

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 are concerned about the accuracy of lateral flow tests. We encourage the use of PCR tests that are more accurate, and that these tests should be free, enabling people to visit relatives in care homes. The costs of tests and personal protective equipment (PPE) should not be passed on to care home residents.

We think people living in care homes or assisted living facilities should be supported, with the appropriate safeguards, to spend time at home with their families.

We think it is important that individual care homes work with the family to provide opportunities for them to visit and on page 5 of this document we have shared some ways to make the most of 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 was updated on 1 December 2020 as lateral flow tests are now distributed to care homes to facilitate visiting.

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 is available [here](#).

Local approach and dynamic risk assessment

The default position now is for care home visits to be allowed and facilitated providing it is safe to do so.

The local Director of Public Health and Director of Adult Social Services should work together to advise care homes accordingly in order for this to happen. The local Director of Public Health remains responsible for responding to local outbreaks of covid-19, and along with local authorities have the power to direct care homes to stop visiting or take other further steps in the event of an outbreak. This may be to an individual care home, or a smaller geography within the local authority area.

Alternatively they may in some cases give direction to an individual care home on the measures they should put in place to enable safe visiting in line with the Public Health (Control of Disease) Act 2020 or the Coronavirus Act 2020.

If there is an outbreak within a care home, they are expected to stop visiting (except in exceptional circumstances such as end of life). The restrictions will continue until the outbreak is confirmed over and visiting may resume with the necessary infection control measures in place.

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

Care providers have to produce a dynamic risk assessment when developing their visiting policy, which considers the specific needs of their residents, the physical layout of the home and other unique features. This will also include how new testing arrangements are to be facilitated. More information can be found [here](#).

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 mass testing in care homes in December 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.

Indoor visiting supported by testing

The guidance states that “Testing is one way of reducing the risk of visiting a care home, but it does not mean there is no longer any risk. Every visitor must return a negative test before each visit.

If a visitor has a negative test, is wearing appropriate PPE, and following other infection control measures then it may be possible for visitors to have physical contact with their loved one, such as providing personal care, holding hands and a hug, although contact should be limited to reduce the risk of transmission which will generally be increased by very close contact.”

Care homes will receive delivery of these tests in December 2020 and will have supply to test two visitors per resident twice a week. They are what are known as lateral flow tests which provide results quickly. However lateral flow tests do have a higher rate of false negatives than PCR tests, and cannot eliminate risk completely. Visitors who test positive should immediately self-isolate and complete a confirmatory PCR test provided to them by the care home. If this is also positive their household must also [self isolate in accordance with government guidance](#).

Care home managers are expected to clearly communicate this information to visitors and expectation for tested visitors around PPE and infection control measures.

Interim measures for indoor visiting without testing in Tier 1

The guidance states - “Indoor visiting without testing may only go ahead in Tier 1 areas where visitor testing is not yet available in the particular care home – indoor visits may go ahead provided they are limited to 2 people (one preferably), with social distancing, no physical contact, PPE use and good hand hygiene observed at all times.”

Outdoor visiting and 'screened' visits

Visits should happen in the open air wherever possible, recognising that for many residents and visitors this will not be appropriate in the winter (this might include under a cover such as an awning, gazebo, open-sided marquee etc.) For these visits:

- 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 screen between the resident and visitor, designed to reduce the risk of viral transmission
- there is 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

Exceptional circumstances such as end of life

When a resident approaches the end of life (months, weeks and days) communication is key for good and timely decisions around care and it is really important to allow visits to residents. Care homes should plan on the basis that these visits are enabled in the final months and weeks of life – not just the final days or hours – whilst recognising that these timelines can be hard to accurately determine.

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

The guidance allows for providers to apply a different set of rules for residents with specific needs (people who cannot leave their rooms, people with dementia or who lack relevant mental capacity) where providing COVID-secure visiting arrangements are more challenging. In these cases care homes should work with the resident, family/friends and volunteers to develop a customized visiting policy.

Care homes must consider the rights of residents who may lack the relevant mental capacity in line with the [Mental Capacity Act 2005](#) and deprivation of liberty safeguards. The [ethical framework for adult social care](#) and the wellbeing duty in [section 1 of the Care Act 2014](#) should also be considered. Where the resident has a social care worker or other professional involved they can advise on the individual risk assessment.

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 '2.5 Infection control precautions and the wider care home environment' [section](#) of the guidance.

The government guidance further advises:

- “in exceptional circumstances, a very small number of residents may (by nature of their care needs) have great difficulty in accepting staff or visitors wearing masks or face coverings. The severity, intensity and/or frequency of the behaviours of concern may place them, visitors or the supporting staff at risk of harm. A comprehensive risk assessment for each of these people identifying the specific risks for them and others should be undertaken for the person’s care, 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. However, visors will not usually deliver the same protection from aerosol transmission as a close fitting mask. Under no circumstances should this risk assessment be applied to a whole care setting”

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.

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 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

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