

Visiting Homes During the COVID-19 Pandemic- Policy and Procedure

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1 Document Information

Version Number	1.4
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Revision History

Version Number	Version Date	Nature of Change	Date Approved
1.0	22/07/2020	Policy developed	23/07/2020
1.1	21/9/2020	<p>Document updated to include reference to 'absolute maximum of two constant visitors per resident'.</p> <p>Cross reference made to End of Life Visiting arrangements in the NHS Clinical Guide (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0393-clinical-guide-for-supporting-compassionate-visiting-arrangements-11-may-2020.pdf)</p> <p>Reference made to need to have a 2m physical distance in bedrooms, where visits are scheduled to take place there.</p> <p>Reference made to local directors of public health having authority to instruct homes to be closed to visitors.</p>	21/9/2020
1.2	17/10/2020	<p>Reference made to lockdowns under national direction, following government's move to designate areas of England into tiers.</p> <p>https://www.gov.uk/guidance/local-covid-alert-level-high</p>	17/10/2020

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1.3	8/11/2020	<p>Guidance updated to reflect new government guidance on 'Visiting arrangements in care homes for the period of national restrictions'.</p> <p>New section added at 5, setting out specific aspects of providing a safe environment for visiting, in line with government guidance.</p> <p>New section added at 6, setting out requirement to support residents with particular needs to risk assess their visits individually.</p> <p>10.3 end of life visits may be considered in the event of an outbreak</p>	9/11/2020
1.4	21/12/2020	<p>2.4.4 Policy updated to reflect guidance around Lateral Flow Device Testing in care homes</p> <p>New Section 5 included to cover LFD testing</p>	21/12/2020

2 Policy Statement

- 2.1 Stow Healthcare Group Ltd is a strong advocate of the role that families and friends have to play in the lives of our residents, and recognises the hugely positive impact that maintaining connections has, in supporting residents' health and mental wellbeing.
- 2.2 The COVID pandemic saw our homes necessarily lockdown to all but essential visitors since the middle of March 2020. Since the end of July, we have welcomed visitors to our homes in a way that minimises the potential transmission of the COVID-19 virus into our homes, potentially with devastating consequences for our residents and staff, but facilitates visits wherever these are possible.
- 2.3 It is recognised that this policy will need to be reviewed on a regular basis in response to changes in government guidance.
- 2.4 This policy has been shaped by the following government guidelines:
- 2.4.1 ['Visiting arrangements in care homes'](#) published 22 July 2020;
 - 2.4.2 [Adult Social Care COVID -19 Winter Plan](#) published 18 September 2020;
 - 2.4.3 ['Visiting arrangements in care homes for the period of national restrictions'](#), published 5 November 2020;
 - 2.4.4 ['COVID-19 lateral flow testing of visitors in care homes'](#), published 8 December 2020;
 - 2.4.5 It also takes note of recommendations set out by the Care Provider Alliance ['COVID-19 Visitors' Protocol'](#) published 19 June 2020, and is mindful of the need for local direction from Directors of Public Health, considering the wider risk environment in the locality of each of our care homes.
- 2.5 Residents living in our homes have the right to freedom of movement and association, including to see their families. This policy seeks to balance the rights of the individual and their families with the rights of others in our care homes (residents and staff) and the duties and responsibilities of Stow Healthcare Group Ltd as the care provider to minimise the risk of transmission of COVID-19 to our staff and clinically vulnerable residents.
- 2.6 We support the government's premise that 'visiting should be supported and enabled wherever it is possible to do so safely'. We also note that welcoming visitors to our homes brings with it risks that we must try to mitigate. These risks will be assessed by Stow Healthcare directors, home management and our staff. Stow Healthcare will ensure that its risk assessments are revised as necessary, taking into account the dynamic environment in which we are operating and the development of new guidance.
- 2.7 Our residents are frequently frail, and many are indeed extremely vulnerable. Visitors will be expected to clearly understand the processes that are set out, acknowledging that they will not have been used to such restrictions formally when visiting, in order to protect those in our care. Failure to adhere to the processes set out in a way that puts residents and staff in danger will not be accepted by the company.
- 2.8 Visits made to residents at the end of their life are subject to separate arrangements as set out in the [NHS clinical guide](#) of 11 May 2020.

3 Types of visit

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- 3.1 Government guidance clarifies that 'each care home is unique in its physical layout, surrounding environment and facilities' and that 'providers are best placed to decide how to deliver visits in their own setting that meets their needs individually and collectively'.
- 3.2 Visits may occur in a number of ways. The government guidance is clear that even where in-person visits are permitted, alternatives should be sought, such as use of telephones or video.
- 3.3 Garden visits, where possible, where a garden can be accessed without a visitor going through a shared building, are preferable to visitors entering the care home itself.
- 3.4 Where garden visits are not feasible, for example due to a resident not being well enough to access the garden, government guidance provides scope for indoor visits, subject to robust risk assessment.
- 3.5 If the risk assessment and local conditions (including restrictions set out by local or national government) permits, indoor visiting may occur, though this will ideally be a central, protected safe visiting space. Where room visits need to take place, there needs to be careful attention paid to a 2m physical distance between resident and visitor. If this is not possible in a bedroom, a visit may be deemed to be unsafe.
- 3.6 If garden visits become difficult to manage, for example, due to inclement weather, government guidance does suggest care providers may consider the use of designated visiting rooms, which are only used by one resident and their visitor at a time, and are subject to enhanced cleaning. Window visits may be feasible where indoor visiting is not permitted, due for example to local or national lockdowns.
- 3.7 Stow Healthcare home managers will be best placed to consider the safest environment for any visit to take place, bearing in mind the ability of the resident to access a visiting area, the feasibility of cleaning the area to support safe visiting, and safe separation of the visitor from other residents and staff.

4 Principles for safe management of visits by family and friends

- 4.1 In order to make visiting as safe as possible, significant regard will be given to the individual environment of the home, and the ability to manage the visit in line with government guidance. We will also be guided by local Directors of Public Health. Visits have to be managed in an appointment-based way. Visitors arriving for an unscheduled visit, will not be permitted entry. Stow Healthcare wishes to minimise risk by ensuring that visitors:
 - 4.1.1 book an appointment in advance to visit under all, except end of life, circumstances
 - 4.1.2 understand that visits will be of a limited duration and whilst every effort may be made to facilitate a weekly visit, this will depend on availability of visitor slots in a given week, and fair allocation to all residents/families
 - 4.1.3 understand there should only be one visit occurring on site at any given time, in order that staff can safely support the visit (exceptions may be made where an end of life visit is also occurring)
 - 4.1.4 understand that visits should be limited to a single, constant visitor per resident, wherever possible, and an absolute maximum of two constant visitors per resident, to limit the number of individuals coming into contact with the resident/care home
 - 4.1.5 are 'booked' onto site by staff and permit their details to be retained to support government test and trace guidance

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- 4.1.6 complete a declaration as to their state of health, and not attend the home if they are unwell
 - 4.1.7 follow all recommended processes to sanitise hands using facilities provided
 - 4.1.8 wear a face covering for the duration of the visit (and other PPE if directed by staff)
 - 4.1.9 minimise contact with staff during their visit (longer catch ups, care plan reviews etc can be facilitated by telephone or video conference before or after visits with staff)
 - 4.1.10 consider options to avoid use of public transport to go to the home
 - 4.1.11 ensure that they practise safe social distancing when on site, avoiding physical contact
 - 4.1.12 do not bring items to site which cannot be cleaned by staff
 - 4.1.13 do not bring children or pets to site
 - 4.1.14 follow the guidance set out by Stow Healthcare to ensure risks of virus transmission are minimised
 - 4.1.15 accept that visits have to be supervised by staff to a degree, to ensure that infection control measures are being adhered to
- 4.2 Stow Healthcare reserves the right to introduce other measures to prevent transmission of COVID-19 and will endeavour to communicate any notable measures to next of kin in a timely way.
- 4.3 It is expected that visitors should follow this policy and all reasonable requests made by Stow Healthcare staff in order to protect residents and staff. Failure to follow such requests, and the provisions set out in this policy may have adverse consequences, including residents who have been put at risk having to self isolate for 14 days.
- 4.4 Where there is any additional clarity sought, requests for further information may be made to the home's management, or company directors.

5 Lateral Flow Device Testing in care homes

- 5.1 Stow Healthcare supports the government's aim of assisting with 'meaningful' visits between residents and families through the use of Lateral Flow Devices testing in its homes. It acknowledges that these rapid tests can enable 'contact' visits to take place, meaning that, if following all protocols set out, and on the basis of a negative test result, resident and visitor may have physical contact, and not have to see each other behind a screen or window.
- 5.2 We are cognisant of the fact that testing visitors reduces, but does not completely remove the risks associated with virus transmission. It should only be used in tandem with robust IPC measures and the wearing of PPE at all times.
- 5.3 Homes will be supported to retain screened visiting options, as we acknowledge that not all visitors wish to undergo LFD testing, and not all residents will feel secure to do this either. Screened visiting will also remain necessary to support visits when Tier arrangements mean contact visits are not permitted.
- 5.4 LFD testing will be supported in homes when the following conditions are met:
- 5.4.1 Homes are able to support safe testing and analysis areas to ensuring the process can be correctly completed;
 - 5.4.2 Staff are trained and assessed as competent to support the testing process;

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- 5.4.3 The environment has been risk assessed, and necessary equipment for testing is in place, including that provided by government, or that provided by the company. Any absence of necessary equipment should be notified to the directors for support;
- 5.4.4 Visitors are made aware of the required safe protocols, are directed to the government guidance, and adhere to it.
- 5.5 A dynamic risk assessment on LFD testing will be in place. The dynamic risk assessment will take into account all of the factors above, and will also consider the wider environment, including directions from local Directors of Public Health, tier arrangements, infection rates. Contact visits using LFD testing will only be permitted subject to the outcome of the risk assessment. This may vary for different locations at different times.
- 5.6 Visitors and residents will be kept informed through regular updates from head office with regard to visiting arrangements.

6 Providing a safe environment for visiting

- 6.1 Each Stow Healthcare home varies in its environment and layout, and visiting arrangements will therefore vary at each home.
- 6.2 Arrangements for visiting individual residents will also vary, depending on the health and wellbeing needs of that particular resident. This is in line with government guidance.
- 6.3 The designated visiting space must only be used by one resident and visiting party at a time, with appropriate cleaning between visits.
- 6.4 Visits should take place outdoors, whenever possible. When not possible, visiting will take place in a dedicated space that can be entered directly from outside where possible. There will be a substantial screen between the visitor and resident, to reduce the risk of viral transmission.
- 6.5 Speakers will be used where appropriate to support communication and reduce need for raised voices (and further transmission risk).

7 Supporting visits to residents with particular needs

- 7.1 Where residents' particular needs make the above arrangements challenging, Stow Healthcare will, in line with government policy, consider where individualised visiting arrangements may be appropriate.
- 7.2 Such challenges may include the following scenarios: residents who are unable to leave their room for physical or mental health reasons; residents living with severe dementia.
- 7.3 Where such circumstances occur, the home manager will work with the resident, their family and any other healthcare professionals commissioners or advocates as required to set out safe visiting arrangements for that individual, and will document them in their care plan. Factors to be considered will include the following:
 - 7.3.1 the benefits to a person's wellbeing by having a particular visitor or visitors
 - 7.3.2 the extent of the harm that will be experienced by the resident from a lack of visitation or whether the individual is at the end of their life
 - 7.3.3 whether residents or staff or visitors are in the extremely clinically vulnerable group

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- 7.3.4 whether the resident's state of physical health is such that they may be more seriously affected if they develop COVID-19
- 7.3.5 the provisions and needs outlined in the person's care plan
- 7.3.6 the level and type of care provided by external visitors and the ability of care home staff to replicate this care
- 7.3.7 the appropriate duration of any visit for the particular resident
- 7.3.8 the appropriate level of staff to enable safer visiting practices
- 7.3.9 the extent to which remote contact by telephone and/or video addresses any wellbeing issues above and is available and reduces any distress or other harm caused by the absence of visits.

8 Supporting visits to residents lacking in capacity

- 8.1 Where a resident does not have capacity to make a decision about receiving a visitor, or doing so in full understanding of COVID-safe procedures, staff will consider, with other relevant parties, whether a visit is in the best interests of the resident from a mental and physical perspective, and if so, what additional support may be needed to ensure the visit is as safe as possible for all parties, for example, additional PPE, staff on hand to support and remind of safe visiting processes.
- 8.2 Staff should adhere to the principles of the Mental Capacity Act 2005 and the safeguards that protect our residents in making such decisions.

9 Visits by healthcare professionals

- 9.1 Visits by healthcare professionals are subject to risk assessment. In some cases, visits will be able to be conducted remotely. If so, this should be encouraged.
- 9.2 Access of healthcare professionals to the home should be logged for purposes of test and trace processes. Health declarations should be completed.
- 9.3 Location for healthcare professionals' visits will be decided on by the home manager, considering the type of visit. Where visits can take place outside, this should be encouraged, but it is acknowledged that it will not always be possible.
- 9.4 Healthcare professionals should adhere to the PPE requirements that would be expected of staff in our homes, considering the proximity in which they are to residents. Healthcare professionals would normally be expected to provide their own PPE; in cases where they do not have PPE, the home should provide it, to ensure the safety of staff and residents.
- 9.5 Healthcare professionals will not normally be subject to LFD testing prior to entering the home, as it is acknowledged that this will not normally be practical in the context of their work.

10 Access to volunteers

- 10.1 Stow Healthcare Group Ltd recognises the important role that volunteers have to play in our homes. Government guidance notes that where volunteers support homes, home managers will need to consider whether the support offered by a volunteer is aligned to that provided by staff, or by a regular visitor, and the appropriate oversight and infection-control procedures should be applied.
- 10.2 In the case that a volunteer's role is aligned to that of a staff member (i.e. they attend as a volunteer with set regularity and undertake specific duties), the volunteer should attend weekly testing in the home, should be trained in all infection prevention and control measures, including COVID specific processes and the donning and doffing of PPE.
- 10.3 In the case that the volunteer's support is more akin to that provided by a regular visitor, it would not be advised that they return to the home during the COVID pandemic, unless they can be supported to achieve the points set out in the point above.

11 Responding to local outbreaks

- 11.1 The ability of Stow Healthcare to support safe visiting to its homes is dependent on the position of the home, and the safety of the locality at any given time. The home may have to close at little or no notice in the event that:
- 11.1.1 There is an outbreak, or possible outbreak in the home
 - 11.1.2 There is evidence of community hotspots or outbreaks
 - 11.1.3 Under direction of the local public health authorities
 - 11.1.4 Under the direction of national government
- 11.2 In this case, the home will endeavour to contact families and update them as to the situation. Homes will also use alternative options to support residents to maintain contact with families.
- 11.3 The government advises that in the event of an outbreak, exceptional visits such as for end of life, may be considered.

12 Visits to a COVID positive resident

- 12.1 Government guidance suggests that visitors should not be permitted to see a COVID positive resident, except in exceptional circumstances, such as end of life visits. Where visits are undertaken, full PPE will be provided by the home, visits should last no longer than 15 minutes, and no physical contact should be made with the resident.

13 Visits by Residents outside of the care home

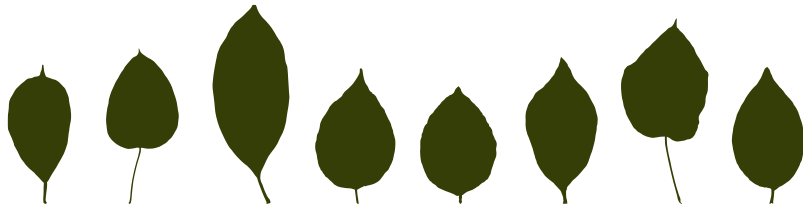
- 13.1 Visits at present outside of the care home are not advisable for residents. Exceptions may be made to attend urgent outpatients appointments, for example.
- 13.2 A 14 day isolation period will usually be required for residents who leave the home, unless attending an appointment where all social distancing measures are able to be adhered to, PPE has been worn by all parties etc.
- 13.3 Excursions will not currently be organised by the homes, and if residents are taken for walks, it should not be to places where they would encounter the general public without ability to social distance.

14 Rights and Responsibilities

RIGHTS	
Stow Healthcare has the right to:	Visitors have the right to:
Mitigate risk of infection by refusing entry to their home to anyone, or requesting that a person leave the premises, for any justifiable reason consistent with this protocol.	Access care homes in accordance with the entry requirements set out in the visiting policy of the care setting.
Consider increased visitor restrictions when an outbreak (including non- COVID-19) occurs within the home, or declared outbreak / clusters have occurred within the home’s local area or if there are other extraordinary circumstances that require it, and usage of such circumstances will be closely monitored.	Be notified by timely and regular updates and information about what is happening in the home, in relation to visiting and local COVID-19 prevalence and transmission risk.
	Be provided and supported with additional ways to connect such as video conference or telephone calls in addition to a limited number of in-person visits.
RESPONSIBILITIES	
Stow Healthcare has a responsibility to:	Visitors have a responsibility to:
Provide a clear policy and information on how they will facilitate visitors, using a dynamic risk-based approach, and make this publicly available as needed.	Follow the home’s visiting policy and Visitor Protocol, including booking in advance.
Provide clear information about how the visit will work and the infection and prevention control measures that must be followed.	Not to visit when unwell or displaying any signs of a cold/flu, respiratory or COVID-19 symptoms.
Appropriately support staff in order to facilitate visits including written processes and procedures.	Respond truthfully to COVID-19 screening questions asked by the home’s staff and to sign the checklist / visitor.
Treat all visitors with respect and courtesy, and to provide clear instructions about the visiting policy	Treat all staff with respect and courtesy, and to follow their instructions on the visitor policy.
Proactive communication with residents and families where an outbreak occurs, and the impact on the visiting policy.	Follow visiting requirements including, infection and prevention control measures such as washing hands, wearing a face covering, remaining in designated areas and social distancing requirements – as directed by the care home staff – and that failure to do so may affect the future ability to visit.

15 Review of policy

- 15.1 Stow Healthcare will review this policy frequently as we learn from the implementation of the process of opening our homes up to visitors, and as the wider COVID-19 pandemic situation evolves.



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