



# Coronavirus (Covid-19) Care Home Visiting Policy

## **Introduction**

With the lifting of the coronavirus legal restrictions, this care home has been able to re-establish to a large extent its open visiting policy that previously applied.

From its experiences during the pandemic and the lessons learned from it, the care home is also mindful of the continuing need to keep the risks from outbreaks of Covid-19 and similar notifiable infections to a minimum. In any outbreak the care home recognises that it must manage risks of infection being spread by staff or visitors constantly coming in and going out of the home and must act to reduce those risks with proportionate risk control measures.

The care home recognises that it could be required to reapply restrictions on visiting with further outbreaks of Covid-19 or other notifiable infectious illnesses, although it is now generally agreed that any further outbreaks should not result in a total ban on visiting like that applied during the earlier part of the pandemic.

## **Policy Statement**

The care home now aims to promote an open ethos whereby all legitimate visitors can feel welcomed and comfortable during their visit and that they are treated with courtesy and respect. The care home takes this approach in recognition that the people who use their services have a right to receive visitors of their own choosing and likewise to visit others in the same manner.

The care home also recognises that it has a duty of care to protect the people who use the services and staff from any risks to their health and wellbeing and to keep them secure from, for example, intruders and anyone who might threaten their safety.

The care home's policy aims to minimise the risks to people's safety and security, while enabling them to receive as visitors and guests people of their own choosing at times that are mutually convenient to them, and equally to make visits outside of the home in line with their wishes and expectations.

It continues to apply infection prevention and control measures to reduce the risks of people contracting Covid-19 and other serious infectious illnesses.

This care home's visiting policy is in line with its legal requirements to provide safe, person-centred care under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission guidance *Information on Visiting Rights in Care Homes* (November 2016).

The care home is committed to making its visiting policy available and well communicated to the people receiving care and families, so that they understand fully its principles and the reasons for any restrictions, arrangements and changes made in exceptional circumstances such as new

outbreaks of Covid-19 or other notifiable infectious illnesses, when the care home will be acting on Health Protection Agency advice and guidance.

The care home is also committed to supporting the people receiving care to keeping in touch with people in other ways than through visiting. The care home will continue to use as complementary means some methods developed during the period of visiting restrictions, for example, telephone, messaging, social media, Facetime, Skype and Zoom.

## **Definitions**

The care home defines a “visitor” as someone who does not live or normally work on the premises as a paid staff member or accredited volunteer and who comes to the home for a short period of time to see one or more people receiving care or care home staff.

For the purposes of this policy visitors are people who:

- visit people using the services on a personal or social basis regularly or occasionally, eg relatives, friends and others who come to see an individual
- deliver, provide or supply goods and services that have been bought or commissioned by the home, staff or people using the services, including repairs and maintenance
- provide professional services to people receiving care such as GPs, community nurses, pharmacists, occupational therapists, physiotherapists, ministers of religion, social workers, advocates, hairdressers, opticians, etc
- come to the home to see staff members for any reason
- visit the home on a professional or business basis, eg external managers, inspectors and other personnel from the employing organisation or similar who may not be coming specifically to see individuals, but who may have some contact with them depending on the nature and purpose of their visit.

## **Principles of Care Home Visiting**

1. People who use the services may receive visitors at any times that are acceptable and reasonable to them and it does not impose any general restrictions. It recognises that there could be occasions when a person finds it difficult or inconvenient to receive a visitor, eg because of ill health or current circumstances. Any such decisions to refuse or defer access will be determined by those individual circumstances and the wishes of the person will always remain paramount.
2. People have the right to receive visitors in the privacy of their own room and for the visits to remain private. Where it is inconvenient or uncomfortable to use the individual’s own room, eg because of numbers, the home will arrange for a more suitable venue in line with the individual’s wishes.
3. Staff should make enquiries on the nature and purpose of any visits only where the person is evidently vulnerable to harm or injury or there is evidence that the person may have been subject to some form of abuse because of a visit or the actions of a visitor. If there is evidence of abuse, the home will follow its safeguarding procedures.
4. Normally, the home will get to know whom a person has or wishes to have as a visitor so there will be no reason to enquire into the nature and purpose of the visit. Where a person using the services receives a visit from an apparent stranger or at an unusual or irregular time it is appropriate to ask the person first whether he or she wishes to receive the visitor.
5. All visitors are asked to sign a visitor’s book at reception, but in coming across strangers it may also be appropriate and reasonable for staff to enquire about the identity of the person and the nature and purpose of the visit, especially if the person is uncertain or confused by it. For example, this might happen in the cases of visitors who are cold-calling for commercial purposes.
6. In connection with their care and support plan, the care home might ask a person if they are likely to have visitors and if there are any people whom they would find unacceptable or whom they would wish to be consulted over first before receiving them.
7. The care home might also ask who a person would want as a named visitor or essential care giver in the event of an outbreak of infectious illness or other emergency, which requires the care home to restrict normal visiting.

8. The information, with the person's consent, is recorded on their care and support plan and provides general guidance to staff if they are uncertain about a visitor's credentials or credibility. The cardinal rule is to always consult the person or their representatives whenever in doubt.

## **Infection Prevention and Control Measures**

While the risks of Covid-19 transmission remain, the care home will continue to have in place the recommended infection prevention and control measures to reduce risks to people receiving care and the care home from experiencing further outbreaks.

These in line with government infection prevention and control guidance can be summarised as follows.

1. The care home asks visitors to keep checking with the home's staff that it is safe to visit or continue visiting. This will help the care home in the event of it having to restrict visiting because of a new outbreak of Covid-19 or other infectious illnesses.
2. In the absence of any outbreak, the care home will not require visitors to provide a negative Covid-19 test before visiting. It could resume testing in the event of any further outbreak in the care home or community.
3. The care home asks prospective visitors to avoid visiting if they have any of the recognised symptoms for Covid-19 or those for other infectious illnesses, including influenza and even heavy common colds.
4. The care home asks all visitors to follow basic Covid-19 and general infection prevention and control procedures while in the home, ie:
  - a. keep as far as possible a safe physical distances between people, who they meet around the home, which should be a minimum of one metre, and do not hold close conversations with people
  - b. where asked by the care home based on its current risk assessments — because of the risk of infection or outbreak, or on the recommendations of the local health protection team — to wear face coverings when moving through and around the communal areas of the care home, when there are large numbers of people around, or when visiting a vulnerable person
  - c. observe good hand hygiene as directed by any notices using the care home's equipment and facilities.

Prospective visitors who have tested positively for Covid-19 in the last seven days whether symptomatic or not should clearly not visit until they are satisfied through further testing that it is safe from them to visit.

5. The care home will ensure that there is good ventilation throughout the premises and particularly in any dedicated visiting areas being used.
6. The care home asks visitors previously described as "essential care givers", who continue to provide some degree of personal care to the person they are visiting and are visiting regularly to wear suitable PPE while carrying out any care tasks as would a paid care staff member. They are now not required to have an LFD test before their visit.
7. The care home will continue its policy of supporting people who need to visit flexibly on compassionate grounds such as when a person is terminally ill and receiving end-of-life care.

## **Out of Home Visiting**

There are now no restrictions to people in care homes making visits outside of the care home for a set purpose for a short or longer period, which could include the following:

- to go or to be taken to visit family members or friends
- to stay with family and friends for one or more nights
- to go away on holiday
- to have a period in hospital
- to go shopping
- to visit a café or restaurant
- to attend a sporting event or place of entertainment
- to attend or take part in a local community event

- to go to a place of work or education.

The care home considers that the people who use their services have the right to go out as any community member and that any restrictions that breach their rights, eg because of mental incapacity must be legally authorised.

However, while there are still risks of community transmission of Covid-19, the care home also considers that out of home visits are conducted in a risk-managed way that considers:

- a. the needs of the person receiving care
- b. their safety and security when making the visit
- c. the practicalities involved in ensuring the visits can be safely made
- d. the risks to other people from subsequent exposure to infection.

The care home will support out of home visiting by balancing the benefits to the people who use their services against the risks of being exposed to Covid-19 and their consequences to the person and other people receiving care.

## **Risk Factors**

The care home plans its visits or outings, including communal outings, by considering:

- the purpose and nature of the outing or visit
- if it involves being indoors (higher risk) and/or outdoors (lower risk)
- if it involves use of private (lower risk) or public transport (higher risk)
- if it involves mingling with people whose exposure risk is not known (higher risk)
- if it involves an emergency visit or overnight stay in hospital (considered higher risk)
- how much support the person will need from staff or others to make the visit
- how far the current conventions about physical distancing, wearing of face coverings and hand hygiene will be adhered to (risks will increase with non-adherence)
- if there are less risky alternatives to achieving the same purpose as the outing or out of home visit
- the amount of time available to plan the outing or visit and to take all the precautions necessary to make it safe
- the vaccination status of people who use the services and the people they are visiting
- the availability of rapid antigen testing, which can be carried out before and after the visit or outing, where this is indicated by the risk assessment
- levels of infection in the community.

When a person returns from a visit or period away from the care home, it will check any risks of infection and put appropriate proportionate measures in place to control any assessed risks.

## **Contingency Visiting Arrangements During Outbreaks of Covid-19 and other Infectious Illnesses**

The care home understands that an outbreak is defined as two or more confirmed cases of Covid-19 or clinically suspected cases of Covid-19, or of another notifiable infectious disease, among people in the same setting, with the onset of symptoms within 14 days.

With any outbreak of an infectious disease the care home will notify and seek advice from the local Health Protection Agency (HPA) on the precise measures to take, which will depend on the nature and severity of the outbreak.

The care home recognises that an outbreak could require changes to its usual visiting arrangements. In the event of an outbreak in the care home, it will allow people to receive one visitor, who could also be an “essential care giver” (though numbers might be increased in exceptional circumstances such as end of life).

The care home requires its visitors to follow the home’s outbreak management and infection control procedures when visiting.

It might also need to restrict movements out of the care home, but it will always keep access to open areas and gardens, which might also be used for visiting purposes.

If a person is Covid-19 positive or suffering from some other acute infectious illness, the care home will allow essential visiting because, for example, the person might be suffering severe

distress or is terminally ill. The home will consider the vulnerability and vaccination status of the essential care giver and ensure that they receive appropriate IPC support.

In the event of an outbreak of Covid-19 or another infectious disease, the care home will maintain contact between people receiving care and their visitors by, for example:

- allowing visits in well-ventilated spaces with substantial screens, visiting pods or from behind windows
- telephone calls
- video calls
- newsletters
- emails, letters, cards or photographs.

In organising any arrangements, the care home will carry out a risk assessment of the impact of the outbreak and of the feasibility of alternative visiting arrangements, which will not increase the infection risks. The care home understands that it might need the advice of the local Health Protection Team and Local Authority to carry out the risk assessment and to act on its outcomes.

The care home understands that if the outbreak appears contained as evidenced by negative whole care home Covid-19 testing, the outbreak control restrictions may be lifted following a risk assessment by the HPT. This may mean that outbreak measures may only be in place for seven to 14 days depending on the test results and no new cases, allowing the current visiting arrangements to resume.

## **Mental Capacity**

The care home will observe the rights of people who may lack the relevant mental capacity needed to make particular decisions about their needs for visits and visiting plans. It will make all such arrangements in line with individual needs by following best interests' decision making as set out in the Mental Capacity Act, and where appropriate in consultation with their advocates or those with power of attorney.

It also recognises that people with dementia or without mental capacity for other reasons might be the ones who will benefit most by regular, structured visiting at all times, and whose needs should be given priority in emergency situations.

## **Staff Visitors**

Staff are not expected to receive visitors while they are working or to be interrupted in the course of their duties by social calls. However, it is acceptable to have people whom they know as family members or socially to call to leave messages or have some brief contact. This is quite consistent with the open ethos that the home is trying to promote. The same principle applies to staff receiving telephone calls, which are acceptable for information exchange, but not general conversational purposes.

## **Procedures for Receiving Visitors**

For security reasons, the home has a single port of entry policy so that all visitors (as defined above) report on arrival to [the receptionist/the person in charge/an available staff member], who will ask them their name and whom they wish to see and direct them accordingly.

All visitors who enter the premises other than those who are simply delivering or dropping off items, such as the mail or supplies, must sign the visitors' book. This will record time of arrival, time of departure, any car registration number if parked on the premises and the main contact person. This ensures that the home is able to account for everyone in the building at all times, which is important in the event of any emergency evacuation of the building.

The signing of the visitors' book on arrival and departure signifies that the visitor has agreed to the facts of their presence in the building being known and that they are aware of the necessity on the grounds of fire safety and security.

## **Confidentiality and Data Protection**

To comply with current data protection requirements, which requires the confidential treatment of all personal data, the visitor can be assured that the information they provide will not be disclosed to third parties or be kept longer than necessary. [Best practice guidance suggests 12 months or 24 months maximum.]

This is done by careful screening/“blacking” of all existing information in the visitors’ book/daily removal of previous entries, eg using a ring back diary/a data protective electronic method (there are different options to protect the visitor’s personal data).

All visitors will in effect have a “responsible person”, who can be a person receiving care or staff member, and who will be able to account for the nature and purpose of the visit and visitors’ whereabouts.

As part of the care home’s general approach to customer service, staff are expected to treat every visitor courteously and make them feel welcome and comfortable. Where visitors have to wait to see the person they have come to see, they should be offered a comfortable seat and refreshments as available.

Where staff encounter someone they do not know or who seems lost or uncomfortable in the building, it is appropriate to ask them politely whether they need help and whom they are there to see.

The policy is subject to regular review and adjustments as the Covid-19 situation evolves.

### **Safeguarding**

The care home applies its safeguarding policies and procedures in respect of any visitor, who could cause harm to a person they are visiting or other people using the services.

The care home is also mindful of its legal responsibilities for the health and safety of its staff and will not accept visitors’ rude and aggressive behaviour towards them.

The care home has separate policies to deal with any such incidents. See [Keeping Staff Safe: Disrespectful Behaviour and Abuse of Staff, Including Aggression and Violence and Appropriate Response Policy](#).

### **Training**

Staff receive instruction and training in the care home’s visiting policy and procedures, and contingency plans.

They also receive training in “customer care” so that they can welcome visitors and treat them professionally and courteously.



Signed:

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