

*The health, safety and wellbeing of our service users, young people, communities and teams across the organisation remain our absolute priority.*

Friends and family should be advised that their ability to visit care homes is still being controlled, is based on a dynamic risk assessment, and is subject to the specific circumstances of the care home and those living and working within it.

Many of our service users are clinically vulnerable and we need to consider the risk to all. If a service has clinically vulnerable people, the manager will need to assess any risks that may arise from visits to the service.

Decisions made regarding visits should consider the **health and wellbeing** risks arising from the needs of the cohort of residents in that setting. This should include both whether their residents' needs make them particularly clinically vulnerable to COVID-19 and whether their residents' needs make visits particularly important (for example, people with dementia, a learning disability or autistic people may be permitted visitors or visiting, when restricting visitors could cause some of the residents to be distressed).

An MDT including the individual's care manager/Social worker should be involved in the individual risk assessments for visits. Decisions made should be recorded and defensible.

There is [separate guidance for those in supported living](#)- See section 4

## 1. Visitors to services

As part of step 3 of the roadmap, the number of named family members or friends able to visit their loved ones in care homes will be increased from 2 to 5, as the visiting restrictions continue to ease. A maximum of 2 visitors will be allowed at any one time or on any given day.

There is a strict protocol in place for visits to service users. **We remain with the principle that meetings at a service should be held in outside areas wherever possible, but with LFD testing and infection control measures, indoor visits can be facilitated.**

- Where service users are vulnerable and have not yet been vaccinated, we recommend that visits remain in outside areas.
- Care home residents can have 5 named visitors from Monday 17<sup>th</sup> May
- Self-isolation no longer required following visits to GPs, dentists and day centres
- Visits will only pause for a minimum of 14 days rather than 28 days following an outbreak

**In Care Homes, guidance for visitors on testing, social distancing and PPE should still be followed. This is due to the additional vulnerability of residents.**

### Indoor visits

- Every resident will have the opportunity to name 5 individuals for indoor visiting.
- Managers will need to establish a rota of family visits- family visits should be scheduled and one at a time.
- Consideration should be given to limiting their length to no more than 30 minutes outside and 15 minutes inside.
- All visitors should sign the COVID visitor register and certify not being symptomatic or in contact with known COVID cases.
- The visitor will be required to have an LFD test beforehand.

- Any potential visitor who tests positive should immediately leave the premises and self-isolate. They should be offered a confirmatory PCR test by the care home and their household contacts may also be required to [self-isolate in line with current guidance](#).
- Services should provide PPE to visitors if they do not have a face covering. The visitor should arrive with a face covering or be provided with one before entering the building. This is to prevent possible transmission to care staff or other residents.
- Visitors should be reminded and provided facilities to wash their hands for 20 seconds or use hand sanitiser on entering and leaving the home.
- 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.
- All visitors will wear PPE during the visit and avoid close contact.
- Hand-holding is allowed but named visitors will be asked to avoid any closer contact.
- Vaccination is not mandatory and will not be a condition of visiting, however, vaccination will make visits safer for the service users and staff and we recommend that relatives have the vaccination if offered for their own and others protection. This may be taken into consideration where service users are particularly vulnerable.
- Limited toilet facilities are available to visitors. Available toilet facilities must not be accessed through areas that are used regularly by other service users and will need to be cleaned before and after use.
- Close-contact care will be restricted to visitors who provide assistance – such as help dressing, eating or washing – which is essential to the immediate health and wellbeing of a resident.
- In exceptional circumstances, a very small number of people may 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. Under no circumstances should this assessment be applied to a whole care setting.

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

## 2. Family meeting- Away from services

While England remains under national coronavirus restrictions, care home residents in general won't be able to meet people **indoors** on a visit out until further notice. This includes visiting their relatives in the family home.

### Visits out of care homes to spend time outdoors

Activities outside of the care home that will not require self-isolation include:

- outdoor visits to parks, beaches or gardens
- medical appointments
- visiting day centres
- attending educational settings
- going to work

Where a care home is situated in a local community with high, or rapidly rising, levels of infection, and/or where there is evidence of variants of concern (VOCs), care home managers should seek additional local advice from directors of public health.

### **Family meeting- Indoors**

Where there are **extenuating circumstances**, decisions should be taken on an individual-by-individual basis with the resident's personal needs and circumstances considered. The service will balance this against a consideration of the risk to others in the home, in case the resident becomes infected on their visit or cannot isolate on their return.

If an indoors visit does take place, all members of the household hosting the visit should have had a negative coronavirus test result immediately preceding the visit. For example, the test could be taken when the family go to the care home to collect the resident for the visit with a lateral flow device (LFD). People the resident is visiting should take steps leading up to the visit to minimise the risk to the resident and others in the care home. For example, they should minimise their potential exposure to coronavirus by limiting the number of people they meet for two weeks before the visit out, ensure vaccination and adherence to testing.

The resident should also be tested immediately before their visit out of the care home with an LFD, and the visit should not go ahead if the result is positive. The resident should be immediately isolated in the care setting if they receive a positive result.

When the resident returns to the care home following the visit, additional measures will need to be taken to protect other residents and care home staff from the risk of coronavirus transmission. It is recommended that, where possible, the resident self-isolates in line with current Government guidance. If this is not possible, the care home will take the appropriate precautions can be taken such as limiting contact with others and repeat testing.

### **Outbreak restrictions- Change from 17<sup>th</sup> May**

Recovery testing will take place 14 days after the last positive result in an outbreak, rather than 28 days, except where the outbreak included evidence of VOCs. Where all the recovery testing showed negative results the restrictions on visits would be removed.

## 3. Overnight stays-

Currently these are not permitted under legislation. These would only be facilitated in exceptional circumstances and risk assessed on an individual basis based upon the well-being of the supported person and the risk of COVID/contact. Respite service stays are not counted as overnight stays.

## 4. Supported Living

For some people, there are important reasons for having in-person visits, as not having these may be difficult to understand and lead to distress.

Supported living managers, care/support workers, people being supported and their families and friends should follow national guidance on meeting others.

If the person is assessed as not having capacity in relation to this decision, the provider should work within the appropriate MCA framework to establish that a visit is in someone's best interests.

If the person has capacity and wants a visit, the provider should:

- advise them about the safest ways to have visitors

- risk assess individual settings and individual vulnerabilities consider risks to other people (if in shared settings)
- encourage, agree and support decision-making regarding visitors

It will also be important to consider the risks to visitors themselves and anyone they may later be in contact with, for example an older relative. The above should be achieved by building on relationships to advise people on infection prevention and control:

- No one with COVID-19 symptoms should visit.
- No one who should be self-isolating as they have been a close contact of a COVID-19 case in the previous 10 days, or anyone returned from certain countries in the same time period should visit.
- If a supported living service has a communal garden area, then using this space for visits should be encouraged, as long as social distancing measures are met.
- Visitors should be encouraged to keep personal interaction with the person they are visiting to a minimum and remain socially distanced for as much of the visit as possible
- If in shared accommodation, visitors should avoid (or minimise if avoidance is not possible) contact with other people who live there and staff. Where needed, conversations with staff can be arranged over the phone following an in-person visit.
- Visitors should be encouraged to wear appropriate face coverings when visiting to protect people in supported living settings
- We note that in some circumstances, visors may be preferable to masks, as a means to facilitate the more effective provision of care and social interaction through non-verbal communication, especially with people with advanced dementia or learning disabilities for whom recognition of familiar staff is critical to reducing agitation and distress. The decision to use visors, would need to be risk assessed for the benefit of the person, and would have to balance with additional risk of transmission

## **Supporting guidance from Wales-** principles of facilitation remain the same-

Visiting policies and all visits should be based on a dynamic risk assessment, which takes into account the vulnerability of people living and staying in the care home and risks to people living, staying, working in and visiting the care home. This approach is based on the circumstances and needs of the individual care home including people living, staying and working in the care home and the level of COVID-19 at a local or national level.

<https://gov.wales/sites/default/files/publications/2021-05/action-card-visitors-to-care-homes.pdf>

## **Visiting in care homes (adults and children's) and alert levels**

Current arrangements as we move from Alert Level 4 to Alert Level 3, and when we move fully into Alert Level 3 from 3 May:

### Indoor visiting

- two designated indoor visitors are allowed (a deputy visitor to be designated for each visitor in the event that either of the designated visitors are unable to fulfil this role. The deputy and designated visitor roles are not intended to be routinely interchangeable)
- routine indoor visits by a designated visitor should, where possible, take place in a designated room to avoid visitors moving around the building. Ideally the designated room would be close to the entrance of the building, and be well ventilated
- indoor visitors will be subject to testing. Only one designated visitor may visit indoors at a time
- face coverings should be worn by any visitor for the duration of an indoor visit. Where there is likely to be direct contact with the resident i.e. during a visit in exceptional circumstances such as end of life, then PPE should be provided with support to wear safely

### Outdoor visiting

- there is no prescribed limit to the number of outdoor visitors, however care homes should manage this according to their local situation, based on a risk assessment
- testing is not required for outdoor visits
- during outdoor visits where 2 a metre distance is maintained, face coverings may be removed while seated

### Going out

- People will naturally wish to leave the home, i.e. for a short walk or, where the alert levels permit, to visit family and friends, as well as attend places of worship etc. If an adult with capacity wishes to leave the home then members of staff at the home cannot prevent them from doing so.
- Where there is no outbreak or incident at the home the provider should risk assess with the person (and their family / advocate as appropriate) any decision to go out in the community or to visit family or friends. Respiratory hygiene, social distancing, hand hygiene, and face coverings in line with regulations, should be maintained when people are away from the care home. Public Health Wales has developed [risk assessment guidance](#) to support this process.
- PPE would not usually be required for visits taking place outdoors, however please see the transport section below about the use of face coverings when travelling in a vehicle on the way to a visit.
- Transport will require careful consideration when residents are going out of the home. In the event that public transport is used the national public transport rules will apply on minibuses and similar vehicles. If the care home is using its own vehicle then cleaning protocols will need to be in place.
- If family members are picking up a resident for a day out / home visit, minimise the numbers in the car – ideally driver only and if possible the person uses the back seat, open windows if tolerated to improve ventilation and all to wear face coverings.

**Supporting guidance from Scotland-** principles of facilitation remain the same

<https://www.gov.scot/publications/open-care-supporting-meaningful-contact-care-homes/>

## 5. Looking Forwards- England

**Step 4 will take place no earlier than 21 June.** With appropriate mitigations in place, by Step 4, the Government aims to remove all legal limits on social contact, publishing accompanying guidance on how best to reduce the risk of transmission and protect ourselves and loved ones.

Name of SU: \_\_\_\_\_

Date: \_\_\_\_\_

Risk assessed by: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Names and contact details for any people that the service user may come into contact with during visit for Track and Trace purposes:

	Questions	Yes/No	Mitigation	Comments
1.	Is the area in a local lockdown/ Surge testing?			
2.	<b>Is it an exceptional circumstance?</b> Has a risk assessment/BI been undertaken			
3.	Can the visit be held in the garden/ outside area?			
4.	Has there been a case of COVID within the service in the last <b>14</b> days?			No visits should go ahead unless the service and visitor home is COVID clear for at least 14 days.
5.	Is LF testing available?			
6.	Is the person able to understand social distancing?			
7.	Does the family understand and agree to social distancing?			
8.	Do family have a good understanding of Infection control measures, and how to protect themselves and others from the virus?			
9.	Is the person being visited /visiting, extremely vulnerable? Have they received their vaccination?			
	Decision: Y /N		Comments:	
Name		Contact detail		