

Visiting Policy

1. Equality Impact Assessment

All colleagues, contractors and third-party partners are required, when following this policy, to ensure that they do not disadvantage any person or group on the grounds of race, religion or belief, age, sex, gender reassignment, disability, sexual orientation and / or caring responsibilities.

2. Policy overview

This policy sets out the visiting arrangements for family and friends in our care home.

We embrace the government direction of no blanket bans on visiting whilst creating a COVID-secure place for residents to live in, staff to work in and visitors to stay safe. Our goal is to promote person-centred care, optimising health, and wellbeing.

Essential Care Givers are welcome. We work with Essential Care Givers to help support the wellbeing of residents, agreeing the plan for support through an individual risk assessment and care plan. Essential care givers do not have to be onsite for a certain number of days each week or a certain number of hours but they may visit regularly to provide support to the resident.

Anyone showing or experiencing the symptoms of COVID-19 or any other infection must not visit, even if these symptoms are mild and unconfirmed. In these circumstances the individual should remain at home and follow the latest public health advice on self-isolation and testing.

A range of visits can now be facilitated:

- One nominated constant individual to visit residents indoors
- Pod visits
- Outdoor visits
- Window visits (open or closed)
- One nominated Essential Care Giver who visits to provide support to those with the highest care needs. This can be a different person to the one nominated constant visitor for indoor visits
- Virtual – these may continue also, such as Skype, Face Time, video calling

Visitors for Pod visits, window visits and outdoor visits may be a different person from the indoor visitor.

Visiting in exceptional circumstances such as visiting those who are recognised as “End of Life” and Essential Care Givers can visit including during an outbreak however other types of visits would cease during an outbreak.

End of life no longer means when a resident is shortly to pass away but includes residents where a clinician has advised that they are end of life.

One constant named visitor can visit a resident indoors, the resident should determine who they would prefer as their indoor visitor unless they are unable to do so in which case, a best interest decision should be made, consulting the relevant people to the resident such as the LPA for health and welfare and family.

Visitors may hold hands with their loved ones but should refrain from hugging/cuddling and need to adhere to the social distancing and PPE requirements for each type of visit.

Essential Care Givers for residents with the highest care needs may now be implemented. An Essential Care Giver is in addition to the constant indoor visitor.

Visitors having Pod, window or other outdoor visits may be different from the one constant indoor visitor.

Home Managers should manage visiting arrangements for their homes, in the best way they see fit, recognising the importance of residents physical and emotional wellbeing, whilst managing day to day risks.

3. Managing visits

When planning visits, the following is considered:

- Number of unwell residents requiring support from staff
- Residents wishes and preferences
- Number of planned admissions on any given day
- Layout of the home
- Where visits can take place – a designated room may be used but national guidance is that irrespective of the size of this room, only one visit can take place at a time
- Other planned visitors on any given day, e.g., GPs, social workers, district nurses, management/facilities
- Number of residents wanting indoor visits and how to maintain social distance of visitors, residents and staff
- Staffing levels e.g., staff on holiday or other staff absence, especially unplanned absences which have an impact at short notice
- Availability of PPE and staff availability to ensure PPE is worn correctly, put on/removed correctly and disposed of correctly
- Ventilation – promoting effective ventilation across the home to support effective infection prevention and control measures
- Number of visitors requiring LFD testing, where visiting takes place, where visitors will wait until they have their result, time taken to obtain a result, actions required for any visitors testing positive and the time taken to register all results online
- Managing training needs of Essential Care Givers and staff training on any given day

Visitors are asked to call the home on the morning of their planned visit, or the day before if it is a planned visit in the morning, to ensure visits can go ahead as planned.

Family and friends are requested to respectfully understand that visiting arrangements in care homes are assessed by Home Managers on an ongoing basis, on a dynamic basis and be supportive of managers who are trying to manage many conflicting priorities.

All visits must be booked including window, Pod, outdoor, indoor, and virtual visits so the number of people onsite at any one time is managed, promoting social distancing, and ensuring staff deployment to manage testing and supervision.

LFD tests must be done for each visitor on **each** visit. National guidance does not recognise viewing a previous test.

If a person tests positive, a confirmatory PCR must be done before the visitor leaves the care home. They must also be advised to isolate for 10 days.

It is important that regular cleaning takes place in between visitors and this will be built into the scheduling.

Where visiting occurs in bedrooms due to residents not being able to receive a visitor in a designated room the room must be cleaned as much as possible before the visit and again after. Fogging is not permitted in a bedroom where a resident is cared for in bed. Relatives should be asked not to touch as much as possible.

The following procedure needs to take place for all indoor visits, Essential Care Givers, outdoor (except closed window) and Pod visits:

- LFD test which must be negative
- Check whether the visitor is feeling unwell in any way
- Confirm the date that the visitor tested positive so that staff know when a person should be re-tested. Testing does not take place for 90 days when a person tests positive
- Check in using the QR code
- Complete a Visitor Screening Tool including giving up to date contact details
- Sign into the visitors' book – needed for fire procedures
- Temperature check
- Don PPE
- Sanitise hands

For closed window visits, appointments must still be made.

If a visitor tests positive, has a temperature above 37.5 degrees Celsius, or feels unwell in any way, they will need to re-book the visit once they have sought medical advice but admission to the home must not be allowed.

Visitors are requested to be honest with their responses in the Visitor Screening Tool so that our residents, staff, and visitors can be protected from the risks of unnecessary and serious illness.

Visitors who advise that they are exempt from wearing face masks should be asked to wear a visor instead. They should also be reminded to refrain from hugging/cuddling.

The duration of visits and frequency of visits will be determined by the Home Manager whose goal as well as promoting safety is to ensure that all residents have fair opportunity to receive visitors. This means that the length and frequency of visits may vary each week depending on demand.

During the visit, visitors are asked not to mix with other visitors, to go to the resident they are visiting and leave straight after whilst being careful with removing and disposing of PPE. Hands should be sanitised again before leaving. Visitors also need to sign out of the visiting book.

Staff will ensure that visitors know how to summon help if needed and if visiting in a bedroom, will be shown how to use the call bell. Visitors must not seek out staff unless there is no other option.

Visitors may hold residents' hands whilst wearing gloves but should refrain from hugging and cuddling. We ask that visitors respectfully respect these requirements in the expectation that Covid-19 will remain well controlled within the care homes.

LFD tests are not required for closed window visits. If an open window visit occurs, the resident, (where able to tolerate it) and visitor are required to wear a fluid repellent surgical face mask.

Visitors must remove PPE on leaving the resident and dispose of it; care home staff will guide and support visitors to ensure the correct procedure is followed.

The importance of social distancing cannot be over-emphasised. Care homes will sensitively deploy staff to monitor social distancing during family visits, however staff need to be aware of the importance of doing this discreetly so that residents can have privacy promoted.

4. PPE to be worn during visits

For indoor visits where the visitor is within 2 metres of the resident the visitor must wear: fluid repellent surgical masks, disposable apron and disposable gloves.

For anyone who is within 2 metres but not touching the resident including a Pod visit or open window visit – a fluid repellent surgical face mask only is required.

Closed window visits also require a fluid repellent surgical face mask.

For Essential Care Givers, the PPE worn must be the same as what staff wear in the relevant room or zone.

All PPE must be disposed of correctly in the doffing bins.

5. Essential Care Giver

Residents may now have the support of an Essential Care Giver. This is a friend or family member and may be a different person to the nominated indoor visitor. The number of days and hours an Essential Care Giver spends with the resident is for agreement with the Home Manager.

The Essential Care Giver should be implemented for residents that have the highest care needs. Identifying residents who would benefit from an Essential Care Giver may be based on some of the following factors:

- Assessed dependency levels
- Concerns around a resident's mental health – this may be a decline in dementia, due to conditions such as depression or situations such as periods of distress
- Support to eat and drink regularly, especially where there is sustained weight loss

The role of the Essential Care Giver is not to replace the role of care or nursing staff. Care provision remains the responsibility of the home however an Essential Care Giver is there to support.

Essential Care Givers may visit communal areas so the resident and Essential Care Giver are not required to stay in the bedroom however because of the support they give, they must wear the same PPE as the staff in the different zones.

Essential Care Givers require training to wear the correct PPE in the correct situation, to put it on correctly, remove it correctly and dispose of it correctly. Essential Care Givers should:

- 1) Undergo donning and doffing competency
- 2) Be shown how to wash and dry hands correctly and be part of any hand hygiene audits
- 3) Be part of PPE audits
- 4) Have Covid-19 training and Covid-19 competence assessment
- 5) Have training related to any aspects of personal care they may give

Essential Care Givers will not undertake roles that care staff have had specific training in. This means that they must not use moving and handling equipment and must not reposition residents. They should not assist a resident with eating and drinking who has a high choking risk unless the Home Manager is confident that the Essential Care Giver has been taught how best to assist the resident including best

practise with positioning and they could give emergency first aid if needed. They must also not be asked to administer medications on behalf of a nurse or CTL and must not be asked to undertake any nursing duties.

An Essential Care Giver must not be asked to give care to other residents or be asked to keep an eye on residents while staff leave the room.

Essential Care Givers will be welcomed. They may help themselves to drinks, but staff should also offer regular drinks.

Visitors are asked to avoid raising concerns directly with staff if possible but to contact the Home Manager after the visit.

Gifts that are brought in or sent for residents need to be ones that can be cleaned and sanitised with antibacterial spray/wipes or washed.

6. Visitors who are shielding and visiting residents who are shielding

Residents who have received shielding letters are able to receive visitors, however all control measures are important to be followed rigorously.

7. Communicating with residents

Communication whilst maintaining social distance can be very difficult especially where a person does not have full sight, comprehension, or hearing. These handy tips to aid communication may make communication a little easier:

- Speak loudly and clearly but don't shout
- Maintain eye contact
- Avoid wearing hats or anything else that might conceal their face further and wear clothing or their hair in a way that a resident would more likely recognise

Staff should help residents prepare for a visit by ensuring the resident is wearing their working hearing aids or cleaned spectacles and perhaps by looking at photographs of the person who is due to visit and talking to them about their relationship.