

## Guidance on care home visiting (England only)

### Background

We have received a number of queries from people who are unable to visit family members or friends with Parkinson's who live in care homes because of coronavirus restrictions..

This document sets out the current government guidance on care home visiting and shares some advice on alternative ways of keeping in touch, where visiting is not possible.

### What we think

It is important that family members are still able to visit people with Parkinson's who are in care homes, to help maintain mental wellbeing and communication skills. However this must always be balanced with the potential risk of carrying the virus into the care or nursing home and infecting residents, who are typically at extremely high risk if they catch coronavirus.

We think it is important that individual care homes work with the family to provide opportunities for them to visit and on pages 4 and 5 of this document we have shared some other ways to facilitate these visits.

Government guidance will continue to be updated as the risk posed by coronavirus changes. They recommend checking the guidance at regular intervals to ensure that you are viewing the most up-to-date information. Government guidance for visits out of a care home, for example to a family home, is in development.

**Supported living and visits out of a care home:** Guidance for supported living settings is available [here](#). Guidance for visits out of a care home, for example to a family home, is being considered and an update is expected shortly.

### Local approach and dynamic risk assessment

Local Directors of Public Health and care providers must follow the [government guidance](#) on care home visiting so that policies for visiting arrangements are based on "a dynamic risk assessment which takes into account the significant vulnerability of residents in most care homes" and to minimise risk where possible. As well as in compliance with obligations under the Equality Act 2010 and the Human Rights Act 1998, as applicable.

The relevant local Director of Public Health will make an assessment of whether visiting is likely to be appropriate within their local authority. This will need to take into account relevant infection and growth rates in the community and/or outbreaks or hotspots which may increase risk of infection in visitors to care homes in the area. See [this section](#) of the government guidance for more information on the factors Directors of Public Health should base their assessments on.

Directors of Public Health will, if necessary, impose visiting restrictions if local incidence rates are rising, and immediately if an area is listed as 'an area of intervention'.

**In most cases, decisions about whether or not to allow visitors, and the circumstances in which visiting is allowed are made by care providers acting on the advice of local public health and infection control bodies. The exception to this is if local Directors of Public Health advise that visits are unsafe, in which case visits must stop immediately.**

If there is an outbreak within a care home, or in the surrounding community, care homes are expected to stop visiting (except in exceptional circumstances such as end of life). This may happen at very short notice. If this happens, care homes should provide alternative options to maintain social contact for residents, including virtually and by phone as well as keeping families updated with personalised information about their loved ones.

For local areas with a high local COVID alert level (high risk or very high risk), visiting should be limited to exceptional circumstances only such as end of life.

The care home's visiting policy should be made available and communicated to residents and families.

### **Advice for care providers on establishing their visiting policy**

The government guidance lists a number of factors that care homes should consider when carrying out the risk assessment to inform their visiting policy.

These include issues such as:

- care provided by external visitors and whether their residents' needs make visits particularly important (for example for some such as people with dementia, may be allowed visitors when restricting visitors could cause the person with dementia to be distressed). Social workers can help with individual risk assessments, for visits, and can advise on decision-making where the person lacks mental capacity. The individualised risk assessment should assess the rights and needs of the person in question and any "specific vulnerabilities" outlined in their care plan and how restricting or stopping visiting may impact these.
- risk of infection being introduced to the care home or from the care home to the community
- health and wellbeing risks of certain groups of residents (e.g. people with dementia)
- sufficiency of infection control measures
- "likely practical effectiveness" of social distancing measures - see [this section](#) of the guidance for full details.

### **Single constant visitor**

The government guidance advises care providers that visits "...should be limited to a single constant visitor per resident, where possible." (e.g. the same family member each time). With an absolute **maximum of two constant visitors per resident**. This limits the overall numbers of visitors and reduces the risk of infection.

### **Arrangements for the visit itself**

Following the introduction of national lockdown measures in England on Thursday November 5 2020, the government guidance has been updated with the following advice for care homes on arranging and facilitating visits

- the home should have an arrangement to enable booking/appointments for visitors – ad

hoc visits should not be enabled

- visiting spaces must be used by only one resident and visiting party at a time, and between visits there must be appropriate cleaning and an appropriate time interval
- visits should happen in the open air wherever possible, recognising that for many residents and indeed visitors this will not be appropriate in the winter (this might include under a cover such as an awning, gazebo, open-sided marquee etc):
  - the visitor and resident must remain at least 2 metres apart at all times
  - the visit can take place at a window
- some providers have used temporary outdoor structures – sometimes referred to as ‘visiting pods’ – which are enclosed to some degree but are still outside the main building of the home. These can be used where this is not possible, a dedicated room such as a conservatory (i.e. wherever possible, a room that can be entered directly from outside) can be used
- in both of these cases, providers must ensure that:
  - the visiting space is used by only one resident and visiting party at a time, and is subject to regular enhanced cleaning between each visit
- the visitor enters the space from outside wherever possible
- where there is a single access point to the space, the resident and visitor enter the space at different times to ensure that safe distancing and seating arrangements can be maintained effectively
- there is a substantial (e.g. floor to ceiling) screen between the resident and visitor – designed to reduce the risk of viral transmission
  - there must be good ventilation for spaces used (for example, including keeping doors and windows open where safe to do so and using ventilation systems at high rates but only where these circulate fresh air)
  - 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 transmission risk.

Wherever possible visits should take place outside, or in a well-ventilated room, for example with windows and doors open where safe to do so.

**Providers may apply different rules for different residents or categories of resident, based on a risk assessment of these residents contracting COVID-19.**

Where this is the case the care home visiting 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.

There is further guidance on factors for care homes to consider when making decisions about the visiting arrangements for particular individuals or groups of residents. These include the extent of harm from a lack of visitation and if residents, visitors or staff are in the ‘extremely vulnerable group’ or vulnerable groups, the extent to which telephone or video contact addresses their wellbeing issues and reduces distress or harm caused by an absence of visits. See [this section](#) of the government guidance for full details.

The guidance states “the care provider should actively involve the resident, their relatives or friends, any advocates, commissioners and appropriate members of the multidisciplinary team and, where appropriate, volunteers.” when making these decisions.

If someone lacks mental capacity, for example to consent to the providers visiting policy, their rights must be considered within the framework of the Mental Capacity Act 2005. See section 3 of the [guidance](#) for further details and links to guidance on caring for residents without mental capacity and Deprivation of Liberty Safeguards during the pandemic.

### **Infection-control precautions**

These should be set out in the care providers visiting policy and communicated in a clear and accessible way.

Government guidance provides an extensive number of measures and considerations that care providers should take into account. They cover:

- Personal Protective Equipment (PPE)
- social distancing
- recording visitor details for test and trace
- screening questions on COVID-19 symptoms for visitors
- consideration to alternatives to in-person visiting or visiting in outdoor areas such as communal gardens etc.

A comprehensive list of precautions that care homes should take can be found in [this section](#) of the guidance.

The government guidance further advises:

- Supervise visitors at all times to ensure that social distancing and infection prevention and control measures are adhered to
- Ensure the appropriate PPE is always worn and used correctly – which in this situation is an appropriate form of protective face covering (this may include a surgical face mask where specific care needs align to close contact care) and good hand hygiene for all visitors.

### **Advice on how to prepare for 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:

- Information for visitors about 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
- reassurance for 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 informed that their ability to visit care homes is dependent on the specific circumstances of the local community as well as the care home and those who live and work there. This means that the rules on visiting may change quickly.

In some instances where a person has newly entered a care home for example from being discharged from hospital you could advise the family member or friend to use the Alzheimer's Society '[This is me](#)' tool to inform the care home about their loved one, their likes and dislikes and their individual needs. This may provide the family some reassurance that their loved one is being taken care of if they are unable to visit straight away.

The [Care Provider Alliance](#) have produced some useful [guidance](#) to help care homes to enable safe visits, including alternatives to "in-room visits". Please see below some of the different types of visits they advise:

- **Window visits:** This 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.
- **Garden visits:** Relevant PPE measures and social distancing will apply. Independent access to the garden will be needed to avoid visitors moving through the care setting to the garden. Providers will need to consider how to facilitate garden visits in different weather conditions, how to ensure cleaning of areas and any items used between visits and keep everyone safe, whatever the weather.
- **Drive through visits:** These are facilitated visits in the car parks of homes. Again, any relevant PPE measures and social distancing will apply.
- **Designated areas within a care setting where settings allow for this:** Depending on 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. The area should have good ventilation, social distancing must be observed, there should be easy access for residents, and visitor access through residential areas should be limited. An example might include the use of a conservatory as a designated visiting area.
- **In-room visits:** These visits may continue to be facilitated as appropriate, in line with national guidance in relation to essential / end of life visits to ensure the person can die with dignity and comfort, taking into account their physical, emotional, social and spiritual support needs.

The range of visits made available will be negotiated between the care providers, their residents, their staff and their visitors. It may be possible for residents and visitors to have visits in a variety of these forms, as circumstances allow.

#### **Getting the most from your visit**

In the current circumstances friends and family of care home residents are finding it challenging to have meaningful visits. In some cases it has been traumatic for the person they are visiting as well as themselves.

Barbara, who visited her husband Barney in a nursing home for many years until he passed away last year, has some advice for making the most of visiting a friend or relative in a care or nursing home.

She suggested creating a checklist of things you used to do on visits pre-covid. For example:

- 1) What time did they visit? Eg tea time or to help with feeding, hair dressing, etc
- 2) Listen to their favourite music, sing or dance.
- 3) Exercise together, if you can.
- 4) Play games.
- 5) Read or look at photo albums.
- 6) Watch TV or a favourite film.
- 7) Talk to friends or family members by phone.
- 8) If you're able, embrace on arrival or hold hands.
- 9) Visit any outdoor space/the garden.

Barbara's advice is that before a visit, plan it with the care home staff. Discuss the type of activities you'd like to do and how it can be achieved under the guidelines and if not how to explain specifically why it can't be done. After the visit have a debrief with staff and ensure that if there is a problem discuss how it can be resolved for future visits.

### **Alternatives to in-person visiting**

If it is not possible for the care home to facilitate an in person visit then it may be possible to arrange a video call, telephone call or to write letters. The [government has made iPads available](#) to care homes in England to use for a range of reasons including helping residents to connect with loved ones.

For further information or if you have any questions:

- please contact our helpline on 0808 800 0303
- or email [hello@parkinsons.org.uk](mailto:hello@parkinsons.org.uk)

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