

## **Covid-19 home visiting policy**

### **Introduction**

This policy revises the arrangements for visiting to care homes during the Covid-19 emergency in line with the Government and public health guidance issued on 17<sup>th</sup> May 2021. This document specifically reflects updated guidance published on 21<sup>st</sup> June 2021.

Vida Healthcare recognises that visiting is a central part of care home life and fully supports all guidance issued by Government in respect to care home visits.

The care home continues to apply its infection control measures fully in line with this latest Government and public health latest guidance in recognition of the fact that because care home residents are amongst the most at risk by virtue of their age and frailty to being seriously and possibly fatally ill if they are infected by the virus.

It is not a condition of visiting that the visitor or the resident should have been vaccinated. However, it is strongly recommended that all visitors and residents take up the opportunity to be vaccinated when invited to do so under the national programme.

The organisation is also committed to making the visiting policy available and well communicated to its residents and families, so that they understand fully the reasons for any restrictions and arrangements and changes that might need to be made in line with local and national developments regarding Covid-19.

### **Definitions**

1. The care home uses the same definition of 'visitor' as in its main policy, i.e. someone who does not live or normally work on the premises as a paid staff member.  
For the purposes of this policy visitors include people who:
2. Visit residents on a personal or social basis regularly or occasionally, eg relatives, friends and others who come to see an individual resident.
3. Provide professional services to residents such as GPs, community nurses, pharmacists, occupational therapists, physiotherapists, ministers of religion, social workers, advocates, hairdressers, opticians, etc.
4. Deliver, provide or supply goods and services that have been bought or commissioned by the home, staff or residents, including repairs and maintenance.
5. Come to the home to see staff members for any reason.

6. 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 individual residents, but who may have some contact with them depending on the nature and purpose of their visit.

This policy applies mainly to relatives and friends of residents and others who might need to have direct contact with residents. With other visitors, the home will continue to apply all required infection control measures, including health and safety risk assessments. In these ways the home is committed to minimising and mitigating the risks of infection into, through and from the home.

### **Current policy and arrangements**

Each care home is unique in its physical layout, surrounding environment and layout. Residents vary in their needs, health and current wellbeing. Care home managers are best placed to decide how their care home is best placed to enable visiting within the following guidelines;

1. **Indoor visitors – restrictions now lifted in respect to named visitor status**  
Restrictions have now been lifted in respect to the number of people allowed to visit indoors. However, there is still a limit of no more than two visits/visitors per day (please note this does not include the essential care giver detailed below). visitors need to take LFD tests before every visit, minimise physical contact, use PPE and follow all IPC measures. Please refer to care home specific guidelines in respect site specific IPC measures and also in respect to frequency and length of visits. Wherever possible the same person(s) must remain as the nominated visitor(s). The home manager will responsible for taking a pragmatic approach to any requested changes in this respect. In addition, every nominated visitor will be required to enter into a Visiting Partnership Agreement and adhere to all specified terms. Failure to adhere to the terms of this agreement exposes the residents to unnecessary risk. The company reserves the right to withdraw named visitor status from any person who breaches the agreement.
2. **Essential care giver**  
All residents will be permitted to nominate an essential care giver who will be supported to visit more often and can provide care and assist their loved one as they wish.

The essential care giver arrangements are intended for circumstances where the visitor's presence, or the care they provide, is central to the immediate health and wellbeing of the resident, and their health or wellbeing could deteriorate without it. It is likely that 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.

Essential care givers will need to be supported to follow the same to follow the testing arrangements, and the same PPE and infection control arrangements, as care staff. Each resident will be different, and the exact arrangements will need to be agreed between the care home, the resident and their family following an individualised assessment of the resident's needs.

By signing the visiting partnership agreement, essential visitors agree that Vida Healthcare Limited cannot be held responsible for any injuries, illnesses or damages which occur as part of delivering care to their loved one on the premises.

Please note that all newly appointed essential care givers must receive a negative pcr test prior to commencing their first visit in this capacity. This test will be provided by the care home on request.

### **3. Visits involving children and people under the age of 18**

Children under 18 are welcome to visit the care home if the resident, family and the care home all agree that is appropriate. It is also possible for a young person under the age of 18 to be an essential care giver – although clearly this would be only be appropriate for older teenagers, and must be with the agreement of the care home manager who must satisfy themselves that the young person is confident, capable and willing to provide the care or support agreed.

We recognise that in some cases it may be difficult for friends and family to make a visit if they are not able to bring children with them. We do not want to unnecessarily restrict residents' opportunities to see visitors in these situations. Any visits involving children should be carefully considered by the family. The arrangements for the visit – in particular the numbers involved and where the visit will take place – must be planned and agreed with the care home in advance of the visit.

In respect to the above, please note that nominated visitors may bring children under 3 years old and these children will not be counted in the daily limit of two visitors. However, any children over 3 years old will be counted in the daily limit of two visitors inside the care home. For pod and outdoor visits, the limits do not apply as long as national restrictions on gatherings are followed.

Please note that children under 3 are not required to wear ppe, however where reasonable and practicable, all children over the age of 3 are required to wear the same ppe as adult visitors.

Children who are registered as nominated visitors are not required to sign the visiting partnership agreement, however, a supervising adult must sign on their behalf.

Unless agreed in advance with the care home manager, children under 16 may only visit under the supervision of an adult visitor.

**4. Outdoor, window and pod visits**

Outdoor, window and pod visits will continue, allowing residents to see more people than just their nominated or essential visitors. This is largely the same as the previous iterations of the visiting guidance but will now allow two visitors maximum to visit at any one time. Appropriate PPE must be used throughout the visit.

**5. Visits out of care homes**

Vida Healthcare welcomes the new government guidance in support of opportunities for care home residents to make visits out of the home on a risk assessed basis.

There are certain types of activity where the risks are inherently higher and will mean that the resident should self-isolate on their return (to the care home). This is to ensure that, in the event they have unknowingly become infected while out of the home, they minimise the chances of passing that infection on to other residents and staff. These activities are:

overnight stays in hospital  
visits assessed to be high-risk following an individual risk assessment

All other visits out of the care home that are not assessed as high risk should be supported without the need to isolate on return to the care home, subject to an individual risk assessment. Where applicable, attention should also be given to any additional local guidance provided by the local director of public health and director of adult social services.

All precautions relating to COVID-19 including social distancing should be followed while out of the care home.

**6. Exceptional circumstances**

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

carefully, with the assumption that visiting will be enabled to happen not just towards the very end of life, and that discussions will take place with the family in good time.

**7. Local circumstances**

Subject to local circumstances, visiting arrangements will have to be adjusted to meet any changes advised by national and regional authorities. These changes may include the circumstances of the care home in terms of, for example, its location, resident needs, current staffing situation and its experiences with the Covid-19 outbreak. They may also include the local circumstances of the Covid-19 epidemic, including past and current incidence and transmission risks.

Any arrangements made by the home will apply only when safe to do so, with the approval of the local Public Health authority and on the basis of what Government guidance refers to as 'dynamic risk assessment'.

This has enabled the home to take its decisions on visiting by balancing the benefits to its residents (and reducing harm because of lack of visits) against the risks of

increasing Covid-19 infections and their consequences to a vulnerable group of people.

The organisation recognises that decisions to allow visiting and under what circumstances will be made in line with local intelligence from testing on the community and of residents and staff, transmission risks in the local community and other information provided by the home, for example, through its Capacity Tracker updating.

**8. Visiting schedules**

Under the present circumstances the home recognises that all visits will have to be pre-booked and with limited availability some order of priority might need to be established.

Each resident will have a visiting plan, which will set out the arrangements for that individual together with an agreement outlining people's responsibilities for the safe and successful conduct of the arranged visits.

All visitors will be asked to provide separately, using the slips or electronic tools available, their contact details in addition to the usual signing of the visitors' book, which is required

on other grounds, in line with the Government's test and trace guidance. This information will be held for 21 days before being destroyed in line with data protection laws.

**9. Mental capacity**

In making these arrangements the care home will observe the rights of residents 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 laws, and where appropriate in consultation with their advocates or those with power of attorney.

**10. Visiting partnership agreement**

When visiting one of our care homes we will ask you to review, agree and sign an agreement covering the following areas:

**Testing**

Testing prior to visits is mandatory for all adult visitors and children over the age of 11. However, there are a number of acceptable routes that individuals now have access to in order to facilitate the process. Visitors are able to provide evidence of a recent negative test undertaken independently, if the test has been taken that same day. Alternatively, self-testing can be carried out at home through test kits provided by Vida Healthcare. Both Vida Hall and Vida Grange will support access to on site testing facilities as required, as long as visitors ensure they arrive in plenty of time to complete the testing process prior to their visiting appointment time. Further information on conducting testing at home can be found on the Gov.UK website:

<https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-adult-social-care-settings/visitors-to-adult-social-care-settings-reporting-rapid-lateral-flow-tests-at-home>

Visitors must consent to take part in all necessary testing procedures prior to being admitted for the visit or must provide suitable evidence of a test carried out on the same day as the intended visit. If a visitor tests positive following LFD testing, they must immediately leave the premises to go home and self-isolate, avoiding public transport wherever possible. They must then follow government guidance in respect to isolation. The care home will then provide access to a PCR test which must be sent for analysis as per local arrangements. If the confirmatory PCR returns as positive, the whole household must follow relevant government isolation guidelines.

All agreed essential visitors must take part in the care home's routine staff testing schedule. Arrangements may vary between sites in respect to testing days. This means completion of two lfd and one pcr test per week as a minimum plus any other testing requested by the management team.

Visitors who have recently tested positive for Covid-19 should not routinely be retested within 90 days unless they present with new symptoms. The care home will require evidence of their positive PCR test result as proof of testing exception.

**PPE**

Agreement to comply with all specified PPE and infection control rules and procedures. Please note the section in respect to children visiting the home for further details of ppe requirements for children.

**Movement restrictions**

Agreement to restrict movements within the care home to the specified agreed place of the visit. Please note visits will take place in either in a resident's bedroom or another designate visiting room. Whilst free movement around the care home is not yet permitted to visitors, guests may be escorted to an outdoor garden or balcony area for the visit upon request and where local arrangements can accommodate.

**Physical contact**

Consent to minimise physical contact with your loved one. Visitors and residents may wish to hold hands, but should bear in mind that any contact increases the risk of contact. There should be no close physical contact such as hugging because of the risk of infection. Kissing is not permitted as in addition to the above risk, this would require removal of mandatory face coverings.

**Food and drink**

Nominated visitors should not bring food or drink into the care home for personal consumption.

**Personal items/belongings**

Visitors will not be allowed to bring in shopping bags or other non-essential items other than for example a small handbag which is suitable for surface disinfection. Please also note that the care home will not provide storage facilities for such items and they may not be brought inside the premises.

**Ventilation**

During a visit, you consent to ensure that the room remains well ventilated. i.e where a window is open you must not shut it.

**Social distancing**

Visitors must agree to maintain strict social distancing from all staff and residents, at all times observing the two-metre rule.

**Prebooking**

Visitors will be asked to comply with all local prebooking systems. Adhoc or unannounced visits will not be permitted.

**a. Agreed essential visitors**

In addition to all points listed above, agreed essential visitors will also be required to comply with the following regulations:

**PPE**

Essential care givers will be required to undertake specialist training in respect to correct use of and donning/doffing of all required items of PPE and also in the correct frequency of PPE changes. The care home will support the visitor by undertaking a number of observations until such time as the visitor is deemed to be competent and confident in the required procedure.

Where a resident is believed to have Covid-19 symptoms or is coughing, and the essential visitor will be within two metres of them, additional PPE must be used as specified and may include goggles and/or visors.

**Additional visitors**

If the resident has an essential care giver, the visitor will be permitted to sit with the resident whilst a window visit takes place or will be allowed to accompany the resident to the pod.

**11. Policy in the event of an outbreak**

Family and friends should be advised that if there is a declared outbreak in a care home then visiting will need to be restricted only to exceptional circumstances such as end of life and for those with essential care giver status.

If there is a restriction to visitors in place, alternative ways of communicating between residents and their families and friends should be 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.



**12. Review**

The home will update this visiting policy in the light of further developments and the easing of restrictions as the risk decrease. It will, however, return to a tightening- up if there are further cases of Covid-19 in the home or evidence of increased risk from community transmission that has been identified by local Public Health.