

Visiting In and Out of Care Homes Policy	APS Care Ltd.		
Policy Number			
Issue Date:	April 2022	Review Date:	October 2022

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1. Introduction

From April 2022 coronavirus restrictions have been lifted and the government guidance on care home visiting that applied throughout the pandemic has been withdrawn. This means that the care home is able to re-establish to a large extent its visiting policy that previously applied before the pandemic.

However, from its experiences during the pandemic and the lessons learned from it, the care home is also mindful of the continuing need to keep the risks from outbreaks of Covid-19 and similar infectious diseases to a minimum.

It also recognises that restrictions on visiting might need to be reapplied if it experiences any further outbreaks of Covid-19 or other notifiable infectious illnesses.

2. Policy Statement

The organisation recognises that it is in a new phase of “Living with Covid”. In terms of its visiting policy it now aims to promote an open ethos whereby all *bona fide* visitors are made welcome and comfortable during their visit and are treated with courtesy and respect. The organisation takes this approach in recognition that its residents have a right to receive visitors of their own choosing and likewise to visit others in the same manner.

On the other hand the organisation recognises that it has a duty of care to protect its residents and staff from any risks to their health and wellbeing and to keep them secure from, for example, intruders and anyone who might threaten their safety.

The organisation’s policy thus aims to minimise the risks to residents’ safety and security, while enabling them to receive as visitors and guests people of their own choosing at times that are mutually convenient to them, and equally to make visits outside of the home in line with their wishes and expectations.

It also continues to take into account the need to apply rigorous infection prevention and control measures to reduce the risks of people contracting Covid-19 and other serious infectious illnesses.

This visiting policy is in line with the organisation’s requirements to provide safe, person-centred care under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission guidance *Information on Visiting Rights in Organisations* (November 2016).

The organisation is committed to making its visiting policy available and well communicated to its residents and families, so that they understand fully its principles and the reasons for any restrictions, arrangements and changes that might need to be made in exceptional circumstances such as new outbreaks of Covid-19 or other notifiable infectious illnesses, when the organisation will be acting on Health Protection Agency advice and guidance.

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The organisation is also committed to supporting its residents to keeping in touch with people in other ways than through visiting. The organisation will continue to use as complementary means some methods developed during the period of visiting restrictions, for example, telephone, messaging, social media, Facetime, Skype and Zoom.

3. Definitions

A visitor is defined as 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:

- deliver, provide or supply goods and services that have been bought or commissioned by the home, staff or residents, including repairs and maintenance
- provide professional services to residents such as GPs, community nurses, pharmacists, occupational therapists, physiotherapists, ministers of religion, social workers, advocates, hairdressers, opticians, etc
- visit residents on a personal or social basis regularly or occasionally, e.g. relatives, friends and others who come to see an individual resident
- 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.

4. Principles of Organisation Visiting

The general policy of the organisation is that residents may receive visitors at any times that are acceptable and reasonable to them and it does not impose any general restrictions. It recognises that there could be occasions when a resident finds it difficult or inconvenient to receive a visitor, eg because of ill health or current circumstances. However, any such decisions to refuse or defer access will be determined by those individual circumstances and the wishes of the resident will always remain paramount.

Residents have the right to receive visitors in the privacy of their own room and for the visits to remain private. Where it is inconvenient or uncomfortable to use the resident's own room, eg because of numbers, the home will arrange for a more suitable venue in line with the resident's wishes.

Staff should make enquiries on the nature and purpose of any visits only where the resident is evidently vulnerable to harm or injury or there is evidence that the resident may have been subject to some form of abuse because of a visit or the actions of a visitor. If there is evidence of abuse, the home will follow its safeguarding procedures.

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Normally, the home will get to know whom a resident has or wishes to have as a visitor so there will be no reason to enquire into the nature and purpose of the visit. Where a resident receives a visit from an apparent stranger or at an unusual or irregular time it is appropriate to ask the resident first whether he or she wishes to receive the visitor.

In coming across strangers, it may be appropriate and reasonable for staff to enquire about the identity of the person and the nature and purpose of the visit, especially if the resident is uncertain or confused by it. For example, this might happen in the cases of visitors who are cold-calling for commercial purposes.

In connection with their care plan, residents are asked by the appropriate person whom they are likely to have as *bona fide* visitors and any people whom they would find unacceptable or whom they would wish to be consulted over first before receiving them.

This information, with the resident's consent, is recorded on the care plan and provides some general guidance to staff under circumstances where they are uncertain about a visitor's credentials or credibility. However, the cardinal rule is to always consult the resident or their representatives whenever in doubt.

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.

5. Visiting Arrangements under "Living with Covid"

Although legal restrictions have now gone, but because there is still Covid-19 transmission, the organisation will continue to have in place infection prevention and control measures to reduce risks to residents and the organisation from experiencing further outbreaks. These can be summarised as follows.

- It will ask prospective visitors to contact the home in advance of a visit to check that it is safe to visit at the times proposed. This will enable the organisation to regulate the numbers of people in the organisation at certain times, which, if large, could increase risk of infection spread.
- Visitors are no longer required to provide a negative test before a visit, but the organisation asks prospective visitors to avoid visiting if they have any of the recognised symptoms for Covid-19 (temperature, cough, etc) and symptoms associated with other respiratory infections and infectious diseases, including the common cold.
- The organisation asks all visitors to follow basic Covid-19 and general infection prevention and control procedures while in the home, ie:
 - keep as far as possible a safe physical distances between people, who they meet around the home, which should be a minimum of one metre, and do not hold close conversations with people

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- continue to wear face coverings when moving through and around the communal areas of the organisation when there are large numbers of people around
- observe good hand hygiene as directed by any notices using the organisation’s equipment and facilities.
- The organisation will ensure that there is good ventilation throughout the premises and particularly in any dedicated visiting areas being used.
- Prospective visitors who have tested positively for Covid-19 in the last seven days whether symptomatic or not should clearly not visit until they are satisfied through further testing that it is safe from them to visit.
- The organisation asks visitors previously described as “essential care givers”, who continue to provide some degree of personal care to the resident they are visiting and are visiting regularly to do so:
 - to take a lateral flow test (supplied by the organisation) twice a week two or three days apart following the same protocols as paid staff
 - to wear suitable PPE while carrying out any care tasks as would a paid care staff member.
- The organisation will continue its policy of supporting people who need to visit flexibly on compassionate grounds such as when a resident is terminally ill and receiving end-of-life care.

6. Out of Home Visiting

There are now no restrictions to organisation residents making visits outside of the organisation for a set purpose for a short or longer period, which could include the following:

- to go or to be taken to visit family members or friends
- to stay with family and friends for one or more nights
- to go away on holiday
- to have a period in hospital
- to go shopping
- to visit a café or restaurant
- to attend a sporting event or place of entertainment
- to attend or take part in a local community event
- to go to a place of work or education.

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The organisation considers that their residents have the right to go out as any community member and that any restrictions that breach their rights, eg because of mental incapacity must be legally authorised.

However, while there are still risks of community transmission of Covid-19, the organisation also considers that out of home visits are conducted in a risk-managed way that considers:

- the needs of the residents
- their safety and security when making the visit
- the practicalities involved in ensuring the visits can be safely made
- the risks to other residents from subsequent exposure to infection.

The organisation will support out of home visiting by balancing the benefits to its residents against the risks of being exposed to Covid-19 and their consequences to the person and other residents.

7. Covid 19 Risk Factors to Consider

Visits or outings, including communal outings, are carefully planned by considering:

- the purpose and nature of the outing or visit
- if it involves being indoors (higher risk) and/or outdoors (lower risk)
- if it involves use of private (lower risk) or public transport (higher risk)
- if it involves mingling with people whose exposure risk is not known (higher risk)
- if it involves an emergency visit or overnight stay in hospital (considered higher risk)
- how much support the person will need from staff or others to make the visit
- how far the current conventions about physical distancing, wearing of face coverings and hand hygiene will be adhered to (risks will increase with non-adherence)
- if there are less risky alternatives to achieving the same purpose as the outing or out of home visit
- the amount of time available to plan the outing or visit and to take all the precautions necessary to make it safe
- the vaccination status of residents and the people they are visiting
- the availability of rapid antigen testing, which can be carried out before and after the visit or outing
- levels of infection in the community with current variants of concern.

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8. Returning to the Care Home from an Outside Visit

The organisation does not ask residents to self-isolate on return from an outside visit. It will always carry out a risk assessment to check against potential infectiousness and the implications for the individual and other residents.

9. Visiting Arrangements After an Organisation Infectious Illness Outbreak

The organisation understands that an outbreak is defined as two or more confirmed cases of Covid-19 or clinically suspected cases of Covid-19 among people in the same setting, with the onset of symptoms within 14 days. With any outbreak the organisation will notify and seek advice from the local Health Protection Agency (HPA) on the precise measures to take, which will depend on the nature and severity of the outbreak.

The organisation also recognises that an outbreak will impact on its visiting arrangements. In the event of an outbreak in a care home, it will allow residents to receive one visitor, who could also be an “essential care giver” (though numbers might be increased in exceptional circumstances such as end of life).

All visitors will be required to follow the home’s outbreak management and infection control procedures when visiting.

It might also need to restrict movements out of the organisation, but it will always keep access to open areas and gardens, which might also be used for visiting purposes.

If a resident is Covid-19 positive, the essential care giver will be allowed to continue visiting in exceptional circumstances because, for example, the resident is suffering severe distress or is terminally ill. The organisation will consider the vulnerability and vaccination status of the essential care giver and ensure that they receive appropriate IPC support.

In the event of an outbreak, the organisation will maintain contact between residents and their otherwise visitors (who are not essential care givers) by, for example:

- allowing visits in well-ventilated spaces with substantial screens, visiting pods or from behind windows
- telephone calls
- video calls
- newsletters
- emails, letters, cards or photographs.

In organising any arrangements, the organisation will carry out a risk assessment of the impact of the outbreak and of the feasibility of alternative visiting arrangements, which will not increase the infection risks. The organisation understands that it might need the advice of the local Health Protection Team and Local Authority to carry out the risk assessment and to act on its outcomes.

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The organisation understands that if the outbreak appears contained as evidenced by negative whole organisation Covid-19 testing, the outbreak control restrictions may be lifted following a risk assessment by the HPT. This may mean that outbreak measures may only be in place for seven to 14 days depending on the test results and no new cases, allowing the current visiting arrangements to resume.

10. Mental Capacity

The organisation 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.

It also recognises that people with dementia or without mental capacity for other reasons might be the ones who will benefit most by regular, structured visiting at all times, and whose needs should be given priority in emergency situations.

11. Staff Visitors

Staff are not expected to receive visitors while they are working or to be interrupted in the course of their duties by social calls. However, it is acceptable to have people whom they know as family members or socially to call to leave messages or have some brief contact. This is quite consistent with the open ethos that the organisation is trying to promote. The same principle applies to staff receiving telephone calls, which are acceptable for information exchange, but not general conversational purposes.

12. Procedures for Receiving Visitors

The home has a single port of entry policy so that all visitors (as defined above) report on arrival to the receptionist/the person in charge/an available staff member, who will ask them their name and whom they wish to see and direct them accordingly.

All visitors who enter the premises other than those who are simply delivering or dropping off items, such as the mail or supplies, must sign the visitors' book. This will record time of arrival, time of departure, any car registration number if parked on the premises and the main contact person. This ensures that the home is able to account for everyone in the building at all times, which is important in the event of any emergency evacuation of the building.

The signing of the visitors' book on arrival and departure signifies that the visitor has agreed to the facts of their presence in the building being known and that they are aware of the necessity on the grounds of fire safety and security. To comply with current data protection requirements, which requires the confidential treatment of all personal data, the visitor can be assured that the information they provide will not be disclosed to third parties or be kept longer than necessary.

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All visitors will in effect have a “responsible person”, who can be a resident or staff member, and who will be able to account for the nature and purpose of the visit and visitors’ whereabouts.

As part of its general approach to customer service, staff are expected to treat every visitor courteously and make them feel welcome and comfortable. Where visitors have to wait to see the person they have come to see, they should be offered a comfortable seat and refreshments as available.

Where staff encounter someone they do not know or who seems lost or uncomfortable in the building, it is appropriate to ask them politely whether they need help and whom they are there to see.

The policy is subject to regular review and adjustments as the Covid-19 situation evolves.

13. Staff Involvement and Training

All staff are made aware of the policy and of the changes made over time.

