

Guidance on visiting residents in a care home

Updated 9th March 2021

Due to the frequency of changing government guidance and changes in best practice and learning around visits this guidance will be kept under review and may change.

Relevant Guidance

The updated government [guidance](#) for care home visits and the [Care Provider Alliance](#) guidance should be read in conjunction with this document which will be revised as guidance changes.

In addition for supported living there is useful guidance in [Covid guidance for supported living](#) including on visiting and support bubbles.

Present Restrictions in Wakefield

As of 9th March 2021 a national lockdown remains in place. The Government has published a [roadmap out of lockdown](#), with all restrictions scheduled to be relaxed by 21st June 2021.

Guidance on Restrictions

This guidance applies alongside the updated [guidance on care home visiting](#) published on 9th March 2021. This supplements the legal position set out in The Health Protection (Coronavirus, Restrictions) (No. 3) and (All Tiers) (England) (Amendment) Regulations 2021.

Visiting is a central part of care home life. It is crucially important for maintaining health and wellbeing and quality of life for residents. Visiting is also vital for family and friends to maintain contact and life-long relationships with their loved ones and contribute to their support and care.

Each care home provider is responsible for setting the visiting policy in that home. They should do so on the basis of a dynamic risk assessment taking into consideration the needs of individuals within their home and with regard to the advice of the local Director of Public Health (DPH).

From 8th March care homes are encouraged to enable indoor visits following the below recommendations:

- Every care home resident will be able to nominate a single named visitor who will be able to enter the care home for regular visits. These visitors should be tested using rapid lateral flow device (LFD) tests before every visit, must wear the appropriate personal protective equipment (PPE) and follow all other infection control measures. Visitors and residents are advised to keep physical contact to a minimum. There should not be close physical contact such as hugging

- residents with the highest care needs will also be able to nominate an essential care giver, who will be able to visit more regularly
- care homes can continue to offer visits to other friends or family members with arrangements such as outdoor visiting, substantial screens, visiting pods, or behind windows
- During an active Covid outbreak, visiting should be restricted to exceptional circumstances only, such as end of life

All indoor visitors are required to have a negative LFD test result just prior to entering the home, using the home's current stock of LFDs. The home will need to set aside the resource necessary for this testing to occur.

Each care home is unique in its physical layout, surrounding environment and facilities. Residents vary in their needs, health and current wellbeing. Care home managers are best placed to decide how their care home can best enable visiting in a way that meets the needs of their residents both individually and collectively. Care homes will need to decide on how many visits can be undertaken in each home per day, as well as how long relatives can visit for. Regardless of the space where indoor visits occur, whether in bedrooms, or a dedicated space in the home, consideration needs to be given to cleaning between visits.

It is essential that visiting happens within a wider care home environment of robust Infection Prevention and Control (IPC) measures, including ensuring that visitors follow (and are supported to follow) good practice with social distancing, hand hygiene and PPE use.

In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life) to protect vulnerable residents, staff and visitors.

Care homes should maintain effective communication with relatives so that they understand both their rights with regards to visiting, but also their responsibilities. Any limitations on visitation should be fair and considered in line with dynamic risk assessments.

All care homes will need to have an up-to-date visiting policy. When developing their policies, providers should undertake individual risk assessments where necessary, to assess the rights and needs of individual residents, as well as any specific vulnerabilities which are outlined in the resident's care plan, and to consider the role that visiting can play in this.

Lateral Flow Devices (LFDs)

LFDs are tests to see if a visitor has Covid at the time of the visit. LFDs are being provided for this purpose, where the results are available that day so that the visitor will take the test on arrival, and the visit can only take place provided there is a negative test result. Visitors who test positive will need to leave and immediately [self-isolate](#) for 10 days.

Visitors will would need to take a swab of their own nose or tonsils or have this done by a care worker. This would need to be undertaken either outside, or in a specific testing space. The chemical solution that determines the presence of Covid takes 30 minutes, so the full testing process takes around 45 minutes to complete. During the test visitors must provide signed

consent for the test and the sharing of information, wear PPE and be registered on the NHS Track and Trace website. During the 30 minutes the visitor must either wait outside the care home or in a specific waiting area until they get the result.

Testing does not completely remove the risk of infection associated with visiting; it is essential that visitors still wear appropriate PPE during visits to a care home, observe social distancing in general, and follow good hygiene – and that the care home also follows robust IPC.

All decisions should be taken in light of general legal obligations, such as those under the Equality Act 2010 and Human Rights Act 1998, as applicable. Providers must also have regard to the [DHSC ethical framework for adult social care](#).

Essential Care Givers

In exceptional circumstances, such as end of life, or where a resident has very high care needs, a single named visitor can be classed as an essential care giver, who should be allowed to visit more regularly. Decisions on who can be an essential care giver should be made in conjunction with the care home manager, the resident, and the relative, with support from professionals if needed. This should follow an individualised assessment of the resident's needs.

Essential care givers will still need to take a LFD test before every visit, unless they are visiting more than twice a week. They will also need a PCR test once a week. Those visiting more regularly should be tested a minimum of 2 tests a week: one LFD test on the same day as a PCR test, and one LFD test 3 to 4 days later. If the visitor is visiting less than twice a week, they will need to make arrangements with the care home to carry out the twice weekly testing. LFD tests must be done on site and visitors cannot self-test at home

Outdoor Visiting and 'Screened' Visits

These visits should happen in the open air wherever possible, recognising that for many residents and visitors this will not be appropriate in colder weather (this might include under a cover such as an awning, gazebo, open-sided marquee etc.) For these visits:

- the visitor and resident must remain at least 2 metres apart at all times
- the visit can take place at a window

Some providers may use temporary outdoor structures – sometimes referred to as 'visiting pods' – which are enclosed to some degree but are still outside the main building of the home. These can be used. Where this is not possible, a dedicated room such as a conservatory (i.e. wherever possible, a room that can be entered directly from outside) can be used. In both of these cases, providers must ensure that:

- the visiting space is used by only one resident (accompanied if appropriate by essential care giver) and visiting party at a time, and is subject to regular enhanced cleaning between each visit
- the visitor enters the space from outside wherever possible

- where there is a single access point to the space, the resident and visitor enter the space at different times to ensure that safe distancing and seating arrangements can be maintained effectively
- there is a substantial screen between the resident and visitor, designed to reduce the risk of viral transmission
- there is good ventilation (for example, including keeping doors and windows open where safe to do so and using ventilation systems at high rates but only where these circulate fresh air)
- consider the use of speakers, or assisted hearing devices (both personal and environmental) where these will aid communication. This will also avoid the need to raise voices and therefore increase transmission risk
- if the resident has an essential care giver, they could sit with the resident while another visitor was on the other side of the screen or window. For some residents, this may help them to recognise and chat with their visitors – improving the visiting experience for everyone

In all cases:

- visitor numbers should be limited wherever possible (with 2 visitors the maximum at any one time). This is in order to limit the overall number of visitors to the care home and/ or to the individual, and the consequent risk of disease transmission from multiple different routes
- appropriate PPE must be used throughout the visit, and around the care home building and grounds
- social distancing (between visitors and residents, staff, and visitors from other households) must be maintained at all times – during the visit, and around the care home building and grounds
- high quality IPC practice must be maintained throughout the visit and through the wider care home environment
- visiting spaces must be used by only one resident (accompanied if appropriate by essential care giver) and visiting party at a time, and between visits there must be appropriate cleaning and an appropriate time interval

As set out above, decisions on visiting policies require a risk assessment. Some of the arrangements that providers make take may include visitors using the grounds and layout of the care home in a different way to usual (for example, entering the garden or grounds through a different entrance or sitting/ standing in outdoor spaces not usually used in that way). Providers should therefore include a consideration of these factors – both in terms of the practical safety of visitors and residents, and infection risks arising – in their overall risk assessment. Care providers may wish to consider the use of LFDs for the purpose of screen visits and visits within visiting pods.

Exceptional circumstances such as end of life

Visits in exceptional circumstances, such as end of life, should always be supported and enabled. Families and residents should be supported to plan end of life visiting more deliberately, with the assumption that visiting will be enabled to happen not just towards the very end of life.

Visits of this nature will still require LFD testing before each visit.

In the event of an outbreak in the care home

In the event of an outbreak, the home should immediately stop visiting (except in exceptional circumstances such as end of life) to protect vulnerable residents, staff and visitors. Essential care givers can continue to visit unless there are specific reasons not to do so.

Advice for providers when taking visiting decisions for particular residents or groups of residents:

If a care home's visiting policy allows for different rules to be applied to different residents or categories of resident, then further visiting decisions will be necessary. In respect of these visiting decisions, the policy should explain:

- any different approach applied to individuals or groups
- any factors that are relevant to a decision relating to such individuals or groups
- the decision-making process to be applied to these decisions

The factors relevant to decisions about particular individuals or groups of residents should also include the following, in addition to a care home's general visiting policy:

- 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 resident from a lack of visitation or whether the individual is at the end of their life
- Whether residents 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 residents state of physical health is such that they may be more seriously affected if they develop Covid
- 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.
- The appropriate duration of any visit for the particular resident
- 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. When developing visiting policies, care homes should consider how they will support remote contact (for example, Wi-Fi access for all residents).

NOTE: Care homes should consider carefully monitoring and recording checks on residents' physical and mental wellbeing to enable them to identify any deterioration as well as possible causes to facilitate early intervention thus preventing or reducing any potential impact on wellbeing.

NOTE: visitors must be aware of and accept the risks of such a visit and agree to the requirements of any risk assessment. Good practice indicates it is reasonable to get visitors to sign the risk assessment to say they will abide by mitigations and accept any residual risks, and such visits should be supervised.

Other Considerations around Visiting

Under the Duty of Care and Safeguarding there is a requirement to protect individual's wellbeing. This requires evidence that all avenues have been explored to support an individual's wellbeing and provide appropriate contact.

The Human Rights Act, Article 8 states that everyone has the right to respect for his private and family life. This requires a human rights based approach which looks at ways in which individual(s) can still maintain contact with their families

Under the Mental Capacity Act, there is a requirement to act in the best interest of those lacking Capacity. This requires individualised assessments which look at what would be in the best interest of the individual's wellbeing in regards to their holistic needs wishes and preferences.

Also within the Mental Capacity Act, there is a requirement to look at less restrictive options for those lacking capacity. This requires an approach which ensures that restrictions on visiting rights are proportionate and informed by an individualised risk assessment with the overall aim of promoting physical, emotional and mental wellbeing. 'MCA Service are available and should be used as appropriate to support with least restrictive approaches and practice'

Working with Resident's Families and Other Professionals

In all cases, care staff and managers are recommended to work closely with residents and their relatives and other professionals, establishing on a case-by-case basis the best way of promoting wellbeing and how contact can be facilitated with minimum risk.

Where Does The Decision For Visits Lie?

The decision around visits and the legal accountability for the safety of visits and the safety of any person visiting the care home staff and residents remains firmly with the Care Home Registered Manager and the Nominated Individual, government guidance has not changed this.

Completing the Written Risk Assessment

To satisfy the regulatory requirements prior to any visit, a written risk assessment referring to the guidance and advice available, should be completed. It should clearly identify what has been considered and what mitigating actions are being taken. This should be completed with the involvement of the individual and their relatives as appropriate, and should be pro-actively made available to any visitors to ensure they're aware of, and in agreement with the mitigation requirements and accept any residual risk. The Government has released extensive guidance on carrying out individual Covid-19 [risk-assessments](#).

The Covid Status of the Home and Those Visiting

All relevant information on local conditions should be sought. Visitors should confirm that they haven't had any symptoms or a positive Covid-19 test, or contacted anyone with symptoms or a positive test. For further assurances the home may consider checking visitors' temperatures alongside a LFD test.

In the case of a Covid outbreak within the care home, the advice from Local Public Health and Public Health England must be followed:

- The home should immediately stop visiting (except in exceptional circumstances such as end of life) to protect vulnerable residents, staff and visitors. Essential care givers can continue to visit unless there are specific reasons not to do so.

Concluding Statement

Risk assessments and mitigating actions can't guarantee the prevention of cross infection. There will be a degree of residual risk in allowing visitors into a care home. However, in many cases pro-active risk assessment and management can reduce the residual risk to an acceptable level. During the decision making process, you should balance the benefit to the wellbeing and quality of life of residents against the residual risk to all residents, staff and visitors.

Appendix 1:

Potential Risk Mitigation Actions for Essential Visits.

- If there is a restriction to visitors in place, alternative ways of communicating between residents and their families and friends should be discussed and offered. The care home should also provide regular updates to residents' 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 (with this being evidenced in any risk assessment).
- Visits should be supervised where there is a possibility of PPE or social distancing not being maintained.

Other mitigations:

For essential visits full IPC and PPE requirements should be in use and in doubt care providers should seek advice from the IPC team - infection.control@kirklees.gov.uk

Visitors should be instructed and provided facilities to wash their hands for 20 seconds or use hand sanitiser on entering and leaving the home. While in the home visitors must wear PPE at all times in addition to social distancing rules being strictly observed throughout the visit. Visitors should also be instructed to wash hands or use sanitiser after removing PPE.

For indoor visits the home should plan access routes to individual residents' rooms to minimise distance and potential contact with other residents and staff.

Alternatively gardens and outdoor spaces are an important extension of care homes during warmer weather and good use can be made of these areas for outdoor visits.

One example of reducing risk during visits is that essential visits take place as window or drive through visits or where an impenetrable physical barrier has been introduced with an intercom or mobile phone. Such visits are not suitable for all individuals, indeed in some cases they may even be detrimental, but they may safely meet the need for contact in some case, whilst reducing risk.

PPE is effective if used consistently and correctly. The greatest risk of failure resulting in cross infection is likely to be in removing PPE. PPE should be put on prior to any potential for exposure. Research indicates that the effectiveness of PPE can be increased by supervised donning and doffing as well as supervision during the visits.

Best practice is to plan and communicate if appropriate, with the resident. Do they want a visit? What are their needs what is the type of visit, are they likely to get distressed?

Best practice and good management indicates that Involving visitors in the discussion and the development of the any risk assessment helps with understanding and compliance. As does giving visitors clear, written information as to what will happen before, during, and after the visit.

Are there any additional risks e.g. management of behaviours or mobility?

Will any visitors be at higher risk e.g. members of any community identified as at risk?

Do you need barriers in place if families or residents are concerned about maintaining social distancing or is this a reason to restrict visits?

Visits taking place in open external areas with social distancing and PPE represent a lower risk depending on circumstances but must be supervised. You can use gazebos or canopied areas, sheds, summer houses or other enclosed spaces but these will need to be risk assessed for ability to allow social distancing and through ventilation. Also consider Infection control measures to clean any touched/contaminated surfaces.

Considering the resources, staff, building, locations volunteers etc. you have available, can you effectively manage your chosen course of action safely within those resources if not are additional resources available.

Useful Links and resources

[**Government guidance published**](#)

[**Local COVID alert levels: what you need to know**](#)

[**BGS COVID-19: Managing the COVID-19 pandemic in care homes for older people**](#)

[**Coronavirus \(COVID-19\): reducing risk in adult social care**](#)

[**Care provider alliance Guidance published**](#)

Social care Institute for excellence advice and best practice

Healthwatch what you need know when visiting care home new guidance covid-19

Alzheimer's society

Mental Capacity and COVID

If you wish to discuss or clarify further anything in this guidance with respect to a particular care home please contact CSCT hub on CSCTHub@wakefield.gov.uk or on 01924 307766