

Policy Title	COVID Visiting Policy	Date Implemented or Date of Last Review	April 2022
CQC KLOE Reference	Safe	Date of Next Review	April 2023

Policy

The Home is committed to providing a safe environment for our residents, staff and the people who use our services. We will facilitate visiting wherever possible in a risk-managed way and in accordance to the latest government guidance.

The Home will use dynamic risk assessments and where necessary residents care plans, to develop visiting arrangements. These will take into account the individual needs of our residents and the physical, unique, features of our Home.

All decisions will be taken in light of general legal obligations, such as those under the Equality Act 2010, Human Rights Act 1998 and Mental Capacity Act 2005, as applicable.

Procedure

Visiting will be supported wherever and whenever it is possible and safe to do so and where possible take place in a room most practical and comfortable for the resident. Every resident will be supported to have an identified essential care giver.

Visitors and visiting professionals providing personal care should wear appropriate PPE and have a negative COVID-19 lateral flow test result before entering the home, unless medically exempt.

In emergency visits, such as a 999 response, a negative test is not required.

Where the home manager makes a risk-based decision to allow entry of someone without evidence of a negative test, all IPC measures will continue to be followed to mitigate the risk, including correct use of PPE, cleaning, ventilation and distancing.

Outbreak management

An outbreak consists of 2, or more, positive (or clinically suspected) linked cases of COVID-19 that occur in the same setting within a 14-day period. This applies to both staff and residents, and includes PCR and LFD results.

If there is a suspected outbreak the manager will contact the local health protection team (HPT) (or community infection prevention and control team, local authority, or clinical commissioning group (CCG) [in accordance to local protocols]) who will conduct a risk assessment.

If an outbreak is declared after the risk assessment the following measures will be considered:

- testing as per the local HPT guidance
- temporarily stopping or reducing communal activities
- closure of the home to further admissions
- restriction of movement of staff providing direct care to avoid ‘seeding’ of outbreaks between different settings

- changes to visiting: some forms of visiting should continue if individual risk assessments are carried out. One visitor per resident should always be able to visit inside the care home

Essential care giver

The essential care giver 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. They will follow the same testing arrangements, PPE and infection control arrangements as our care home staff. In the event of an outbreak, essential caregivers can continue to visit unless there are specific reasons not to. Where a resident lacks the capacity to choose their essential care giver the Home will discuss the situation with any attorney or deputy, the resident's family, friends or others who usually visit the resident or are identified in their care plan.

End of life care

Visits in exceptional circumstances such as end of life will always be supported and enabled. End-of-life care (for residents in care homes) means early identification of those who are in their last year of life and offering them the support to live as well as possible and to then die with dignity.

Visits of this nature should be tested using supplied rapid lateral flow tests.

The Home is responsible for ensuring that the right visiting arrangements are in place for each resident, facilitating visiting as much as possible and appropriate with an individual's situation, but made as safely as possible including the relevant infection prevention control measures.

As a resident approaches the last months, weeks and days of their life it continues to be important to communicate well to enable good and timely decisions around care and especially important to allow visits to residents. Planning these visiting arrangements should proceed from the assumption that visits are enabled in the final months and weeks of life – not just the final days or hours – albeit recognising that these timelines can be difficult to determine with accuracy.

Mental capacity

Staff will consider the legal, decision-making framework, offered by the MCA (Mental Capacity Act) when making decisions for residents who lack the relevant capacity to decide whether or not to consent to a visiting policy.

Infection control

All visitors are expected to follow guidance within the Home, procedures and protocols surrounding infection control. Copies of these will be available to be read by visitors on arrival. Visitors providing personal care will use appropriate PPE along with hand hygiene measures and following social distance guidance.

Communicating with friends and family

The Homes visiting policy and visiting advice will be made available to residents and families. Friends and family will be advised that any visits to The Home are subject to our specific requirements, those living and working in it and that if there is a declared outbreak in The Home visiting arrangements will be modified.

References to Legislation and Fundamental Standards

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Regulation 12
Fundamental Standards	Care and treatment must be provided in a safe way