

Visiting Policy

1. 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 1st December 2020. The guidance takes effect from 2nd December 2020 at the start of the new tiered systems for England (with equivalent strategies in other UK countries).

APS Care Ltd 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 understands that in line with Government advice its first priority must be to prevent infection and infection spread, which means that it must restrict visiting and seek alternatives wherever possible that help to maintain the contacts needed by residents with their families and friends.

It is also committed to making its 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.

2. Definitions

The organisation 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 or accredited volunteer and who comes to the home for a short period of time to see residents or staff.

For the purposes of this policy visitors include people who:

- visit residents on a personal or social basis regularly or occasionally, e.g. relatives, friends and others who come to see an individual resident
- provide professional services to residents such as GPs, community nurses, pharmacists, occupational therapists, physiotherapists, ministers of religion, social workers, advocates, hairdressers, opticians, etc.
- deliver, provide or supply goods and services that have been bought or commissioned by the home, staff or residents, including repairs and maintenance
- come to the home to see staff members for any reason
- visit the home on a professional or business basis, e.g. 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, the appropriate use of PPE and regular testing. In these ways the home is committed to minimising and mitigating the risks of infection into, through and from the home.

3. Current Approach

The organisation recognises that the guidance on visiting has been issued in stages in line with the severity of the threat caused by the Covid-19 outbreak. The continuing thread is that there still cannot be any regular open visiting for care home residents as stated in its usual Visiting and Visitors' Policy, which is in abeyance until the current emergency is over.

During this period the home has arranged for suitable alternative means of relatives and others who would normally be visiting for keeping in contact with residents and the home through, for example, telephone, messaging, social media, Facetime, Skype and Zoom. These methods are well established and will continue as options even after the lifting of the current visiting restrictions.

The home will continue to follow the Care Provider Alliance Visitors Protocol (published June 2020). This was produced because it was recognised that residents of care homes must have continuous and sustained contact with people who are significant to them in order to maintain their mental and physical wellbeing and to reduce the social isolation that result from the Covid-19 restrictions.

Amongst the arrangements, the home has been able to consider and apply are the following.

- Window visits where there is safe ground floor window access for both residents and their visitors and the relevant social distancing and PPE measures can be observed.
- Garden or Outdoor Area visits that can conform to physical distancing guidance with relevant PPE and infection management and hygiene measures, and safe access to the designated outdoor areas.
- "Drive-through" visits using the car parks and other suitable outdoor areas that would enable safe direct contact with relevant PPE measures and physical distancing rules applying.

These arrangements will continue if suitable, practical and in response to individual needs and circumstances. The home will also consider the practicality of the latest suggestions put forward by the Government to enable safe visiting to take place in likely winter conditions. These include the use of "pods" or "lodges", which can be situated in the grounds or in a separate area of the home, use of floor to ceiling screens, awnings, gazebos and open sided marquees.

The home also intends to implement the latest guidance on indoor visiting supported by testing that allows a maximum of two constant visitors, who test negative for Sars Cov-2 at the time of their visit using a lateral flow testing kit (LFD), which the government is making available to all registered care homes to enable as close to "normal" visiting as is possible, including reduced physical distancing and appropriate physical contact such as a hug or kiss.

The home will assess the merits of each of these ideas and the practicality and costs, as well as their capacity and potential to include the essential safety measures that it recognises must be in place, i.e.:

- maintaining physical distances between people of at least 2 metres (except with visiting supported by testing)
- ensuring high quality infection prevention and control practices before, during and after each visit
- visiting by up to two preferably constant people at a time (updated from one from previous guidance depending on the local tiering)
- separate single entry and exits for visitors with one-way systems and minimum contact with other than those involved in the individual visit
- ensuring good ventilation
- supervision to ensure all safety precautions are being followed
- using speakers or assisted hearing devices to reduce the amount and spread of droplets when having to talk loudly, (an issue that will also be factored into individual risk assessments).

4. Revised Policy

The organisation continues to adopt the current Government guidance (updated 1st December 2020), which is based on the following principles:

- The care home welcomes that the default position set out in the December 2020 guidance is that visits should be supported and enabled wherever it is safe to do so.
- The home accepts that it is responsible for setting its own visiting policy and arrangements in line with national and local public health guidance.
- It will do so based on a dynamic risk assessment taking into consideration the needs of individuals within their home and with regard to the advice of the local Director of Public Health (DPH) through their outbreak management team or group.
- It will continue with its policy of:
 - “outdoor” visits as indicated by the risk assessments, including those made using temporary facilities such as pods and gazebos, and introduce
 - “indoor” visits to dedicated areas that can be supported by rapid testing (see section on Indoor Visiting Supported by Testing).
- The home will continue to enable “essential” visiting needed in exceptional circumstances such as when a person is receiving end of life care (See section on Essential Purpose Visiting).
- The home will ensure that all visits are conducted in a risk-managed way that considers the needs of our residents and the practicalities arising from the physical features and layout of the home.
- It will continue to assess the rights and needs of individual residents, particularly those with specific vulnerabilities as outlined in their care plans and will consider the importance of visits in promoting their health and wellbeing.

- It will continue to make appropriate best interest decisions with the help of all involved in their care in respect of residents who lack mental capacity and who might be subject to deprivation of liberty authorisations.
- It will follow all government and local guidance in respect of the arrangements needed to ensure safe visiting of residents under the new testing procedures.
- The home accepts that there is more flexibility for the home if it is placed in a Tier 1 area with visitors also from a Tier 1 area, but, if in that position, it will always ensure safety is never compromised and will adopt government advice that visits supported by testing is always the preferred approach.

5. Implementation

To apply these principles, the organisation recognises that its visiting policy and arrangements will be very much subject to local circumstances and tiering and will have to be adjusted to meet any changes in these. These changes 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
- 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 its “dynamic risk assessment”.

Its decisions will continue to be based on 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 home 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.

When safe, the home will consider (or has already set up) visiting arrangements such as a dedicated indoor area, which can be accessed and used safely without risk to and from the other parts of the home. Any such arrangement will follow all public health guidance on:

- the numbers of visitors that can be allowed at any one time or over a period of time
- the number of visitors allowed for a particular resident — where possible this is restricted (depending on assessed risks) to one or a maximum of two constant visitors though alternative visitors will be allowed in line with individual need
- how the home should support visitors to reduce the risks of their transmitting any infectivity to the care home and of being infected from their visits to the care home, including the wearing of face coverings, hand hygiene, etc
- the infection control measures required for the use of the visiting area, including the wearing of face-coverings and for access and exit

- the infection control measures to be taken by staff during visiting, including appropriate use of PPE.

6. Indoor Visiting Supported by Testing

To implement government guidance and training on the arrangements for testing — supported visiting, the home will:

- allow no more than two visitors at any time, and where possible the same visitors, who will be tested on each visit
- ensure visitors are wearing the appropriate PPE and following standard infection control measures such as hand hygiene
- have a designated entrance or outside dry space for people to put on the necessary personal protective equipment (PPE) required for the testing procedures
- have a designated area for the testing to be carried out, which is away from the main visiting area, which can also be used while the tests are being processed
- ensure the designated area is well ventilated and complies with fire safety and other health and safety regulations and is robust enough to withstand repeated cleaning with chlorine-based agents
- ensure all physical distancing, face covering and hand hygiene requirements are followed prior to the testing results being available with hand sanitisers being readily available
- ensure all prospective visitors are made well aware of the requirement to be tested, the time-scales involved, the need for their consent, what testing involves and the potential benefits to the visiting experience
- advise them of what would happen if they tested positive i.e. the visit would not go ahead, they would need a confirmatory PCR test, which the care home might be able to carry out. If that was also positive, they would need to follow government guidance on self-isolating with other members of their households and the information fed into NHS test and trace
- have a designated visiting area that does not increase any risk to anyone else in the home and to which all safety measures can be applied.

7. Face Coverings and Physical Distancing

The home will follow current government guidance about the use of face coverings to reduce risks when people meet in enclosed public spaces and will recommend that, subject to other risk factors, residents and visitors wear face coverings and continue to maintain physical distance when meeting indoors; except where visits are being supported by testing, where some physical contact such as a kiss or hug will be allowed.

However, the home in consultation with its public health partners will always exercise discretion in instances where on the one hand residents are frightened or affected adversely by having to or seeing their visitors in face coverings and on the other hand,

visitors have reasonable grounds for not wearing them, which can be discussed at pre-visiting planning.

Where it has been agreed that face coverings should not be worn, but the visit is not supported by testing, all parties will be reminded of the importance of maintaining physical distancing and hand hygiene procedures, (which apply to everyone at all times).

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.

It will base its priorities on the following.

- the importance to the wellbeing of the individual to have a resumption or continuation of visits
- the degree of harm that might occur without any visits
- the risk factors that are involved including the vulnerability to infection for the person concerned
- the degree of compassion that is involved, e.g. if the person is receiving end of life care or is likely to be receiving it in the near future
- the importance of visiting to the person in the context of their overall care plans
- the effectiveness of the current contact or visiting arrangements in place
- the willingness of prospective visitors to go through the new testing procedures if and when adopted by the home.

The home will ensure that the visiting arrangements will be planned, including times, frequency, and duration, and agreed in consultation with residents and their families and with professionals involved in a person's welfare where appropriate.

Each resident will have a visiting plan as part of the Covid – 19 Resident's Risk assessment, 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 after each visit before being destroyed in line with data protection laws.

9. Communicating with Families and Visitors

The home will follow government guidance in respect of enabling visits to be conducted safely and successfully, including supporting visitors on how to prepare for a visit, including where testing is being used, and how to communicate if face coverings are required, for example:

- speaking clearly from a safe physical distance

- keeping eye contact
- not wearing hats or anything else that might conceal their face further
- wearing clothing or their hair in a way that a resident is more likely to recognise
- providing reassurance to visitors, including that some people with dementia might struggle at first to remember or recognise them
- care home staff preparing the resident for a visit, perhaps by looking at photographs of the person who is due to visit and talking to them about their relationship.

The home accepts that the arrangements for each set of visits will vary and need to be highly individualised.

10. 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.

However, it also recognises that people with dementia or without mental capacity for other reasons might also be the ones who will benefit most by the new visiting supported by testing approach from the closer contact that will be possible, and their needs given high priority.

11. Essential Purpose Visiting

The home considers that it is still important to maintain its essential visiting policy on in-home visits for the time being but with a more flexible approach in line with Government guidance on visiting on compassionate grounds. If you must visit outside of the regular visiting arrangements for an essential purpose such as being with someone who is receiving end of life care we still ask you to check with the home beforehand to discuss the essential nature of the visit, its advisability and the safety issues in respect of residents and staff that should be addressed.

The home will encourage all visitors to take advantage of local SARS CoV-2 testing facilities to provide reassurance that they are safe to visit, and the rapid testing arrangements that are being introduced.

12. Visitors' Risk Assessments

When visiting our care home as an agreed “essential visitor” we will still ask you to:

- check with us before visiting that everything is in order and that you do not have any symptoms for Covid-19
- check if you might have had any contact with anyone who might have been in contact with an infected person or someone carrying the virus and take a decision about visiting based on your assessment of any risks

- sign a short disclaimer to this effect
- be extra careful about being in physical contact with the person you are visiting and other people whom you might meet by:
 - avoiding close contact with people, particularly if they are unwell
 - avoiding touching their eyes, nose, and mouth with unwashed hands
 - keeping to designated areas of the building which we will inform you about
- carry out stringent hand hygiene practice by always washing your hands carefully before and after any contacts made — using the soap and hand sanitiser gels and paper towels provided
- help staff to carry out the procedures that have been put in place to keep everyone safe from the virus and its spread
- report and discuss with us any concerns you have about the health of the person whose welfare is your concern.

We are confident that with these precautions in place we will be able to keep our residents safe.

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.

13. Staff Involvement and Training

All staff are made aware of the policy and of the changes made over time. They are also consulted in respect of individual risk assessments, decisions and arrangements, the new rapid testing approach and local test and trace programmes.