

REQUEST	CARE HOMES – VISITATION POLICIES	DEPARTMENTAL RESPONSE
<p>1. Did your Local Authority alter or update its visitor policy for care homes in response to Covid-19, yes or no?</p> <p>a. If yes, what changes were introduced?</p> <p>b. If yes, are any of those policies still in place?</p> <p>i. If yes, which of those policies are still in place?</p>		<p>The Local Authority does not have an overarching care home visitation policy impacting each of the care homes operating in Wigan. Each care home has its own policy.</p> <p>Throughout the Covid 19 pandemic we would, via our Health Protection Team, circulate to care homes operating in Wigan any changes in visitation guidance by central government.</p> <p>The attached guidance was produced on the reintroduction of visits to care homes and point 4 describes the need for individual services to develop their own policy and provides an overview of considerations for these.</p>
	<p>2. Does the Local Authority currently have any visitation policies for care homes that:</p> <p>a. Would prevent a resident from receiving a visitor?</p> <p>i. If yes, in what circumstances does this apply?</p> <p>ii. If yes, were these restrictions in place before March 2020?</p> <p>b. Set a restriction on the number of different people able to visit a care home resident during their stay</p> <p>i. If yes, in what circumstances would the number of different people visiting a care home resident be restricted?</p> <p>ii. If yes, how many different people do these restrictions permit as visitors?</p> <p>iii. If yes, were these restrictions in place before March 2020?</p>	<p>No</p> <p>No</p>

## Reintroduction of in-person visiting to Wigan care homes: exceptional humanitarian circumstances

September 2020

### 1. Purpose

This paper provides an update on the reintroduction of in-person visits to care homes in Wigan in the context of the fast-paced changing local restrictions and government advice. It describes the need to continue to protect some of the most vulnerable individuals in our borough whilst recognising the exceptional humanitarian circumstances of some Wigan care home residents. It outlines the need for an individual approach to assessing the essential nature of in-person visits for those living in our care home communities, moving away from the blanket arrangements which have been in place since March 2020.

### 2. Background

The Care Home Support and Development Group endorsed plans to safely reintroduce in-person visits into local care homes, as part of a dynamic process of risk assessment of both the care home setting and its local community, supporting operators to deliver a spectrum of visiting options – including the creative alternatives seen during the pandemic and with the addition of in-person visits where appropriate and safe.

Wigan's model places decision making responsibility and accountability with local registered managers, supported by advice and guidance from Wigan's Health Protection Team and Director of Public Health to ensure that arrangements remain responsive to local intelligence.

### 3. Care Home Support and Development Board Update

As a result of the rising numbers COVID positive cases, on 25<sup>th</sup> September 2020, Wigan was again classified as an 'area of interest' with additional restrictive measures put in place by the government, included in these measures was the following advice:

*'you should not visit friends and family in care homes, other than in exceptional circumstances. Care homes should restrict visits to these circumstances.'*

The reinstatement of local restrictions has highlighted the fast-changing climate social care providers are operating in and the importance of developing a responsive approach which both recognises the vulnerability of the care home community to COVID-19 but also the vulnerability caused by extensive minimal family contact.

The local authority will continue to progress plans to establish a robustly risk assessed, flexible model to reintroduce family visits in care settings. At the heart of the model is the protection of residents from the transmission of COVID-19, applying learning from the pandemic so far. The model adopts the concept of 'exceptional humanitarian circumstances' that has been applied to those at end of life – recognising the importance of reuniting families for the benefit of the resident and their loved ones.

Care home residents will undertake a person specific risk assessment of the benefits of an in-person visits vs. the risk of infection, focusing on the exceptional humanitarian circumstances for each individual in the care home setting, not just those at end of life.

The model encourages managers to assess the range of visit options available to each care home resident and apply a dynamic risk management process to select the most appropriate options, anchored by transparent decision making, communication and recording.

The guidance is underpinned by strong infection prevention and control measures, and the local information made available through Wigan's DPH and Health Protection Teams

#### 4. Recommendation

The Care Home Support and Development Group are asked to endorse the continuation of plans to reintroduce in-person visits as described in this update and the guidance in Appendix 1

# Appendix 1: Reintroduction of in-person visiting to Wigan care homes Guidance for Care Home Managers

## 1. Introduction

Since March 2020, local Care Homes have restricted all none-essential visits to protect the residents' they support from the risk of COVID-19. This has been a distressing time for care home residents and relatives alike, our local care homes have had to manage unprecedented circumstances, balancing the important role of supporting family members to remain in contact with loved one's whilst ensuring that they do all they can to protect some of the most vulnerable individuals in our borough.

On 26<sup>th</sup> August 2020, local restrictions were eased, with the general public can once again being able to go to the pub or gym. However, as a result of the rising numbers COVID positive cases, on 25<sup>th</sup> September 2020, Wigan was again classified as an 'area of interest' with additional restrictive measures put in place by the government, included in these measures was the following advice:

*'you should not visit friends and family in care homes, other than in exceptional circumstances. Care homes should restrict visits to these circumstances.'*

As a Council we remain committed to the protection of care home residents and the reduction of risk of future outbreaks and the spread of COVID-19 in Wigan's care homes, however we recognise that lockdown has been difficult for many residents and families and that visits are important for all those in care settings. The reinstatement of local restrictions has highlighted the fast-changing climate social care providers are operating in and the importance of developing a responsive approach which both recognises the vulnerability of the care home community to COVID-19 but also the vulnerability caused by extensive minimal family contact.

Since the start of the pandemic care homes have been creative in meeting the challenge of keeping loved ones in contact, with care home teams supporting socially distanced visits and virtual connections. But the importance of in-person visits should not be underestimated, for many residents this directly impacts their health and wellbeing, particularly for those with a cognitive impairment where their insight into the current situation is limited. Visits from friends and family often provide more than love and company, they support the direct care of some residents, daily routines such as eating and drinking, communicating preferences and personal care.

At the heart of the model is the protection of residents from the transmission of COVID-19, applying learning from the pandemic so far. The model adopts the concept of 'exceptional humanitarian circumstances' that has been applied to those at end of life – recognising the importance of reuniting families for the benefit of the resident and their loved ones and introducing individual assessments for each resident.

## 2. Dynamic risk assessment and decision making

Due to comorbidities, age, and shielding status as extremely clinically vulnerable, individuals living in a care home setting are at a higher risk of catching COVID-19 and of experiencing poorer outcomes if they do contract the virus.

The foundation of our approach continues to be the reduction of risks associated with the transmission of COVID-19 in care homes, the partnership between Wigan Council and local care home operators is focused on preventing future outbreaks whilst safely reintroducing important family contact which has been absent from many people's lives over the last 6 months.

Each setting will consider the circumstances of their care home, including employee availability, resident demographics and outbreak status. They will also consider local circumstances such as local hotpots and presence of outbreaks in the community.

The risk assessment process will be anchored by Wigan's Director of Public Health and the local Health Protection Team who will share regular professional assessments the wider environment risk.

### 3. Types of visits

There are a range of visit options which should be considered and stepped up and down as directed by the dynamic risk assessment process, i.e. where in-person visits are assessed as being too high risk there are other options to keep people connected.

**Window visits:** This requires an accessible ground floor window for both residents and their visitors to be used with the relevant social distancing and PPE measures in place

**Garden visits:** This will require access to external grounds, wherever possible this should be accessible to visitors independent of going through the care home. Relevant social distancing and PPE measures in place, with through given to cleaning of areas and any items used between visits

**Drive through visits:** This requires access to a car park for families who have a car, with any relevant PPE measures and social distancing applied

**Designated areas within a care setting:** led by the physical layout of the care setting, it may be possible to enable visits to an identified location inside the care home reserved for this purpose, such as a quiet lounge, conservatory, solace room or office. The room should have good ventilation, ideally with windows that open. It should be big enough to allow for social distancing. Location of the room should also take account of limiting visitor journeys through communal areas. Relevant PPE measures should be in place

**In-room visits:** To be considered in addition to end of life visits, thinking about ventilation, use of PPE and social distancing and any additional equipment such as mobile Perspex screens

### 4. Developing a visiting policy

Given the uncertainty of how long we will have to live with the presence of COVID-19 and differences in community transmission rates, the whole care home community will be working in a dynamic situation that will require constant vigilance.

Visitors to care settings need to be aware of their responsibility to ensure that the risk of introducing infection is kept to a minimum. The care provider should clearly set out these expectations in their visiting policy.

Visiting policies will require a robust risk assessment, they should be flexible and allow for a range of visits which can be stepped up or down given the changing situation. The assessment should consider relevant factors including:

- the level and type of care provided by external visitors and the ability of care home staff to replicate this care
- a balance of the benefits to the residents, against the risk of visitors introducing infection into the care home, or spreading infection from the care home to the community
- limiting the numbers of visitors to a single constant visitor per resident, wherever possible. This means the same family member visiting each time to limit the number of different individuals coming into contact with the setting and reduces the consequent risk of infection
- the ability of a setting to put in place practical measures to mitigate any risks arising from visits such as visits in communal gardens, window visits and/or drive-through visits
- 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)
- advice from Wigan's Health Protection team, the local Director of Public Health and the Infection Prevention and Control Lead from Wigan Borough CCG
- discussions with staff to address any anxieties and provide appropriate support, policies and procedures to enable staff to facilitate visits safely and in line with all the relevant guidance
- the likely practical effectiveness of social distancing measures between the visitor and the residents, having regard to the cognitive status of the resident and their communication needs
- where the healthcare needs of the individual cannot be met by socially distant visits, whether there are sufficient infection-control measures in place to protect the residents, staff and visitors, to allow the visit to take place. This might include the provision of personal protective equipment (PPE), as provided to members of staff caring for that individual

Each care homes policy should support the NHS Test and Trace by documenting a temporary record (including address and phone number) of current and

previous residents, staff and visitors, as well as keeping track of visitor numbers and staff.

Care homes may want to include a set of rights and responsibilities for both care providers and visitors which put the welfare and wellbeing of residents at the heart of the approach

Rights	
Care providers have the right to:	Visitors have the right to:
Mitigate the risk of infection by refusing entry to their home to anyone, or requesting that a person leave the premises, for any justifiable reason consistent with the visiting policy	Access care homes in accordance with the entry requirements set out in the visiting policy of the care setting.
Consider increased visitor restrictions when an outbreak (including non-COVID-19) occurs within the home, or declared outbreak / clusters have occurred within the home's local area or if there are other extraordinary circumstances that require it, usage of such circumstances will be closely monitored.	Be notified by timely and regular updates and information about what is happening in the home, in relation to visiting and local COVID-19 prevalence and transmission risk.
	Be provided and supported with additional ways to connect such as video or telephone calls in addition to a limited number of in-person visits.



Responsibilities	
Care providers have a responsibility to:	Visitors have a responsibility to:
Provide a clear policy and information on how they will facilitate visitors, using a dynamic risk-based approach, and make this publicly available as needed.	Follow the home's visiting policy and Visitor Code, including booking in advance.
Provide clear information about how the visit will work and the infection and prevention control measures that must be followed.	Not to visit when unwell or displaying any signs of a cold/flu, respiratory or COVID-19 symptoms.
Appropriately support staff to facilitate visits including written processes and procedures.	Respond truthfully to COVID-19 screening questions asked by the home's staff and to sign the checklist / visitor.
Treat all visitors with respect and courtesy, and to provide clear information about the visiting policy	Treat all staff with respect and courtesy, and to follow their instructions on the visitor policy.
Proactive communication with residents and families where an outbreak occurs, and the impact on the visiting policy.	Follow visiting requirements including, infection and prevention control measures such as washing hands, use of visiting windows, remaining designated areas and social distancing requirements – as directed by the care home staff – and that failure to do so may affect the future ability to visit.

## 5. Different visiting decisions for specific residents or groups of residents

Care homes should avoid introducing 'blanket' approaches which do not consider individual's differing presenting needs and circumstances. Care homes may implement different visiting protocols for different residents or categories of resident based on an assessment of risk of contracting COVID-19, it is vital that any approach should be clearly assessed, documented and communicated with families.

If the care home assesses that different groups of residents will have different rules applied to them the care home's policy should explain:

- any different approach applied to individuals or groups
- any factors that are relevant to a decision relating to such individuals or groups
- the decision-making process to be applied to these decisions

The factors relevant to decisions about particular individuals or groups of residents include the following, in addition to those factors above relating to a care home's general visiting policy:

- the benefits to a person's wellbeing by having particular visitors
- the extent of the harm that will be experienced by the resident from a lack of visitation or whether the individual is at the end of their life
- whether residents or staff or visitors are in the extremely clinically vulnerable group (see latest government [guidance on shielding](#))
- if not regarded as a person requiring support to shield, whether the resident's state of physical health is such that they may be more seriously affected if they develop COVID-19
- the provisions and needs outlined in the person's care plan
- the level and type of care provided by external visitors and the ability of care home staff to replicate this care
- appropriate level of staff to enable safer visiting practices
- the extent to which virtual contact or phone calls addresses any wellbeing issues and reduces any distress or other harm caused by the absence of visits.

When developing visiting policies, care homes should consider how they will support remote contact, for example available devices and Wi-Fi access across the site.

Decision making should actively involve the resident, their relatives or friends, any advocates, commissioners and appropriate members of the multi-disciplinary team including the Health Protection team.

When considering their visiting policy, staff will need to consider the legal, decision-making framework offered by the MCA, individually for each of these residents. The government has published advice [on caring for residents without relevant mental capacity](#), and on the [MCA and Deprivation of Liberty Safeguards \(DoLS\)](#), during the pandemic. Wherever appropriate advocates or those with lasting power of attorney should be consulted.

Regard should be given to the [ethical framework for adult social care](#), and the wellbeing duty in [section 1 of the Care Act 2014](#). Where the individual has a social worker or other professional involved, they can support the provider in helping consider the risk assessment.

## 6. Individual resident visiting plans

To ensure that each individual has an opportunity to express their visiting wishes and personal preferences, and to enable care providers to tailor visiting to take account of individual needs, capacity and circumstances and family/friends circumstances, care homes should consider creating a visiting plan for each resident which would sit as part of the overall care plan

## 7. Safe visiting practices

Care providers should carefully consider how they regulate visiting initially to reflect on what works and what needs more work. This may include introduction of measures like:

- Visits booked in advance
- Check in process to be introduced, including screening questions, handwashing, donning of PPE,
- Limiting the number of visitors
- Maximum of 2 visitors from the same household at a time
- Limiting the duration of visits
- Consider appropriateness of visits from children
- Visits between residents and their visitors must comply with the latest infection prevention and control guidance including the use of designated visit areas, social distancing practices, hand hygiene and use of PPE

## 8. Visitor code of conduct

Care homes may wish to create a code of conduct which clearly articulates the expectations of visitors to the care home before, during and after a visit, including things like:

- Please book visits in advance for a specific date, time and duration
- Please check in with the care home the day before your visit to ensure the visit is still going ahead as planned
- Please only visit if you are free of any COVID-19 symptoms on the day of your visit
- Please do not visit if you are unwell in any way on the day of your visits
- Please provide the necessary information required by the care home at the visits (e.g. honest response to screening requirements about COVID-19 risk factors)
- Please comply with the infection prevention and control measures, including a temperature test, hand hygiene, the use of PPE as required and social distancing requirements, remaining in the designated visiting area

## 9. Stepping up suspended visits

In the event of any suspected or actual outbreak of COVID-19 within a care home, visitor restrictions may need to be immediately stepped up. This should be discussed in partnership with the local Health Protection team and implemented in an open and transparent way with relatives and residents.

In the event of an outbreak in a care home and/or evidence of community hotspots or outbreaks, care homes should set out alternative options to maintain social contact for their residents while providing regular, personalised updates to residents' loved ones.

## 10. Effective communication

Care homes should ensure that they communicate effectively with residents, relatives and the health protection team in an open and transparent way about their approach to visiting.

Advice for residents and families should be set out in the visiting policy of the care home and shared with them. This advice should cover issues such as:

- visitors should be given support on how to prepare for a visit and given tips on how to communicate if face coverings are 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
- provide reassurance to visitors, including that some people with dementia might struggle at first to remember or recognise them. Care home staff should try and prepare 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

Friends and family should be advised that their ability to visit care homes is being informed by a dynamic risk assessment which is subject to the specific circumstances of the care home and those living and working within it. This is likely to mean that the frequency of visits is likely to be limited.

Family and friends should be advised of any outbreaks in the care home and the implications of this, such as restricted visiting for a period of time until the care home has been assessed to be in recovery.

If there is a restriction to visitors in place, alternative ways of communicating between residents and their families and friends should be discussed and offered. The care home should also provide regular updates to residents' loved ones on their mental and physical health, how they are coping and identify any additional ways they might be better supported, including any cultural or religious needs.

## 11. Reflective learning

Care homes should review their visiting policies as they learn from the implementation of opening their doors once again to visitors and as the national and local COVID-19 guidance and advice evolves.

Care homes should consider how they support visiting to return to more normality in the medium and long term, this may include enabling relatives who visited regularly who took an active role in supporting their family member to once again provide a similar level of support.

## 12. Infection prevention and control precautions

Each care home setting should consider the precautions they will take in respect of IPC prior to, during and after visits, ensuring that these are clearly communicated with their workforce, the health protection team, residents and visitors. The following considerations and precautions should be considered:

- even where in-person visits are permitted, alternatives to in-person visiting should be actively explored to complement relatives coming into the care home, such as the use of video calls or telephone calls
- wherever possible residents should be limited to a single constant visitor to limit the overall number of visitors to the care home and the consequent risk of infection
- the care home should establish a booking/appointment system for visitors
- 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, for example if a person visits their loved one who is also visited by a speech and language therapist in the course of the visit
- visitors should have no contact with other residents and minimal contact with care home staff (less than 15 minutes / 2 metres). Where needed, conversations with staff can be arranged over the phone following an in-person visit
- visitors should be reminded to wash their hands and provided with a facility to do this, they should be provided with guidance on good hand washing technique and should also be encouraged to 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

- 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
- visitors should be provided with appropriate PPE for their visit. If a visitor is making close personal contact with a resident they may need to wear PPE which goes beyond a face covering
- consideration should be given to the availability of additional protective clothing (for example, apron and gloves) if a resident has COVID-19<sup>3</sup> and social distancing is difficult to maintain
- in exceptional circumstances, a very small number of people may have great difficulty in accepting staff or visitors wearing masks or face coverings. The severity, intensity and frequency of the behaviour of concern may place them, visitors or the supporting staff at risk of harm. A comprehensive risk assessment for each person identifying these specific risks should be undertaken and this same risk assessment should be applied for people visiting the person. If visors or clear face coverings are available, they can be considered as part of the risk assessment. Under no circumstances should this assessment be applied to a whole care setting
- 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.
- copies of the guidance, procedures and protocols introduced by the home relating to visiting should be made available to relatives before they visit, or at the least be available to be read on arrival
- consideration should always be given to whether visits could take place in a communal garden or outdoor area, which can be accessed without anyone going through a shared building

- if visiting takes place in in a resident's room, visitors should go there directly upon arrival and leave immediately after
- consider the use of plastic or glass barriers between residents and visitors
- consider the possible use of designated visiting rooms, which are only used by one resident and their visitor at a time and are subject to regular enhanced cleaning
- ensure areas used by visitors are decontaminated several times throughout the day and avoid clutter to aid cleaning
- visitors should be encouraged to consider how they travel to the care home, if at all possible avoiding public transport
- visitors should be encouraged to keep personal interaction with the resident to a minimum, for example avoid skin-to-skin contact (handshake, hug) and follow the latest social-distancing advice for as much of the visit as possible
- discuss with visitors any items they wish to bring with them on their visit, such as a gift. It will need to be something that can be easily cleaned by the care home to prevent cross contamination. For example, it is unlikely that they will be able to bring flowers but a box of chocolates that could be sanitised with wipes would be allowed

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?