

Care Home Visitor Protocol April 2021

Introduction

West Berkshire Council provides 24 hour care for people in three local care homes.

We developed this Responsible Visiting Policy and Code, designed to allow safe and responsible visits to be made to any of the West Berkshire Council run care homes, in July 2020 and have updated it on a number of occasions since.

This edition is dated April 2021 and takes account of the issue of [New Guidance](#) (“**the Guidance**”) published by the Department of Health and Social Care on 6 April 2021 and the [short advice summary](#) published at the same time.

NB This policy is specifically for families and friends of residents and NOT for visiting professionals.

The Guidance, this Policy and the Responsible Visiting Code

The Guidance should be read by all care home staff – it contains a wealth of detail, for example regarding the precautions to be taken to facilitate visits.

As well as the Guidance, this Policy and Code takes into account the Department of Health & Social Care’s [Adult social care: our COVID-19 winter plan 2020 to 2021 - GOV.UK](#) and the Care Provider Alliance’s [Visitors’ Protocol](#), and follows discussions with West Berkshire Council’s Public Health and Infection Control Leads.

In developing this updated Policy and Code we have also referred to the Alzheimer’s Society Report [Worst Hit; Dementia During Coronavirus](#), ensuring that we have considered the ongoing mental health implications of reduced/removal of visiting in our care homes on our residents. This highlights the importance of the continuation of safe and responsible visiting in care homes and that, by continuing to facilitate these visits safely, we will be able to mitigate some of the psychological and emotional harm which has been identified in the report as having occurred during the first National Lockdown in March 2020.

The Registered Manager (“**RM**” - to include their deputy or a delegated person where the context requires) of each care home will keep the Responsible Visiting Policy under constant review and will return to the lockdown controls on visiting in the event of an outbreak or a serious concern within the home in question.

Each care home is unique in its physical layout, surrounding environment and facilities. Residents vary in their needs, health and current wellbeing. RMs are best placed to decide how their care home can best enable visiting in line with this guidance and in a way that meets the needs of their residents both individually and collectively.



Key changes

The principal changes introduced in the Guidance are:

- The **Two Named Visitor** (“**TNV**”) – the guidance describes the same practical arrangements that underpinned the rollout of Lateral Flow Device (“**LFD**”) testing supported visiting in December, the only difference being the number of visitors per resident (ie now two). The practical guidance for administering the testing will be identical, as will the importance of the use of Personal Protection Equipment (“**PPE**”) and observance of Infection Prevention and Control (“**IPC**”) measures. Any children visiting (apart from babies and very young children) should also be counted towards the maximum number allowed for the visit.
- Visits including babies and very young children may also take place with the agreement of the care home manager. These children do not need to be counted as an additional visitor. Care home managers and families can agree to exercise some discretion here – but in general a child under the age of 2 need not be counted. As is the case with visitors of all ages, there should be no close physical contact between babies or young children and the residents they are visiting.

Two Named Visitors

Every care home resident will be able to nominate TNV who will be able to enter the care home for regular visits. These visitors should be tested using LFD tests before every visit, and they must wear the appropriate PPE and follow all other IPC measures (which the care home will guide them on) during visits.

The care home should ask each resident who they would like to nominate as their TNV.

Where the resident lacks the capacity to make this decision, the care home is encouraged to discuss the situation with the resident’s family, friends and others who may usually have visited the resident.

Visitors and residents are advised to keep physical contact to a minimum. TNVs and residents may wish to hold hands, but should bear in mind that any contact increases the risk of transmission. There should not be close physical contact such as hugging.

Babies, children and young people

It is possible for someone aged under 18 to be one of the 2 nominated visitors, 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.

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.

It is very important that any children visiting are able to follow IPC measures carefully. This will include social distancing, PPE use (where appropriate), and advice on minimising physical contact – as well as being able to follow any other instructions or advice the care home staff might provide.

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Children aged 11 and over should wear the same PPE as adult visitors. Children between 11 and 3 should wear a mask if they are able to and children under the age of 3 should not wear masks, for [safety reasons](#).

It is currently recommended that children under the age of 11 participate in regular asymptomatic testing. If a test is to take place for a child, it should be done with their consent and that of their parent or guardian, and following the appropriate steps.

Essential Care Giver

Introduction

For some residents a visit with a greater degree of personal care may be central to maintaining their immediate health and wellbeing.

In such cases, *in addition to the TNV* and with the agreement of the care home, the ECG will be enabled and supported to provide this care and they will be able to visit more often. They will have access to the same Polymerase Chain Reaction (“PCR”) and LFD testing, and PPE arrangements, as a member of care home staff.

Each resident’s needs will be different, and the exact arrangements will need to be agreed between the care home, resident and their family (with professional support if helpful). This should follow an individualised assessment of the resident’s needs.

The ECG 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.

Testing

Each ECG will need to comply with the following testing arrangements:

- take a rapid lateral flow test before every visit (see note below). This must include a minimum of two tests a week: one LFD test on the same day as the PCR test, and one LFD test three to four days later. If the visitor is visiting less than twice a week, they will need to make arrangements with the care home to carry out the twice weekly testing. These rapid lateral flow tests must be done on site and visitors cannot self-test at home.
NB - where the visitor is coming to the home more than twice a week it is reasonable that they also test only twice a week, one on the same day as the PCR test, and the other three to four days later.
- take a weekly PCR test and share the result with the home. Care homes should use their existing PCR stocks to test these visitors and these should be registered as ‘staff’ tests using the care home unique organisation number (“UON”) and be returned via courier with other staff tests.
- be subject to additional testing in line with care home staff should the care home be engaged in rapid response daily testing or outbreak testing.

Visitors who have recently tested positive for Covid-19 should not be retested within 90 days unless they develop new symptoms. This means that some visitors will not need to be tested regularly because they will still fall into this 90-day window. These visitors should use the result of their positive PCR result to show that they are currently exempt from testing until the 90-day period is over. Once the 90-day period is over, visitors should then continue to be tested. They should still continue to follow all other relevant IPC measures throughout these 90 days, including maintaining good hand hygiene and wearing PPE.

Infection Control

ECGs must use the same PPE as members of the care home staff, and must follow appropriate guidance for using it after being shown how to correctly put on and remove the PPE on a video or by a staff member. It is also sensible for the visitor to be observed by an experienced member of staff as they put on and remove the PPE on the first few visits, to ensure they are doing so correctly. This remains the case regardless of whether the resident and/or the visitor have received a vaccine. If the resident being visited is believed to have Covid-19, or is coughing, and the visitor will be within 2 metres of them, this should include eye protection such as goggles or a visor.

ECGs must be reminded that PPE is only effective if worn properly, put on and taken off safely and combined with infection prevention and control measures such as hand hygiene and avoiding touching your face with your hands. Care home staff should provide visitors with guidance on how to safely put on and remove PPE and visitors should also be encouraged to view the video demonstration.

Care home staff should also ensure that these visitors have been provided with appropriate information regarding how frequently they should change their PPE and are supported to change their PPE where necessary, for example changing gloves after supporting a resident with personal care. This must include appropriate guidance on local arrangements for disposing of soiled PPE.

These visitors should also be briefed on the relevant IPC measures in the areas of the care home they will have access to and reminded of the importance of remaining at least a 2 metre distance from staff and any other residents they might encounter.

General

We always want to provide opportunities for each resident to see more than just the single TNV and/or ECG, but it is essential that any visiting is facilitated in a way that reduces the risks to visitors, residents and staff.

All care homes, except in the event of an active outbreak, should seek to enable:

- LFD testing for all visitors;
- indoor visiting by TNV for every resident;
- opportunities for every resident to see more people than just their TNV and/or ECG, by enabling outdoor visiting and screened visits.

Visits in exceptional circumstances (end of life visits and visits by ECGs) are considered as being in exceptional circumstances and should therefore continue in the event of an outbreak unless there are specific reasons not to do so.

In all cases it is essential that visiting happens within a wider care home environment of robust IPC measures, including ensuring that visitors follow (and are supported to follow) good practice with social distancing, hand hygiene and PPE use.

Care homes are best placed to decide how often and for how long it is possible for visitors to come into the home. This is likely to be determined by practical considerations such as the layout of the home, and the numbers of residents and families who wish to have visits.

In the event of an outbreak in a care home, the home should immediately stop visiting (except in exceptional circumstances such as end of life – and for ECGs) to protect vulnerable residents, staff and visitors.

Covid-19 Vaccinations

The initial roll out of vaccinations has included all West Berkshire Council care home residents and staff able to have the vaccine (a small number will not have been vaccinated, primarily for medical reasons) but whether a resident or a visitor has been vaccinated will not affect this Policy and Code - 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 they are invited to do so through the national programme).

National and Local Guidance

The Berkshire Public Health Teams seek to apply the Guidance in a manner that supports quality of life for our residents.

Key points to note in the Guidance are:

- the role for the Director of Public Health, Berkshire West (“**DPH**”) in formally leading efforts to suppress and manage outbreaks, and the local outbreak plan (overseen by the DPH) including care homes (the DPH also has powers to issue directions to homes to close to visiting, or to take further specific steps).
- a need to assess and balance the risk of local prevalence and the ability of the care home to manage the visit safely - opening and closing visiting to care homes is dependent on a dynamic risk assessment taking into account the advice of the DPH.
- having individualised risk assessments, to assess the rights and needs of individual residents, as well as any specific vulnerabilities which are outlined in the resident’s care plan, and to consider the role that visiting can play in this.
- visiting status may change depending on local circumstances.
- visits are to continue in any event in exceptional circumstances such as end of life.

Local Data, Testing, Outbreaks and Capacity Tracker

The most recent communication from the Deputy DPH states that “*Prior to visits being allowed in care homes in a local authority area, the Director of Public Health will assess the suitability of a specified level of visiting guidance for that area taking into account relevant infection and growth rates*”.

We will be working closely with the Berkshire West Public Health Service to ensure that we are aware of the rates of transmission in the West Berkshire Council area. If there are any changes in these rates of transmission they will be communicated through the West Berkshire Council website (as set out further below, visitors are required to check with the home on the day of their planned visit to ensure they do not have a wasted journey).

The Guidance also includes that West Berkshire Council (and all providers), informed by the advice of the DPH should, where possible, consider:

- any testing of staff that takes place outside of the care home, for example community or home testing - staff must inform the RM so that the result is factored into the decision-making process to help inform the visiting policy.
- results from weekly testing of staff and monthly testing of residents. This data will enable the risk assessment to be well informed. Evidence of outbreaks and recovery from outbreaks should also be considered (a recovered outbreak is defined as 28 days or more since the last suspected or confirmed case reported).
- the readiness of the care home to respond quickly when there is a confirmed or suspected Covid-19 case within the care home - to immediately return to essential visits only (for example, end of life) with no exceptions. This assessment of readiness may be based on Care Quality Commission reports, experience of a care home's responsiveness throughout the pandemic and other local qualitative information.

NHS Capacity Tracker is a rich source of information helping to inform the DPH's advice on visits. Each West Berkshire Council care home will complete the Capacity Tracker on a daily basis.

Visits - Number of Visitors

The Guidance includes: *“Visitor numbers should be limited wherever possible (with two visitors the maximum at any one time). 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.”*

The number of visitors visiting a resident in accordance with this Guide (limited to two at any one time and excluding the TNV and an ECG), is a matter for the RM.

Visits - Time of Visits

Due to this increased level of infection control, except in exceptional circumstances, all visits must take place during office hours so that a member of the Management Team is available to support staff and visitors with the process.

Visits out of office hours will be granted only with the specific agreement of the RM.

Visits - Lateral Flow Device Testing

Introduction

Guidance has been published regarding [Care Home Lateral Flow Device Testing for Visitors](#) (updated 11 March 2021).

LFD testing has been used for residents and staff as part of the overall Covid testing regime for some time and all visitors must take a test prior to their entering the home.

These rapid lateral flow tests must be done onsite in line with current MHRA guidance, due to the type of test kit care homes receive. At this time visitors cannot self-test at home, however work is underway so that in the coming weeks, care homes will receive tests for visitors that are approved for self-test. At this point, visitors will have the option for tests to be conducted at home, or to use the result of a test taken in other settings. Care homes will receive further communications from NHS Test and Trace about this. However, until this time, visitors must continue to test onsite.

It is important to highlight that currently, even with testing for visitors being carried out, the precautions in place will remain - including full PPE and the use of clear screens.

Process

Having booked their visit (see below), each visitor will be asked to arrive 30 mins before the visit is due to start, so as to undertake an LFD test before the visit, outside the care home (either in the visitor's vehicle, or in a designated building).

Tests will be completed by care home staff (who are already using these tests on a daily basis and are very clear on how they should be conducted).

The visitor will be required to swab their nose (with direction from the staff member) and then the test will be taken into the home to allow time to receive an accurate result.

Once the test is complete, the staff member will inform the visitor of the results:

- should the test be negative then the visit can go ahead as planned (see below).
- should the test be positive, the visitor will be asked to leave the care home without visiting and self-isolate for ten days (all LFD test results are captured online and feed into the National Test and Trace system, so anyone with a positive test result will be contacted by the service and given more details about the period of self-isolation, etc).

Visits - Types of Visit

Visits should happen in the open air wherever possible (although recognising that for many residents, and indeed visitors, this will not be appropriate in the winter).

Visits may occur in a number of ways:

Two Named Visitors

As above.

Essential Care Giver

As above.

Window visits

These will need safe ground floor window access for both residents and their visitors and the relevant social distancing and PPE measures will need to be observed. Such visits will generally be restricted to residents with a ground floor room.

Garden visits

- Relevant PPE measures and social distancing will apply.
- Independent access to the garden will be used to avoid visitors moving through the care setting to the garden.
- Gazebos will be used if weather is inclement, but conditions are warm and settled enough for vulnerable residents and family members to use safely.
- The Risk Assessment for outdoor visits will consider weather conditions, for example inclement weather/icy conditions to prevent slips and falls.

Designated areas for internal visits

- Areas have been identified and reserved in all homes for safe in-house visits. These are generally conservatories or garden lounges which can be accessed by residents through the home and visitors from the outside (removing any need for visitor access through residential areas).

- Where however there is a single access point to the visiting area, the resident and visitor(s) must enter at different times to ensure that safe distancing and seating arrangements can be maintained effectively.
- Each visiting area needs to have good ventilation, for example keeping doors and windows open where safe to do so and using ventilation systems at high rates (but only where these circulate fresh air).
- Each visiting area also needs to have good space for social distancing.
- The designated visiting areas must only be used by one resident and visiting party at a time.
- Between visits there will be appropriate cleaning (and an appropriate time interval to undertake this).
- There will be a substantial (eg floor to ceiling) screen between the resident and visitor. These have been designed to reduce the risk of viral transmission. This does not apply to TNV and ECG visits.
- Homes will consider 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 increase transmission risk.

Special/Exceptional Circumstances visits

This refers to visits that will take place with enhanced risk assessments completed by the RM. They include visits taking place due to residents being acutely unwell and unable to access the designated visiting room, for example in end of life situations when the RM will support visiting in the resident's rooms. These are only to be undertaken in special or exceptional circumstances.

Visits - Responsible Visiting Code

Responsibilities of Visitors

- To book visits in advance for a specific day, time and length of visit.
- To check in with the care provider on the day prior to the visit that the status of the service has not changed and the visit can go ahead.
- To not be the subject of a quarantine period following an overseas visit.
- To be free of any Covid-19 symptoms for at least 10 days prior to the visit, as per Government guidance, not be unwell on the day of their visits, and not be self-isolating as a result of advice from NHS Test and Trace.
- To provide the necessary information required by the provider at the visits (eg an honest response to screening requirements about Covid-19 risk factors, compliance with NHS Test and Trace arrangements, etc).
- To comply with the infection prevention and control measures, including a temperature test, mandatory hand hygiene, the use of PPE as required and social distancing requirements, and to remain in the designated visiting area.
- To ensure that any gifts brought to give to the individual they are visiting can be sanitised, in line with relevant infection prevention and control guidance.

Tips for Visitors

- The Guidance includes tips for visitors on how to communicate if face coverings are mandatory or required, for example:
 - speaking loudly and clearly;
 - 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 would more likely recognise.
- The Guidance also warns visitors that some residents with dementia might struggle at first to remember or recognise them.

Responsibilities of care homes/RMs

- To follow national and DPH guidance, including guidance on visitors.
- To provide clear information about how each visit will take place and the infection control measures that must be followed.
- To appropriately support staff in order to facilitate visits including written processes and procedures.
- To treat all visitors with respect and courtesy, and to provide clear instructions about the visiting policy.
- To seek to prepare residents for visits where necessary (eg for those with dementia by looking with them at photographs of the person who is due to visit and talking to them about their relationship).
- To proactively communicate with residents and families where an outbreak occurs, and the impact on the visiting policy.
- To ensure that, if the care home is closed to all but essential visitors, that virtual visiting is undertaken using the IT equipment in the homes to facilitate contact.
- To ensure that the West Berkshire Council's Responsible Visiting RAG Rating document is completed weekly (this will include up to date information from the DPH about local community transmission - the responsibility of disseminating this information to all providers in a timely and effective manner sits with the DPH).
- To maintain a record of any visitors to the care home as well as the person and/or people they interact with, for example if a person visits their loved one who is also visited by a chaplain in the course of the visit.

Rules for visit – all visits

- Visits may only take place with the agreement of the home's RM.
- Every visit will be risk assessed and agreed by the RM.
- Visits must be arranged via an appointment so that the home can manage who is on the premises safely.
- All visitors must report to the reception of the care home on arrival and departure and confirm who they are visiting, their contact details, etc (receptionist/office staff will be responsible for marking the visitor as present and recording when they leave).
- All visitors will be asked to read, agree and follow this Code.

- All visitors will be required to confirm that they:
 - have not been feeling unwell recently;
 - have not had a recent onset of a new continuous cough;
 - do not have a high temperature (nb that all visitors will have their temperature taken);
 - have not noticed a loss of, or change in, their normal sense of taste or smell;
 - have not returned from an overseas visit such that they are still subject to any applicable quarantine period;
 - have not to their knowledge had recent contact (in the last 10 days) with anyone with Covid-19 symptoms or with confirmed Covid-19.
- All visitors will have their temperature taken on arrival and anyone with a temperature of 37.8 °C or above will not be permitted to continue with a visit.
- Visitors will be asked NOT to bring any personal possessions into the home during visits - this includes mobile phones.
- Visitors need to discuss with staff any items they wish to bring with them on their visit, such as a gift (which will need to be something that can be easily cleaned by the care home to prevent cross contamination).

Rules for visits – visits other than by TNV or ECG

- All visits will usually be for a maximum of one hour.
- All individuals not part of the same household should remain two metres apart at all times during the visit. On occasions where social distancing is not possible, all visitors should wear masks, gloves and an apron.
- Purpose built clear screens will be used where necessary to provide a protective barrier and these/the visiting rooms will be subject to enhanced cleaning after each visit.
- All visitors must wear masks/face coverings, unless advised by care home staff.
- The visitors and the resident must keep socially distant at all times.
- All visits will be supervised from a distance.

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