

VISITING A CARE HOME

Lyndhurst Rest Home Limited

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Policy Statement

Contact with relatives and friends is fundamental to care home residents' health and wellbeing and visiting are encouraged. There should not normally be any restrictions to visits into or out of the care home. The right to private and family life is a human right protected in law (Article 8 of the European Convention on Human Rights). Where visiting is modified during an outbreak of COVID-19 or where a care home resident has confirmed COVID-19, every resident will be enabled to continue to receive one visitor inside the care home. End-of-life visiting should always be supported, and testing is not required in any circumstances for an end-of-life visit.

Vaccinations

The importance of vaccination remains clear and receiving a full course of vaccination, in particular a booster dose, is crucial in ensuring the levels of protection that individuals receive against COVID-19. This is particularly the case for those working in health and social care who must protect those they care for against COVID-19.

We inform and encourage recruits, staff members, residents, and visitors of the important part vaccination plays in the fight against Covid-19 and the work in keeping our residents and staff safe.

We will encourage staff, residents, and visitors to have both their full Covid-19 vaccinations and boosters and influenza vaccinations but do not discriminate against those who choose not to or who are medically exempt.

The Policy

We ask all visitors to wear a face mask around the home.

Any visitor providing personal care to a family member or friend will be required to test before visiting but no more than twice weekly and will be required to wear PPE to ensure visits can happen safely. This should be based on individual assessments, taking into account any distress caused to residents by the use of PPE or detrimental impact on communication.

Tests are being provided to the home to support this. If these visitors attend once or twice a week, they should only test on that day (testing can be completed at home or on-site). If they visit more than twice a week, they should test a maximum of twice weekly, 3 to 4 days apart.

Visitors providing personal care should show proof of their negative test results before entry. This may be an email or text reporting the result, a date-stamped photo of the test cartridge, or any other proof. If they are not able to produce a negative test, they may be asked to reschedule.

Care homes do not need to retain records of proof.

Our residents will no longer be asked to isolate following high-risk visits out of the care home (including following emergency hospital stays) and will not be asked to take a test following a visit out.

Risk Assessments

We facilitate visits wherever possible, and do so in a risk-managed way.

A comprehensive risk assessment will be undertaken for each resident identifying the specific risks for them and others to develop appropriate strategies to safely manage those risks. These risk assessments will be discussed and agreed upon with the resident and their family or legal representative. Advice and support will be sought if the measures show signs of causing distress for individual residents.

When developing the risk assessment we assess how we can best manage visits safely, involving, when possible, the resident and family in the development of the risk assessment. This includes,

- The needs of the residents and visitors.
- Residents' rights to visits and the important role visitors play in residents' wellbeing.
- What is possible within the layout and facilities within the home to ensure that mixing between visitors is limited as much as possible.
- Where and how visitors might be received on arrival at the home.
- The precautions that will be taken to prevent infection during visits. (including PPE use, ventilation, limiting close contact, and handwashing)
- Legal duties relevant to visiting, including the Care Act 2014, Mental Capacity Act 2005, and Human Rights Act 1998 - the right to private and family life is a

human right protected in law (Article 8 of the European Convention on Human Rights).

When developing risk assessments for residents who are assessed as lacking the relevant mental capacity, providers will need to consider any appropriate legal frameworks, including the MCA. Decisions should be made individually for residents and blanket decisions should not be made for groups of people. The resident should be involved as far as possible in decision-making, and providers should consult with their family and friends on what the person would want for themselves.

Conducting the visit

- Visitors must follow any guidelines and procedures put in place by the home to ensure compliance with IPC. Copies of our guidance and procedures are made available to visitors before the visit and are also available to be read by visitors on arrival.
- There is a booking system in place to enable visits. We preferably do not want to facilitate ad hoc or unannounced visits, however if this happens- we will accommodate.
- The duration of the visits should not be limited if safe visiting practices can be maintained.
- An area is provided for visitors to sign in and answer any necessary screening questions.
- Only visitors performing personal care are required to undertake a lateral flow test when visiting. This should be conducted twice weekly and be 3-4 days apart.
- Visits should take place in a room most practical and comfortable for the resident (for example, residents with dementia may be more comfortable in their room with familiar belongings). Visits can also take place in the summer house (1 family/per resident at a time), or outdoors in the garden. This is dependent on the visitor and residents choice.
- Visitors should wear a face mask when visiting the care home, unless medically exempt, particularly when moving through the care home. COVID-19 spreads through the air by droplets and aerosols that are exhaled from the nose and mouth of an infected person. Face masks reduce the risk of spreading COVID-19, especially when there is close contact between people in enclosed, poorly ventilated, and crowded spaces. Face masks must fit securely around the face to safely cover the mouth and the nose.
- We recognise that individual approaches are needed as the wearing of face masks may cause distress to some residents. In these circumstances, face masks may be removed when not in communal areas of the care home. However, other mitigations should be considered, including limiting close contact, clear visors, and increased ventilation (while maintaining a comfortable temperature). Visitors could also consider using a transparent face mask that is compliant with the transparent face mask technical specification. These can be purchased directly from manufacturers and used subject to local risk assessment.
- If face masks are to be removed, a comprehensive risk assessment should be undertaken for each resident identifying the specific risks to them, staff, and visitors and developing appropriate strategies to safely manage those risks.

- Visits take place in a well-ventilated room where doors and windows are open where safe to do so.
- There are designated visiting rooms that are only used by one resident and their visitors at a time.
- Enhanced cleaning and ventilation are carried out between visits.
- Any areas used by visitors are decontaminated several times throughout the day.
- Visitors wear appropriate PPE as laid out in the following guidance: <https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement>
- Visitors should maintain as much distance as possible, limit contact and follow handwashing protocols. However physical contact should be supported to help health and wellbeing, as long as infection prevention and control measures are in use, such as visiting in a ventilated space, using appropriate personal protective equipment (PPE) for the visit, and hand-washing before and after holding hands. Gloves are not needed for hand-holding.
- Communal areas can be used for visits if there is only one visiting group using the area at a time. Individual groups may wish to remove face masks to share a meal in communal areas, providing no other people are in the area.
- Visitors should limit contact with other residents and staff, and maintain as much distance as possible.
- Regular conversations with staff can be arranged over the phone following in-person visits.
- Vaccination is one of our best defences to combat infection, particularly after 2 or more doses. It is strongly recommended that residents and visitors receive 2 doses of the COVID-19 vaccine, plus their boosters. The data shows that boosters are required to provide higher levels of protection against symptomatic infection. If eligible, visitors should also get their flu vaccination when it is offered to them.
- Visitors should not enter the care home if they are feeling unwell, even if they have tested negative for COVID-19 and are fully vaccinated and have received their boosters. Transmissible viruses such as flu, respiratory syncytial virus (RSV), and norovirus can be just as dangerous to care home residents as COVID-19. If visitors have any symptoms that suggest other transmissible viruses and infections, such as cough, high temperature, diarrhoea, or vomiting, they should avoid the care home until at least 5 days after they feel better.
- Visitors are advised against visiting the care home (for 10 days) if they have been identified as close contact with someone with COVID-19, unless necessary, even if they have been fully vaccinated. Where visits do occur, visitors should have received a negative lateral flow test result earlier on the day of their visit.

Visitors no longer need to self-isolate if they have been identified as having been in close contact with someone who has tested positive for Covid-19. However:

- We advise against visiting if they have been identified as a close contact unless for certain visits such as End of Life
- Where visits take place the visitor should have received a negative PCR result before their visit and a negative LFD result earlier on the day of the visit

- Residents should avoid receiving visitors who have been previously identified as clinically extremely vulnerable for 10 days after they have been in contact with a COVID-positive case, except in exceptional circumstances

If visitors providing personal care are not able to produce a negative test, they may be asked to reschedule or be prepared to take the test on-site.

All tests done both at the care home and when self-testing at home will be reported to the unique organisation number (UON) of the care home and managers should ensure visitors are aware of their UON and the legal duty to report the result. This will support NHS Test and Trace and public health teams to better support care homes to understand the transmission of COVID-19 and prevent outbreaks.

Visitors supporting a resident with personal care

Every care home resident should be supported to have an identified essential caregiver. The essential caregiver arrangements are intended for circumstances where the visitor's presence, or the care they provide, is central to the health and wellbeing of the resident, and their health or wellbeing could deteriorate without it. Likely, the requirement for this support from the resident's loved one will already be part of (and documented in) their care plan – although this should not be considered a condition of this type of visit. Managers should not assume that to fulfill this role, an essential caregiver must commit to visiting a specific number of times each day or week – the care and support provided may still be critical even if it is not provided every day. Because they will have closer physical contact with the resident and may spend longer in and around the care home, including areas that other visitors do not enter – they must take further steps to reduce the risks (to themselves to residents and staff members) of infection.

Essential caregivers will need to follow the following testing arrangements:

Conduct a test on arrival and twice-weekly 3-4 days apart.

Essential caregivers will, regardless of whether the resident or visitor has received the full covid-19 vaccination.

- Agree with the home when and how often they will come into the home
- Agree on the areas they can enter and those they cannot
- Use the same PPE as members of the care team when providing direct personal care
- Be given instruction and support to wear the PPE correctly and effectively including the donning, doffing, changing, and disposing of PPE
- Be briefed on IPC measures in the areas of the home they will have access to
- Remain at least 2- metres distance from staff and other residents they might encounter
- The care home and essential caregiver should also agree on any other relevant arrangements – for example, managing immediate visits (if the resident is distressed and the essential caregiver is needed urgently to settle them) and communal areas such as staff rest areas that the essential care visitor should not enter.
- These arrangements will be written down and agreed upon between the manager and the visitor
- Clinical care and medical tasks will remain the responsibility of the care home.

- There are exceptional circumstances where someone may need the additional support of more than one essential caregiver and this should be considered, (for example, if a nominated essential caregiver is unwell).
- Due to the vulnerability of care home residents, if a caregiver is identified as a close contact of someone who has tested positive for COVID-19, they should not carry out additional testing or self-isolate but, a risk assessment should be undertaken.
- Exceptional circumstances will be considered by the manager.

Where the resident cannot choose their essential caregiver, we will discuss the situation with the power of attorney or deputy, the resident's family, friends, and others who may usually have visited the resident or are identified in the care plan. In this situation, a person can only be nominated as an essential caregiver if this has been determined to be in the resident's best interests by the empowering framework of the Mental Capacity Act (MCA) 2005. Consideration should be given to whether there is an attorney or deputy with appropriate authority to make this decision.

Positive tests

Any potential visitor who tests positive with a rapid lateral flow test should immediately leave the premises and return home, avoid public transport if possible, and follow stay at home guidance.

Outdoor visits and screened visits

It is not usually recommended to wear a face mask while undertaking visits outdoors. However, a risk assessment should be undertaken, and mitigations considered if visitors may be in very close contact with someone or if there is likely to be contacted with bodily fluids, for example, due to someone spitting or coughing.

The risk assessment also considers

- The number of people involved in the visit (and whether they are 'usual contacts' of the resident or people they do not usually mix with)
- If the vaccination status of those involved in the visit is known or not
- Whether those involved in the visit have received a recent negative lateral flow test result
- The characteristics of the setting (for example, enclosed settings would be at higher risk than open-air settings)

We ensure that

- The visiting space is used by only one resident (accompanied if appropriate by an essential caregiver) 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.
- 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 caregiver, 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.
- Appropriately PPE should be used throughout the visit and around the care home building and grounds.
- visitors should limit contact with residents and staff and maintain as much distance as possible during the visit, and around the care home building and grounds.
- high-quality IPC practice should be maintained throughout the visit and throughout the wider care home environment.

A risk assessment is in place concerning the safety of staff, residents, and visitors when visiting is taking place outside.

Exceptional circumstances such as End of Life

Visits in exceptional circumstances such as the End of Life will always be supported and enabled. Families and residents will be supported to plan end-of-life visiting carefully, with the assumption that visiting will be enabled to happen not just towards the very end of life, and that discussions with the family take place in good time.

As a resident approaches the last months, weeks, and days of their life it continues to be important to communicate well to enable good and timely decisions around care and especially important to allow visits to residents. Planning these visiting arrangements should proceed from the assumption that visits are enabled in the final months and weeks of life – not just the final days or hours – albeit recognising that these timelines can be difficult to determine with accuracy. Our staff work with the GP practice, clinical lead, and multidisciplinary team which may include community nurses and professionals as well as specialised palliative care teams to support the resident through the end of life. An important part of this is for staff to enable safe visiting of friends and family following all the necessary testing and infection control requirements above.

Screening before a visit

Visitors will be asked the following questions before entering the home for symptoms of acute respiratory infection.

- have you been feeling unwell recently?
- have you had recent onset of a new continuous cough?
- do you have a high temperature? A care home may consider providing a temperature check for all visitors to provide confidence to visitors and staff.
- have you noticed a loss of, or change in, normal sense of taste or smell?
- have you tested positive for COVID-19 in the past 10 days? (Note: if that positive test was from a rapid lateral flow test and was followed by a negative PCR test within 2 days, that would not preclude the visitor from coming in).

- have you had recent contact (in the last 10 days) with anyone with COVID-19 symptoms or someone with confirmed COVID-19? If yes, have you received a negative LFD or PCR test result?
- have you returned from an overseas visit recently and are you still in any required or recommended quarantine period?

Staff will discuss with visitors any items they wish to bring with them on their visit, such as a gift. It will need to be something that can be easily cleaned by the care home to prevent cross-contamination. For example, a box of chocolates that could be sanitised with wipes.

Visiting professionals

Health, social care, and other professionals may need to visit residents within care homes to provide services. Visiting professionals should follow the same advice as in the section above on visiting precautions. PPE usage is recommended in line with the guidance above. NHS staff and Care Quality Commission (CQC) inspectors should be testing regularly as set out below.

Other visiting professionals should be tested with tests provided by the care home if they are providing personal care, as per the guidance for visitors providing personal care.

NHS staff

We ask the NHS professional when they were last tested. The professional should provide evidence of a negative rapid lateral flow test within 72 hours to show they are following the NHS staff testing regime. This may be an email or text reporting the result, a date-stamped photo of the test cartridge, or any other proof. If the individual has not been tested within 72 hours (or is unable to provide proof) and it is not possible to test before entry, we will make a risk-based decision regarding whether to permit entry, taking into account the reason for and urgency of the visit.

In emergency visits such as a 999 response, it's not appropriate to ask for proof before entry to a care home, given the potential delay this could cause and the implications for prompt management of the emergency.

When the manager makes a risk-based decision to allow entry of someone without evidence of a negative test, all IPC measures must continue to be followed to mitigate the risk, including correct use of PPE, cleaning, ventilation, and distancing.

It should be noted, however, that all NHS professionals visiting care homes must follow the NHS testing regime and be tested twice a week.

The majority of NHS professionals will be using rapid lateral flow testing for their regular testing regime. However, if a professional falls under a different NHS testing regime that uses PCR or loop-mediated isothermal amplification (LAMP) testing, the individual will also need to demonstrate that they are testing in line with NHS policy for that testing technology. Given the importance of NHS staff testing regularly to ensure the safety of their patients, and the role of care home managers to keep their care homes safe, if the manager has any problems with NHS staff not following this policy, they can contact their CCG chief nurse.

CQC inspectors

CQC inspectors should test every day before they visit a care home or care setting (including extra care or supported living settings) up to a maximum of twice a week. If the CQC inspector is conducting 2 inspection visits a week or more, the 2 tests should be spread throughout the week. These should be conducted at home by the CQC inspector.

As above, the CQC inspector should be able to provide evidence to the care home or care setting of the negative rapid lateral flow test result within the timeframe when they arrive. This evidence could be the text or email from NHS Test and Trace or a photo of the rapid lateral flow test cartridge with the time and date stamp or another method of proof.

As CQC inspectors by law have a right to enter a care setting as part of an inspection, they should not be denied access if they do not provide this evidence.

CQC policy is that inspectors are only allowed to visit care homes or other settings if they have been tested as per this policy and adhering to the testing policy is a requirement of the risk assessment carried out before a visit to a care home or care setting.

Void or invalid results

Void or invalid results are uncommon. If there is a void lateral flow result, retest using a spare rapid LFT kit to receive a conclusive result. If the re-test also comes back as void or invalid, the professional should continue to work as normal and undertake a further rapid LFT on the next day, and in the meantime show evidence of their void results.

Outbreak management

An outbreak consists of 2 or more positive (or clinically suspected) linked cases of COVID-19 associated with the same setting within 14 days. This applies to both staff and residents and includes PCR and lateral flow test results.

If an outbreak is suspected, the HPT (or community IPC team, local authority, or CCG, according to local protocols) should be informed. A risk assessment should be undertaken with the HPT or other local partners to see if the clinical situation can be considered an outbreak and if outbreak management measures are needed.

If an outbreak is declared as a result of the risk assessment then measures will be taken. These will include testing and may also include:

- temporarily stopping or reducing communal activities
- closure of the home to further admissions
- restriction of movement of staff providing direct care to avoid 'seeding' of outbreaks between different settings
- changes to visiting: some forms of visiting should continue if individual risk assessments are carried out. One visitor per resident should always be able to visit inside the care home

In specific situations, where the local or national risk assessment indicates that cases may be caused by a variant with vaccine escape potential or other concerns, additional measures may be advised.

In the event of an outbreak in the care home, outbreak restrictions will be in place for different lengths of time, depending on the characteristics of the home, the outbreak, and the results of outbreak testing.

Outbreak testing

For information on testing in an outbreak and outbreak recovery testing, please see the Workplace Testing Policy and follow the current government guidance on [adult social care testing guidance](#).

Visits involving children and young people

The arrangements for the visit – in particular the numbers involved and where the visit will take place – must be planned and agreed upon with the care home in advance of the visit, although there is no limit to the number of visitors now allowed.

Communicating with families and visitors

The care home's visiting policy is made available and/or communicated to residents and families, together with any necessary variations to arrangements due to external events. We also provide posters, leaflets, emails, and newsletters to help visitors to understand what to expect from visiting – including the length and frequency of visits as well as how they will be conducted. These can be provided in different formats.

Visits out of the care home

All residents (regardless of vaccination status) do not need to self-isolate following a visit out, but a risk assessment should be completed with consideration given to:

- The number of people involved in the visit (and whether they are 'usual contacts' of the resident or people they do not usually mix with)
- If the vaccination status of those involved in the visit is known or not
- Whether those involved in the visit have received a recent negative lateral flow test result
- The characteristics of the setting (for example, enclosed settings would be at higher risk than open-air settings)

High-Risk Visits

Residents are not required to self-isolate on returning from the hospital following a negative lateral flow test. They will only isolate (for 10 days) if the part of the hospital they visited had an outbreak.

If a provider is concerned that protocols were not followed or there may have been exposure during a visit to a clinical setting, they should seek advice, if required, from IPC leads within the clinical commissioning group, IPC nurses in the hospital, HPTs, or directors of public health.

Other steps to mitigate the risks around a visit out

All tests will be reported to the unique organisation number (UON) of the care home.

When residents are visiting a location with an existing testing regime, for example, a workplace, daycare center, or education setting, they should participate in the relevant testing regime for that organisation where possible.

Others involved in the visit will be informed of the precautions to take leading up to the visit to minimise the risk to the care home resident and others in the care home. Good infection control practices will include limiting close contact, hand hygiene, wearing face coverings, and avoiding crowded places.

If using our vehicle cleaning protocols are in place. If comfortable, the vehicle windows will be opened to aid ventilation.

If the resident is being accompanied by a member of care home staff, a risk assessment should be carried out. This should assess the COVID transmission risk to the care worker arising from any activities during the visit to ensure that the necessary precautions are in place. This may, for example, include if the care worker is likely to undertake direct personal care and whether the care worker requires PPE (above the requirements for individuals in a public place). If necessary, the staff member will take the required additional PPE, as well as the means to safely store or dispose of it, along with a spare, replacement face covering with them when they leave the care home.

Vaccination is one of our best defences to combat infection risk. It significantly reduces the transmission of the virus, particularly following 2 doses and boosters.

It is strongly recommended that all visitors and residents take the opportunity to be vaccinated before conducting visits.

Current government guidance will be monitored and followed.

Related Policies

Infection Control

Related Guidance

Guidance on Care Home visiting - Infection prevention and control in adult social care: COVID-19 supplement - GOV.UK

<https://www.gov.uk/government/publications/infection-prevention-and-control-in-adult-social-care-covid-19-supplement>

Digital Social Care Privacy Notice template

<https://www.digitalsocialcare.co.uk/resource/privacy-notice-template>

Training Statement

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary, and staff is made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used, including a one-to-one, online, workbook, group meetings, and individual supervision. External courses are sourced as required.

Date Reviewed: May 2022

Person responsible for updating this policy: **Nadia Paneandee**

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