

## **ACCOMMODATION BASED CARE SERVICES**

# **EXTERNAL VISITING GUIDANCE**

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## 1. Definitions

- **Resident:** An individual that lives in a 24-hour CQC registered care service either whole or part time.
- **Essential family/friend/carer:** Essential family/friend/carer is anyone whom a resident sees as important to their daily mental health and Methodist Homes Association (the UK's largest charity care provider) have defined “A resident’s family member or friend whose care for a resident is an essential element of maintaining their mental or physical health. Without this input a resident is likely to experience significant distress or continued distress.”
- **Visitors:** Where this guidance refers to visitors, it does so with the intention of meaning essential family/friend only and does not include other essential visitors or health professionals.
- **COVID:** COVID-19 is a highly infectious respiratory disease which is spread from person to person through small droplets when an infected person sneezes, coughs or exhales. Infected persons may be asymptomatic, mildly ill or chronically ill as with the older population or those with underlying medical conditions such as high blood pressure, heart or lung problems, cancer or diabetes.
- **Outbreak:** “An outbreak is defined as two or more confirmed cases of COVID-19 or clinically suspected cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days. An incident is defined as less than 2 people with suspected Covid-19 regardless of whether staff or residents”
- **Support Bubble:** A support bubble is a close support network between a household with only one adult in the home (known as a single-adult household) and one other household of any size.

## 2. Introduction

This guidance has been created to support all CQC registered care homes, which include residential without nursing, nursing, etc. to facilitate safe outdoor and window visiting for the people they support. All care homes must make every effort to facilitate such visits for all people who have a genuine want or need to promote people's wellbeing by maintaining meaningful contacts with essential family/friend/carer. Reduced contact may have significant consequences, with respect to an individual's mental health and general well-being, especially if such restrictions continue over an extended period. Providers must not impose blanket policies on their settings and all risk assessments, care plans, and visiting arrangements, must be person centred to each individual, as set out in Government Guidance and Case Law.

It is intended only to be used where the home is in an areas subject to Tier 2 restrictions.

The latest Government guidance on visiting, issued on 15th October 2020 for internal visits can be found using the following link:

<https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes>

The starting point, which will be under constant review, is the Government guidance that "You should not visit a care home except in exceptional circumstances, for example to visit an individual who is at the end of their life".

This means that routine visits should not continue until restrictions are relaxed. Clearly every effort must be made to facilitate end of life visits if this can be done safely for the patient, other residents, staff and anyone else on the premises.

The Registered Manager will be responsible for deciding whether other circumstances amount to "exceptional" and is under a duty to refer any party disagreeing with their judgement to the complaints procedure and if necessary the Local Government Ombudsman.

Decision making in this situation should be speedy, with the decision and the factors considered recorded contemporaneously.

All visiting arrangements must promote the mental health and wellbeing of all those supported in each setting as well as work to mitigate the risk of COVID.

Providers should check with their insurance providers whether their policy covers local guidance.

### 3. Residents

Residents must be consulted throughout all decision-making regarding visiting. They must be made aware that such visits are only permitted in exceptional circumstances. Mental capacity assessments must be completed usually by the Registered manager with best interest decisions clearly documented. Where the individual lacks capacity, providers must consider historic visiting wishes and needs and consult with their, lasting power of attorneys, advocates, essential family/friend/carer and medical professionals where necessary. The priority must be in the best interests of the resident and if the resident does not wish to receive visits or would not benefit from visits due to emotional distress, visits should not be implemented due to relative request, and this must be backed up with risk assessment and mental capacity assessment.

Decisions on whether to grant a request must be made, and communicated, swiftly to all concerned. Where the decision is negative, sufficient reasons in writing should be given to enable a person to understand and challenge a decision.

Essential family/friend/carers do not need to be limited to one person, however the number of essential family/friend/carer must be defined through person centred risks assessment and prioritised. Currently social interactions are limited by the “Rule of Six” except where a single household or support bubble is larger than six people. The number of visitors permitted, however may be less than six depends upon risk assessment

#### 3.1. Dynamic Risk Assessments

Risk assessments should be completed in a person-centred way. They should account for:

- If a resident wish to receive outdoor/drive through and window visits
- People whom a resident deems as meaningful to them
- People whom a resident does not wish to receive visits from
- Emotional wellbeing and the impact of reduced visits contact with essential family/friends/carers.
- Risk of health effects due to COVID
- Outcomes of mental capacity assessment and best interest discussions
- Concerns of safety of residents not receiving or wishing to receive visits
- Considerations of COVID status of the resident

- Overall health of the resident
- Ability to understand and adhere to social distancing
- Consideration for supervised visits based on social distancing comprehension
  - Visits may not need to be supervised but regular comfort checks are recommended to ensure procedures are being adhered to and monitor the effects upon the resident, other residents and anyone who may be relevant.

#### 4. Essential Family/Friend/Carer Visits

Visits if appropriate will be facilitated in exceptional circumstances according to the resident's wishes or after a recorded best interest's decision if they lack capacity.

Essential family/friend/carers should be communicated to with all visiting decisions made by or in the best interests of the resident.

##### 4.1. Risk Assessments (Visitors)

Screening questionnaire must be completed at point of booking a visit, the essential family, friend and/or carer should also confirm their answers have or have not changed within 24 hours of the scheduled visit, this should include:

- COVID-19 symptoms
- Social distancing procedures (including PPE use)

Impact risk assessments of essential family/friend/carers to assess safety when visiting. Impact risk assessments should be reviewed every three months or sooner if there are any changes.

Risk assessment on day of visit including checklist. Risk assessment must include:

- Temperature Check (and consent to record)
- COVID-19 symptoms
- Willingness to adhere to and their understanding of Social distancing and PPE procedures
- Potential COVID-19 contacts including NHS track and trace communicated to the visitor
- Consideration for supervised visits based on social distancing comprehension
- Return from travel abroad within last 14 days (Advise all visitors that such visiting is not possible until after 14 days' return)
- COVID-19 test results

- Signed declaration of adherence to local and national COVID rules during the last 14 days.
- Appropriate face coverings should be worn in all common areas

## 4.2. Outdoor Visiting

How to facilitate outdoor visits:

- Outdoor visits should take place in a space large enough to adhere to 2m social distancing with access to easy clean furniture.
- Enclosed Outdoor visits. Outdoor buildings should be considered with the sole purpose of facilitating visits and should be furnished with easy clean furniture.

## 4.3. Drive-Thru

Drive-Thru visiting is something relatively new and a great innovative idea born out of the pandemic. Drive-thru visiting entails essential family/friend/carer parking up in their car whilst the resident sits outside of the car. This type of visiting is weather dependant and will also be determined by the safety needs of the resident. With drive-thru visiting, the essential family/friend/carer wouldn't be able to get out of the car and would need to keep 2m distance.

## 4.4. Window Visiting

There would need to be a distance of 2m between the essential family/friend/carer and the resident as, although not in direct company, the window may need to be open to help with conversation. For those who may be shielding or at higher risk, other ways of supporting communication such as portable phone handsets can be used so the window can stay closed. The handset would need to be wiped clean each time.

## 5. Visiting Procedures

It is essential to set out clear and easy to follow visiting procedures. Consider the following when developing visiting procedures:

- Facilitating weekend visits.
- Appointment system. Consider:
  - Visiting appointments diary
  - Communicating to staff when visits are booked
  - Designating only a select number of staff to arrange visiting appointments

- Arranging for staff on rotas specifically to facilitate visits
- Reasonable adjustments for those people who have protected characteristics under the Equality Act by reason of disability.
- It is recommended that one essential family/friend/carer visit at one time. Where a visitor may require a personal carer or a request is made for more visitors then an individual risk assessment will need to be undertaken. Unless the resident is deemed as end of life, it is advised that a single nominated essential family/friend/carer be the same for all visits.
- Visits should be centred on the needs of the resident but should usually be no less than 30 minutes. However, visits should be accommodated for longer durations based on needs, home size, capacity, staffing capacity to facilitate, and dynamic risk assessments.
- Decontamination time between visits if required.

### 5.1. Gifts

- These should not to be given directly to the resident during the visit.
- Non-perishable gifts, should be wiped clean and/or able to be quarantined for 72 hours if these cannot be cleaned.
- In the event the gift is required at the time of the visit, for example a special occasion, this can be received by the home at least 72hrs prior to the visit.

## 6. Communication

All efforts must be made to include residents and their essential family/friend/carer in planning outdoor/drive through and window visits. This could be done through:

- Resident feedback
- Essential family/friend/carer Phone calls
- Essential family/friend/carer Emails
- Essential family/friend/carer meetings which should be virtual
- Essential family/friend/carer working groups
- Written letter
- Other communication methods

Once a visiting policy and procedures has been agreed, these should be communicated with all residents and essential family/friend/carers. Reasons for the decisions made on creating the visiting procedures should also be communicated. Consider the following:

- Resident feedback
- Visiting Guidance Brochures/packs (these should be available in easy read, large print, specific languages or other formats to suit the needs of those receiving them)

## 7. Best Practice examples and resources

- The Infection Prevention and Control Team's (IPC), Connect to Support Webpage: <https://bradford-preprod.pcgprojects.co.uk/provider-zone/infection-prevention-and-control/>
- The Bradford Care Association (BCA) regularly hold Register Managers meetings, advertised here: <https://bradford-preprod.pcgprojects.co.uk/provider-zone/training-and-events-calendar/>
- The BCA, IPC and CCG, Clinical Commissioning Group, are holding Winter Planning Sessions to support Providers with a number of key areas around Winter Pressures and Covid-19.
- The Covid-19 Support Team will liaise with Providers, ensuring they have up to date and relevant information to make informed decisions for the safety and wellbeing of their staff and Service Users;  
<https://bradford.connecttosupport.org/provider-zone/>

## 8. Support for residents and essential family/friend/carers

If a home fails to provide adequate support to facilitate visits or adhere to IPC and PPE guidance, then residents and essential family, friend and/or carers must be aware of the routes they can take to challenge this. These should include:

- The Care Homes Complaints Procedure
- Bradford Safeguarding Adults Team; <https://www.saferbradford.co.uk/adults/>
- Bradford Public Health; <https://www.bradford.gov.uk/health/health-advice-and-support/about-the-department-of-public-health/>
- CQC tell us about your care link; <https://www.cqc.org.uk/give-feedback-on-care>
- The Local Government Ombudsman after other avenues have been exhausted
- Independent legal advice

