St Joseph's Nursing Home

QUALITY POLICY STATEMENT   QP-94

Title: UPDATED GUIDANCE - VISITORS TO CARE HOMES
(Issued on April 6th[th] 2021)

1.0   INTRODUCTION

1.1   This policy is based on the on Guidance- Update on policies for visiting arrangements in care homes published by the Department of Health & Social Care 22 July 2020
Historical updates have been applied on:
 November 5th, 2020, and
Guidance on care home visiting 26th February 2021

The most recent Updated guidance from the 6th of April 2021 can be located in section 14.0 of this policy and take effect from Monday the 12th of April.

1.2   The first priority of the Guidance continues to be to reduce the risk of coronavirus (COVID-19) transmission in care homes and prevent future outbreaks, to ensure the health and safety of both care workers and Service Users.

1.3   Directors of public health and care providers should follow this guidance to ensure policies for visiting arrangements and decisions are based on a dynamic risk assessment and minimise risk wherever possible.

1.4   This will require consideration of:
- The circumstances of the individual care home (for example, its employee availability, Service User demographics and outbreak status).
- Its local circumstances (local epidemiological risk, presence of outbreaks in the community).

1.5   The guidance sets out:

1. The principles of a local approach and dynamic risk assessment.
2. Advice for providers when establishing their visiting policy.
3. Advice for providers when taking visiting decisions for particular Service Users or groups of Service Users.
4. Infection-control precautions.
5. Communicating with family and others about the visiting policy and visiting decisions.

1.6   In this guidance, the term 'provider' is used to refer to providers and their care home managers. Where a decision is made by a provider to allow visiting, such visits should continue with appropriate infection-control precautions.

2.0   POLICY

2.1   To ensure that our home complies with the Guidance-Update on policies for visiting arrangements in care homes published by the Department of Health & Social Care updated guidance issued for the 6th of April on care home visiting.

3.0   ROLE OF THE DIRECTOR OF PUBLIC HEALTH

3.1   This process of considering visitors should be led by the relevant local director of public health, who should give a regular professional assessment of whether visiting is likely to be appropriate within their local authority, taking into account the wider risk environment.

3.2   Prior to visits being allowed in care homes in a local authority area, the director of public health will assess the suitability of a specified level of visiting guidance for that area taking into account relevant infection and growth rates and the wider risk environment.

3.3   In making their judgement on visiting, the director of public health should consider as a minimum:
   • Local testing data, including test and trace data, to form a view on the accuracy of local outbreak information including data on uptake, results and frequency of testing in the local area, as well as to form a view of community prevalence.
   • Any national oversight taking place in an area due to transmission risks.

3.4   Where, for whatever reason and at any time, an individual or group of care homes is/are considered to need to restrict visiting, either temporarily or permanently, the director of public health should communicate this advice in writing to commissioners of all the relevant care homes, or in the absence of a commissioner, direct to the registered manager as quickly as possible.

4.0   THE PRINCIPLES OF A LOCAL APPROACH AND DYNAMIC RISK ASSESSMENT

4.1   The first priority must remain preventing infections in care homes and this means that the visiting policy should still be restricted with alternatives sought wherever possible.

4.2   We can now develop a policy for limited visits, following the advice set out in the guidance. This should be on the basis of a dynamic risk assessment which takes into account the significant vulnerability of Service Users in our home.

4.3   The approach we will adopt will be based upon the circumstances and needs of the home including both Service Users and staff and the external COVID environment. The external COVID environment includes the prevalence and incidence of infection in the local community and/or outbreaks or hotspots which may increase risk of infection in visitors to care homes in the area.

4.4   **The decision on whether or not to allow visitors, and in what circumstances, is an operational decision and therefore ultimately for the registered manager of our home.**

4.5   This decision should be based on the advice from the director of public health, as well as any additional advice or guidance from the local infection-control lead from the CCG, and the local PHE HPT.

5.0   TESTING

5.1   In addition, in making their decision about visiting policy, providers and the director of public health should, where possible, consider:
- Any testing that takes place outside of the care home, for example community or home testing. Staff must inform the care home so that the result is factored into the decision-making process to help inform the visiting policy.
- Results from weekly testing of staff and monthly testing of Service Users. This data will enable the risk assessment to be well informed. Evidence of outbreaks and recovery from outbreaks should also be considered (a recovered outbreak is defined as 28 days or more since the last suspected or confirmed case reported).
- Local intelligence on risk factors relevant to transmission in the care home, for example a nearby concentration of locations where there is a higher potential risk of transmission (for example, food processing plants).
- Readiness of the care home to respond quickly when there is a confirmed or suspected COVID-19 case within the care home, to immediately return to essential visits only (for example, end of life), with no exceptions. This assessment of readiness may be based on Care Quality Commission reports, experience of a care home's responsiveness throughout the pandemic and other local qualitative information.

5.2   In order to enable visits to happen safely, it is vital that the director of public health has a live view of the local conditions. The Capacity Tracker is a timely and rich source of information which will help inform the director of public health's judgement on whether it is safe to continue with visits.

5.3   The manager will arrange for the daily completion of the Capacity Tracker which will help provide assurance and early warning if there were to be an outbreak, as well as helping to provide confidence on regular reporting and that any new cases would be rapidly reported to the local PHE HPT.

6.0   RISK ASSESSMENT

6.1   Prior to making a decision on visiting, the manager will carry out a risk assessment to consider relevant factors including
- The level and type of care provided by external visitors and the ability of care home staff to replicate this care.
- A balance of the benefits to the Service Users, against the risk of visitors introducing infection into the care home, or spreading infection from the care home to the community.
- The health and wellbeing risks arising from the needs of the cohort of Service Users in that setting. This will include both whether their needs make them particularly vulnerable to COVID-19 and whether their needs make visits particularly important (for example, people with dementia, a learning disability or

autistic people may be permitted visitors when restricting visitors could cause some of the Service Users to be distressed).

- Advice from the PHE local HPT (in the event of an outbreak) and the local director of public health and Infection Prevention and Control Lead from the responsible CCG.
- Discussions with staff to address any anxieties and provide appropriate support, policies and procedures to enable staff to facilitate visits safely and in line with all the relevant guidance.
- The likely practical effectiveness of social distancing measures between the visitor and the Service Users, having regard to the cognitive status of the Service User and their communication needs.
- Where the healthcare needs of the individual cannot be met by socially distant visits, whether there are sufficient infection-control measures in place to protect the Service Users, staff and visitors, to allow the visit to take place This might include the provision of personal protective equipment (PPE), as provided to members of staff caring for that individual.

6.2   We will support NHS Test and Trace by keeping a temporary record (including address and phone number) of current and previous Service Users, staff and visitors, as well as keeping track of visitor numbers and staff.

6.3   In the event of an outbreak in our home and/or evidence of community hotspots or outbreaks, the manager may rapidly impose visiting restrictions to protect vulnerable Service Users, staff and visitors. In this situation the manager will set out alternative options to maintain social contact for our Service Users while providing regular, personalised updates to our Service Users' loved ones.

7.0   Applying different rules to different categories of Service Users

7.1   If the manager decides to allow for different rules to be applied to different Service Users or categories of Service User, then further visiting decisions will be necessary.

7.2   In respect of these visiting decisions, the manager will take into account:
- The benefits to a person's wellbeing by having a particular visitor or visitors.
- The extent of the harm that will be experienced by the Service User from a lack of visitation or whether the individual is at the end of their life.
- Whether Service Users or staff or visitors are in the extremely clinically vulnerable group (see latest government guidance on shielding).
- If not regarded as a person requiring support to shield, whether the Service User's state of physical health is such that they may be more seriously affected if they develop COVID-19.
- The provisions and needs outlined in the person's care plan.
- The level and type of care provided by external visitors and the ability of care home staff to replicate this care.
- Appropriate level of staff to enable safer visiting practices.
- 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.

7.3   In making these decisions, the manager should ensure staff actively involve the Service User, their relatives or friends, any advocates, commissioners and appropriate members of the multi-disciplinary team and, where appropriate, volunteers.

7.4   Where volunteers who usually support Service Users needs to be considered, the manager decide whether their support is more aligned to that of a staff member or a regular visitor and apply the appropriate oversight and infection-control procedures.

8.0   HEIGHTENED RISK

8.1   Where the manager considers that the risk to be heightened, a general policy for all Service Users will be adopted, that is, visits will only be permitted in exceptional circumstances.

8.2   In such circumstances the manager will make alternative means of maintaining contact between Service Users and their loved ones, which will be specified in this policy.

9.0   DETAILS OF ALTERNATIVE MEANS OF KEEPING CONTACT

9.1   Our team can assist you with arranging video, WhatsApp or phone calls. Please call the home and we will organise this for you.

10.0   MENTAL CAPACITY

10.1   The rights of Service Users who may lack the relevant mental capacity needed to make particular decisions and, where appropriate, their advocates or those with power of attorney should be consulted.

10.2   For example, some people with dementia and learning disabilities may lack the relevant capacity to decide whether or not to consent to a provider's visiting policy. These Service Users will fall under the empowering framework of the Mental Capacity Act 2005 (MCA) and are protected by its safeguards.

10.3   Staff will need to consider the legal, decision-making framework offered by the MCA, individually for each of these Service Users. The manager will take into account government published advice on caring for Service Users without relevant mental capacity, and the MCA and Deprivation of Liberty Safeguards (DoLS), during the pandemic. The manager will also give due regard to the ethical framework for adult social care, and the wellbeing duty in section 1 of the Care Act 2014.

11.0   INFECTION CONTROL PRECAUTIONS

11.1   In order to prevent the spread of infection the following precautions will be adopted:
- We will continue to explore facilitate and encourage alternatives to in-person visits such as the use of telephones or video.
- We will have in place arrangements to enable booking/appointments for visitors – ad hoc visits cannot be enabled.
- In line with test and trace guidance, we will maintain a record of any visitors to our home as well as the person and/or 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.
- We will ensure that visitors have no contact with other Service Users and minimal contact with care home staff (less than 15 minutes / 2 metres). Where needed, conversations with staff should be arranged over the phone following an in-person visit.
- Visitors will 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.
- Visitors should be supported to wear a **face covering** when visiting and advised to wash hands thoroughly (or use hand sanitiser) before and after putting it on and taking it off. A face covering is not a medical/surgical mask.
- Visitors will be asked to wear **PPE appropriate to the need of their visit**. If a visitor is making close personal contact with a Service User, they may need to wear PPE which goes beyond a face covering.
- We will give consideration to the availability of additional protective clothing (for example, apron and gloves) if a Service User has COVID-19 and social distancing is difficult to maintain.
- We recognise that 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 visitors or clear face coverings are available, they can be considered as part of the risk assessment. Under no circumstances will this assessment be applied to a whole care setting.
- All visitors will be screened for symptoms of acute respiratory infection before entering the home: no one who is currently experiencing, or first experienced, coronavirus symptoms in the last 7 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.

The following are the screening questions to be asked of visitors on their arrival:
1. Have you been feeling unwell recently?
2. Have you had recent onset of a new continuous cough?
3. Do you have a high temperature? We may consider providing a temperature check for all visitors to provide confidence to visitors and to staff.

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4. Have you noticed a loss of, or change in, normal sense of taste or smell?
5. 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?
6. Visitors must follow any guidance, procedures or protocols the manager puts in place to ensure compliance with infection prevention control. We will ensure that, copies of the guidance, procedures and protocols are available to be read by visitors on arrival.

The manager:

- Will decide whether visits can take place in a communal garden or outdoor area, which can be accessed without anyone going through a shared building. If visiting does take place in a Service User's room, visitors should go there directly upon arrival and leave immediately after.
- Consider the possible use of designated visiting rooms, which are only used by one Service User and their visitor at a time and are subject to regular enhanced cleaning.
- Ensure areas used by visitors are decontaminated several times throughout the day and avoid clutter to aid cleaning.
- Visitors are encouraged to walk to the home or use their own transport. Provide some assistance where required to enable visitors who are especially vulnerable to get to the care home.
- Provide visitors with telephone numbers or website information of organisations which can offer advice on safe travel arrangements if required.
- Discuss with visitors any items they wish to bring with them on their visit, such as a gift. Inform them that it will need to be something that can be easily cleaned by the home to prevent cross contamination. For example, it is unlikely that they will be able to bring flowers but a box of chocolates that could be sanitised with wipes would be allowed.

12.0 COMMUNICATING WITH FAMILIES AND OTHERS ABOUT THE VISITING POLICY AND VISITING DECISIONS

12.1 The following will provide advice to Service Users and families on visiting. The advice will include:
- Support to people to prepare for a visit and given tips on how to communicate if face coverings are required, for example:
- The importance of speaking loudly and clearly.
- Keeping eye contact.
- Not wearing hats or anything else that might conceal their face further.
- Wearing clothing or their hair in a way that a Service User would more likely recognise.
- Provide reassurance to visitors, including that some people with dementia might struggle at first to remember or recognise them. Staff should try and prepare the Service User for a visit, perhaps by looking at photographs of the person who is due to visit, and talking to them about their relationship.

12.2   The manager will advise friends and family that their ability to visit the home is still being controlled. It is based on a dynamic risk assessment, and is subject to the specific circumstances of the home and those living and working within it. This is likely to mean that the frequency of visits is limited and/or controlled.

12.3   Where the home is adopting a bespoke approach to a specific Service User, staff should seek to engage family or other likely visitors, any 'Service Users and relatives' committee, and the Service User to the fullest extent possible in this decision.

12.4   If the home has previously operated an 'open door' visiting policy, then Service Users and relatives need to be informed of the change of arrangements and why this is necessary.

12.5   Family and friends will be advised if there is a declared outbreak in the home. The visiting guidance will need to be restricted for a period of time until the home has been assessed to be in recovery.

12.6   Any imposed visitor restrictions should have regard to exceptional circumstances such as end of life.

12.7   Visits to a COVID positive Service User should only be made in essential circumstances (for example end of life).

12.8   Where we have a restriction to visitors in place, the manager will decide on alternative ways of communicating between Service Users and their families and friends which should be should be discussed and offered.

12.9   The home will provide regular updates to Service Users' 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.

13.0   Guidance updates

13.1   This guidance on which this policy is based will be updated as the risk posed by coronavirus continues to change.
Provider organisations, managers, family members, volunteers, advocates, informal carers, health professionals and others wishing to visit people in such settings, should check this guidance at regular intervals to ensure they are viewing the most recent version. This guidance supersedes previous guidance on visiting policies for care homes.

14.0   VISITING CARE HOMES NEW GUIDANCE (issued April 6th 2021)

14.1   From April 6th 2021, the Department of Health and Social Care have published new guidelines for visiting in care homes.

14.2   This latest guidance supersedes the previous version where one visitor per resident was permitted from 8th of March 2021.

14.3   In summary, new government guidance which will take effect from Monday the 12th of April will allow:
- Care home residents to receive two named visitors indoors to meet with families and friends.
- Babies and toddlers to accompany visitors, allowing grandparents to meet grandchildren.
- Visitors to our care home will be able to hold hands.
- Our care home to continue to offer visits to other friends or family members through arrangements such as outdoor visiting, rooms with substantial screens, visiting pods, or from behind windows.

Residents receiving named visitors

14.4   New guidance makes provision for 2 named visitors to visit their relative in our care home. As far as possible, these 2 people should be the same.

14.5   As previously, visitors will need to follow some important steps to reduce the risk of infection to the person they are visiting and to others in the care home. (see section 11.0 of this policy)

14.6   Our Services manager will ask each individual resident who they would like their visitor to be and assist in co-ordinating this. For those who lack capacity, the Services manager will liaise with family and friends to co-ordinate visits.

Taking a rapid lateral flow test

14.7   Evidence of a negative test for COVID-19 will be required before entry to our care home by taking the RLFT test. Test can be carried out prior to the visit.

14.8   See section 5.0 of this policy.

Conditions for the visit

14.9   The two named visitors can visit separately if they choose.

14.10   Named visitors will be able to sit in the same room as their loved one, with no screen or anything separating both visitor and their loved one.

14.11   Named visitors can hold hands but are asked to refrain from closer contact such as hugging to minimise any transference of infection.

14.12   Our Services manager will determine the length of the visit for all visitors to the home. This will be determined on others wishing to visit at similar times.

Other family and friends visiting

14.13   There will be opportunities for more members of the family and friends to come for a visit – not just the 2 people who are the named visitors.

14.14   These types of visits will be conducted differently. We would ask that they take place outdoors, including at a window. They can take place in special 'visiting pods' if available, or in a room with a screen between you and your loved one.

14.15   As with all visiting, these types of visits still need to be agreed with our care home manager, and you will probably need to book as an appointment.

Essential care giver visits

14.16   Essential caregivers will be to visit the care home regularly to provide care and support that involves closer contact.

14.17   Specifics around the duration of visits, how often the visits last, and the level of contact with their loved one should be discussed with the Services manager.

Implementation of new guidelines

14.18   Our Service welcomes the opening up of restrictions as part of the government's road map to normality.

14.19   This new guidance comes into effect from Monday the 12th of April 2021.

14.20   The new guidance can be obtained from the link below.

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

15.0   FUNDING

15.1   The manager can explore funding streams that have been made available through the Infection Control Fund for the provision of visiting as set out in the new guidance from November the 5th 2020.