

# COVID-19 VISITING PROCEDURE V5: LOCKDOWN 3.1

## 5 MARCH 2021

### Introduction

The government has issued updated guidance for visiting care homes during the national lockdown. Beginning 8<sup>th</sup> March, people can begin having a single regular indoor visitor. The guidance also states that in the absence of specific supported living guidance, this guidance can also be used in supported living services.

It remains important for maintaining the wellbeing and quality of life for the people we support, that they are able to maintain contact with family and friends.

The impact of the national lockdown, the continued use of PPE and safe measures, and the increase in the number of people being vaccinated, is helping to reduce the number of infections and deaths.

Of vital importance is that we all remember that Covid-19 is still circulating, and there is the risk of new variants of the virus. Visiting must continue to be supported in a safe way.

The government has stated the next review of visiting arrangements is expected to be no sooner than 12<sup>th</sup> April.

### Person centred approach

The government's guidance is clear that risk assessing visits should follow the principles of person centred care and that it may be appropriate or necessary to apply different rules for different people or categories of people. For example, some people are more vulnerable due to their health issues, and others have specific care needs that are essential to their wellbeing, such as a particular aspect of support provided by a relative.

### Visiting

#### Outdoor visits:

- Services can arrange outdoor visits, in a true outdoor space that is not enclosed.
- The usual health checks need to be carried out and PPE worn.
- The visitor should access the outdoor space without going through the building.
- The visitor should not go inside during the visit unless essential to use the bathroom, following which it must be disinfected thoroughly.

### **Indoor visits:**

- Services can now arrange indoor visits for a single named visitor per person.
- This means one regular indoor visitor per person, not several visitors, one at a time.
- People are allowed to hold hands, ensuring hands are washed beforehand.
- People can have additional visitors to the single named visitor, however they should be visiting outdoors, or indoors with arrangements such as substantial screens, visiting pods, or behind windows.
- People should also be supported to stay in touch by phone and video calls.

### **Supported living:**

- Supported living can follow the same as residential services.
- People in single-person supported living services may be able to arrange a support bubble.

## **Enabling safe visiting**

### **Single named visitor**

- Each person has a single named visitor, chosen by the person we support, or where they are unable to, in consultation with those important to them.
- The named person should only change if they cannot continue to visit, e.g. because of illness.

### **Health checks**

- The usual health checks are required upon arrival, temperature, and coronavirus symptom screening.

### **Testing**

- All indoor visitors to people we support will be tested at every visit (prior to seeing the person) with a rapid lateral flow test (LFD).
- We will ask the visitor to report their own result online on the government portal, and will provide support where necessary to do this.
- Tests will be provided by the service.
- In supported living services that do not have access to LFD's we will not require a test to be carried out.
- Our testing guidance will be followed:
  - Positive result – the visit cannot go ahead. Follow the guidance on having a PCR test and going home to self-isolate to await the result.
  - Void – repeat the test.
  - Negative – the visit can go ahead if health checks are passed.
- People do not need to have an LFD test for an outdoor-only visit, as long as they will not have close contact with the person, otherwise, they will need to do a test.
- Where a visitor has tested positive with a PCR test within the last 90 days, they are not required to be tested upon arrival.

- See further information on testing in the 'Essential carers' and 'Visits out of the service' sections.

### **PPE & Infection control**

- The vaccine brings hope and protection. Until more is known about its impact on transmission, we need to continue with infection control measures.
- Visitors will be required to wear PPE provided to them on arrival (the same PPE as required by staff).
- Visitors are required to follow good infection control practices, washing their hands on arrival, regularly, and on leaving, and not touching their mouths or face mask.
- Visitors should be provided with hand sanitiser when they arrive for an outdoor visit and reminded to catch coughs and sneezes in tissues and clean their hands after disposal of the tissues.

### **Contact & Social Distancing**

- Physical contact should be kept to a minimum.
- Social distancing should be maintained wherever possible, maintaining a 2 metre distance from others.
- People can hold hands, however bear in mind this increases the risk of transmission.
- Hugging or other close physical contact should be avoided.

### **Vaccination**

- It is not a condition that visitors or people we support have been vaccinated, although strongly recommended that people take up the opportunity when invited to do so through the national programme.

### **Planning visits**

- Each service will plan how visits will take place safely, considering:
  - The layout of the service.
  - The frequency of visits.
  - The length of visits will be restricted to usually no longer than 2 hours.
  - Ventilation of the room.
  - Which room should be used.
  - Ensuring visits are private, not in rooms being used by others.
  - Ensuring one visitor at a time.
  - Enhanced cleaning of rooms used for visiting, between visits.
  - Avoiding clutter in rooms used for visiting.
  - Maintaining social distancing.
- All visits are to be care plan and risk assessed as usual, booked in advance, and agreed by the Manager or Deputy.
- Visitors should have no contact with other residents and minimal contact with care home staff.

## Care plans & Risk assessments

- Each person we support will have an individual care plan / risk assessment for managing their visits, covering their rights and wellbeing, including where the visit can take place.
- Each service will follow a 'dynamic risk assessment' approach, where risks are constantly kept under review and changes made to address changes in risks.
- Each person's risk assessment will cover how visits will be managed for the person, the balance between visiting on the person's wellbeing and quality of life, and the risk of transmission of Covid-19.
- Care plans / risk assessments for visiting may be shared between the person we support, families and the service, to enable an understanding of how to manage safe visiting.

## Visits out of services

- In updating our procedure on visits out of services, we have taken account of relevant guidance published by the government:
  - Guidance on care home visiting.
  - Guidance on visits out of care homes.
  - National lockdown: Stay at Home guidance.
- Our procedure balances the spirit of all 3 of these pieces of guidance.
- We must be mindful that we are still amidst a national lockdown, with restricted visiting to care services, therefore, we are allowing visits out of services to visit family to be made, where these are considered to be essential for the person's wellbeing, and can be managed safely.
- Decisions on visits out of services will be made on an individual-by-individual basis with the person's personal needs and circumstances considered.
- These will be balanced against a consideration of the risks to others living in the service, in the event that the person becomes infected, and their ability to isolate on their return.
- When planning visits out of services, several factors must be considered:
  - How the trip and activities can happen safely.
  - Where they will be spending time.
  - The number of locations being visited.
  - The number of people they may come in contact with.
  - The person's ability to wear a face covering.
  - How infection control measures will be supported.
  - Who will be providing the support – staff, relatives.
  - Transport.
  - Who will be providing care and support and any risks associated with this being provided out of the care service (e.g. by relatives).
  - The requirement that safe support must be provided, i.e. infection control and PPE used the same as it would be in the service.
  - Peoples' vaccination status.
- Health check questions will be required to be carried out with relatives prior to visits home.
- Testing requirements prior to any visits are as follows:

- The person we support (where able to) will have an LFD test prior to visiting.
- Relatives providing the support will have an LFD test prior to the visit. (Relatives who are Essential Carers and already having a weekly PCR and twice weekly LFD do not need to complete an additional LFD).

## Outbreaks

- Services with an outbreak cannot enable visits, except in exceptional circumstances (e.g. someone is dying).
- Relatives who provide essential care can however continue to visit and provide this support during an outbreak, unless there are specific reasons not to do so.
- Restrictions continue until the outbreak is confirmed as over (28 days after the start of the last positive case) unless the local Health Protection Agency provide advice to the contrary.
- Visits out of services (e.g. to visit family) during an outbreak are not allowed.

## Essential carers

- We have been including the role of relatives who are essential carers within our visiting procedures for several months now. The essential care giver arrangements are intended for circumstances where the support provided is central to the immediate health and wellbeing of the person we support. This will be documented in their care plan.
- For some people we support, it is an essential part of their care and support that they receive specific support from someone (usually relatives). If it is documented as essential for the person, this support should continue.
- These people can continue to receive this support (in addition to the single named person, e.g. if both parents are essential carers, they can continue).
- Relatives who are essential carers need to follow the PCR and LFD testing regime followed by staff and these tests must be carried out at the service:
  - PCR & LFD test once a week at the same time.
  - LFD test 3-4 days later.

## Consent

- The rights of people we support who lack the relevant mental capacity to make particular decisions, including whether to consent to the visiting policy, or deciding who they want their single named visitor to be, will need to be supported via the mental capacity / best interests' process.
- 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.

## **Clinically vulnerable and clinically extremely vulnerable people**

- Consideration needs to be given when planning visits around people who are clinically vulnerable or clinically extremely vulnerable themselves, or others in the service they live in, who may be at increased risk.

## **Meeting peoples' health needs**

- People we support must always be enabled to have their health needs met, and health practitioners will always be able to visit as required.
- Family members may be needed to support at other times to meet health needs, for example for additional support when a person is having a Covid-19 vaccination, and this support must be allowed to be provided.

## **Local authorities and the role of the director of public health**

- The local director of adult social services and director of public health have important roles in supporting care homes, and may in times of increased infection rates, take a more restrictive approach to visiting in the local area.
- The latest guidance makes the point that blanket bans covering whole local authority areas are not appropriate, however there may be times when it is necessary to alter or restrict visiting arrangements in line with their guidance.

## **Guidance referred to in order to update this guidance:**

Guidance – National Lockdown: Stay at Home – Updated 3 March 2021:

<https://www.gov.uk/guidance/national-lockdown-stay-at-home>

Guidance on care home visiting – Updated 4 March 2021:

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

Guidance – Visits out of care homes – Updated 12 January 2021:

<https://www.gov.uk/government/publications/arrangements-for-visiting-out-of-the-care-home/visits-out-of-care-homes>