Northumberland
County Council

Visiting arrangements in Northumberland care homes

Date: 9 November 2020

Background

Nationally and locally the priority continues to be to reduce the risk of coronavirus (COVID-19) transmission in care homes and prevent future outbreaks, to ensure the health and safety of both care workers and residents.

In response to the increase in positive cases across the North East in early September many Directors of Public Health, fulfilling the obligations of national guidance, wrote to care home providers and recommended there should be no visitors to care homes, with the exception of those who are at End of Life. This decision was taken whilst reviewing positive cases, outbreaks, social care capacity trackers and OPEL tools.

Subsequently, many local authorities have faced understandable challenges from relatives who are eager to visit their family and work has been ongoing to identify approaches which could support this to happen on a limited basis, in a safe way.

We have now entered a four-week period of national lockdown and there is updated [guidance for visiting in care homes](#) during this period of national restrictions. It is really good news to see that care homes are able to provide safe visiting opportunities during this time to support residents and families, and the information below is intended to support you in doing so.

Care home visiting

The ultimate decision on whether to allow visitors, and in what circumstances, is an operational decision for the provider and manager of each care home. This decision should be informed by national guidance, the professional assessment of the Director of Public Health and the care providers dynamic risk assessment, which should be reviewed regularly in response to any changing circumstances.

Throughout the pandemic and in this new lockdown the challenge continues to be to *balance the benefits of visiting for residents and families, against the risk of visitors introducing infection into the care home, or spreading infection from the care home to the community.*

It has also been a changing situation, and over the past couple of months many providers have put in place controlled visiting reflective of local restrictions.

Under the Regulations which have come into force on 5th November it is permissible for a person to visit a family member or friend in a care home. Any visiting arrangements put in place should continue to prioritise the safety of residents and staff to limit the transmission of COVID-19 and provide opportunities for COVID-secure visiting.

Visiting rights

Human rights recognise that all people living in care settings have the right to freedom of movement and association, including the right for residents to see their families. The challenge is to balance the rights of an individual with the rights of the others within the care setting (residents and staff) and the duties and responsibilities of the care provider.

Exceptions

Essential visits from health and social care professionals should continue as these are critical in terms of resident health and statutory duties. Transfers and discharges from hospital in line with national guidance and end of life visiting has been permitted across the region.

National iPad offer

NHSX, in partnership with the Local Government Association (LGA) and regional NHS teams has begun a programme of work to embed this transformation, which will align with a wider package from Government to support winter pressures. The work together will be focused on helping to connect care providers by investing in digital infrastructure, and by supporting the implementation of new technologies and improved access to information across health and social care services.

As part of this work, NHSX is investing in up to 11,000 iPads (tablet devices) for care homes to improve access to healthcare services for care home residents.

Whilst this is a welcome approach, it may not address the difficulties in visitation for those with communications challenges. The improved IT for the home will be beneficial but it will still require the IT infrastructure to exist for the resident's family/visitor which may not always be in place.

Update on policies for visiting arrangements in care homes

Guidance in place before the recent restrictions highlighted several approaches which would need to be addressed and continually reviewed in any future developments.

This requires consideration of:

- The circumstances of the individual care home (for example, its employee availability, resident demographics and outbreak status).
- Its local circumstances (local epidemiological risk, presence of outbreaks in the community).
- The health and wellbeing risks arising from the needs of the cohort of residents in that setting.
- This will include both whether their needs make them particularly vulnerable to COVID-19 and whether their needs make visits particularly important (for example, people with dementia, a learning disability or autistic people may be

permitted visitors when restricting visitors could cause some of the residents to be distressed).

Core principles

Core criteria to be fulfilled for any potential visit are:

- A dynamic risk assessment
- Secure visiting approaches for care homes
- Infection control precautions
- Code of conduct for visitors

These criteria will be reviewed and updated in line with national guidance.

Dynamic risk assessment

The priority must remain preventing infections in care homes and this means that visiting policy should still be restricted with alternatives sought wherever possible. During the decision-making process, there should be a balance of the benefit to the wellbeing and quality of life of residents against the residual risk to residents, staff and visitors. Risk assessments cannot guarantee the prevention of cross infection.

The approach to enabling visitors must be based on the circumstances of the individual care setting (including both residents and staff), the individual needs of the residents within that setting, and the external COVID-19 environment around that care setting. Appendix 1 contains a suggested assessment.

Key principles are that the care home should:

- Have no confirmed or suspected cases or an outbreak that is not yet declared over.
- Understand the benefits to a person's wellbeing by having a visitor or visitors.
- Be fully compliant with national guidance on:
  - o PPE.
  - o Infection Prevention and Control.
  - o NHS test and trace.
- Complete the national Capacity Tracker and participate in the whole home testing programme.
- Plan and communicate properly including with the resident.

Secure visiting for care homes

Care providers should work closely with their staff teams and care managers to provide appropriate support, policies and procedures to enable staff to facilitate visits safely and in line with all the relevant guidance. Several approaches to visiting are possible and should be considered and judged in line with the ability to adhere to the appropriate guidance for residents, staff and visitors. Appendix 2 contains more detail.

Key principles are:

- To limit risk, where visits do go ahead, this should be limited to a single constant visitor, per resident, wherever possible.
- To prioritise visits from 'lowest' possible risk first, recognising the needs and risks of the resident and the ability of the home to safely facilitate that visit.
- The care provider should actively involve the resident, their relatives or friends, and appropriate members of the multi-disciplinary team.

Infection control precautions

The provider should set out the precautions that will be taken in respect of infection control during visits and ensure that these are communicated in a clear and accessible way.

Any decision should be based around the following key principles:

- Strict adherence to social distancing.
- Follow track and trace guidance.
- Minimising contact where possible.
- Good hand hygiene/frequent cleaning.
- Use of face coverings.
- Appropriate PPE where required for visitors and residents.

The ability adhere to these principles will greatly impact the level of risk associated with the visit. More detail in Appendix 3 Code of conduct for visitors.

Code of conduct for visitors

Providers may wish to create a 'Responsible Visitor Code' which sets out a range of responsibilities that visitors must abide by prior to and during any visit. More detail in Appendix 4.

Key principles are:

- Effective communication
  - Care providers will ensure that they communicate effectively with relatives and other key stakeholders in an open and transparent way about their approach to visiting.
- Being well
  - Visitors should be free of any COVID-19 symptoms for at least 10 days prior to the visit, as per Government guidance.
- Contact details
  - Visitors will book visits in advance for a specific day, time and length of visit.
  - Visitors will provide the necessary information required by the provider at the visits.

- Comply with infection control guidance and PPE
- Visitor behavior
  - Advise residents on type of visit and behaviour which may be required (i.e. clear speech if wearing a face covering).

Infection control fund

In order to facilitate visiting, consideration could be given to the use of the Infection Control Fund. Funding is available to support safe visiting in care homes, such as dedicated staff to support and facilitate visits, additional IPC cleaning in between visits, and capital-based alterations to allow safe visiting.

Regional pilots

Certain localities are involved in pilot programmes as they seek to develop innovative approaches to safer visiting such as testing for a designated visitor. Those localities may choose to consider how the core principles above can be aligned to their developmental approaches. Learning from these pilots will be shared across the North East.

Appendix 1 Dynamic Risk Assessment

Key criteria	Guidance/ mitigation
Have no confirmed or suspected cases or an outbreak that is not yet declared over. (In the event of a new suspected or confirmed case, the care home should immediately return to essential visits only)	Local authority adult social care, commissioning and/or public health teams to work closely with providers on their status
Be fully compliant with national guidance on PPE use	Infection prevention and control guidance
Be fully compliant with national and local guidance on Infection Prevention and Control measures	Infection prevention and control guidance
Have a published COVID-19 Visiting Policy, which is informed by dynamic risk assessments and developed in accordance with national guidance	https://careprovideralliance.org.uk/coronavirus-visitors-protocol#policies-and-procedures
Provide regular assurance around availability of workforce, PPE, and completion of Infection Prevention and Control training, by completing the national Capacity Tracker.	Complete the national capacity tracker. Work with the local authority for guidance.
Keep a temporary list of contact details of visitors in addition to staff and residents to facilitate NHS Test and Trace.	https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works
Follow a good practice approach to regular staff testing and whole home testing, both routinely and in the context of any outbreak.	https://www.gov.uk/apply-coronavirus-test-care-home
Provide clear guidelines outlining procedures for safe visiting to visitors and residents.	https://careprovideralliance.org.uk/coronavirus-visitors-protocol#policies-and-procedures

Appendix 2: Examples of COVID secure visiting

The table below, adapted from guidance provided by the Care Provider Alliance gives examples of COVID secure visiting and presents them in priority of risk minimisation, starting with the lowest risk option. They have been amended to reflect the restrictions in place during the period of national lockdown.

The examples below should be considered in line with the core principles highlighted above.

Type of Visit	Considerations
Virtual Visits Using telephone, tablets and devices to facilitate alternatives to in person visiting.	This is the safest form of visiting as removes all face to face contact. However, will need to take into account the cognitive status of the resident and their communication needs There needs to be suitable IT infrastructure in the care home and relies on the family having access to device/s and Wi-Fi connectivity.
In Person Visiting	
Window Visits Family member can arrange to see resident via a ground floor room with window.	Safe ground floor window access for both residents and their visitor is required and the relevant social distancing and PPE measures will need to be observed.
Drive through visits These are facilitated visits in the car parks of homes	Safe access to and from car park for residents. Relevant social distancing, infection, prevention and control and PPE measures will need to be observed.
Garden Visits Family member can arrange to see resident within garden/care home grounds.	Relevant social distancing, infection prevention and control and PPE measures will need to be observed. Independent access to the garden will be needed to avoid visitors moving through the care setting to the garden. Providers will need to consider how to facilitate garden visits in different weather conditions, how to ensure cleaning of areas and any items used between visits and keep everyone safe, whatever the weather.
External POD Visits Small pods that are constructed within the grounds/gardens and are used to facilitate in person visiting.	The provider should ensure all of the following criteria are met: • **The visitor does not need to walk through the care home to gain access.** • The pod does not have any items that cannot be sanitised between visiting slots.

	• The visiting space is used by only one resident and visiting party at a time, and is subject to regular enhanced cleaning between each visit. • The visitors are already seated at one side of the pod before the resident enters the opposite side. • There is a substantial (e.g floor to ceiling) screen between the resident and visitor – designed to reduce the risk of viral transmission. • There is good ventilation. • Social distancing and other infection prevention and control measures are observed. Consideration should be given to: • Heating the pods over the winter period. • 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 transmission risk.
Internal COVID Secure visits Dedicated internal space/room within the care home (such as a conservatory) that is used for in person visits	Internal visits when not at end of life should only occur if external visits are not possible *and* all of the following criteria are met: • **The visitor does not need to walk through the care home to gain access.** • The visiting space is used by only one resident and visiting party at a time, and is subject to regular enhanced cleaning between each visit. • 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 (e.g floor to ceiling) 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) • Social distancing and other infection prevention and control measures are observed. Consideration should be given to 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 transmission risk.

In person visiting in resident's room – **for essential / end of life visits only**	These visits may continue to be facilitated as appropriate, in line with national guidance in relation to essential / end of life visits to ensure the person can die with dignity and comfort, considering their physical, emotional, social and spiritual support needs.

Appendix 3 Infection Prevention and Control

Provision of any in person visiting	Even where in person visits are permitted, alternatives to in-person visiting should be actively explored, facilitated and encouraged, such as the use of telephones or video
	Sufficient staff numbers to support visiting and increased cleaning regimes.
	In person visits have been assessed to minimise any contact between visitors, other residents and staff.
	Visitors are able to access window, garden and POD visits without having to enter the care home.
	A safe area for visiting with good ventilation that can be easily cleaned between visits.
	Any designated space for visiting should only be used by 1 resident and 1 visitor at a time
	Physical distancing plans for any internal visiting arrangement not at end of life: • **Does not require the visitor to walk through the care home to gain access.** • There is a plastic or glass barrier between resident and visitor. • There is good ventilation. • Social distancing and other infection prevention and control measures are observed including cleaning between visits.
	Physical distancing plans for any internal visiting arrangements at end of life: • Visitor's journey through the care home from arrival to departure • Clear entry and exit points to the home • Consideration of a one-way system • Training in and provision of appropriate PPE (see below).
	Visitor numbers should be limited to a single constant visitor wherever possible, with an absolute maximum of 2 constant visitors per resident. This, for example, means the same family member visiting each time to limit the number of different individuals coming into contact. 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.
	All visits should be booked in advance.

	Visitor records are maintained in line with NHS Test and Trace requirements found [here](#).
	Visitors should not bring gifts that cannot be cleaned e.g. food, flowers, balloons
	Visitors should not access toilet facilities; exceptions are only where facilities are available without entering the main residential facility, but they should be cleaned regularly.
Usage of PPE	Staff wearing masks at all times and appropriate PPE if necessary.
	Appropriate PPE for all (visitors should bring their own face covering and if necessary, further PPE will be provided).
	Consideration should be given to the availability of additional protective clothing (for example, apron and gloves) if a resident has COVID-19 and social distancing is difficult to maintain
	Those visiting an individual with suspected or confirmed COVID-19 as part of an essential end of life visit for example, should be provided with the appropriate PPE
Infection Prevention Control Processes	Visitors should wear a face covering and maintain 2 metres physical distance
	A strict cleaning regime should be in place, inclusive of frequently touched surfaces or objects
	A robust system of reviewing that staff and visitors do not attend with COVID-19 relevant symptoms should be in place
	Visitors should adhere to strict hand and respiratory hygiene by washing their hands with soap and water, or using alcohol hand gel, prior to entering and leaving the care home/visiting area
	System in place for monitoring of observance of measures

Appendix 4 Code of conduct

Code of conduct for visitors
Being well There is a robust and standardised process in place to screen all visitors prior to visiting. All visitors should be screened for symptoms of acute respiratory infection before entering: no one who is currently experiencing, or first experienced, coronavirus symptoms in the last 10 days, should be allowed to enter the premises, nor anyone who is a household contact of a case or who has been advised to self-isolate by NHS Test and Trace. Screening questions that care homes may wish to ask visitors on arrival are: 1.Have you been feeling unwell recently? 2.Have you had recent onset of a new continuous cough? 3.Do you have a high temperature? A care home may consider providing a temperature check for all visitors to provide confidence to visitors and to staff. 4.Have you noticed a loss of, or change in, normal sense of taste or smell? 5.Have you had recent contact (in the last 14 days) with anyone with COVID-19 symptoms or someone with confirmed COVID-19 – if yes, should you be self-isolating as a family member or as a contact advised to do so by NHS Test and Trace?
Contact details Visitors should be limited to a single constant visitor per resident The home has an arrangement to enable booking/appointments for visitors in advance only All visitors are asked to check with the home on the day of visit to ensure that the care home in COVID free and still open to visits In line with test and trace guidance, providers should maintain a record of any visitors to a care home as well as the person and/or people they interact with. This record needs to be kept for 21 days.
Infection Prevention Control (IPC) and PPE Visitors should be reminded and provided facilities to wash their hands for 20 seconds or use hand sanitiser on entering and leaving the home, and to catch coughs and sneezes in tissues and clean their hands after disposal of the tissues. Ensure that there is a process in place for decontaminating areas and any items used between visits.

Visitors should wear PPE appropriate to the need of their visit. If a visitor is making close personal contact with a resident for example during end of life care, this needs to be risk assessed and they may need to wear PPE which goes beyond a face covering.

Visitor Behaviour

Advise visitors of their 'type of visit' and the risk mitigation required

Visitors should be supported to wear a face covering when visiting and advised to wash hands thoroughly (or use hand sanitiser) before and after putting it on and taking it off.