop new symptoms or unless specific infection detection and response plans are in place for individuals or in the local area already. This means that some visitors will not need to be tested regularly because they will still fall into this 90-day window. These visitors should use the result of their positive PCR result to show that they are currently exempt from testing until the 90-day period is over. Once the 90-day period is over, visitors should then continue to be tested. They should continue to follow all other relevant IPC measures throughout these 90 days, including social distancing, maintaining good hand hygiene, and wearing PPE.

8.13 Providers must consider the rights of residents who may lack the relevant mental capacity needed to make particular decisions. (This will include residents who lack the capacity to decide who they wish their single named visitor to be.) These residents will fall under the empowering framework of the Mental Capacity Act 2005 (MCA) and are protected by its safeguards. Where appropriate, their advocates or those with power of attorney should be consulted, and if there is a deputy or attorney with relevant authority, they must make the best interest decision to consent on the person's behalf to the visiting policy.

9. *Indoor Visiting – Essential care giver*

9.1 For some residents a visit with a greater degree of personal care may be central to maintaining their immediate health and wellbeing. In such cases, in addition to the single named visitor and with the agreement of the care home, the visitor will be enabled and supported to provide this care and they will be able to visit more often. They will have access to the same PCR and rapid lateral flow testing and PPE arrangements as a member of care home staff.

9.2 Each resident will be different, and the exact arrangements will need to be agreed between the care home, resident, and their family (with professional support if helpful). This should follow an individualised assessment of the resident's needs.

9.3 Some residents may have care and support needs that mean some caring tasks cannot easily be provided by a member of staff (or not without causing substantial distress). This could include intimate care such as help with washing and dressing where the resident becomes distressed unless it is carried out by a familiar loved one. There may also be some situations where it is not the close contact per se, but the presence or company of the visitor that is critical to provide emotional and mental support.

9.4 The essential care giver arrangements are intended for circumstances where the visitor's presence or the care they provide is central to the immediate health and wellbeing of the resident. It is likely that the requirement for this support from the resident's loved one will

already be part of (and documented in) their care plan – although this should not be considered a condition of this type of visit.

9.5 Visits of this type are considered to be within the definition of 'exceptional circumstances' and – together with the care home's responsibility to carry out individualised risk assessments where necessary – have been part of our visiting guidance previously, including throughout the most recent period of national restrictions.

9.6 Each resident's circumstances will be different, and decisions will need to be taken in agreement between the care home, the resident, and family. They should make an individualised risk assessment for the resident which should include the risk and benefits of proposed visits – and this should be discussed and agreed with the resident's family (or other interested parties as the case may be). The assumption is that there will only be one essential care giver for one resident – although exceptions may be agreed subject to this assessment of individual circumstances. This would likely be the same person as the single named visitor or could (with the agreement of the care home) be an additional person.

9.7 Where necessary, social workers can be approached by the care home, resident, or family to support these conversations – in particular to help resolve any issues or concerns, and to ensure professional support and or oversight where required.

9.8 Essential care givers will need to adhere to the following testing arrangements:

- Take a rapid lateral flow test before every visit except in the circumstances below. This must include a minimum of 2 tests a week: one rapid lateral flow test on the same day as the PCR test, and one rapid lateral flow test 3 to 4 days later. If the visitor is visiting less than twice a week, they will need to make arrangements with the care home to carry out the twice weekly testing. These rapid lateral flow tests must be done on site and visitors cannot self-test at home
- Take a weekly PCR test and share the result with the home. Care homes should use their existing PCR stocks to test these visitors and these should be registered as 'staff' tests using the care home unique organisation number (UON) and be returned via courier with other staff tests
- Be subject to additional testing in line with care home staff should the care home be engaged in rapid response daily testing or outbreak testing

9.9 Visitors who have recently tested positive for COVID-19 should not be retested within 90 days unless they develop new symptoms. This means that some visitors will not need to be tested regularly because they will still fall into this 90-day window. These visitors should use the result of their positive PCR result to show that they are currently exempt from

testing until the 90-day period is over. Once the 90-day period is over, visitors should then continue to be tested. They should still continue to follow all other relevant IPC measures throughout these 90 days, including maintaining good hand hygiene and wearing PPE.

10. Outdoor Visiting and Screened Visits

10.1. In order to provide opportunities for each resident to see more than just the two named visitors or essential care giver. It is important that these visits are facilitated in a way that reduces the risks to visitors, residents, and staff.

10.2. Care homes should therefore continue to enable visits in COVID-secure ways, such as those set out below (including behind substantial screens, in designated visiting pods, behind windows or outdoors)

10.3. We recognise that providers themselves are best placed to decide how such visits happen in practice, considering the needs and wellbeing of individual residents, and the given layout and facilities of the care home.

10.4. Visits should happen in the open air wherever possible (this might include under a cover such as an awning, gazebo, open-sided marquee etc.) For these visits:

10.5. The visitor and resident must remain at least 2 metres apart at all times

10.6. The visit can take place at a window

10.7. Some providers have used temporary outdoor structures – sometimes referred to as 'visiting pods' – which are enclosed to some degree but are still outside the main building of the home. These can be used. Where this is not possible, a dedicated room such as a conservatory (this means, wherever possible, a room that can be entered directly from outside) can be used. In both of these cases, providers **must** ensure that:

- the visiting space is used by only one resident (accompanied if appropriate by essential care giver) and visiting party at a time, and is subject to regular enhanced cleaning between each visit
- the visitor enters the space from outside wherever possible
- Where there is a single access point to the space, the resident and visitor enter the space at different times to ensure that safe distancing and seating arrangements can be maintained effectively
- There is a substantial screen between the resident and visitor, designed to reduce the risk of viral transmission
- There is good ventilation (for example, including keeping doors and windows open where safe to do so and using ventilation systems at high rates but only where these circulate fresh air)

- consider the use of speakers or assisted hearing devices (both personal and environmental) where these will aid communication. This will also avoid the need to raise voices and therefore increase transmission risk
- if the resident has an essential care giver, they could sit with the resident while another visitor was on the other side of the screen or window. For some residents, this may help them to recognise and chat with their visitors – improving the visiting experience for everyone

10.8. In all cases visitor numbers should be limited wherever possible. (with 2 visitors the maximum at any one time). This is in order to limit the overall number of visitors to the care home and/or to the individual, and the consequent risk of disease transmission from multiple different routes

10.9. In all cases appropriate PPE must be used throughout the visit, and around the care home building and grounds

10.10. In all cases social distancing (between visitors and residents, staff, and visitors from other households) must be maintained at all times – during the visit, and around the care home building and grounds high quality IPC practice must be maintained throughout the visit and through the wider care home environment (see section below on infection control precautions in the wider care home environment)

10.11. In all cases visiting spaces must be used by only one resident (accompanied if appropriate by essential care giver) and visiting party at a time, and between visits there must be appropriate cleaning and an appropriate time interval

10.12. As set out above, decisions on visiting policies require a risk assessment. Some of the arrangements that providers make may well include visitors using the grounds and layout of the care home in a different way to usual (for example, entering the garden or grounds through a different entrance or sitting/standing in outdoor spaces not usually used in that way). Providers should therefore include a consideration of these factors – both in terms of the practical safety of visitors and residents, and infection risks arising – in their overall risk assessment.

11. Communicating with Families and Visitors

11.1. All visitors have a very important role to play in keeping people safe by taking steps to reduce the risks of infection wherever possible. It is important that visitors observe social distancing, PPE, and hand hygiene practice while in and around the care home – including during the visit itself, although some close contact may be possible where testing and PPE is in place to mitigate risk.

11.2. It is important for providers to help visitors understand these risks, and their role in managing them to keep loved ones safe.

11.3. It is important that all visitors follow any advice and instructions that the care home provides – in order to reduce risks to themselves and their loved ones as much as possible.

11.4 The care home's visiting policy should be made available and/or communicated to residents and families, together with any necessary variations to arrangements due to external events. Care homes should also consider what additional communications (including posters, leaflets, letters etc) would help visitors to understand what to expect from visiting – including the length and frequency of visits as well as how they will be conducted. Visitors should be clear with care homes the best method of communication for them.

11.5 Advice for residents and families should be set out in the visiting policy of the care home and shared with them.

11.6 Visitors should be given support on how to prepare for a visit and given tips on how to communicate while wearing a face covering (including a surgical mask if that is the case).

11.7 Visitors should be encouraged to speak loudly and clearly, keep eye contact, and not wear hats or anything else that might conceal their face further or wear clothing or their hair in a way that a resident would more likely recognise

11.8 Advice should provide reassurance to visitors, including that some people with dementia might struggle at first to remember or recognise them. Care home staff should try to prepare the resident for a visit, perhaps by looking at photographs of the person who is due to visit and talking to them about their relationship

11.9 Where indoor visiting at end of life is being supported by testing – advise that testing is one way of minimising the risk of visiting a care home. If a visitor has a negative test, is wearing appropriate PPE, and following other infection control measures then it may be possible for visitors to be have physical contact with their loved one, such as providing personal care or holding hands. However, it is important to understand that all close contact increases risk of transmission. Any potential visitor who tests positive should immediately leave the premises and self-isolate. They should take a confirmatory PCR test provided by the care home and if this test is positive, their household contacts may also be required to self-isolate in line with current guidance

11.10 Friends and family should be advised that their ability to visit care homes is still subject to the specific circumstances of the care home and those living and working within it. This is likely to mean that the frequency of visits is limited and/or controlled.

11.11 It is recommended that the home has an arrangement to enable booking/appointments for visitors. Ad hoc visits cannot be enabled.

11.12 Family and friends should be advised that if there is a declared outbreak in a care home then visiting will need to be restricted only to exceptional circumstances such as end of life.

11.13 If there is a restriction to visitors in place, alternative ways of communicating between residents and their families and friends should be offered. The care home should also provide regular updates to residents' loved ones on their mental and physical health, how they are coping and identify any additional ways they might be better supported, including any cultural or religious needs.

12. References

https://www.scie.org.uk/care-providers/coronavirus-covid-19/infection-control/quick-guide#visitors
https://careprovideralliance.org.uk/coronavirus-visitors-protocol
March 2021 - https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes